STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	2102	A. BUILDING 01 - RAINBOWVISION SANTA F B. WING _____	01/27/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW VISION SANTA FE, LLC	500 RODEO ROAD SANTA FE, NM 87505

(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: 21963 The following deficiencies are cited as a result of an annual Life Safety Code survey conducted on January 27, 2010, for New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.	A 01		
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.	A39		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A39	Continued From page 1 (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. 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: 21963 Based on observation, the facility's practice failed to ensure that food or dry goods are not exposed to soiled holding and housekeeping areas. This deficient practice had the potential to affect all residents. The licensed capacity of the facility is 52 residents, the census during the survey was 15 residents. The findings are: On January 27, 2010 during a tour of the facility with the Maintenance Director, the Life Safety Code Surveyor observed the following: 1. At 11:47 am, the entrance vestibule from the service corridor to dry goods storage was being	A39		

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A39	Continued From page 2 used as a janitors closet and soiled laundry storage. The doors to the dry storage, janitors closet and service corridor were all propped open with foot hold. The janitors closet was constructed and plumbed in without approval from the licensing authority. a. When asked, the Maintenance Director stated. "I don't know why it is being used as soiled storage." He also stated he was new to the position and stated. "The janitors closet has always been here." b. When asked, the Administrator stated. "I have been here a long time and no new construction has taken place since." c. The Administrator and the Maintenance Director acknowledged the findings at 1:45 pm during the exit.	A39	1. Foot stop has been removed. Door closer to be installed by March 15, 2010 Our Approved plans From the City of Santa Fe dated 11/09/2004 on P. 5.2 denotes space As "Janitorial" To the best of our Knowledge this is original Construction	
A41	7 NMAC 8.2.41 Building Construction 7.8.2.41 BUILDING CONSTRUCTION: When construction of buildings, additions,or alterations to existing buildings are contemplated, plans, code analysis and specifications covering all portions of the work shall be submitted to the Licensing Authority for plan review and approval prior to beginning actual construction. When an addition or alteration is contemplated, plans for the entire facility must also be submitted. EXCEPTION: Adult residential care facilities with three (3) or fewer residents are not required to submit floor plans. A. Building construction and the fire resistance required shall be based upon the capacity of the facility and the residents ability to evacuate the building, in accordance with the Uniform Building Code and NFPA 101 (Life Safety Code). (1) Larger buildings, which are more difficult to evacuate, require more built-in fire	A41		

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A41	Continued From page 3 protection than smaller buildings. Occupants who are more difficult to evacuate require more built in fire protection than occupants who are easy to evacuate. (2) Evacuation capability, in accordance with NFPA 101, Fire Safety Equivalency System (FSES), must be determined before proceeding to identify applicable building requirements. Evacuation capability is not determined on the basis of that resident who is least capable to evacuate, but rather for the entire facility. (3) Facilities not capable of prompt evacuation may not house residents unless the building is constructed to provide protection to these residents. All facilities that are rated as impractical to evacuate shall be protected throughout by an automatic fire protection (sprinkler) system. Facilities that are rated impractical to evacuate and that do not comply with the more restrictive building standards may not continue to care for residents. (4) NEWLY LICENSED AND/OR CONSTRUCTED ADULT RESIDENTIAL CARE FACILITIES: Shall be protected throughout by an approved, automatic fire protection (sprinkler) system. EXCEPTION 1: Sprinklers shall not be required in facilities serving eight (8) or fewer residents maintaining prompt evacuation capability. (5) CURRENTLY LICENSED FACILITIES: Any facility currently licensed on the date these regulations are promulgated and which provides the services prescribed under these regulations, but fails to meet all building requirements, may be granted a variance to continue to be licensed provided: (a) The facility was in compliance with codes and standards at the time of initial licensure. (b) Variances granted will not create a	A41		

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A41	Continued From page 4 hazard to the health, safety, or welfare of residents and staff. (c) The facility maintains prompt evacuation capabilities. B. Minimum construction requirements shall be a twenty (20) minute fire resistance rating for all bearing walls and partitions, floor construction, roofs, columns, beams, girders and trusses. C. NUMBER OF STORIES: Facilities may be of any number of stories if they comply with Uniform Building Code and NFPA 101 (Life Safety Code), with respect to construction and ability of the residents to evacuate in a timely manner. (1) One story buildings may be of Type V-(000) construction if all residents are capable of prompt evacuation. (2) Two story buildings must be of at least one hour construction. Residents who are not capable of prompt evacuation may not be housed above the street-level unless the facility is protected by an approved automatic fire protection (sprinkler) system. (3) Three stories or more require the building to be protected by an approved automatic fire protection (sprinkler) system. D. ACCESS TO PERSONS WITH DISABILITIES: Consultation may be given to new facilities on access requirements upon submission of floor plans during the initial licensing process. With the exception of Adult Residential Care Facilities with three or fewer residents, accessibility to persons with disabilities must be provided in all facilities in accordance with New Mexico Building Code and the American Disabilities Act and shall, as a minimum, include the following: (1) Main entry into the facility must provide wheelchair access. (2) Building must allow access to main	A41		

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A41	Continued From page 5 living area and dining area. (3) At least one bedroom shall be provided a door clearance of thirty-four (34) inches (thirty six (36) inches is recommended) for wheelchair access. (4) One toilet and bathing facility is required a minimum door clearance of thirty-four (34) inches (thirty six (36) inches is recommended) for wheelchair access. This toilet and bathing area must provide a sixty (60) inch diameter clear space (turning radius for a wheelchair). (5) If ramps are provided to the building, a minimum slope of twelve (12)inches horizontal run for each one (1) inch of vertical rise is required. Ramps exceeding a six (6) inch rise shall be provided with handrails. (6) Landings at doorways must have a minimum five (5) foot by five (5) foot level area at the doorway to provide clear space for wheelchair maneuvering. E. PROHIBITION ON MOBILE HOMES: Trailers and mobile homes shall not be used for any part of any adult residential care facility caring for more than three (3) residents. [7-1-64, 9-15-70, 5-26-72, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.41 NMAC - Rn, 7 NMAC 8.2.41, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 21963 Based on observation and staff interview, the facility failed to report new construction to the Licensing Authority having jurisdiction. The facility failed to submit building and floor plans for review and approval to the Licensing Authority and Building Authority prior to occupying a renovated area. The licensed capacity of the facility is 52	A41		

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A41	Continued From page 6 residents, the census during the survey was 15 residents. The findings are: On January 27, 2010 during a tour of the facility with the Maintenance Director, the Life Safety Code Surveyor observed the following: 1. At 11:15 am, the surveyor observed a server room in a room labeled special systems 102, on the original floor plans approved by the Licensing Authority on 11/30/2004. The room had an 18 -inch by 28-inch section of sheet rock removed from a fire rated wall beneath the stairwell, in an attempt to get fresh air for the new HVAC unit for the cooling unit of the server room. The approved floor plans however, did not indicate the mechanical improvements for this room. The HVAC unit was also plumbed into the domestic water from an adjacent bathroom that was not installed per uniform plumbing code. a. When asked, the Maintenance Director stated. "I have no idea how or when this unit got installed. b. When asked, the Administrator stated. "I have been here a long time and no new construction has taken place since." A call to the administrator who stated, " I have been in the facility since January 2009. c. The Administrator and the Maintenance Director acknowledged the findings at 1:45 pm during the exit. 2. At 11:47 am, the entrance vestibule from the service corridor to dry goods storage room was being used as a janitors closet and soiled laundry storage. On the original floor plans approved by the Licensing Authority on 11/30/2004, and was labeled as a storage room and did not indicate the janitors closet in this room. a. When asked, the Maintenance Director	A41	1. To the best of our knowledge the HVAC unit was installed at the time of orginal Construction. Access panel will be installed where sheet rock is bare by 3/31/2010	

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A41	Continued From page 7 stated. "This has always been used like this." He also stated he was new to the position and the janitors closet has always been here." He also stated he had been in the facility since May of 2009. b. When asked, the Administrator stated. "I have been here a long time and no new construction has taken place since." I have been in the facility since January 2009. c. The Administrator or the Maintenance Director could not produce a letter or documentation stating the renovations had been approved by the Licensing Authority. d. The Administrator and the Maintenance Director acknowledged the findings at 1:45 pm during the exit.	A41		
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;	A43		

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A43	Continued From page 8 7.8.2.43 NMAC - Rn, 7 NMAC 8.2.43, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 21963 Based on observation and staff interview, the facility's practice failed to ensure that fire and smoke barrier doors and walls are maintained, including positive latching and that there is no impediment to prevent those doors from being opened or closing and capable of resisting the passage of smoke and fire in areas accessible to resident. The deficient practice had the potential to affect all staff, residents and visitors in the facility. The licensed capacity of the facility is 52 residents, the census during the survey was 15 residents. The findings are: On January 27, 2010 during a tour of the facility with the Maintenance Director, the Life Safety Code Surveyor observed the following: 1. Between 9:00 am and 2:00 pm, throughout the 2nd floor the facility had several rooms and suites with 3/4-hour and 20-minute rated doors in smoke and fire separation corridors. The doors to these rooms were being held open with door props or wedges. a. When asked, the Maintenance Director acknowledged the finding at that time. b. The Administrator and the Maintenance Director acknowledged the findings at 1:45 pm during the exit. Based on observation and staff interview, the facility's practice failed to ensure that the building was maintained, to include the control of pest in the facility and its cooking areas. The deficient practice had the potential to affect all staff, residents and visitors in the facility. The licensed	A43		

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A43	Continued From page 9 capacity of the facility is 52 residents, the census during the survey was 15 residents. The findings are: On January 27, 2010 during a tour of the facility with the Maintenance Director, the Life Safety Code Surveyor observed the following: 1. At 10:43 am, the ceiling of the employee's break area had a 19-1/2 inch by 24 inch section of sheet rock removed. a. When asked, the Administrator stated. "had a water leak and we are going to put an access door there." b. The Administrator and the Maintenance Director acknowledged the findings at 1:45 pm during the exit. 2. At 11:51 am, behind and underneath the kitchen cooking appliances were signs of mouse droppings, dead roaches and left over trash and broken dishes. a. When asked, the Administrator stated. "We haven't had a pest control contract since April in order to save on the budget." b. The Administrator and the Maintenance Director acknowledged the findings at 1:45 pm during the exit. 3. At 12:50 pm, the cabinet containing the fire extinguisher was not attached to the recessed area of the wall securely. a. When asked, the Maintenance Director stated. "We can get that corrected ASAP." b. The Administrator and the Maintenance Director acknowledged the findings at 1:45 pm during the exit.	A43	1. Access panel will be installed by 3/31/2010 2. Area is currently clean and is monitored daily. 3. Cabinet Anchored properly 2/23/2010	

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A44	Continued From page 10	A44		
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. (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: 21963 ITEMS #1 AND #3 ARE REPEAT DEFICIENCIES FROM A SURVEY CONDUCTED ON 3/26/08	A44		

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A44	Continued From page 11 Based on observation and staff interview, the facility failed to maintain a self closing device for the door to a hazardous area, as defined per NFPA 101 (Life Safety Code). The deficient practice had the potential to affect all staff, residents and visitors in the facility. The licensed capacity of the facility is 52 residents, the census during the survey was 15 residents. The findings are: On January 27, 2010 during a tour of the facility with the Maintenance Director, the Life Safety Code Surveyor observed the following: 1. At 10:21 am, the maintenance shop door was being propped open with the use of a door stop device. a. This door stop prevented the door self-closure to operate as intended. b. The facilities practice of using a door stop device would not prevent the spread of fire or smoke. c. The maintenance shop, as defined by NFPA 101 (Life Safety Code), is considered a hazardous area. d. The Administrator and the Maintenance Director acknowledged the findings at 1:45 pm during the exit. 2. At 10:22 am, the doors to the liquor storage closet containing large volumes of alcohol on the shelves were hollow core and not fire rated and led unto a a path of egress in the corridor. a. When asked, the Maintenance Director stated, "I can see why the doors need to be changed." b. The Administrator and the Maintenance Director acknowledged the findings at 1:45 pm during the exit.	A44	1. Door stop has been removed. 2 Fire rated doors will be installed by 11/1/2010	

Division of Health Improvement

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A44	Continued From page 12 3. At 10:40 am, the laundry room door was being propped open with the use of a door stop device. a. This door stop prevented the door self-closure to operate as intended. b. The facilities practice of using a door stop device would not prevent the spread of fire or smoke. c. The laundry room, as defined by NFPA 101 (Life Safety Code), is considered a hazardous area. d. The Administrator and the Maintenance Director acknowledged the findings at 1:45 pm during the exit. 4. At 10:44 am, the vertical shaft in the laundry room service area of the commercial gas dryers had unfinished sheet rock and penetrations around the ducting. a. The vertical shaft requires 1-hour construction on both sides of the unfinished sheet rock walls. b. The laundry room, as defined by NFPA 101 (Life Safety Code), is considered a hazardous area. c. The Administrator and the Maintenance Director acknowledged the findings at 1:45 pm during the exit. 5. At 10:47 am, the door to the laundry room service area with commercial gas dryers was missing the closing device. a. When asked, the Maintenance Director stated. "I haven't been here that long to know why that device is missing. b. The Administrator and the Maintenance Director acknowledged the findings at 1:45 pm during the exit.	A44	3. Door Stop has been removed 4. Areas will be sealed by 3/31/2010 5. Door closer will be installed by 3/15/2010	

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	2102	A. BUILDING 01 - RAINBOWVISION SANTA B. WING _____	01/27/2010

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINBOW VISION SANTA FE, LLC	500 RODEO ROAD SANTA FE, NM 87505

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A45	Continued From page 13	A45		
A45	7 NMAC 8.2.45 Heating, Ventilation & Air-Conditioning 7.8.2.45 HEATING, VENTILATION AND AIR-CONDITIONING: 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.	A45		

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A45	Continued From page 14 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 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: 21963 Based on observation and staff interview, the facility's practice failed to ensure that the ventilation equipment be furnished, installed and maintained to meet all requirements including regular inspections of these systems. The deficient practice had the potential to affect all staff, residents and visitors in the facility. The licensed capacity of the facility is 52 residents, the census during the survey was 15 residents. The findings are: On January 27, 2010 during a tour of the facility with the Maintenance Director, the Life Safety Code Surveyor observed the following: 1. At 11:28 am, the kitchen hood exhaust fan grills were covered in grease and baked on residue. The hood grills were dripping an oily residue onto the cooking surfaces, tables, oven, equipment and warmers located directly underneath. a. When asked, the Assistant Head Cook stated, "We clean it every day." Then pointed to a service tag on the hood with a service date of 1/09. b. The Administrator and the Maintenance	A45	1. Hoods Cleaned on 2/23/2010	

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A45	Continued From page 15 Director acknowledged the findings at 1:45 pm during the exit. 2. At 11:35 am, the exhaust fan failed to vent the air when tested on the 2nd floor assisted living laundry room. a. The Administrator and the Maintenance Director acknowledged the findings at 1:45 pm during the exit.	A45	2. Exhaust fans - currently working	
A47	7 NMAC 8.2.47 Sewage & Waste Disposal 7.8.2.47 SEWAGE AND WASTE DISPOSAL: A. All sewage and liquid wastes must be disposed of into a municipal sewage system where such facilities are available. B. Where a municipal sewage system is not available, the system used must be inspected and approved by the Environmental Health Authority. C. Where municipal or community garbage collection and disposal service are not available, the method of collection, storage and disposal of garbage used by the facility must be environmentally safe and sound and not create an objectionable environment. [7-1-64, 9-15-70, 9-24-76, 7-11-86, 4-7-97; 7.8.2.47 NMAC - Rn, 7 NMAC 8.2.47, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 21963 Based on observation and staff interview, the facility's practice failed to ensure that trash disposal was discarded in an environmentally safe and sound and manner and did not create an objectionable environment. The deficient practice had the potential to affect all staff, the 15 residents and visitors in the second floor of the facility. The licensed capacity of the facility is 52,	A47		

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A47	Continued From page 16 the census during the survey was 15. The findings are: On January 20, 2010 during a tour of the facility with the Maintenance Director, the Life Safety Code Surveyor observed the following: 1. At 1:50 pm, the designated safe area on the northwest stairwell of the 2nd floor had 4-50 gallon containers full of trash and 1-50 gallon container for recyclable materials. Leaving little or no room in the event of a fire for resident safety. a. When asked, the Maintenance Director stated. "This is where the resident bring there trash and then we take it to the main trash bin." b. The Administrator and the Maintenance Director acknowledged this finding at the exit conference at 1:45 pm.	A47	1. Trash room will be in environmentally safe space by 4/15/2010	
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	A49		

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A49	Continued From page 17 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 This REQUIREMENT is not met as evidenced by: Surveyor: 21963 Based on observation and staff interview, the facility's practice failed to install and maintain the electrical systems and components such as panels, conduit, junction boxes,disconnect switches, telephone and low voltage control wiring, support strapping, wiring connections to equipment and control cabinets throughout the facility. The deficient practice had the potential to affect all staff, the 15 residents and visitors in the second floor of the facility. The licensed capacity of the facility is 52, the census during the survey was 15. The findings are: On January 27, 2010 during a tour of the facility with the Maintenance Director, the Life Safety Code Surveyor observed the following: 1. At 10:40 pm, a run of 1/2-inch conduit leading from the laundry room service area in the basement to the 2nd floor was not tied down or supported properly. a. When asked, the Maintenance Director stated. "I don't know what that is for." b. The Administrator and the Maintenance Director acknowledged the finding during the exit conference at 1:45 pm. 2. At 12:10 pm, the 2nd floor medical room had 22 wires of data /phone cable protruding from the	A49	1. Will be secured by 4/15/2010 2. Will be properly secured by 3/15/2010	

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A49	Continued From page 18 wall and not properly secured. a. When asked, the Maintenance Director stated, "I think that is from the old computer system." b. The Administrator and the Maintenance Director acknowledged the finding at the exit conference at 1:45 pm.	A49		
A59	7 NMAC 8.2.59 Fire Clearance & Inspections 7.8.2.59 FIRE CLEARANCE AND INSPECTIONS: A. Written documentation from the State Fire Marshall's office or Fire Prevention Authority having jurisdiction indicating a facility's compliance with applicable fire prevention codes shall be submitted to the Licensing Authority prior to issuance of a initial license. B. Each facility shall request from the local fire prevention authorities an annual fire inspection. If the policy of the local fire department does not provide for annual inspection of the facility, the facility will document the date the request was made and to whom and then contact licensing authorities. If the local fire prevention authorities do make annual inspections, a copy of the latest inspection must be kept on file in the facility. [7-1-64, 9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.59 NMAC - Rn, 7 NMAC 8.2.59, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 21963 The following item is a repeat deficiency from a survey conducted on March 3, 2009. Based on record review and staff interview, the facility failed to ensure that the facility is inspected by the local fire prevention authority at	A59		

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A59	Continued From page 19 least every twelve (12) months. The deficient practice had the potential to affect all staff, residents and visitors in the facility. The licensed capacity of the facility is 52, the census during the survey was 15. The findings are: On January 27, 2010 during a tour of the facility with the Maintenance Director, the Life Safety Code Surveyor observed the following: 1. At 9:00 am, during the review of facility fire inspection records. The Maintenance Director revealed the most current fire marshal inspection report dated 6/6/08. a. No additional documentation was provided confirming a current fire marshal inspection. b. The Administrator and the Maintenance Director acknowledged the finding during the exit conference on at 1:45 pm.	A59	1. Annual Fire Marshal Inspection 2-9-2010	
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: 21963 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	A61		

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A61	Continued From page 20 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. NFPA 25, Sect. 1-8 states that records of inspections, tests, and maintenance of the system and its components shall be made available to the authority having jurisdiction upon request. Typical records include, but are not limited to, valve inspections; flow, drain, and pump tests; and trip tests of dry pipe, deluge, and pre-action valves. NFPA 25, Sect. 2-2.1.1 states that sprinklers shall be inspected from the floor level annually. Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. NFPA 25, Sect. 2-2.1.2 states that unacceptable obstructions to spray patterns shall be corrected. Based on observation and staff interview, the facility failed to ensure the sprinkler system was installed, maintained and inspected in accordance with NFPA 25, (Standard for the Maintenance of Water-Based Fire Protection Systems) and NFPA 13, (Standard for the Installation of Sprinkler Systems). The deficient practice had the potential to affect all staff, residents and visitors in the facility. The licensed capacity of the facility is 52, the census during the survey was 15. The findings are:	A61		

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A61	Continued From page 21 On January 27, 2010 during a tour of the facility with the Maintenance Director, the Life Safety Code Surveyor observed the following: 1. At 11:42 am, the sprinkler heads throughout the kitchen were covered with grease and lint residue. a. When asked, the Maintenance Director stated, "We can have someone clean those up." b. The Administrator and the Maintenance Director acknowledged the finding at the exit conference at 1:45 pm. 2. At 11:44 am, the kitchen exhaust hood suppression heads were dripping with grease residue. a. The Administrator and the Maintenance Director acknowledged the finding at the exit conference at 1:45 pm. 3. At 12:10 pm, the 2nd floor medical room had a sprinkler head covered in paint. a. When asked, the Maintenance Director stated, "That looks like spray paint too." b. The Administrator and the Maintenance Director acknowledged the finding at the exit conference at 1:45 pm.	A61	1. Cleaned 2/23/2010 will be maintained weekly 2. Hand cleaned 2/23/2010 will be maintained weekly. 3. Will be replaced by 5/1/2010	