STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	5686	A. BUILDING 01 - THE ARISTOCRAT ASSIST B. WING _____	02/04/2009

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ARISTOCRAT ASSISTED LIVING (THE)	2969 CLAUDE DOVE DRIVE LAS CRUCES, NM 88011

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
A 01	OPENING REMARKS Surveyor: 25921 The following deficiencies were cited as a result of an annual survey conducted on February 4, 2009 for the Life Safety Code portion of the New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.	A 01	Scanned 3/2/2009 JL	
A43	7 NMAC 8.2.43 Maintenance of Building & Grounds 7.8.2.43 MAINTENANCE OF BUILDING AND GROUNDS: The building(s) must be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following: A. All electrical, fire protection signaling, mechanical, telephone, water supply, heating, fire protection, and sewage disposal systems maintained in a safe and functioning condition, including regular inspections of these systems, (as applicable). B. The building, furniture and furnishings, storage areas, and grounds of the facility must be maintained in a safe, sanitary, and presentable condition at all times. C. Storage areas must be kept free from accumulation of refuse, discarded furniture, old newspapers, that create a fire hazard. D. Floors shall be maintained stable, firm, slip-resistant and free of tripping hazards. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.43 NMAC - Rn, 7 NMAC 8.2.43, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 25921 NFPA 99 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	A43		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE DIRECTOR (X6) DATE 2/26/09

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ARISTOCRAT ASSISTED LIVING (THE)	2969 CLAUDE DOVE DRIVE LAS CRUCES, NM 88011

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A43	Continued From page 1 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 precautionary signs, readable from a distance and be conspicuously displayed where oxygen is being administered in accordance with NFPA 99 (Standard for Healthcare Facilities) and the Compressed Gas Association. This deficient practice potentially affects all residents and staff throughout the facility. The licensed capacity of the facility is 45, the census during the survey was 35. The findings are: On February 4, between 9:30 am and 11:30 am, during a tour of the facility with the Executive Director, the Life Safety Code Surveyor observed the following 1. The residents in rooms 5, 12, 13, 14, 25, 27, and 35 were on oxygen therapy. There were no posted signage outside of these rooms warning that oxygen was being administered as required. 2. The Executive Director acknowledged these findings and stated that signage would be posted as needed. Reference; NFPA 101-10.5.2.2 Combustion and ventilation air for boiler, incinerators and heater rooms is taken from and discharged to the outside.	A43	A43 Section 8-6.4.2 signs Precautionary signs are now displayed at front windows of the building, in aisles and walkways leading to room where oxygen is being used. Signs are also posted beside each room where oxygen therapy is administered. As resident is assessed by physician and has prescribed Oxygen, the director and staff will ask Oxygen therapy company will provide delivery ticket to be signed by staff member. Staff will be instructed to turn delivery ticket to Director who will review delivery and visually make sure oxygen in use signs have been posted in an appropriate location.	2/20/09

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A43	Continued From page 2 Based on observations and staff interviewed, the facility's practice failed to assure that gas fired equipment had an adequate supply and distribution of air for combustion and exhaust as required in NFPA 101 10.5.2.2. This deficient practice potentially affects all residents and staff throughout the facility. The licensed capacity of the facility is 45, the census during the survey was 35. The findings are: On February 4, between 9:30 am and 11:30 am, during a tour of the facility with the Executive Director, the Life Safety Code Surveyor observed the following: 1. Within the Laundry, the gas fired appliances (dryers), could not be assured to have combustion air served by both a low and high vent and separate from room ventilation air. 2. The Executive Director stated that she was unaware of this requirement and would correct the deficient practice.	A43		
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	A60	Cont'd A43 Refer; NFPA 101-10.5.2.2 combustion/ventalization. Within the laundry, the gas fired dryer is now served both a low and a high vent and separate from room ventilation.	2/20/09

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A60	Continued From page 3 which is audible in all sleeping areas. Areas of assembly such as the dining and living room 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: 25921 Based on observation and staff interview the facility failed to ensure all required smoke detectors are approved, maintained, inspected and tested in accordance with the NFPA 72, which requires initiator devices within 5 feet of either side of the doors that are held open. This deficient practice potentially affects all residents and staff throughout the facility. The licensed capacity of the facility is 45, the census during the survey was 35. The findings are: On February 4, between 9:30 am and 11:30 am, during a tour of the facility with the Executive Director, the Life Safety Code Surveyor observed the following 1. Fire doors located on the northwest hall at the Beauty shop did not have a initiator devices located on either side of the fire doors within five	A60		

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A60	Continued From page 4 (5) feet of the fire doors. 2. The Executive Director stated that the facility wanted to comply with the regulations. Based on observation, record review and staff interview, the facility's practice failed to assure cooking facilities are protected and inspected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. This deficient practice potentially affects all residents and staff throughout the facility. The licensed capacity of the facility is 45, the census during the survey was 35. The findings are: On February 4, between 9:30 am and 11:30 am, during a tour of the facility with the Executive Director, the Life Safety Code Surveyor observed the following 1. Observation of the range hood suppression system and the range hood inspection report dated 9/9/08, indicated that the extinguishment system is not compliant with the UL-300 standards. 2. The Executive Director acknowledged this finding at the exit conference. Based on observation, and staff interview, the facility's practice failed to ensure that the fire alarm system and its components (including heat detectors) are installed, tested and maintained in	A60	Cont'd A60 B (NFPA 72) Requires a initiator device within 5ft. Of either side of the doors that are held open. The fire door located on the NW hall at the beauty shop has a smoke detector install. Range hood suppression system (UL 300) I'm attaching the Ansul system documentation that acknowledges our system is up to date. It was my lack of knowledge of this range system. Maintance have been notified. Estimates are being received. Upon compellation of estimates heat detector will be installed by a qualified company. Two Smoke detectors were installed in the dining room (common area) on 2/6	2/6/09 LETTER ATTACHMENT 2/6/09

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A60	Continued From page 5 accordance with NFPA 72 (National Fire Alarm Code). This deficient practice potentially affects all residents and staff throughout the facility. The licensed capacity of the facility is 45, the census during the survey was 35. The findings are: On February 4, between 9:30 am and 11:30 am, during a tour of the facility with the Executive Director, the Life Safety Code Surveyor observed the following: 1. With in the Kitchen, the presents of a heat detector was not in evidence. 2. The Executive Director stated that one would be installed. 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 must also be provided with smoke detectors. (1) Detectors shall be powered by the house electrical service and have battery back up. Based on observation and interview, the facility's practice failed to ensure that approved smoke alarms were installed in areas of assembly. This deficient practice potentially affects all residents and staff throughout the facility. The licensed capacity of the facility is 45, the census during the survey was 35. The findings are: On February 4, between 9:30 am and 11:30	A60		

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A60	Continued From page 6 am, during a tour of the facility with the Executive Director, the Life Safety Code Surveyor observed the following: 1. Within the main dinning room, the presents of a smoke detector was not in evidence. 2. The Executive Director acknowledged these findings.	A60		
A61	7 NMAC 8.2.61 Automatic Fire Protection (sprinkler) System 7.8.2.61 AUTOMATIC FIRE PROTECTION (SPRINKLER) SYSTEM: Where an automatic fire protection (sprinkler) system is installed for total or partial coverage, the system shall be in accordance with NFPA 13 or NFPA 13D as applicable. [4-7-97; 7.8.2.61 NMAC - Rn, 7 NMAC 8.2.61, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 25921 Reference NFPA 25, 1-4.2 The responsibility for properly maintaining a water-based fire protection system shall be that of the owner(s) of the property. By means of periodic inspections, tests, and maintenance, the equipment shall be shown to be in good operating condition, or any defects or impairments shall be revealed. Inspection, testing, and maintenance shall be implemented in accordance with procedures meeting or exceeding those established in this document and in accordance with the manufacturer's instructions. These tasks shall be performed by personnel who have developed competence through training and experience.	A61		

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A61	Continued From page 7 Based on observation and staff interview, the facility's practice failed to ensure that the sprinkler spray pattern is unobstructed and the required clearance between the bottom of the sprinkler head deflector and the top of storage is eighteen (18) inches or greater. This deficient practice potentially affects all staff and residents throughout the facility. At the time of survey, the licensed capacity of the facility was 45 and the census was 35. The findings are: This is a repeat deficiency from the Life Safety Code survey conducted on 5/9/07. On February 4, 2009, between the time of 9:30 am and 11:30 am, during a tour of the facility with the Executive Director, the Life Safety Code Surveyor observed the following: 1. Within the basement area the wood ceiling trusses are exposed and the sprinkler heads through out the basement area are mounted approximately 12 inches above the bottom of the trusses. the trusses are approximately 20 inches deep from top of truss to bottom of truss. There are areas throughout the basement area, where maintenance personal have stored various combustible materials (base molding, pieces of lumber, carpet and miscellaneous items) within the space between the bottom of the wood trusses and the decking above the trusses, thus obstructing the sprinkler spray pattern in those areas. 2. The Executive Director stated that she was unaware that this was a repeat deficiency from the survey conducted on 5/9/07.	A61	Cont'd A61 The basement area where wood trusses are exposed and sprinkler heads are exposed through out the basement. We have removed various combustible materials from the basement and have removed anything that rest on the truss decking that might obstruct the sprinkler spray area. Director will monitor basement to ensure materials are not an obstruction. Maintenance will be in-serviced on this deficiency. I will meet with Maintenance supervisor and will develop a sign-off sheet acknowledging the basement conditions for safety in our building.	3/24/09 3/24/09

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