STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5399	A. BUILDING: **01** B. WING _____	C **01/12/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SENIOR LIVING SYSTEMS	**5 THOMAS RD BLDG I** **LOS LUNAS, NM 87031**

(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 000	Initial Comments A life safety code survey was conducted at Senior Living Systems Building 1 on 01/11/18 - 01/12/18 due to a compliant. The survey was in accordance with 7.8.2 NMAC Assisted Living Facilities for Adults. At this life safety code survey the facility was found not in substantial compliance with 7.8.2 NMAC Assisted Living Facilities for Adults Senior Living Systems is a Type V construction, one story and not sprinklered. The reported census was 15 residents. The licensed capacity is 15 residents. The findings that follow demonstrate noncompliance with 7.8.2 NMAC Assisted Living Facilities for Adults. A Fire Safety Evaluation System was performed by the Assisted Living Facility (ALF) team on 01/04/18 E-Score was 4.4 - SLOW Building is not sprinklered. A waiver was granted by Health Facility and Licensing and Certification bureau on 12/08/97 with the following COMMENTS and ACTION. COMMENTS: "This waiver ends when the license expires or if prompt evacuation exceeds 3 minutes." ACTION: "Approved as a waiver" Compliant was substantiated.	A 000		
A 041	7 NMAC 8.2.41 Building Construction BUILDING CONSTRUCTION: All building construction shall be based upon the facility	A 041		

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A 041	Continued From page 1 occupancy in accordance with the state building code and fire codes, pursuant to 14.7 NMAC. A. New facilities. All new facilities, relocated into existing building(s) or remodeled facilities shall conform to the current edition of the state building code, accessibility code, mechanical code, plumbing code, fire code and the electrical code. (1) With regard to building height, allowable area or construction type, the state building code shall prevail. (2) Minimum construction requirements shall comply with all applicable state building codes. (3) A facility may share a building with another health care facility licensed by the department or other suitable facility with prior approval from the licensing authority. (4) Where there are conflicts between the requirements in the codes and the provisions of this rule, the most restrictive condition shall apply. B. Access for persons with disabilities. Facilities with four (4) or more residents shall provide accessibility to residents with disabilities in accordance with the state building code and the American Disabilities Act. Areas of specific concern are as follows: (1) the main entry into the facility and all required exits shall provide access to persons with disabilities; (2) the building shall allow access to persons with disabilities to all common areas; (3) at least one bedroom, for every eight (8) residents, shall have a door clearance of thirty-six (36) inches for access by persons with disabilities; (4) at least one toilet and bathing facility, for every eight (8) residents, shall have a minimum door clearance of thirty-six (36) inches for access by persons with disabilities; this toilet and bathing room shall provide a minimum sixty (60) inch	A 041		

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A 041	Continued From page 2 diameter clear space to accommodate the turning radius of a wheelchair; (5) when ramps are used, each ramp shall have a minimum slope of twelve (12) inches horizontal run for each one (1) inch of vertical rise; ramps exceeding a six (6) inch rise shall be provided with handrails on both sides of the ramp; (6) landings at doorways shall have a level area, at a minimum of five (5) feet by five (5) feet, to provide clear space for wheelchair maneuvering; (7) parking spaces shall provide access aisles with a minimum width of sixty (60) inches and ninety-six (96) inches for van parking; a minimum of one (1) van-accessible parking space with a minimum width of ninety-six (96) inches shall be provided; (8) an accessible route for persons with disabilities from the parking area to the main entrance(s) shall be provided; and (9) changes in elevation of one half inch (1/2 inch) or greater shall be sloped to a minimum of twelve (12) inches horizontal run for each one (1) inch of vertical rise. C. Construction drawings. Prior to commencement of all new construction, remodeling, relocations, additions or renovations to existing buildings; the facility shall submit preliminary plans and final construction drawings with specifications to the licensing authority for review and approval. (1) Building plans and specifications shall be submitted and approved by the department when: (a) construction for a new facility is proposed; (b) a building that has not previously licensed as a facility is proposed as a location for a facility; (c) any renovation that increases the number of beds is proposed; (d) any addition to an existing structure is proposed; or	A 041		

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A 041	Continued From page 3 (e) any renovation to the existing structure is proposed, regardless of the size of the facility. (2) The codes that are in effect at the time of the submittal of building plans shall be the codes used through the end of the project. (3) Drawings and specifications shall be prepared for the architectural, structural, mechanical and electrical branches of work for each construction project and shall include the following: (a) the site plan(s) showing property lines, finish grade, location of existing and proposed structures, roadways, walks, utilities and parking areas; (b) the floor plan(s) showing scale drawings of typical and special rooms, indicating all fixed and movable equipment and major items of furniture; (c) the separate life safety plans showing the fire and smoke compartment(s), all means of egress and exit markings, exits and travel distances, dimensions of compartments and calculation and tabulation of exit units, all fire and smoke walls shall be graphically coded; (d) the exterior elevation of each facade; (e) the typical sections throughout the building; (f) the schedule of finishes; (g) the schedule of doors and windows; (h) the roof plans; and (i) the building code analysis. (4) For facilities with more than fifteen (15) residents: architectural drawings shall be stamped, signed and dated by a licensed architect registered in New Mexico. In addition to items listed in section (3) above, the drawings shall include the following: (a) the building code analysis; and (b) when an elevator is required, the details and dimensions of the elevator. (5) Structural drawings shall include the following: (a) a certification that all structural design and	A 041		

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A 041	Continued From page 4 work are in compliance with all applicable local codes; (b) the plans of foundations, floors, roofs and intermediate levels that show a complete design with sizes, sections and the relative location of the various members; and (c) the schedules of beams, girders and columns. (6) Mechanical drawings shall include the following: (a) a certification that all mechanical work and equipment are in compliance with all applicable local codes and laws and that all materials are listed by recognized testing laboratories; (b) the water supply, sewage and heating, ventilation and air conditioning piping systems; (c) the heating, ventilating, HVAC piping and air conditioning systems with all related piping and auxiliaries, if any, to provide a satisfactory installation; (d) the water supply, sewage and drainage with all lines, risers, catch-basins, manholes and cleanouts clearly indicated as to location, size, capacities and location and dimensions of septic tank and disposal field; (e) the sprinkler head layout; and (f) the graphic coding (with a legend) to show supply, return and exhaust systems. (7) Electrical drawings shall include the following: (a) a certification that all electrical work and equipment are in compliance with all applicable local codes and laws and that all materials are currently listed by recognized testing laboratories; (b) all electrical wiring, outlets, riser diagrams, switches, special electrical connections, electrical service entrance with service switches, service feeders and characteristics of the light and power current and transformers when located within the building; (c) a fixture legend; and	A 041		

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A 041	Continued From page 5 (d) a graphic coding (with a legend) to show all items on emergency power. (8) Include additional information as needed and requested by the licensing authority. (9) Final working drawings and specifications shall be accurately dimensioned and include all necessary explanatory notes, schedules, legends and have all rooms labeled. The working drawings and specifications shall be complete and adequate for contract purposes. (10) One set of final plans shall be submitted to the licensing authority for review and approval prior to the commencing of construction. All construction shall be executed in accordance with the approved final plans and specifications. (11) Review and approval of building plans by the licensing authority does not eliminate responsibility of the applicant to comply with all applicable laws, rules and ordinances. (12) The final approval of building plans and specifications shall be acknowledged in writing by the licensing authority. (13) The approved building plans shall be kept at the facility and readily available at all times. D. Fire resistance. Required building construction and fire resistance shall be in accordance with the state building code and the fire code. Facilities with nine (9) or more residents shall be protected throughout by an approved automatic fire protection (sprinkler) system. E. Prohibition of mobile homes. For facilities with four (4) or more residents, trailers and mobile homes shall not be used. F. Construction. Construction shall commence within one hundred eighty (180) calendar days of the date of receipt of approval (unless a written extension is requested by the facility and approved by department). This approval shall in no way permit or authorize any omission or	A 041		

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A 041	Continued From page 6 deviation from the requirements of any restrictions, laws, ordinances, codes or standards of any regulatory agency. [7.8.2.41 NMAC - Rp, 7.8.2.41 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.41 Building Construction: B. (5) when ramps are used, each ramp shall have a minimum slope of twelve (12) inches horizontal run for each one (1) inch of vertical rise; ramps exceeding a six (6) inch rise shall be provided with handrails on both sides of the ramp; (6) landings at doorways shall have a level area, at a minimum of five (5) feet by five (5) feet, to provide clear space for wheelchair maneuvering. Based on observation and interview, the facility failed to ensure the ramp slope at the doorway between the TV room and the dining room had a minimum slope of twelve (12) inches horizontal run for each one (1) inch of vertical rise. Not providing the appropriate slope may result in residents tripping when approaching the ramp and potential harm to all fifteen (15) residents as identified by the resident census on 01/11/18. The findings are: A. On 01/11/18 at 10:35 am, during observation of the ramp at the doorway between the TV room and dining room, measured a one (1) inch difference between the two floors and the ramp horizontal run measured eight (8) inches. B. On 01/11/18 at 10:40 am, the administrator acknowledged the finding	A 041		

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A 041	Continued From page 7 Based on observation and interview, the facility failed to ensure the ramp slope and landing at exterior wall door in sleeping room G met the 7.8.2.41 Building Construction B (5) and (6) requirements. Not providing the appropriate slope and landing may result in residents unable to maneuver during an emergency evacuation and potential harm to three (3) residents occupying sleeping room G as identified by the resident census on 01/11/18. The findings are: A. On 01/11/18 at 10:15 am, during observation of the ramp at the exterior wall door in sleeping room G was not provided with a landing and the the slope exceeded the minimum slope of twelve (12) inches horizontal run for each one (1) inch of vertical rise. B. On 01/11/18 at 10:20 am, during interview, Staff Manager acknowledged the finding.	A 041		
A 047	7 NMAC 8.2.47 Lighting and Lighting Fixtures LIGHTING AND LIGHTING FIXTURES: A. All areas of the facility, including storerooms, stairways, hallways, and interior and exterior entrances shall be lighted to make the area clearly visible. B. Exits, exit-access ways and other areas used at night by residents and staff shall be illuminated by night lights or other continuous lighting. C. Lighting fixtures shall be selected and located to accommodate the needs and activities of the residents, with the comfort and convenience of the residents in mind.	A 047		

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A 047	Continued From page 8 D. Lamps and lighting fixtures shall be shaded to prevent glare to the eyes of residents and staff, and protected from accidental breakage or shattering. E. Facilities with four (4) or more residents shall have emergency lighting to light exit passageways and the exterior area near the exits that activates automatically upon disruption of electrical service. F. Facilities with three (3) or fewer residents shall have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. [7.8.2.47 NMAC - Rp, 7.8.2.48 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.47 Lighting and Lighting Fixtures: B. Exits, exit-access ways and other areas used at night by residents and staff shall be illuminated by night lights or other continuous lighting. E. Facilities with four (4) or more residents shall have emergency lighting to light exit passageways and the exterior area near the exits that activates automatically upon disruption of electrical services. Based on record review and interview, the facility failed to ensure emergency lights are being tested annually for a duration of 90 minutes. Not testing the emergency lighting for 90 minutes may result in emergency lights not functioning and not provide a clear path to the nearest exit during a power outage and potential harm to all fifteen (15) residents as identified by the resident census on 01/11/18. The findings are:	A 047		

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A 047	Continued From page 9 A. Record review of the emergency lighting revealed no evidence the emergency lighting was being tested annually for a minimum of 90 minutes. B. On 01/11/18 at 10:20 am, during interview, the administrator acknowledged the finding.	A 047		
A 049	7 NMAC 8.2.49 Doors DOORS: A. No door in any means of egress shall be locked against egress when the building is occupied. (1) Exit doors may be provided with a night latch, dead bolt, or security chain, provided these devices are operable from the inside, by any occupant, without the use of a key, tool, or any special knowledge and are mounted at a height not to exceed forty-eight (48) inches above the finished floor. (2) If locks are not readily operable by all occupants within the building, the locks must: 1) unlock upon activation of the fire detection or sprinkler system and 2) unlock upon loss of power in the facility. Prior to installing such locking devices, the facility shall have written approval from the building, fire and licensing authorities having jurisdiction. B. All exit doors shall have a minimum width of thirty-six (36) inches. (1) Facilities with a capacity of ten (10) or more residents shall have exit doors leading to the outside of the facility that open outward. (2) Facilities with a capacity of fifty (50) or more residents must provide panic hardware at the exit doors. (3) No door or path of travel to a means of egress shall be less than twenty-eight (28) inches wide.	A 049		

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A 049	Continued From page 10 C. All resident sleeping room doors must be at least one and three-quarters (1 3/4) inch solid core construction. D. Bathroom doors may be twenty-four (24) inches wide. Facilities with four (4) or more residents shall have at least one bathroom for every eight (8) residents with a door clearance of thirty-six (36) inches for access by persons with disabilities. E. Locks on doors to toilet rooms and bathrooms shall be capable of release from the outside. F. All doors shall readily open from the inside. G. Doors shall be provided for all resident sleeping rooms, all restrooms and all bathrooms. [7.8.2.49 NMAC - Rp, 7.8.2.50 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.49 Doors: B. (1) Facilities with a capacity of ten (10) or more residents shall have exit doors leading to the outside of the facility that open outward. Based on observation and interview, the facility failed to ensure front exit doors and rear exit door swing outward. Not providing outward swinging doors at exits may result in resident not exiting in a timely manner during an emergency and potential harm to all fifteen (15) residents as identified by the resident census on 01/11/18. The findings are: A. On 01/11/18 at 11:45 am, during observation of the front exit doors, the interior set of airlock doors swing inward. B. On 01/11/18 at 11:50 am, during observation, the rear exit door swings inward.	A 049		

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A 049	Continued From page 11 C. On 01/11/18 at 11:55 am, during interview, the administrator acknowledged the finding.	A 049		
A 050	7 NMAC 8.2.50 Exits EXITS: A. The facility shall have at least two (2) approved exits, that do not involve windows and which are remote from each other. B. Facilities with ten (10) or more residents shall have each exit clearly marked with lighted signs having letters at least six (6) inches high and at least three-quarters (3/4) of an inch wide. Exit signs shall be visible at all times. C. Facilities with three (3) or fewer residents shall have a flashlight that is immediately available for use in lieu of electrically interconnected emergency lighting. D. Exits shall be clear of obstructions at all times. E. Exits, exit paths, or means of egress shall not pass through hazardous areas, garages, storerooms, closets, utility rooms, laundry rooms, bedrooms, or spaces subject to locking. F. For facilities with four (4) or more residents, sliding doors are not acceptable as a required exit. EXCEPTION: Assisted living facilities with three (3) or fewer residents may have sliding doors as required exits. G. When the yard gate(s) is part of the exit access and is locked, the gate shall be connected to the fire protection system and release upon activation of the fire/smoke system or shall have the ability to be unlocked at the gate site. [7.8.2.50 NMAC - Rp, 7.8.2.51 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced	A 050		

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A 050	Continued From page 12 by: 7.8.2.50 Exits: B. Facilities with ten (10) or more residents shall have each exit clearly marked with lighted signs having letters at least at six (6) inches high and at least three-quarters (3/4) of an inch wide. Exit signs shall be visible at all times. Based on observation and interview, the facility failed to ensure illuminated exit signage was provided at the front and rear exits to ensure continuous lighting upon disruption of electrical services. Not providing illuminated exit signage may result in an unclear location to the nearest exit during a power outage and potential harm to all fifteen (15) residents as identified by the resident census on 01/11/18. The findings are: A. On 01/11/18 at 10:30 am, during observation the front and rear exits were not provided with illuminated signage. B. On 01/11/18 at 10:30 am, during interview, the administrator acknowledged the finding.	A 050		
A 055	7 NMAC 8.2.55 Toilet and Bathing Facilites TOILET AND BATHING FACILITIES: Toilet and bathing facilities shall be located appropriately to meet the needs of residents. A. A minimum of one (1) toilet, one (1) sink and one (1) bathing unit shall be provided for every eight (8) residents or fraction there of. (1) The facility shall provide at least one tub and one shower or combination unit to allow for residents bathing preference. (2) Facilities with four (4) or more residents shall provide a handicap accessible bathroom for	A 055		

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A 055	Continued From page 13 every thirty (30) residents that allows for a bathing preference. B. Facilities with four (4) or more residents must comply with accessibility requirements for the disabled. C. Toilet, sink and bathing facilities shall be readily available to the residents. No passage through a resident room by another resident to reach a toilet, bathing unit or sink facility shall be permitted. D. The combination type tub and shower shall be permitted. E. A facility with four (4) or more residents that has live-in staff shall provide a separate toilet, sink and bathing facility for staff. F. Toilets, tubs and showers shall be provided with grab bars. G. Tubs and showers shall have a slip resistant surface. H. The floors of bathrooms and bathing facilities shall have smooth, waterproof and slip-resistant surfaces. I. Toilet paper and soap shall be provided in each toilet room. J. The use of a common towel shall be prohibited. K. Bathrooms and lavatories shall be cleaned as often as necessary to maintain a clean and sanitary condition. [7.8.2.55 NMAC - Rp, 7.8.2.56 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.55 Toilet and Bathing Facilities: A. (2) Facilities with four (4) or more residents shall provide a handicap accessible bathroom for every thirty (30) residents that allows for bathing preference. B. Facilities with four (4) or more residents must	A 055		

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	5399	A. BUILDING: **01** B. WING _____	C **01/12/2018**

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A 055	Continued From page 14 comply with accessibility requirements for a the disabled. F. Toilets, tubs and showers shall be provided with grab bars. Based on observation and interview, the facility failed to ensure a minimum of one (1) bathroom met all the requirements for a handicap accessible bathroom. Not providing a handicap accessible bathroom may prevent residents with impaired mobility or in wheelchairs to independently and adequately access bathroom fixtures and presents a potential harm to all fifteen (15) residents as identified by the resident census on 01/11/18. The findings are: A. On 01/11/18 at 9:50 am, during observation the bathroom did not meet the requirements in the following area: 1. Grab bar at the rear of the water closet did not meet the required length of 36 inches and height of 44 - 36 inches. 2. The side grab bar did not meet the required length of 42 inches. 3. Water closet did not meet the distance requirement of 18 inches from the center of water closet to side wall and no Swing-up alternative grab bar was provided. (Swing-up bar: grab bar swings up and out of the way) B. On 01/11/18 at 9:55 am, during interview, the Office Manager acknowledged the finding.	A 055		
A 061	7 NMAC 8.2.61 Fire Alarms, Smoke Detectors and Other Equip FIRE ALARMS, SMOKE DETECTORS AND	A 061		

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A 061	Continued From page 15 OTHER EQUIPMENT: A. Fire alarm system. Facilities with four (4) or more residents shall have a manual fire alarm system. The manual fire alarm shall be inspected and approved in writing by the fire authority with jurisdiction. B. Smoke and heat detection. Approved smoke detectors shall be installed on each floor that when activated provides an alarm which is audible in all sleeping areas. Areas of assembly, such as the dining and living room(s) 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 shall be installed in corridors at no more than thirty (30) foot spacing. (4) Heat detectors shall be installed in all kitchens and also powered by the house electrical service. [7.8.2.61 NMAC - Rp, 7.8.2.60 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.61 Fire Alarms, Smoke detectors and other equipment: A. Fire Alarm system. Facilities with four (4) or more residents shall have a manual fire alarm system. The manual fire alarm shall be inspected and approved in writing by the fire authority with jurisdiction. Based on record review and interview, facility failed to ensure smoke detectors were tested for	A 061		

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A 061	Continued From page 16 sensitivity every two (2) years as required. Not testing smoke detectors for proper sensitivity levels could result in the delay of detecting a fire due to a faulty smoke detector. This failed practice presents a risk to all fifteen (15) residents as identified by the resident census on 01/11/18. The findings are: A. Record review of the fire alarm system revealed no sensitivity testing had been conducted within the last two (2) years. B. On 01/11/18 at 9:45 am, during interview, the administrator acknowledged the finding.	A 061		
A 062	7 NMAC 8.2.62 Automatic Fire Protection (Sprinkler) System AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM: Facilities with nine (9) or more residents shall have an automatic fire protection (sprinkler) system. The system shall be in accordance with NFPA 13 or NFPA 13D or its subsequent replacement as applicable. [7.8.2.62 NMAC - Rp, 7.8.2.61 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.62 Automatic fire protection (sprinkler) system: Facilities with nine (9) or more residents shall have an automatic fire protection (sprinkler) system. The system shall be in accordance with National Fire Protection Association (NFPA) 13 or NFPA 13D or its subsequent replacement as applicable.	A 062		

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A 062	Continued From page 17 Based on observation and interview, the facility failed to ensure a sprinkler system was installed. Not providing a sprinkler system may result in residents not getting adequate protection for evacuation during a fire and potential harm to all fifteen (15) residents as identified by the resident census on 01/11/18. The findings are: A. On 01/11/18 at 9:50 am, during observation the building was not provided with a sprinkler system. A waiver was granted by Health Facility and Licensing and Certification bureau on 12/08/97 with the following COMMENTS and ACTION. COMMENTS: "This waiver ends when the license expires or if prompt evacuation exceeds 3 minutes." ACTION: "Approved as a waiver" B. A Fire Safety Evaluation System was performed by the Assisted Living Facility (ALF) team on 01/04/18 E-Score was 4.4 - SLOW C. On 01/11/18 at 9:55 am, during interview the administrator acknowledged the finding.	A 062		
A 065	7 NMAC 8.2.65 Fire Drills FIRE DRILLS: All facilities shall conduct monthly fire drills which are to be documented. A. There shall be at least one (1) documented fire drill per month and at a minimum, one documented fire drill each eight (8) hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility.	A 065		

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A 065	Continued From page 18 B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show: (1) the date of the drill; (2) the time of the drill; (3) the number of staff participating in the drill; (4) any problem noted during the drill; and (5) the evacuation time in total minutes. C. If applicable, the local fire department may be requested to supervise and participate in fire drills. [7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010] This REQUIREMENT is not met as evidenced by: 7.8.2.65 Fire Drills: All facilities shall conduct monthly fire drills which are to be documented. A. There shall be at least one (10 documented fire drill per month and a minimum, one documented fire drill each eight (8) hours (day, evening, night) per quarter that employs the use of the fire alarm system or the detector system in the facility. B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drills records shall show: (1) The date of the drill; (2) The time of the drill; (3) The number of staff participating in the drill; (4) Any problem noted during the drills (5) The evacuation time in total minutes C. If applicable, the local fire department may be requested to supervise and participate in fire drills.	A 065		

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A 065	Continued From page 19 Based on record review and interview, the facility failed to ensure fire drills were conducted at least quarterly on each shift to ensure preparedness for emergency response. This failed practice could likely result in staff not being adequately prepared to exercise their duties in accordance to the facility's fire preparedness plan in the event of fire, which presents a risk of potential harm to all fifteen (15) residents as identified by the census on 1/11/18. The findings are: A. Record review of the fire drill log indicated the facility had three shifts: First Shift: (7:00 am - 3:00 pm) Second Shift: (3:00 pm - 11:00 pm) Third Shift: (11:00 pm - 7:00 am) B. Record review of the fire drill log revealed that there was only one fire drill conducted on the first shift on 06/22/17. C. Record review of the fire drill log revealed that there were only two fire drills conducted on the third shift on 2/28/17 and 10/27/17. D. On 01/11/18 at 10:10 am, during interview the administrator acknowledged the findings.	A 065		