

Division of Health Improvement

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 5700	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - SUNRISE OF ALBUQUERQUE B. WING _____		(X3) DATE SURVEY COMPLETED 09/25/2008
NAME OF PROVIDER OR SUPPLIER SUNRISE OF ALBUQUERQUE			STREET ADDRESS, CITY, STATE, ZIP CODE 4910 TRAMWAY RIDGE DRIVE NE ALBUQUERQUE, NM 87111		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE	
A 01	OPENING REMARKS Surveyor: 25921 The following deficiencies were cited as a result of an annual survey conducted on September 25, 2008 for the Life Safety Code portion of the New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.	A 01			
A43	7 NMAC 8.2.43 Maintenance of Building & Grounds 7.8.2.43 MAINTENANCE OF BUILDING AND GROUNDS: The building(s) must be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following: A. All electrical, fire protection signaling, mechanical, telephone, water supply, heating, fire protection, and sewage disposal systems maintained in a safe and functioning condition, including regular inspections of these systems, (as applicable). B. The building, furniture and furnishings, storage areas, and grounds of the facility must be maintained in a safe, sanitary, and presentable condition at all times. C. Storage areas must be kept free from accumulation of refuse, discarded furniture, old newspapers, that create a fire hazard. D. Floors shall be maintained stable, firm, slip-resistant and free of tripping hazards. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.43 NMAC - Rn, 7 NMAC 8.2.43, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 25921 Based on observation and staff interview, the facility's practice failed to ensure all fire protection systems including smoke barriers and doors and	A43 <i>eg scanned 11-13-08</i>			

Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE SIGNATURE

STATE FORM

TITLE

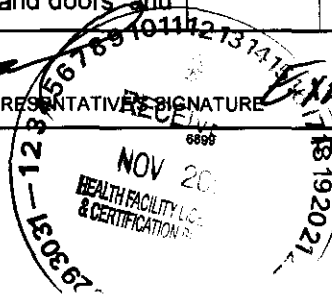
(X6) DATE

Executive Director

11-7-08

9021

If continuation sheet 1 of 3



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A43	Continued From page 1 shutters in smoke barriers are self-closing or automatic closing in accordance with the requirements, maintained in safe and functioning condition including regular inspections of these systems. This deficient practice potentially affects all residents and staff throughout the facility. The licensed capacity of the facility is 80, the census during the survey was 60 The findings are: On September 25, 2007 between 8:00 am and 12:00 pm, during a tour of the facility with the Executive Director, the Life Safety Code Surveyor observed the following; 1. All self-closing doors on the lower level were being held open by a mechanical door stop placed between the bottom of the door and the floor. 2. Between the corridor and stairway landings on the second floor of the facility, were 2 door ways that were equipped with smoke shutter (over head) doors that were equipped with fusible links. The fusible link would release the door when high temperature were detected but would allow the passage of smoke. 2a. When asked if these doors closed upon the activation of the alarm system the Executive Director stated that they did not. 3. The Dining room doors to the corridor at residents rooms 115 and 111, when closed had gaps greater than 3/8 of an inch. 4. The Executive Director stated that he was	A43	Responses to the cited deficiencies do not constitute an admission or an agreement by the facility of the truth of the facts alleged or conclusion set forth in the Statement of Deficiencies. The Plan of Correction is prepared solely as a matter of compliance with federal and/or state law. A43 7 NMAC 8.2.43 MAINTENANCE OF BUILDING & GROUNDS <u>A. With respect with what steps will be taken to correct the situation:</u> 1. All self-closing doors on the lower level have had the mechanical door stops removed. All doors not in use shall remain closed. 2a. The Executive Director has had the fire alarm contractor (Simplex Grinnell) inspect the entire fire alarm system, including detectors, sprinklers, suppression units, pull alarm boxes, fire extinguishers, and visual/auditory alarms. The contractor was unable to perform the necessary maintenance checks on the smoke shutter (overhead) doors at that time. The system will be thoroughly inspected and checked the week of 11/10/08. 3. The dining room doors at corridors exiting into hallway have been fitted so as to close gaps between doors, to prevent smoke from penetrating doors. <u>B. With respect with who shall be responsible to monitor for continued compliance:</u> 1. Sunrise practice is that fire drills on all shifts will be done quarterly on the day shift, and monthly on the second and third shifts. The maintenance coordinator and/or the executive director will monitor doors to insure that there are no gaps between doors in excess of requirements.	10/10/08 11/14/08 10/10/08

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A43	Continued From page 2 unaware that these practices were incorrect and would have them addressed.	A43			