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 B. WING _____	03/26/2008

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: 21700 The following deficiencies were cited as a result of an annual life safety code survey conducted on 3/26/08 for the Life Safety Code portion of the New Mexico Regulations Governing Requirements for Adult Residential Care Facilities 7.8.2 NMAC.	A 01		
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;	A44	Scanned 4/25/08 KV	

Division of Health Improvement

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: General Manager — (X6) DATE: 4/24/08

STATE FORM 6899 PC2W21 — If continuation sheet 1 of 15

APR 24 2008

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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A44	Continued From page 1 7.8.2.44 NMAC - Rn, 7 NMAC 8.2.44, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 21700 7.82.44 A. (3) 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), affecting all residents and staff throughout the facility. The licensed capacity of the facility is 52, the census during the survey was 22. The findings are: 1. On 3/26/08 at 1:40 pm, during a tour of the facility with the Environmental Services Director, the surveyor observed that 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 Environmental Services Director acknowledged this finding at the exit conference on March 26th, 2008. 2. On 3/26/08 at 1:55 pm, during a tour of the facility with the Environmental Services Director, the surveyor observed that the tenant storage 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	A44	1-3) DOOR STOP DEVICES HAVE BEEN REMOVED FROM DOORS TO HAZARDOUS AREAS. 3/27/08 1-3) MAINTENANCE STAFF HAVE BEEN DIRECTED TO ENSURE THAT DOORS TO HAZARDOUS AREAS REMAIN CLOSED. 1-3) DIRECTOR OF ENVIRONMENTAL SERVICES WILL BE RESPONSIBLE FOR ON-GOING COMPLIANCE.	

General Manager 4/24/08

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A44	Continued From page 2 device would not prevent the spread of fire or smoke. c. The tenant storage contained residents personal items to include large amounts of paper, wood, clothes, and other combustible materials. d. The Administrator and the Environmental Services Director acknowledged this finding at the exit conference on March 26th, 2008. 3. On 3/26/08 at 2:10 pm, during a tour of the facility with the Environmental Services Director, the surveyor observed that 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 Environmental Services Director acknowledged this finding at the exit conference on March 26th, 2008.	A44		
A59	7 NMAC 8.2.59 FIRE CLEARANCE AND 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	A59		

General Manager 4/24/08

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A59	Continued From page 3 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: 21700 Based on record review and staff interview, the facility's practice failed to ensure that the facility is inspected by the local fire prevention authority at least every twelve (12) months. This deficient practice affects all staff and residents throughout the facility. At the time of survey, the census was 22 and the licensed capacity was 52. The findings are: On March 26, 2008, between 1:00 pm and 1:30 pm, during record review with the Facility Manager and the Environmental Services Director, the Life Safety Surveyor observed the following: 1. The facility could not produce evidence showing that the facility is being inspected annually by the local Fire Authority as required. a. There was no evidence of an inspection by the local Fire Authority available for review. b. The Facility Manager and Environmental Services Director stated that the current Fire Marshall inspection report had been misplaced and that the information would be faxed at a later date. c. There was no further evidence available for review.	A59	1) REQUESTED DOCUMENTATION HAS BEEN PULLED FOR DEPARTMENT SURVEY TEAM EARLIER IN THE WEEK AND HAS NOT YET BEEN RETURNED TO THE ENV. SVCS. DEPT. 3/27/08 2) COPY OF THE ANNUAL INSPECTION BY THE SANTA FE FIRE DEPT. DATED 6/6/07 WAS FAXED TO THE SURVEY TEAM AS PROMISED AND A COPY IS ATTACHED 3) DIRECTOR OF ENVIRONMENTAL SERVICES WILL BE RESPONSIBLE FOR HAVING A CURRENT RECORD OF INSPECTION AVAILABLE	

General Manager 4/24/08

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A59	Continued From page 4 d. The Administrator and Environmental Services Director acknowledged this finding at the exit conference on 3/26/08.	A59	THE INSPECTION FIRM IS UNDER CONTRACT AND INSPECTS ANNUALLY UNDER THAT CONTRACT	
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: 21700 AUTOMATIC FIRE PROTECTION (SPRINKLER SYSTEM: Maintenance of system: Reference NFPA 13, Section 1-5.1 Maintenance: A sprinkler system installed under this standard shall be properly maintained for efficient service. The owner is responsible for the condition of the sprinkler system and shall use due diligence in keeping the system in good operating condition. Reference NFPA 13 Section 4-5.5.2.1 Continuous or non-continuous obstructions less than eighteen (18) below the sprinkler deflector that prevents the pattern from fully developing shall comply with this section. Section 4-5.5.3 Continuous or noncontinuous obstructions that interrupt the water discharge in a horizontal plane more than eighteen (18) inches	A61		

General Manager 4/24/08

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A61	Continued From page 5 below the sprinkler deflector in a manner to limit the distribution from reaching the protected hazard shall comply with this section. Section 4-5.6 requires that the clearance between the deflector and the top of storage shall be eighteen (18) inches or greater. 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. Based on observation, the facility's practice failed to ensure that the sprinkler system is inspected and maintained in good operating condition, affecting all residents and staff throughout the facility. The licensed capacity of the facility is 52, the census during the survey was 22. The findings are: 1. On 3/26/08 at 1:00 pm, during record review with the Facility Manager and Environmental Services Director, the facility failed to provide evidence of quarterly inspections of the sprinkler system for the past 12 months. a. The Facility Manager stated that all fire sprinkler inspection documentation was	A61	3) REQUESTED DOCUMENTATION HAD BEEN PULLED FOR SURVEY TEAM EARLIER IN THE WEEK AND HAD NOT BEEN RETURNED TO THE ENV. SERVICES DEPARTMENT 4) COPIES OF THE QUARTERLY SPRINKLER INSPECTIONS WERE SUBSEQUENTLY FAXED TO THE SURVEY TEAM AND ARE ATTACHED HERETO. THE INSPECTION FIRM IS UNDER CONTRACT AND INSPECTS QUARTERLY UNDER THAT CONTRACT 2) THE MISSING ESCUTCHEON CUP HAS BEEN INSTALLED DIRECTOUR OF ENV SVCS, THROUGH HIS STAFF	3/28/08 3/28/08

General Manager 4/24/08

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A61	Continued From page 6 misplaced and that the information would be faxed over at a later date. b. The Administrator and Environmental Services Director acknowledged this finding at the exit conference on March 26th, 2008. 2. On 3/26/08 at 2:22 pm, during a tour of the facility with the Environmental Services Director, the surveyor observed a sprinkler head within the kitchen missing the escutcheon cup. a. The Administrator and the Environmental Services Director acknowledged this finding at the exit conference on March 26th, 2008. 3. On 3/26/08 at 2:30 pm, during a tour of the facility with the Environmental Services Director, the Life Safety Code Surveyor observed boxes stored eight (8) vertical inches from the sprinkler deflector located in the dry goods storage room. a. The Administrator and the Environmental Services Director acknowledged this finding at the exit conference on March 26th, 2008.	A61	will routinely check for missing cups, and replace as needed 3) A red line will be painted or taped on the wall, with a caption "no stored above this line." Kitchen staff will be instructed, and executive chef will be responsible for on-going compliance supported by director of environmental svcs. 4/24/08	
A62	7 NMAC 8.2.62 FIRE EXTINGUISHERS 7.8.2.62 FIRE EXTINGUISHERS: A. As approved by the State Fire Marshall or Fire Prevention Authority having jurisdiction must be located in the facility. Facilities must as a minimum have two (2) 2A10BC fire extinguishers, one (1) located in the kitchen or food preparation area, and one (1) centrally located in the facility. All fire extinguishers shall be inspected yearly and recharged as needed. All fire extinguishers must be tagged noting the date of inspection. B. Fire extinguishers, alarm systems, automatic detection equipment, and other fire fighting equipment must be properly maintained and inspected as recommended by the manufacturer, State Fire Marshall, or Fire	A62		

[signature] Renewal Manager 4/24/08

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A62	Continued From page 7 Authority having jurisdiction. [7-1-64, 9-24-76, 7-11-86, 4-7-97; 7.8.2.62 NMAC - Rn, 7 NMAC 8.2.62, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 21700 Reference Tag B. OTHER FIRE FIGHTING EQUIPMENT: Reference NFPA 96, 1998 Edition 8-2* Inspection. An inspection and servicing of the fire-extinguishing system and listed exhaust hoods containing a constant or fire-actuated water system shall be made at least every 6 months by properly trained and qualified persons. 8-2.1 All actuation components, including remote manual pull stations, mechanical or electrical devices, detectors, actuators, and fire-actuated dampers, shall be checked for proper operation during the inspection in accordance with the manufacturer's listed procedures. In addition to these requirements, the specific inspection requirements of the applicable NFPA standard shall also be followed. 8-2.2 Fusible links (including fusible links on fire-actuated damper assemblies) and automatic sprinkler heads shall be replaced at least annually, or more frequently if necessary, to ensure proper operation of the system. Other detection devices shall be serviced or replaced in accordance with the manufacturer's recommendations. Exception: Where automatic bulb-type sprinklers or spray nozzles are used and annual examination shows no buildup of grease or other	A62		

General Manager 4/24/08

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A62	Continued From page 8 material on the sprinkler or spray nozzles. Based on observation, record review and staff interview, the facility's practice failed to ensure cooking facilities are protected and inspected in accordance with NFPA 96, (Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations), affecting all residents, staff and occupants of the facility. The licensed capacity of the facility is 52, the census during survey was 22. The findings are: 1. On 3/26/08 at 1:00 pm, during record review with the Facility Manager and Environmental Services Director, there was no evidence that the range hood system is inspected at least every six (6) months (semi-annual). a. The Facility Manager stated that all kitchen hood inspection documentation was misplaced and that the information would be faxed over at a later date. b. No further evidence was available for review. c. The Administrator and Environmental Services Director acknowledged this finding at the exit conference on March 26th, 2008. 2. Based on an interview with the Health Surveyor, the following was observed on 3/17/08 between the times of 1:00 pm and 5:00 pm. During a tour of the facility kitchen with S5 and the Health Surveyor, it was noted that the range hood sprinklers were covered in what appeared to be black grease residue. a. This would prevent the sprinkler from operating properly. b. On 3/18/08 at 7:00 am, during a subsequent tour of the facility kitchen, the Health	A62	i) REQUESTED DOCUMENTATION HAD BEEN PULLED FOR THE SURVEY TEAM EARLIER IN THE WEEK AND WAS NOT YET RETURNED TO THE DEPARTMENT COPIES OF THE TWO MOST RECENT SEMI ANNUAL INSPECTION REPORTS WERE FAXED TO THE SURVEY TEAM AS PROMISED AND ARE ATTACHED HERETO. THE INSPECTION FIRM IS UNDER CONTRACT TO PERFORM SEMI-ANNUAL INSPECTIONS THE DIRECTOR OF ENV SERVICES WILL BE RESPONSIBLE TO MAKE SURE THAT DOCUMENTATION IS AVAILABLE FOR REVIEW.	

General Manager 4/24/08

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A62	Continued From page 9 Surveyor noted that range hood sprinklers were no longer covered in what appeared to be black grease residue. c. On 3/18/08 at 7:00 am, during confidential staff interview, the Health Surveyor was told that all the range hood elements had been cleaned " by the dishwasher. " 8-3 Cleaning. 8-3.1 Hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction in accordance with Table 8-3.1. Table 8-3.1 Exhaust System Inspection Schedule Type or Volume of Cooking Frequency Frequency Systems serving solid fuel cooking operations Monthly Systems serving high-volume cooking operations, such as 24-hour cooking, charbroiling or wok cooking Quarterly Systems serving moderate-volume cooking operations Semi-annually Systems serving low-volume cooking operations, such as churches, day camps, seasonal	A62	2) RANGE HOOD SPRINKLERS HAVE BEEN cleaned EXECUTIVE CHEF (PRIMARILY) AND DIRECTOR OF ENVIRONMENTAL SERVICES (SECOND) will BE RESPONSIBLE FOR ENSURING THAT THE RANGE HOOD SPRINKLERS will BE MAINTAINED AND KEPT CLEAN.	3/18/08

General Manager 4/24/08

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A62	Continued From page 10 businesses, or senior centers Annually 8-3.1.1 Upon inspection, if found to be contaminated with deposits from grease-laden vapors, the entire exhaust system shall be cleaned by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction in accordance with Section 8-3. 8-3.1.2 When a vent cleaning service is used, a certificate showing date of inspection or cleaning shall be maintained on the premises. After cleaning is completed, the vent cleaning contractor shall place or display within the kitchen area a label indicating the date cleaned and the name of the servicing company. It shall also indicate areas not cleaned. 8-3.2 Flammable solvents or other flammable cleaning aids shall not be used. 8-3.3 At the start of the cleaning process, electrical switches that could be activated accidentally shall be locked out. 8-3.4 Components of the fire suppression system shall not be rendered inoperable during the cleaning process. Exception: Servicing by properly trained and qualified persons in accordance with Section 8-2. 8-3.5 Care shall be taken not to apply cleaning	A62		

General Manager 4/24/08

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A62	Continued From page 11 chemicals on fusible links or other detection devices of the automatic extinguishing system. 8-3.6 When cleaning procedures are completed, all electrical switches and system components shall be returned to an operable state. All access panels (doors) and cover plates shall be replaced. Dampers and diffusers shall be positioned for proper airflow. Based on observation, record review and staff interview, the facility failed to ensure the kitchen hood system and its appurtenances are cleaned to bare metal at frequent intervals in accordance with NFPA 96, (Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations), affecting all residents, staff, and occupants of the facility. The licensed capacity of the facility is 52, the census during survey was 22. The findings are: 3. On 3/26/08 at 1:10 pm, review of the kitchen maintenance records with the Facility Manager and the Environmental Services Director, the facility failed to provide evidence that the range hood system is professionally cleaned at least every six (6) months (semi-annual). a. No further evidence was available for review. b. At this time, the Environmental Services Director stated, "the kitchen hood ducting will be scheduled for a professional cleaning." c. The Administrator and Environmental Services Director acknowledged this finding at the exit conference on March 26, 2008.	A62	3) THE KITCHEN HOOD HAS BEEN PROFESSIONALLY CLEANED. THE FACILITY WILL ENTER INTO A CONTRACT WITH AN APPROPRIATE VENDOR FOR SEMI-ANNUAL CLEANINGS. THE DIRECTOR OF ENV. SVCS. WILL BE RESPONSIBLE TO MAKE SURE THAT CLEANINGS TAKE PLACE AND THAT DOCUMENTATION IS MAINTAINED AND KEPT AVAILABLE FOR REVIEW.	4/7/08
A63	7 NMAC 8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING	A63		

General Manager 4/24/08

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(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
A63	Continued From page 12 7.8.2.63 STAFF AND RESIDENT FIRE AND SAFETY TRAINING: A. All staff personnel of the facility must know the location of and be instructed in proper use of fire extinguishers and other procedures to be observed in case of fire or other emergencies. The facility should request the local fire prevention authority to give periodic instructions in the use of fire prevention and techniques of evacuation. B. Facility staff must be instructed as part of their duties to constantly strive to detect and eliminate potential safety hazards, such as loose handrails, frayed electrical cords, blocked exits or exit-ways, and any other condition which could cause burns, falls, or other personal injury to the residents or staff. C. Each new resident must upon being accepted into the facility be given an orientation tour of the facility to include, but not be limited to, the location of the exits, fire extinguishers, and telephones, and shall be instructed in action to be taken in case of fire or other emergency. D. Fire Drills: The facility must conduct at least one (1) fire drill each month: (1) Fire drills must be held at different times of the day. (2) The fire alarm system or detector system in the facility shall be used in the conduct of fire drills. (3) In the conduct of fire drills, emphasis must be placed upon orderly evacuation under proper discipline rather than upon speed. (4) A record of fire drills held must be maintained on file in the facility. Such record must show date and time of the drill, number of personnel participating in the drill, any problem noted during the drill and the evacuation time in total minutes.	A63		

/s/ General Manager 4/24/08

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 B. WING _____	03/26/2008

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RAINBOW VISION SANTA FE, LLC	500 RODEO ROAD SANTA FE, NM 87505

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A63	Continued From page 13 (5) The local fire department should be requested to supervise and participate in fire drills. [9-24-76, 7-11-86, 1-11-90, 4-7-97; 7.8.2.63 NMAC - Rn, 7 NMAC 8.2.63, 8-31-00] This REQUIREMENT is not met as evidenced by: Surveyor: 21700 Based on record review and staff interview, the facility failed to conduct at least one (1) fire drill each month to assure preparedness for emergency response. Fire drills shall not exceed 90-day spacing between drills on each shift. This deficient practice affects all staff and residents throughout the facility. The licensed capacity is 52, the census was 22. The findings are: On March 26, 2008 between 1:00 pm and 1:30 pm, during review of records and documentation with the Facility Manager and Environmental Services Director, the Life Safety Code Surveyor observed the following: 1. At this time, the Life Safety Code Surveyor noted that there was no evidence of fire drills being conducted at the facility. a. During interview with the Facility Manager and Environmental Services Director, they both stated that all the fire drill documentation had been misplaced and that they would fax the information at a later date. b. There was no further evidence of fire drills being conducted that was available for review. c. The Administrator and Environmental Services Director acknowledged this finding at the exit conference on 3/26/08.	A63	1) DOCUMENTATION REGARDING FIRE DRILLS HAD BEEN FAXED FOR SURVEY TEAM EARLIER IN THE WEEK BUT HAD NOT YET BEEN RETURNED TO THE DOT. SOME DRILLS WERE CONDUCTED DURING THE YEAR, BUT NOT AS MANY AS REQUIRED BY REGULATIONS EFFECTIVE IMMEDIATELY FIRE DRILLS WILL BE EACH MONTH SUCH THAT 90 DAY SPACING BETWEEN DRILLS PER SHIFT IS NOT EXCEEDED FOR EACH DRILL DOCUMENTATION WILL BE MAINTAINED NOTING DATE, TIME, NUMBER OF	

General Manager 4/24/08

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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			PERSONNEL PARTICIPATING EVACUATION TIME IN TOTAL MINUTES AND NOTES OF ANY PROBLEMS ENCOUNTERED. THE ENVIRONMENTAL SERVICES DIRECTOR WILL COORDINATE SCHEDULING OF FIRE DRILLS WITH THE FACILITY ADMINISTRATOR AND THE DIRECTOR OF WELLNESS. THE ENVIRONMENTAL SERVICES DIRECTOR WILL ALSO COORDINATE WITH LOCAL FIRE AUTHORITIES TO REQUEST THEIR SUPERVISION AND PARTICIPATION IN AT LEAST ONE DRILL PER YEAR.	

General Manager 4/24/08