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 _____	R-C **06/28/2019**

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" Complaint was substantiated.	{A 000}		