| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 5772 | A. BUILDING 01 - ADOBE ASSISTED LIVING<br>B. WING _____ | 07/03/2008 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| ADOBE ASSISTED LIVING #1 (THE) | 1111 E MOUNTAIN<br>LAS CRUCES, NM 88001 |

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| A 01 | OPENING REMARKS<br><br>Surveyor: 25921<br>The following deficiencies were cited as a result of an annual survey conducted on July 3, 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 | Scanned 7-31-08 JR | |
| A35 | 7 NMAC 8.2.35 Custodial Drug Permit<br><br>7.8.2.35 CUSTODIAL DRUG PERMIT: Any facility licensed pursuant to these regulations who supervises the administration, self-administration, or safeguards medications for residents, must have a current custodial drug permit issued by the State Board of Pharmacy. EXCEPTION: Adult residential care facilities with one (1) resident are not required to have a custodial drug permit.<br>A. PROCUREMENT, LABELING, AND STORAGE: The facility shall provide assistance to the resident in obtaining the necessary medications, treatment and medical supplies as required by the individual or specified by the individual's health care plan. The facility shall procure, label, and store medications for residents in a manner which shall be in compliance with state and federal laws.<br>(1) All medications, including non-prescription drugs, will be stored in a locked compartment or in a locked room, as approved by the Board of Pharmacy, and the key will be in the care of the director or designee.<br>(2) Internal medication must be kept separate from external medications. Drugs to be taken by mouth will be separated from all other dosage forms.<br>(3) A separate locked compartment will be available in the refrigerator for those items labeled "keep in refrigerator." The refrigerator | A35 | | |



Linda Clift — TITLE Director 7/30 — (X6) DATE 7/30/08

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

RECEIVED JUL 2008 HEALTH FACILITY LICENSURE

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| A35 | Continued From page 1<br>temperature will be kept between thirty-five (35) and forty-five (45) degrees Fahrenheit. A thermometer is required to be kept in the refrigerator.<br>(4) All medications, including non-prescription medications, must be stored in separate compartments for each resident and all medications will be labeled with the residents' names.<br>(5) A resident may be permitted to keep his/her own medication in a secure place in his/her room for self-administration if the physician's report has deemed it appropriate that the resident do so.<br>(6) The facility may not require the resident to purchase prescriptions from any particular pharmacy.<br>(7) Medical gases (oxygen) and equipment used for the administration of inhalation therapy and for resuscitative purposes must comply with National Fire Protection Association (NFPA) 99.<br>B. CONSULTING PHARMACIST: The facility shall maintain records demonstrating the consulting pharmacist provides the following:<br>(1) Reviews the medication regimen as needed, but at least quarterly (every three (3) months), to determine that all medications and records are accurate and current. All irregularities must be reported to the Director of the facility and these irregularities must be acted upon.<br>(2) A system of records of receipt and disposition of all drugs in sufficient detail to enable an accurate reconciliation.<br>(3) Consultation is provided on all aspects of pharmacy services in the facility, including reference information regarding side effects and, when needed, physician consultation in cases involving the use of psychotropic | A35 | | |

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| A35 | Continued From page 2<br>medications.<br>[7-1-64, 9-15-70, 7-19-74, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.35 NMAC - Rn, 7 NMAC 8.2.35, 8-31-00]<br><br>This REQUIREMENT is not met as evidenced by:<br>Surveyor: 25921<br>A. PROCUREMENT, LABELING, AND STORAGE: (7)<br><br>Based on observation and staff interview, the facility's practice failed to ensure precautionary signs, readable from a distance and be conspicuously displayed where oxygen is being administered in accordance with NFPA 99 (Standard for Healthcare Facilities) and the Compressed Gas Association, potentially affecting residents and staff throughout the facility. The licensed capacity of the facility is 41, the census during the survey was 39. The findings are:<br><br>On July 3, 2008, between 9:30 am and 11:30 am, during a tour of the facility with the Executive Director, the surveyor observed the following:<br><br>1. In Building #1, the residents in rooms 1, 2, and 4 were on oxygen therapy. There was no posted signage outside<br>the room warning that oxygen is being administered as required.<br><br>2. In Building #2, the residents in rooms 17, 19, and 21 were on oxygen therapy. There was no posted signage<br>outside the room warning that oxygen is being administered as required.<br><br>3. In Building #3, the residents in room 7 was | A35 | A35<br>Director contacted company that delivers oxygen and signs were delivered. Signs stating oxygen in use will be posted on the doors of each resident using oxygen therapy. Director will assure when oxygen is delivered the company will provide signs to be posted.<br><br>Cont..... | 7/3/08 |

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| A35 | Continued From page 3<br>on oxygen therapy. There was no posted signage outside the room warning that oxygen is being administered as required.<br><br>4. The Executive Director stated that it is standard practice to post signage at locations where oxygen is being administered. She did not know why there was not signage at these locations. | A35 | A35 Cont.<br><br>Company will provide delivery ticket to be signed by a staff member. Staff will be instructed to turn deliver ticket into Director who will review delivery and visual make sure oxygen in use signs have been posted in an appropriate place. | |
| A43 | 7 NMAC 8.2.43 Maintenance of Building & Grounds<br><br>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:<br>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).<br>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.<br>C. Storage areas must be kept free from accumulation of refuse, discarded furniture, old newspapers, that create a fire hazard.<br>D. Floors shall be maintained stable, firm, slip-resistant and free of tripping hazards.<br>[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]<br>This REQUIREMENT is not met as evidenced by:<br>Surveyor: 25921<br>Based on observation and staff interview, the facility's practice failed to ensure that the electrical system and its components are | A43 | | |

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| A43 | Continued From page 4<br>maintained in accordance with NFPA 70 (National Electric Code), potentially affecting patients and staff throughout the facility. At the time of survey, the licensed capacity of the facility was 41 and the census was 39. The findings are:<br><br>On July 3, 2008, between 9:30 am and 11:30 am, during a tour of the facility with the Executive Director, the surveyor observed the following:<br><br>1. Within the Facilities Main Laundry Room, behind the washer and dryer , there were two(2) electrical outlets<br>within two(2) feet. of the water supply that were not GFIC (Ground Fault Interrupt Circuit) protected.<br><br>2. The laundry room located off the Memory Loss Unit, behind the washer, there was an electrical outlet within<br>two(2) feet of the water supply that was not GFIC(Ground Fault Interrupt Circuit) protected.<br><br>3. Within the Kitchen next to the sink, was an electrical outlet within two(2) feet a water supply that was not<br>GFIC(Ground Fault Interrupt Circuit) protected.<br><br>4. Within the Medications Room next to the sink, were two(2) electrical outlets within two(2) feet a water supply that<br>was not GFIC(Ground Fault Interrupt Circuit) protected.<br><br>5. The Executive Director acknowledged these findings. | A43 | A43<br>Director has notified the Maintenance Supervisor regarding the outlets. New GFIC outlets have been purchased. All electrical outlets within 2 feet of the water supply will be GFIC protected. Maintenance has replaced all electrical outlets within 2 feet of water supply with new GFIC protected outlets. | 7/9/08 |
| A48 | 7 NMAC 8.2.48 Lighting & Lighting Fixtures | A48 | | |

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| A48 | Continued From page 5<br>7.8.2.48 LIGHTING AND LIGHTING FIXTURES:<br>A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances must be lighted to make the area clearly visible.<br>B. Exits, exit-access ways, and other areas used at night by residents and staff must be illuminated by night lights or other continuous lighting.<br>C. Lighting fixtures must be selected and located to accommodate the needs and activities of the residents with the comfort and convenience of the residents in mind.<br>D. Lamps and lighting fixtures must be shaded to prevent glare to the eyes of residents and staff, and protected from accidental breakage or shattering.<br>E. A facility must be provided with emergency lighting to light exit passageways which will activate automatically upon disruption of electrical service. EXCEPTION: Adult residential care facilities with three (3) or fewer residents may have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting.<br>[7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.48 NMAC -Rn, 7 NMAC 8.2.48, 8-31-00]<br><br>This REQUIREMENT is not met as evidenced by:<br>Surveyor: 25921<br>Reference NFPA 101, 2000 Edition<br>Section 7.9.3 requires that the emergency lighting system be tested every 30 days for at least 30 seconds and annually for at least 90 minutes. It also requires that written records of inspections and tests be maintained for inspection by the authority having jurisdiction. | A48 | | |

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| A48 | Continued From page 6<br><br>Based on observation, record review and staff interview, the facility's practice failed to ensure periodic testing of the emergency lighting system. This deficient practice affects all staff and residents throughout the facility. At the time of survey, the licensed capacity of the facility was 41 and the census was 39. The findings are:<br><br>On July 3, 2008, between 9:30 am and 11:30 am, during a tour of the facility with the Executive Director, the surveyor observed the following:<br><br>1. There was no evidence of the monthly testing of the Emergency Exit light system is being conducted.<br><br>2. Evidence of annual testing of the Emergency Exit lighting system was not provided.<br><br>3. The Emergency Exit lights thorough out the facility were not equipped with a back-up power supply as required.<br><br>4. The Executive Director stated that, she was unaware of these requirements.<br><br>UNSHIELDED LIGHT FIXTURES:<br><br>Based on observation and staff interview, the facility failed to ensure that lamps and lighting fixtures are shaded against glare and protected from accidental breakage or shattering as required. This deficient practice affects all staff and residents throughout the facility. At the time | A48 | A48<br>Director has notified the Maintenance Supervisor regarding the Emergency Exit Lights. Maintenance has purchased and installed new emergency exit lights with back up power supply.<br><br>All emergency exit lights will be tested monthly during the monthly safety inspections conducted by the Director.<br><br>All emergency exit lights are now equipped with a back up power supply. | 7/28/08 |

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| A48 | Continued From page 7<br>of survey, the licensed capacity of the facility was 41 and the census was 39. The findings are:<br><br>On July 3, 2008, between 9:30 am and 11:30 am, during a tour of the facility with the Executive Director, the surveyor observed the following:<br><br>1. In Building #1, in front of resident room 9 was a light fixture that was unshielded.<br><br>2. In Building #1, in front of residents room #13 was a light fixture that was unshielded.<br><br>3. The Executive Director acknowledged this finding. | A48 | A48<br>Director has notified Maintenance Supervisor regarding unshielded light fixtured. New shields have been purchased to cover lights.<br><br>Director will ~~ensure~~ maintenance keeps all light fixtures properly shielded as required. | 7/10/08 |
| A59 | 7 NMAC 8.2.59 Fire Clearance & Inspections<br><br>7.8.2.59 FIRE CLEARANCE AND INSPECTIONS:<br>A. Written documentation from the State Fire Marshall's office or Fire Prevention Authority having jurisdiction indicating a facility's compliance with applicable fire prevention codes shall be submitted to the Licensing Authority prior to issuance of a initial license.<br>B. Each facility shall request from the local fire prevention authorities an annual fire inspection. If the policy of the local fire department does not provide for annual inspection of the facility, the facility will document the date the request was made and to whom and then contact licensing authorities. If the local fire prevention authorities do make annual inspections, a copy of the latest inspection must be kept on file in the facility.<br>[7-1-64, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.59 NMAC - Rn, 7 NMAC 8.2.59, 8-31-00]<br><br>This REQUIREMENT is not met as evidenced | A59 | When Maintenance personel complete a request that has been submitted by the facility, Maintence will complete task, sign off on the request that it has been completed and turn it in to the Diredtor. Director will then review work that was completed to ensure work was completed and all materials returned. | |

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| A59 | Continued From page 8<br>by:<br>Surveyor: 25921<br>Based on documentation reviewed and interview, the facility failed to keep a record of the annual inspection report of the Local Fire Authority, as required by the Life Safety Code (NFPA 101) and NMAC 7.8.2, potentially affecting all residents and staff throughout the facility. At the time of survey, the licensed capacity of the facility was 41 and the census was 39. The findings are:<br><br>On July 3, 2008, between 9:30 am and 11:30 am, during a tour of the facility with the Executive Director, the surveyor observed the following:<br><br>1. There was no evidence of documentation of an annual Local Fire Authority having been conducted<br>since May 4, 2007.<br><br>2. The Executive Director acknowledged these findings. | A59 | A59<br>Director has contacted The Local Fire Authority to have the annual inspection completed. Inspection completed on 7/10/08<br><br>Director will assure the annual inspection by the Local FIre Authority will be conducted in a timely matter as required annually.<br><br>On the monthly safety inspection check list a section has been added stating " Is the annual fire inspection due?" This will remind the Director to review the date that the inspection is due. | 7/10/08 |
| A61 | 7 NMAC 8.2.61 Automatic Fire Protection (sprinkler) System<br><br>7.8.2.61 AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM: Where an automatic fire protection (sprinkler) system is installed for total or partial coverage, the system shall be in accordance with NFPA 13 or NFPA 13D as applicable.<br>[4-7-97; 7.8.2.61 NMAC - Rn, 7 NMAC 8.2.61, 8-31-00]<br><br>This REQUIREMENT is not met as evidenced by:<br>Surveyor: 25921 | A61 | | |

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| A61 | Continued From page 9<br><br>Based on observation and staff interview, the facility's practice failed to ensure that the sprinkler system is inspected and maintained in good operating condition NFPA 13, potentially affecting residents and staff throughout the facility. The licensed capacity of the facility is 41, the census during the time of survey was 39. The findings are:<br><br>On July 3, 2008, between 9:30 am and 11:30 am during a tour of the facility with the Executive Director, the Life Safety Code Surveyors observed the following.<br><br>1. In Building #1, the Copy/Reading room off of the Library, was not equipped with a sprinkler as required.<br><br>2. Within the Kitchen of the Memory loss unit, two (2) sprinkler heads were covered with lint and grease<br>build up.<br><br>2. The Executive Director acknowledged the finding . | A61 | A61<br>Director has notified the Maintenance Supervisor regarding the area not equipped with a sprinkler. Maintenance will be contacting the Plumbing Company that has installed all other sprinkler systems in the facility to have them do another install-ation.<br><br>Sprinkler heads will be kept clean and free and clear of any lint or grease.<br>During the monthly safety inspections conducted by the Director all sprinkler heads will be monitored for cleanliness. | 8/15/08<br><br>7/7/08 |
| A62 | 7 NMAC 8.2.62 Fire Extinguishers<br><br>7.8.2.62 FIRE EXTINGUISHERS:<br>A. As approved by the State Fire Marshall or Fire Prevention Authority having jurisdiction must be located in the facility. Facilities must as a minimum have two (2) 2A10BC fire extinguishers, one (1) located in the kitchen or food preparation area, and one (1) centrally located in the facility. All fire extinguishers shall be inspected yearly and recharged as needed. All fire extinguishers must be tagged noting the date of inspection.<br>B. Fire extinguishers, alarm systems, automatic detection equipment, and other fire | A62 | | |

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| A62 | Continued From page 10<br>fighting equipment must be properly maintained and inspected as recommended by the manufacturer, State Fire Marshall, or Fire Authority having jurisdiction.<br>[7-1-64, 9-24-76, 7-11-86, 4-7-97; 7.8.2.62 NMAC - Rn, 7 NMAC 8.2.62, 8-31-00]<br>This REQUIREMENT is not met as evidenced by:<br>Surveyor: 25921<br>Based on observation, record review and staff interview, the facility's practice failed to ensure cooking facilities are protected and inspected in accordance with NFPA 96, (Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations), potentially affecting all residents, staff and occupants of the facility. The licensed capacity of the facility was 41, the census during survey was 39. The findings are:<br><br>On July 3, 2008, between 9:30 am and 11:30 am, during a review of the records with the Executive Director,<br>the Life Safety Code surveyor observed the following:<br><br>1. A review of documentation revealed no evidence that the range hood system was inspected at least every six<br>(6) months (semi-annual) as required. The last range hood inspection was dated December 4, 2007.<br><br>2. The Executive Director stated, that they would be contacting their contractor for an inspection immediately. | A62 | A62<br>Director has contacted the Fire Safety Association for the semu-annual range hood system inspection. Inspection completed on 7/8/08<br><br>Director will assure range hood system will be inspected every 6 months during the inspections of all other systems. The forms will reflect the status of this inspection every 6 months.<br><br>On the monthly safety inspection check list a section has been added stating "Is the semi - annual range hood inspection due?" This will remind the Director to review the date the inspection is due. | 7/8/08 |
| A63 | 7 NMAC 8.2.63 Staff & Residient Fire & SafetyTraining | A63 | | |

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| | 5772 | A. BUILDING 01 - ADOBE ASSISTED LIVING<br>B. WING _____ | 07/03/2008 |

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|---|---|
| ADOBE ASSISTED LIVING #1 (THE) | 1111 E MOUNTAIN<br>LAS CRUCES, NM 88001 |

| (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 |
|---|---|---|---|---|
| A63 | Continued From page 11<br><br>7.8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING:<br>A. All staff personnel of the facility must know the location of and be instructed in proper use of fire extinguishers and other procedures to be observed in case of fire or other emergencies. The facility should request the local fire prevention authority to give periodic instructions in the use of fire prevention and techniques of evacuation.<br>B. Facility staff must be instructed as part of their duties to constantly strive to detect and eliminate potential safety hazards, such as loose handrails, frayed electrical cords, blocked exits or exit-ways, and any other condition which could cause burns, falls, or other personal injury to the residents or staff.<br>C. Each new resident must upon being accepted into the facility be given an orientation tour of the facility to include, but not be limited to, the location of the exits, fire extinguishers, and telephones, and shall be instructed in action to be taken in case of fire or other emergency.<br>D. Fire Drills: The facility must conduct at least one (1) fire drill each month:<br>(1) Fire drills must be held at different times of the day.<br>(2) The fire alarm system or detector system in the facility shall be used in the conduct of fire drills.<br>(3) In the conduct of fire drills, emphasis must be placed upon orderly evacuation under proper discipline rather than upon speed.<br>(4) A record of fire drills held must be maintained on file in the facility. Such record must show date and time of the drill, number of personnel participating in the drill, any problem noted during the drill and the evacuation time in total minutes. | A63 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 5772 | A. BUILDING 01 - ADOBE ASSISTED LIVING<br>B. WING _____ | 07/03/2008 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
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| ADOBE ASSISTED LIVING #1 (THE) | 1111 E MOUNTAIN<br>LAS CRUCES, NM 88001 |

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|---|---|---|---|---|
| A63 | Continued From page 12<br>(5) The local fire department should be requested to supervise and participate in fire drills.<br>[9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.63 NMAC - Rn, 7 NMAC 8.2.63, 8-31-00]<br><br>This REQUIREMENT is not met as evidenced by:<br>Surveyor: 25921<br>Based on documentation reviewed and interview, the facility failed to keep a record of the monthly testing of the fire alarm system, fire and disaster training records for the facility as required by the Life Safety Code (NFPA 101), potentially affecting all residents and staff throughout the facility. At the time of survey, the licensed capacity of the facility was 41 and the census was 39. The findings are:<br><br>On July 3, 2008, between 9:30 am and 11:30 am, during a tour of the facility with the Executive Director, the surveyor observed the following:<br><br>1. From December of 2007 through March of 2008, documentation of a fire drill being conducted was not in evidence.<br><br>2. The documentation of the fire drills from July of 2007 to November of 2008, indicated that the fire drills were not conducted with the activation of the alarm system as required.<br><br>3. No documentation of a monthly testing of the fire alarm system was in evidence for the last twelve (12) months. | A63 | A63<br>Director will assure fire drills are conducted monthly and documented.<br><br>Activation of the alarm system will also be tested. Inspection and fire drill report will notate such action. | 7/30/08 |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
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|---|---|---|---|---|
| A63 | Continued From page 13<br>4. The Executive Director stated, that she had just returned and would address the documentation and training issues. | A63 | | |