Health Facility Licensing & Certification Bureau

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A39	7 NMAC 8.2.39 HOUSEKEEPING/LAUNDRY SERVICES 7.8.2.39 HOUSEKEEPING/LAUNDRY SERVICES: The adult residential care facility shall maintain the interior and exterior of the facility in a safe, clean, orderly, and attractive manner. The facility must be free from offensive odors, safety hazards, insects and rodents, and accumulations of dirt, rubbish, dust. A. Bathrooms and all common living areas must be cleaned as often as necessary to maintain a clean and sanitary environment. B. Combustibles such as cleaning rags and compounds shall be stored in closed metal containers in approved areas providing adequate ventilation. Combustibles shall be stored away from the food preparation area and away from resident rooms. C. Poisonous or flammable substances must not be stored in residential areas, food preparation areas, or food storage areas. D. The adult residential care facility shall make available laundry services to the residents either on the premises or by use of a commercial laundry or linen service. Personnel must handle, store, process, and transport linens so as to prevent the spread of infection. (1) All linens shall be changed as needed and at least weekly. (2) The mattress pad, blankets, and bedspread shall be laundered as needed and at least once a month. (3) Bath linens consisting of face towel, bath towel and wash cloth shall be changed as needed and at least three (3) times per week. (4) Residents shall have clean clothing as needed to maintain dignity and be free of odors. E. Laundry services provided on the premises shall have a designated laundry area equipped with a washer and dryer.	A39	RECEIVED DEC 13 2004	

Health Facility Licensing & Certification Bureau

TITLE (X6) DATE

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

Maria R Lopez

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A39	Continued From page 1 F. Under no circumstances shall collection, sorting, storage or washing of soiled clothing or linen be done in a food preparation, food storage, or food service area. G. Residents may do their own laundry if they are capable and WISH to do so, or if it is part of a training or rehabilitation program specifically documented in the resident's individual service plan. H. A separate, dry, well ventilated storage area for clean linen shall be provided. [7-1-64, 9-15-70, 5-26-72, 7-19-74, 9-24-76, 7-11-86, 4-7-97; 7.8.2.39 NMAC - Rn, 7 NMAC 8.2.39, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 19954 BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT THE FACILITY IS MAINTAINED IN A SAFE, CLEAN, AND ATTRACTIVE MANNER. THE FINDINGS ARE: ON OCTOBER 27, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING: 1. THE BATHROOM EXHAUST VENT HAS A THICK FILM OF DUST AND LINT COVERING THE EXHAUST VENT SCREEN IN THE BATHROOM LOCATED NEXT TO THE KITCHEN ENTRANCE. 1a. THE FACILITY ADMINISTRATOR STATED THAT SHE WOULD HAVE THE EXHAUST VENT SCREEN CLEANED.	A39 A39	1. The bathroom exhaust screen vent was thoroughly cleaned within 24 hours of the finding. 2. The Administrator has shown the maintenance and housekeeping personnel how to clean screen vents and how to check them for dirt. 3. Checking all vents has become a weekly routine for the housekeeping staff. 4. Completion Date 10/28/04	
A43	7 NMAC 8.2.43 MAINTENANCE OF BUILDING AND GROUNDS	A43		

Maria R Lopez

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A43	Continued From page 2 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: 19954 BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT THE BUILDING IS MAINTAINED IN GOOD REPAIR AT ALL TIMES. THE FINDINGS ARE: ON OCTOBER 27, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING: 1. THE NORTH CORRIDOR BETWEEN RESIDENT ROOM #6 AND #7 HAS A CRACK IN THE CEILING THAT EXTENDS THE WIDTH OF THE CORRIDOR. 2. THE NORTH CORRIDOR BY RESIDENT ROOM #13 HAS A CRACK ABOVE THE DOOR	A43		

Maria R Lopez

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI! B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A43	Continued From page 3 WHERE THE CEILING AND THE WALL MEET. 2a. THE FACILITY ADMINISTRATOR STATED SHE WOULD HAVE THE CRACKS REPAIRED. 3. WHEN TESTED THE DOORS TO THE OXYGEN STORAGE ROOM, RESIDENT ROOM #1, RESIDENT ROOM #3, RESIDENT ROOM #4, RESIDENT ROOM #7, RESIDENT ROOM #9, RESIDENT ROOM #10, RESIDENT ROOM #11, RESIDENT ROOM #12, RESIDENT ROOM #15, RESIDENT ROOM #21, RESIDENT ROOM #31, RESIDENT ROOM #34, RESIDENT ROOM #40, AND THE JANITORS CLOSET DO NOT SEAL WHEN CLOSED. 3a. THE FACILITY ADMINISTRATOR STATED SHE WOULD HAVE THE DOORS ADJUSTED. Reference NFPA 101 Life Safety Code 2000 Edition 8.3.6 Penetration and Miscellaneous Openings in Floors and Smoke Barriers. 8.3.6.1 Pipes, conduits, bus ducts, cables, wires, air ducts,pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows: (1) The space between the penetrating item and the smoke barrier shall meet one of the following conditions. a. It shall be filled with material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (2) Where the penetrating item uses a sleeve to penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall meet one	A43		

Maria R Lopez

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A43	Continued From page 4 of the following conditions. a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed for the specific purpose. BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT PENETRATIONS IN A 1-HOUR RATED WALL ARE FILLED WITH MATERIAL THAT IS CAPABLE OF MAINTAINING THE 1-HOUR RATING OF THE WALL AND THE SMOKE RESISTANCE OF THE BARRIER. THE FINDINGS ARE: ON OCTOBER 27, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING: 1. THE WATER HEATER ROOM LOCATED NEXT TO THE KITCHEN HAS SEVERAL PENETRATIONS AROUND THE PIPES. 1b. THE FACILITY ADMINISTRATOR STATED SHE WOULD HAVE THE PENETRATIONS SEALED. Reference NFPA 13 Section 4-5.5.2.1 Continuous obstructions less than eighteen (18) inches below the sprinkler deflector that prevents the pattern from fully developing shall comply with this section. Section 4-5.5.3 Continuous or noncontinuous obstructions that interrupt the water discharge in a horizontal plane more than eighteen (18) inches below the sprinkler deflector in a manner to limit the distribution from reaching the protected hazard shall comply with this section. Section 4-5.6 requires that the clearance between	A43	A43 1. The corporate maintenance supervisor has visited the facility to evaluate the cracks, the non sealing doors and the penetrations around the pipes in the water heater room. 2. The maintenance staff has been in-serviced about reporting any cracks, penetrations or doors not sealing correctly to the Administrator when they are first observed. 3. The Administrator will check the doors and for any cracks on her daily rounds and report them immediately to the maintenance staff. 4. Initial visit to evaluate problems was 11/9/04. Problems fixed by 12/10/04	

Maria R Lujan

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A43	Continued From page 5 the deflector and the top of storage shall be eighteen (18) inches or greater. BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT THE SPRINKLER SPRAY PATTERN IS NOT OBSTRUCTED AND THE CORRECT DISTANCE IS MAINTAINED AT ALL TIMES. THE FINDINGS ARE: ON OCTOBER 27, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING: 1. WITHIN THE CARE COORDINATORS OFFICE THERE ARE ITEMS ON TOP OF A SHELF STORED WITHIN 8 VERTICAL INCHES OF THE SPRINKLER DEFLECTOR. 2. WITHIN RESIDENT ROOM #9 THERE ARE 3 PACKS OF TOILET PAPER ON TOP OF THE CABINET STORED WITHIN 10 VERTICAL INCHES OF THE SPRINKLER HEAD. 3. WITHIN RESIDENT ROOM #10 THERE IS A DECORATIVE PLANT ON TOP OF THE ENTERTAINMENT CABINET STORED WITHIN 4 VERTICAL INCHES OF THE SPRINKLER HEAD. 4. WITHIN RESIDENT ROOM #11 THERE IS DECORATIVE PLANT ON TOP OF THE CABINET STORED WITHIN 8 VERTICAL INCHES OF THE SPRINKLER HEAD. 5. WITHIN RESIDENT ROOM #15 THERE ARE SEVERAL PICTURES WITH WOODEN FRAMES ON TOP OF THE CABINETS STORED WITHIN 6 VERTICAL INCHES OF THE SPRINKLER HEAD.	A43	**A43** **1. All materials have been removed and relocated so there is at least 18 inches of space between the sprinkler heads and storage items.** **2. All staff have been in-serviced about the safe distance from sprinkler heads to store materials.** **3. The Administrator and Resident Care Coordinator will make periodic checks of all storage areas to assure compliance is maintained.** **4. Completion Date 12/10/04**	

Monica R Harper

Health Facility Licensing & Certification Bureau

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A43	Continued From page 6 6. WITHIN RESIDENT ROOM #16 THERE ARE SEVERAL PICTURES WITH WOODEN FRAMES ON TOP OF THE CABINETS STORED WITHIN 4 VERTICAL INCHES OF THE SPRINKLER HEAD. 7. WITHIN THE ACTIVITIES STORAGE ROOM THERE ARE SEVERAL BOXES ON TOP OF THE SHELVES STORED WITHIN 10 VERTICAL INCHES OF THE SPRINKLER HEAD. 7a. THE FACILITY ADMINISTRATOR ACKNOWLEDGED THE FINDINGS. Reference NFPA 13 Section 1-5.1 Maintenance A sprinkler system installed under this standard shall be properly maintained for efficient service. The owner is responsible for the condition of the sprinkler system shall use due diligence in keeping the system in good operating condition. Reference NFPA 13 Section 20-2.6 Escutcheon: Escutcheon plates used with a recessed or flush-type sprinkler shall be part of a listed sprinkler assembly. BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT THE ESCUTCHEON PLATES USED WITH THE SPRINKLER ASSEMBLY ARE INSTALLED AND MAINTAINED . THE FINDINGS ARE: ON OCTOBER 27, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING: 1. THE SPRINKLER HEADS IN RESIDENT	A43		

Monica R Lopez

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A43	Continued From page 7 ROOM #39, AND RESIDENT ROOM #40 HAVE ESCUTCHEON PLATES MISSING. 1a. THE FACILITY ADMINISTRATOR ACKNOWLEDGED THE FINDINGS. 2. THE ESCUTCHEON PLATES IN RESIDENT ROOM #29, RESIDENT ROOM #30 AND RESIDENT ROOM #37 HAVE A GAP BETWEEN THE ESCUTCHEON PLATES AND THE CEILING. 2a. THE FACILITY ADMINISTRATOR ACKNOWLEDGED THE FINDINGS. Reference NFPA 101, 200 Edition Section 2.6.2.6 Each manual fire alarm box on a system shall be accessible, unobstructed and visible. BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT MANUAL FIRE ALARM PULL STATIONS ARE KEPT ACCESSIBLE AND UNOBSTRUCTED AT ALL TIMES. THE FINDINGS ARE: ON OCTOBER 27, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING: 1. A CHAIR WAS PLACED DIRECTLY IN FRONT OF THE MANUAL FIRE ALARM PULL STATIONS LOCATED AT THE SOUTHWEST EXIT AND THE SOUTHEAST EXIT. 1a. THE FACILITY ADMINISTRATOR ACKNOWLEDGED THE FINDINGS.	A43	A43 1. All escutcheon plates used with the sprinkler assembly are installed throughout the facility. 2. The maintenance staff have been in-serviced on how to check for these plates and to verify monthly with the fire drill that all are in place in the facility and to report to the Administrator if any are missing. 3. The maintenance staff will check that all escutcheon plates are mounted every month with the fire drill and report any missing to the Administrator. 4. Completion Date 12/10/04	

Mona R Lopez

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A43	Continued From page 8 Reference NFPA 70 National Electrical Code Section 110-16 National electrical Code requires that a working clearance of three (3) feet be maintained in the front of and to the side of the electrical equipment. BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT THE REQUIRED WORKING CLEARANCE FOR ELECTRICAL EQUIPMENT BE MAINTAINED AT ALL TIMES. THE FINDINGS ARE: ON OCTOBER 27, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING: 1. THE ELECTRICAL ROOM LOCATED IN THE DINING AREA HAS A CHAIR AND A PLATFORM DOLLY STORED IN FRONT OF THE ELECTRICAL PANELS. 1a. THE FACILITY ADMINISTRATOR ACKNOWLEDGED THE FINDINGS.	A43	A43 1. All items have been removed from in front of fire alarm pull stations and in front of electrical panels. 2. All staff have been in-serviced about the safety issue of keeping all areas clear of obstruction. 3. The Administrator and Resident Care Coordinator will make periodic checks of all halls to assure compliance is maintained. 4. Completion Date 12/10/04	
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.	A44		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A44	Continued From page 9 (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: 19954 NFPA 99 Section 4-3.1.2.1 Nonflammable Gases (Any Quantity; In-Storage, Connected, or Both). (b) Enclosures shall be provided for supply systems cylinder storage or manifold locations of oxidizing agents such as oxygen and nitrous oxide. Such enclosures shall be constructed of an assembly of building materials with a fire-resistive rating of at least 1-hour and shall not communicate directly with anesthetizing locations. Other nonflammable (inert) medical gases may be stored with oxidizing agents. Storage of full or empty cylinders is permitted. Such enclosures shall serve no other purpose. (c) Provisions shall be made for racks or fastenings to protect cylinders from accidental damage or dislocation. (d) The electric installation in storage locations or manifold enclosures for nonflammable medical gases shall comply with the standards of NFPA 70.	A44		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A44	Continued From page 10 (e) Storage locations for oxygen and nitrous oxide shall be kept free of flammable materials. (f) Cylinders containing compressed gases and containers for volatile liquids shall be kept away from radiators, steam piping, and like sources of heat. (g) Combustible materials, such as paper, cardboard, plastics, and fabrics shall not be stored or kept near supply system cylinders or manifolds containing oxygen or nitrous oxide. Racks for cylinder storage shall be permitted to be of wooden construction. Wrappers shall be removed prior to storage. (j) Requires that locations for supply systems shall not be used for storage purposes other than for containers of nonflammable gases. Care shall be taken to provide adequate ventilation to dissipate gases in order to prevent the development of oxygen-deficient atmospheres in the event of functioning of cylinder or manifold pressure-relief devices. (3) Enclosures for supply systems shall be provided with doors or gates that can be locked. Section 8-6.4.2 Signs. Precautionary signs, readable from a distance of 5 ft. shall be conspicuously displayed at the site of administration and in aisles and walkways leading to the area. they shall be attached to adjacent doorways or to building walls or be supported by other appropriate means. BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT STORAGE, LABELING AND HANDLING OF OXYGEN IS IN COMPLIANCE WITH THE REQUIREMENTS. THE FINDINGS ARE: ON OCTOBER 27, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE	A44		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A44	Continued From page 11 SURVEYOR OBSERVED THE FOLLOWING: 1. THERE ARE 6 PORTABLE OXYGEN CYLINDERS STORED IN ROOM # 01 LOCATED IN THE NORTH WING AND THE OXYGEN CYLINDERS WERE NOT SECURE IN HOLDERS. 1a. THE FACILITY ADMINISTRATOR STATED THAT THE CYLINDERS HAVE ALWAYS BEEN STORED IN THE RESIDENT ROOM. SHE STATED THAT SHE WOULD HAVE THE OXYGEN CYLINDERS REMOVED FROM THE ROOM AND STORED IN THE DESIGNATED OXYGEN STORAGE ROOM. 2. THE DESIGNATED OXYGEN ROOM LOCATED BETWEEN THE JANITORS CLOSET AND THE COFFEE ROOM DOES NOT HAVE OXYGEN SIGNS DISPLAYED TO IDENTIFY THE OXYGEN ROOM. 2a. THE FACILITY ADMINISTRATOR STATED THAT SIGNS WOULD BE POSTED AND MAINTAINED. 3. WHEN TESTED THE DOOR TO THE OXYGEN STORAGE ROOM DOES NOT CLOSE AND LATCH. THEREFORE THE 1-HOUR FIRE RATING IS NOT MAINTAINED. 3a. THE FACILITY ADMINISTRATOR STATED THAT SHE WOULD HAVE THE DOOR ADJUSTED.	A44	A44 1. The oxygen cylinders have been removed from any resident room and stored appropriately in a designated oxygen storage room. The designated room has a sign labeled "Oxygen" and the door to that room has been adjusted to close and latch completely. 2. All staff have been in-serviced about the safe storage of oxygen in the oxygen storage room and not in resident rooms. 3. The Administrator and Resident Care Coordinator will make periodic checks of all resident rooms to assure compliance is maintained. 4. Completion Date 12/10/04	
A45	7 NMAC 8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING 7.8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING:	A45		

Health Facility Licensing & Certification Bureau

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A45	Continued From page 12 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 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	A45		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A45	Continued From page 13 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, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 19954 BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT THE FACILITY IS ADEQUATELY VENTILATED AT ALL TIMES TO CONTROL UNPLEASANT ODORS BY EITHER MECHANICAL OR NATURAL MEANS. THE FINDINGS ARE: ON OCTOBER 27, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING: 1. THE STORAGE ROOM LOCATED NEXT TO RESIDENT ROOM #15 IS BEING USED TO STORE DIFFERENT TYPES OF CLEANING SUPPLIES, WHICH PRODUCE A STRONG ODOR. THIS STORAGE ROOM DOES NOT HAVE A MECHANICAL EXHAUST VENT. 1a. THE FACILITY ADMINISTRATOR ACKNOWLEDGED THE FINDINGS.	A45	**A45** **1. All cleaning supplies have been removed and relocated to a room with ventilation, thus eliminating any fumes inside the building.** **2. All housekeeping staff have been in-serviced about the new location for all cleaning products.** **3. The Administrator and Resident Care Coordinator will make periodic checks to assure compliance is maintained.** **4.Completion Date 12/10/04**	
A48	7 NMAC 8.2.48 LIGHTING AND LIGHTING FIXTURES 7.8.2.48 LIGHTING AND LIGHTING FIXTURES: A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances must be lighted to make the area clearly visible. B. Exits, exit-access ways, and other areas	A48		

Liana R Lopez

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A48	Continued From page 14 used at night by residents and staff must be illuminated by night lights or other continuous lighting. 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. 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. 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. [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] This REQUIREMENT is not met as evidenced by: Surveyor: 19954 BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT THE FACILITY IS LIGHTED TO MAKE THE AREA CLEARLY VISIBLE AND THE LIGHTING FIXTURES ARE PROTECTED FROM ACCIDENTAL BREAKAGE OR SHATTERING. THE FINDINGS ARE: ON OCTOBER 27, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING: 1. THE ENTRY LIVING ROOM HAS A BURNT LIGHT BULB.	A48		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A48	Continued From page 15 1a. THE FACILITY ADMINISTRATOR STATED THAT SHE WOULD HAVE THE LIGHT BULB REPLACED. 2. THE JANITORS CLOSET LOCATED NEXT TO THE OXYGEN STORAGE ROOM HAS A TWO BULB FLUORESCENT LIGHT FIXTURE THAT WAS NOT PROTECTED OR COVERED. 2a. THE FACILITY ADMINISTRATOR STATED THAT SHE WOULD HAVE A COVER INSTALLED ON THE LIGHT FIXTURE.	A48	**A48** **1. All light bulbs in the building have been checked and replaced if not functional. The fluorescent light fixture in the janitors closet is now protected with a new fixture cover.**	
A49	7 NMAC 8.2.49 ELEMENTS OF FACILITY ELECTRICAL SYSTEM 7.8.2.49 ELEMENTS OF FACILITY ELECTRICAL SYSTEM: A. All fuse and breaker boxes must be labeled to indicate the area of the facility to which each fuse or circuit breaker provides service. B. All staff personnel of the facility must know the location of the electrical disconnect switch and how to operate it in case of emergency. C. Electrical cords and appliances must be U/L approved. (1) Electrical cords shall be replaced as soon as they show wear. (2) Extension cords are prohibited. EXCEPTION: The use of a multi-socket United Laboratories approved (U/L APPROVED) surge protector with integrated circuit breaker no greater than six (6) foot in length is permitted. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.49 NMAC - Rn, 7 NMAC 8.2.48, 8-31-00] K	A49	**2. All staff have been in-serviced about the need to replace light bulbs when observed to not be working and that all fluorescent fixtures must be covered. They have also been instructed to report any uncovered light fixtures to administration and maintenance.** **3. The Administrator on daily rounds will check for functioning light bulbs.** **4. Completion Date 12/10/04**	

Maura R Leper

Health Facility Licensing & Certification Bureau

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A49	Continued From page 16 This REQUIREMENT is not met as evidenced by: Surveyor: 19954 BASED ON OBSERVATION AND INTERVIEW, THE FACILITY FAILED TO LABEL THE BREAKERS TO INDICATE THE AREA OF THE FACILITY THE CIRCUIT BREAKER PROVIDES SERVICE. THE FINDINGS ARE: ON OCTOBER 27, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING: 1. THE BREAKERS MARKED SPARES WERE SWITCHED ON. 1a. THE FACILITY ADMINISTRATOR STATED THAT SHE WAS NOT SURE IF THE BREAKERS WERE ACTUALLY BEING USED TO SUPPLY POWER TO THE FACILITY AND WOULD HAVE AN ELECTRICIAN CHECK THE ELECTRICAL PANELS AND VERIFY IF THE BREAKERS ARE ACTUALLY SPARES.	A49	**A49** **1. The circuit breakers marked "spare" are spare circuit breakers and were turned off with no loss of electricity anywhere in the facility.** **2. All staff have been in-serviced about circuit breakers and to not touch the spare circuit breaker switches.** **3. The Administrator and Resident Care Coordinator will make periodic checks of all circuit breaker boxes to assure compliance is maintained.** **4.Completion Date 12/10/04**	
A53	7 NMAC 8.2.53 CORRIDORS 7.8.2.53 CORRIDORS: A. Corridors in an existing building may have a minimum width of thirty-six (36) inches. Corridors in newly constructed facilities shall have a minimum of forty-four (44) inches. B. Corridors shall have a clear ceiling height of not less than seven (7) feet measured to the lowest projection from the ceiling. C. Corridors shall be maintained clear and free of obstruction at all times. [9-24-76, 7-11-86, 4-7-97; 7.8.2.53 NMAC - Rn, 7 NMAC 8.2.53, 8-31-00]	A53		

Mona R Lopez

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A53	Continued From page 17 This REQUIREMENT is not met as evidenced by: Surveyor: 19954 BASED ON OBSERVATION AND INTERVIEW, THE FACILITY FAILED TO MAINTAIN ALL CORRIDORS CLEAR AND FREE OF OBSTRUCTIONS AT ALL TIMES. THE FINDINGS ARE: ON OCTOBER 27, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING: 1. ONE OXYGEN TANK WITH HOLDER WAS LEFT UNATTENDED FOR 30 MINUTES IN THE NORTH CORRIDOR ACROSS FROM THE MED ROOM. 1a. THE FACILITY ADMINISTRATOR STATED THAT SHE WAS NOT SURE WHY THE OXYGEN TANK HAD BEEN LEFT IN THE CORRIDOR.	A53	A53 1. All items have been removed from all corridors. 2. All staff have been in-serviced about the fire safety of keeping corridors free of obstruction. 3. The Administrator and Resident Care Coordinator will make periodic checks of all corridors to assure compliance is maintained. 4. Completion Date 12/10/04	
A60	7 NMAC 8.2.60 FIRE ALARMS, SMOKE DETECTORS, AND OTHER EQUIP 7.8.2.60 FIRE ALARMS, SMOKE DETECTORS AND OTHER EQUIPMENT: A. FIRE ALARM SYSTEM: A manual fire alarm system shall be provided. The manual fire alarm must be inspected and approved in writing by the fire authority having jurisdiction. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to have a fire alarm system. B. SMOKE AND HEAT DETECTION: Approved smoke detectors shall be installed on each floor to provide when activated an alarm which is audible in all sleeping areas. Areas of assembly such as the dining and living room	A60		

Maria R Lopez

Health Facility Licensing & Certification Bureau

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A60	Continued From page 18 must also be provided with smoke detectors. (1) Detectors shall be powered by the house electrical service and have battery back up. (2) Construction of new facilities or facilities remodeling or replacing existing smoke detectors shall provide detectors in common living areas and in each sleeping room. (3) Smoke detectors must be installed in corridors at no more than thirty (30) foot spacing. (4) Heat detectors shall be installed in all enclosed kitchens and also powered by the house electrical service. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.60 NMAC - Rn, 7 NMAC 8.2.60, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 19954 BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT AN APPROVED SMOKE DETECTOR IS INSTALLED IN EACH SLEEPING ROOM. FINDINGS ARE: ON OCTOBER 27, 2004, DURING A TOUR OF THE FACILITY THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING: 1. RESIDENT ROOM # 30 DOES NOT HAVE AN APPROVED SMOKE DETECTOR. THE ELECTRICAL WIRING FOR THE SMOKE DETECTOR WAS HANGING FROM THE CEILING THROUGH THE SMOKE DETECTOR MOUNTING PLATE. 1a. THE FACILITY ADMINISTRATOR STATED THAT SHE WOULD HAVE AN APPROVED SMOKE DETECTOR INSTALLED.	A60	**A60** **1. All smoke detectors have been checked and all detectors are now installed correctly with no wires exposed.** **2. Maintenance staff have been in-serviced about approved smoke detector installation.** **3. The Administrator, maintenance staff or Resident Care Coordinator will check every smoke detector every month with every fire drill to assure compliance is maintained.** **4. Completion Date 12/10/04**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A62	Continued From page 19	A62		
A62	7 NMAC 8.2.62 FIRE EXTINGUISHERS 7.8.2.62 FIRE EXTINGUISHERS: 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. B. Fire extinguishers, alarm systems, automatic detection equipment, and other fire fighting equipment must be properly maintained and inspected as recommended by the manufacturer, State Fire Marshall, or Fire Authority having jurisdiction. [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] This REQUIREMENT is not met as evidenced by: Surveyor: 19954 BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT ALL PORTABLE FIRE EXTINGUISHERS ARE INSPECTED MONTHLY AND MAINTAINED AS REQUIRED. FINDINGS ARE: ON OCTOBER 27, 2004, DURING A TOUR OF THE FACILITY THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING: 1. ALL FIRE EXTINGUISHERS LOCATED THROUGHOUT THE FACILITY ARE NOT INSPECTED MONTHLY. THE LAST INSPECTION FOR THESE FIRE EXTINGUISHERS WAS AN ANNUAL INSPECTION CONDUCTED ON MAY 2004 BY A PROFESSIONAL FIRM.	A62		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A62	Continued From page 20 1a. THE FACILITY ADMINISTRATOR STATED THAT THE FIRE EXTINGUISHERS ARE NOT BEING INSPECTED MONTHLY. SHE STATED THAT SHE WOULD ASSIGN SOMEONE TO INSPECT THE FIRE EXTINGUISHERS MONTHLY AND THE TAGS WILL BE SIGNED AND DATED BY THE PERSON RESPONSIBLE FOR THE MONTHLY INSPECTIONS.	A62	**A62** **1. All fire extinguishers are checked and now documented as being checked monthly on each fire extinguisher tag.** **2. All staff have been in-serviced about checking and documenting working order of fire extinguishers.** **3. The Administrator, Resident Care Coordinator or designated staff person will check every fire extinguisher with every fire drill and document the check on each fire extinguisher tag.** **4. Completion Date 12/10/04**	
A63	7 NMAC 8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING 7.8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING: 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. 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. 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. D. Fire Drills: The facility must conduct at least one (1) fire drill each month: (1) Fire drills must be held at different times of the day.	A63		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 21 (2) The fire alarm system or detector system in the facility shall be used in the conduct of fire drills. (3) In the conduct of fire drills, emphasis must be placed upon orderly evacuation under proper discipline rather than upon speed. (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. (5) The local fire department should be requested to supervise and participate in fire drills. [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] This REQUIREMENT is not met as evidenced by: Surveyor: 19954 BASED ON OBSERVATION, DOCUMENT REVIEW, AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT FIRE DRILLS ARE CONDUCTED ONCE A MONTH AND THE FIRE ALARM SYSTEM OR DETECTOR SYSTEM IN THE FACILITY IS INITIATED AND USED TO CONDUCT THE FIRE DRILLS. FINDINGS ARE: ON OCTOBER 27, 2004, DURING THE DOCUMENT REVIEW OF THE FACILITY THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING: 1. THE FACILITY DID NOT HAVE DOCUMENTATION ON FILE SHOWING THAT FIRE DRILLS WERE CONDUCTED FOR THE MONTHS OF April AND AUGUST 2004.	A63		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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 22 1a. THE FACILITY ADMINISTRATOR STATED THAT FIRE DRILLS WERE NOT CONDUCTED FOR THE MONTHS OF April AND AUGUST 2004. 2. THE FACILITY DID NOT HAVE DOCUMENTATION ON FILE SHOWING THAT THE FIRE ALARM SYSTEM OR DETECTOR SYSTEM IN THE FACILITY WAS BEING TESTED AND USED TO CONDUCT THE FIRE DRILLS. 2a. THE FACILITY ADMINISTRATOR STATED THAT THE FIRE ALARM SYSTEM WAS BEING USED TO INITIATE THE FIRE DRILLS BUT THAT IT WAS NOT BEING DOCUMENTED.	A63	A63 **1. Fire drills are now occurring every month at different times of the day. For all fire drills, the fire alarm system is being used to initiate the fire drills. The drills and the use of the fire alarm system are not being documented.** **2. All staff have been in-serviced about fire drills and documentation.** **3. The Administrator and Resident Care Coordinator will make periodic checks of fire drill forms to assure compliance is maintained.** **4. Completion Date 12/10/04**	
A64	7 NMAC 8.2.64 SMOKING 7.8.2.64 SMOKING: A. Smoking by residents and staff must only be done in supervised areas designated by the facility and approved by the State Fire Marshall or local fire prevention authorities. Smoking must not be allowed in a kitchen or food preparation areas. B. All designated smoking areas must be provided with suitable ashtrays. C. Residents must not be permitted to smoke in their sleeping rooms. D. Smoking must not be permitted where oxygen is in use or stored. [9-24-76, 7-11-86, 4-7-97; 7.8.2.64 NMAC - Rn, 7 NMAC 8.2.64, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 19954	A64		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5831	A. BUILDING 01 - WESTWIND HOUSE ASSI B. WING _____	10/27/2004

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTWIND HOUSE ASSISTED LIVING	6600 LOS VOLCANES NW ALBUQUERQUE, NM 87121

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEEDED 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
A64	Continued From page 23 BASED ON OBSERVATION AND STAFF INTERVIEW, THE FACILITY'S PRACTICE FAILED TO ENSURE THAT ALL DESIGNATED SMOKING AREAS ARE PROVIDED WITH SUITABLE METAL CONTAINERS WITH SELF CLOSING LIDS. THE FINDINGS ARE: ON OCTOBER 27, 2004, DURING A TOUR OF THE FACILITY, THE LIFE SAFETY CODE SURVEYOR OBSERVED THE FOLLOWING: 1. THE DESIGNATED SMOKING AREA LOCATED ON THE EAST SIDE OF THE BUILDING DOES NOT HAVE SUITABLE METAL CONTAINERS WITH SELF CLOSING LIDS. 1a. THE FACILITY ADMINISTRATOR STATED THAT SHE WOULD HAVE SUITABLE METAL CONTAINERS INSTALLED AT THE DESIGNATED SMOKING AREA.	A64	A64 1. Metal containers with closing lids have been installed in the designated smoking area. 2. All staff have been in-serviced about using the new containers. 3. The Administrator and Resident Care Coordinator will make periodic checks of the designated smoking area to assure compliance is maintained. 4. Completion Date 12/10/04	