STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5729	A. BUILDING 01 - THE ARISTOCRAT ASSIST B. WING _____	08/30/2007

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTOCRAT ASSISTED LIVING (THE)	252 ROBERT H BRADLEY ALAMOGORDO, NM 88310

(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 Life Safey Code survey conducted on August 30, 2007 for New Mexico Regulations Governing Requirements for Adult Residential Care Facilities.	A 01		
A43	7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND 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 7.8.2.43 MAINTENANCE OF BUILDING AND GROUNDS Door openings in smoke barriers have at least a	A43	Scanned 10/10/07 VU A43 Fire doors will be kept shut at all times when not in use or in service the doors will not be propped open when no one is in the room to close the door in case fire. The SW Fire door was repaired and now latches upon closing .	9-1-07

Jenya Mash — TITLE ED — (X6) DATE 9-28-07

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

OCT - 4 2007

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A43	Continued From page 1 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 Based on observation and staff interview, the facility's practiced failed to ensure all fire protection systems including smoke barriers and doors and 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, affecting residents and staff throughout the facility. The licensed capacity of the facility is 49, the census during the survey was 40. The findings are: On August 30, 2007 between 12:30 pm and 2:00 pm, during a tour of the facility with the Administrator and the Maintenance Person, the Life Safety Code Surveyor observed the following; 1. The two doors leading from the Dining Area to the Dietary Kitchen were both being held open by the placement of rubber wedges placed between the bottom edge of the door and the floor. 2. When tested, the fire doors within the southwest corridor closed but did not latch. 3. The door leading from the Laundry Room to the resident corridor was being held open by the placement of a rubber wedge placed between the bottom edge of the door and the floor. 4. Both the Administrator and the Maintenance	A43		

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A43	Continued From page 2 Person acknowledged these findings.	A43		
A44	7 NMAC 8.2.44 HAZARDOUS AREAS 7.8.2.44 HAZARDOUS AREAS: A. Hazardous areas, as defined per NFPA 101 (Life Safety Code), on the same floor as, and in or abutting a primary means of escape or a sleeping room shall be protected by either; (1) Enclosure of at least one hour fire rating with self closing or smoke operated automatic closing fire doors having a 3/4 hour rating or; (2) Automatic fire protection (sprinkler) and separation of hazardous area with any doors self-closing or automatic-closing on smoke detection. (3) Other hazardous areas shall be enclosed with walls having at least a twenty (20) minute fire rating and doors equivalent to 1 3/4 inch solid bonded wood core, operated by self-closures or automatic closing on smoke detection. B. All boiler, furnace or fuel fired water heater rooms shall be protected from other parts of the building by construction having a fire resistance rating of not less than one-hour. Doors to these rooms shall be 1-3/4" solid core. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a fire resistance rating of not less than one-hour or the 1-3/4" solid core door. [7-1-64. 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.44 NMAC - Rn, 7 NMAC 8.2.44, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 25921 7.8.2.44HAZARDOUS AREAS:	A44	A44 The holes in the boiler room and the kitchen have been repaired.	9-10-07

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A44	Continued From page 3 Based on observation and staff interview, the facility's practice failed to assure hazardous areas are enclosed with walls having at least a twenty (20) minute fire rating and doors equivalent to 1 3/4 inch solid bonded wood core, operated by self-closures or automatic closing on smoke detection and separated by a fire resistive rating of not less than one-hour, affecting residents and staff throughout the facility. The licensed capacity of the facility is 49, the census during the survey was 40. The findings are: On August 30, 2007 between 12:30 pm and 2:00 pm, during a tour of the facility with the Administrator and the Maintenance Person, the Life Safety Code Surveyor observed the following. 1. (a) Within the Main boiler room, there was a 24 inch by 30 inch hole (penetration) in the drywall ceiling. this hole extended to the adjacent Dietary Kitchen. (b) The portion of the boiler room penetration extending to the Dietary Kitchen leaving a hole in the Kitchen ceiling approximately 12 inches by 18 inches. 2. The Maintenance Person stated that the penetration were from plumbing work currently being done by an outside contractor. He stated that when the work was completed, the penetrations would be sealed.	A44		
A45	7 NMAC 8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING 7.8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING: A. Heating, air-conditioning, piping, boilers, and ventilation equipment must be furnished, installed and maintained to meet all requirements of current state and local mechanical, electrical	A45		

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A45	Continued From page 4 and construction codes. All facilities must have documentation that fuel-fire heating systems have been checked, tested and maintained annually by qualified personnel. B. The heating method used by the facility must provide a minimum temperature of seventy (70) degrees Fahrenheit in all rooms used by the residents. C. No open-face gas or electric heater nor unprotected single shell gas or electric heating device may be used for heating the facility. Portable heating units shall not be used for heating the facility. All heating appliances must be permanently anchored and kept away from flammables such as curtains, bedcoverings, trash containers, or clothing. No heating appliance shall be located where the unit or wiring is a tripping hazard or danger from electrical shock. D. Fireplaces and open flame heating are not permitted to be utilized in sleeping rooms. E. Gas fired water heaters must not be located in sleeping rooms, bathrooms, or rooms opening into sleeping rooms. F. A facility must be adequately ventilated at all times to provide fresh air and the control of unpleasant odors by either mechanical or natural means. G. All openings to the outside air used for ventilation must be screened for the control of insects and rodents. Screen doors must be equipped with self-closing devices. H. A facility must be provided with a system for maintaining residents comfort during periods of hot weather. Fans shall not be located where the unit or wiring is a tripping hazard or danger from electrical shock. Fans shall be provided with protective shields when there is a potential for contact by any individual. [7-1-64, 9-15-70 9-24-76, 7-11-86, 4-7-97;7.8.2.45 NMAC - Rn, 7 NMAC 8.2.45,	A45		

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A45	Continued From page 5 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 25921 Based on observation and staff interview, the facility failed to ensure ventilation is in accordance with all requirements of current state and local mechanical, electrical and construction codes. affecting residents and staff throughout the facility. The licensed capacity of the facility is 49, the census during the survey was 40. The findings are: On August 30, 2007 between 12:30 pm and 2:00 pm, during a tour of the facility with the Administrator and the Maintenance Person, the Life Safety Code Surveyor observed the following. 1. The Main Laundry Room was not mechanically vented as required. 2. The Administrator and the Maintenance Person acknowledged this finding.	A45	A45 Upon further inspection there is a mechanical vent in the laundry room. The motor was not working but has been ordered and will be replaced as soon as it comes in.	9-30-07