PRINTED: 05/01/2024
FORM APPROVED

Division of Health Improvement

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 4032 | A. BUILDING: _____ B. WING _____ | 04/22/2024 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| THE LEGACY AT SANTA FE | 3 AVENIDA ALDEA SANTA FE, NM 87507 |

| (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 |
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| A 000 | Initial Comments<br><br>The following deficiencies were cited during a Full onsite/Complaint survey completed on 04/22/24 for the state requirements of NMAC 7.8.2, Regulations for Assisted Living Facilities for Adults.<br><br>Census: 76<br><br>Complaint Intake # [redacted] was investigated with no deficiencies cited.<br>Complaint Intake # [redacted] was investigated with no deficiencies cited. | A 000 | | |
| A 063 | 7 NMAC 8.2.63 Fire Extinguishers<br><br>FIRE EXTINGUISHERS: Fire extinguisher(s) must be located in the facility, as approved by the state fire marshal or the fire prevention authority with jurisdiction.<br>A. Facilities must as a minimum have two (2) 2A10BC fire extinguishers:<br>(1) one (1) extinguisher located in the kitchen or food preparation area;<br>(2) one (1) extinguisher centrally located in the facility;<br>(3) all fire extinguishers shall be inspected yearly and recharged as needed; all fire extinguishers must be tagged noting the date of the inspection;<br>(4) the maximum distance between fire extinguishers shall be fifty (50) feet.<br>B. Fire extinguishers, alarm systems, automatic detection equipment and other fire fighting equipment shall be properly maintained and inspected as recommended by the manufacturer, state fire marshal, or the local fire authority.<br>[7.8.2.63 NMAC - Rp, 7.8.2.62 NMAC, 01/15/2010] | A 063 | A063 –<br>The community will ensure the safety of all residents by conducting monthly inspections of all fire extinguishers to ensure they are filled and ready for use.<br>The Plant Manger will conduct the inspection monthly and log the month and year on the tag attached to each extinguisher.<br>The Executive Director will review monthly to ensure the inspection has been completed. | 4/20/2024 |

Division of Health Improvement
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE Executive Director (X6) DATE 7.22

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| A 063 | Continued From page 1<br>This REQUIREMENT is not met as evidenced by:<br>Reference NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition:<br>4-3 Inspection.<br>4-3.1 Frequency.<br>Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require.<br><br>Based on observation and interview, the facility failed to ensure that the fire extinguishers were being maintained and inspected monthly as recommended by the manufacturer. This deficient practice could likely result in the 76 (R #s 1-76) residents identified on the census provided by the Supervisor-Administrator on 04/15/24, staff members, and other building occupants to be at risk of harm, injury, or death if a fire were to occur and the fire extinguishers did not work.<br><br>The findings are:<br><br>A. On 04/17/24 at 11:10 am, during an observation of the facility fire extinguisher, located on the first (1st) floor, northeast (NE) hallway, the fire extinguisher had not been inspected since 02/2024.<br><br>B. On 04/17/24 at 11:20 am, during an observation of the facility's fire extinguisher, located on the 1st floor, northwest (NW) hallway, the fire extinguisher had not been inspected since 02/2024.<br><br>C. On 04/17/24 at 11:22 am, during an observation of the facility's fire extinguisher, | A 063 | | |

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| A 063 | Continued From page 2<br>located on the 1st floor, west (W) hallway, the fire extinguisher had not been inspected since 02/2024.<br><br>D. On 04/17/24 at 11:28 am, during an interview, the Executive Director (ED) confirmed that the fire extinguishers located in the NE, NW, and W hallways of the 1st floor had not been inspected since 02/2024, and they had not had their monthly inspections initialed since 02/2024. | A 063 | | |
| A 065 | 7 NMAC 8.2.65 Fire Drills<br><br>FIRE DRILLS: All facilities shall conduct monthly fire drills which are to be documented.<br>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.<br>B. A record of the monthly fire drills shall be maintained on file in the facility and readily available. Fire drill records shall show:<br>(1) the date of the drill;<br>(2) the time of the drill;<br>(3) the number of staff participating in the drill;<br>(4) any problem noted during the drill; and<br>(5) the evacuation time in total minutes.<br>C. If applicable, the local fire department may be requested to supervise and participate in fire drills.<br>[7.8.2.65 NMAC - Rp, 7.8.2.65 NMAC, 01/15/2010]<br><br>This REQUIREMENT is not met as evidenced by: | A 065 | A065 – The safety of all resident will be ensured by accurately conducting monthly Fire Drills and recording the results.<br>The requirements for a complete Fire Drill will be reviewed and retrained by the Executive Director to the Safety Committee, comprised of the Plant Manager, Assistant Executive Director, health & Wellness Director, Resident Services Coordinator and the Executive Chef.<br>The Fire Drills will be completed each month and accurately recorded in the log book to include the following:<br>1) Date of drill<br>2) Time of drill<br>3) #of staff participating<br>4) Any problems during the drill<br>5 ) Total evacuation time in minutes | 5/1/2024 |

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| A 065 | Continued From page 3<br>7.8.2.65 B (3) (5)<br><br>Based on record review and interview, the facility failed to ensure the monthly fire drills documented the following information:<br>1. The number of staff participating in the drill<br>2. The evacuation time in total minutes.<br><br>These deficient practices could likely result in the 76 (R #s 1-76) residents identified on the census, provided by the Supervisor-Administrator on 04/15/24, at risk of harm, injury, or death if a fire were to occur and the Direct Care Staff (DCS) do not know how to safely evacuate the residents from the building.<br><br>The findings are:<br><br>A. Record review of the facility's fire drill log dated 02/28/24, showed the facility did not document the number of staff participating in the fire drill and total evacuation time in minutes.<br><br>B. Record review of the facility's fire drill log dated 03/29/24, showed, the facility did not document the number of staff participating in the fire drill and total evacuation time in minutes.<br><br>C. On 04/17/24 at 3:42 pm, during an interview, the Assistant Executive Director confirmed that the fire drill logs dated 02/28/24 and 03/29/24 did not have the required documentation. Specifically, the logs did not document the number of staff members who participated in the drills nor the total evacuation time in minutes. | A 065 | | |