

Division of Health Improvement

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br>5842                   | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING _____<br>B. WING _____                                                                                                                                                                                                                                                                                   | (X3) DATE SURVEY COMPLETED<br><br>R-C<br>12/30/2011 |
| NAME OF PROVIDER OR SUPPLIER<br><br>BONNEY HOME INC |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2021 BARBARA AVENUE<br>GALLUP, NM 87301 |                                                                                                                                                                                                                                                                                                                                                    |                                                     |
| (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 042                                               | <p>7 NMAC 8.2.42 Maintenance of Building and Grounds</p> <p><b>MAINTENANCE OF BUILDING AND GROUNDS:</b><br/>The building(s) shall be maintained in good repair at all times. Such maintenance shall include, but is not limited to, the following areas:</p> <p>A. Storage areas/grounds. Storage areas and grounds shall be maintained in a safe, sanitary and presentable condition at all times. Storage areas and grounds shall be kept free from accumulation of refuse, weeds, discarded furniture, old newspapers or other items that create a fire hazard.</p> <p>B. Floors. Floors shall be maintained stable, firm and free of tripping hazards.<br/>[7.8.2.42 NMAC - Rp, 7.8.2.43 NMAC, 01/15/2010]</p> <p>This REQUIREMENT is not met as evidenced by:<br/>Refer to 7.8.42 - MAINTENANCE OF BUILDING AND GROUNDS:</p> <p>Based on observation and interview, the facility failed to maintain a safe, sanitary and presentable condition in the building at all times. This has the potential to impact 100% of the resident population.</p> <p>The findings are:</p> <p>A. On 12/28/2011 at 4:35PM during a tour of the building it was observed that the South Facing Exit door was intermittently latching upon use.</p> <p>1. On 12/28/2011 at 4:45PM during interview with the on site Manager, she confirmed that the door was intermittently functional.</p> | <p>A 042</p> <p><i>Scanned 03-13-12 J.D.</i></p> <p>7 NMAC 8.2.42</p>            | <p>A.1 The North facing exit door will be fixed so that it will stay latched.</p> <p>Once fixed, no residents will have the potential to be affected.</p> <p>The door will be checked on a daily basis by each shift to verify it is still working and shutting correctly.</p> <p>On January 2, 2012, the door was fixed so it works properly.</p> | 2/29/12                                             |

Division of Health Improvement

*[Signature]*  
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

*Director* 3/2/12 (X8) DATE

Division of Health Improvement

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| NAME OF PROVIDER OR SUPPLIER<br><br><b>BONNEY HOME INC</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2021 BARBARA AVENUE<br/>GALLUP, NM 87301</b> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                |
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| A 042                                                      | Continued From page 1<br><br>B. On 12/28/2011 at 5:01PM during a tour of the building, it was observed that Emergency Lights #'s 2 and #3 were not functional at the time of testing.<br>1. On 12/28/2011 at 5:05PM, during interview with the on site Manager, she acknowledged that the lights were not working.<br><br>C. On 12/28/2011 at 5:10PM during a tour of the building, it was observed that two thresholds leading from the hallway into resident rooms were untiled creating an uneven walking surface for residents.<br>1. On 12/28/2011 at 5:011PM, during interview with the on site Manager, she acknowledged that the thresholds were untiled.<br><br>D. On 12/28/2011 at 5:15PM during a tour of the building, it was observed that the carpet in the main living area was worn in the area in front of the picture window, was discolored in patches at the north and west portions of the carpet, making it appear "purple".<br>1. On 12/28/2011 at 5:20PM, during interview with the on site Manager, she acknowledged that the carpet could be in better condition.<br><br>E. On 12/28/2011 at 5:15PM during a tour of the building, it was observed that the mini-blind in the main living area had been likely warped from sun exposure making it both unrepresentable and functionally difficult to manage.<br>1. On 12/28/2011 at 5:20PM, during interview with the on site Manager, she acknowledged this finding.<br><br>F. On 12/28/2011 at 5:32PM during a tour of the building, it was observed that the kitchen and dining room window caulking was worn around the seam area where the window meets the | A 042<br><br>7 NMAC<br>8.2.42                                                            | B.1 Emergency Lights #'s 2 and 3 will be checked and fixed.<br><br>Once fixed, there will be no potential to affect the residents.<br><br>The emergency lights will all be checked on a weekly basis by the Administrator or Assistant Manager.<br><br>On January 2, 2012, it was found that the batteries in the two lights were dead and were replaced. All are working correctly now.<br><br>C.1 The two thresholds will be tiled and fixed.<br><br>Once fixed, there will be no potential to affect the residents.<br><br><del>The Administrator or Assistant Manager will inspect the flooring on a yearly basis or more often if needed.</del><br><br>On January 5, 2012, the two defective thresholds were fixed. All others had been fixed during the previous summer.<br><br>D.1 The carpet in the living room will be replaced. | 2/29/12                                                        |

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| A 042                                                      | Continued From page 2<br><br>constucted building. This left a visible gap in<br>which the outside air was palpably entering the<br>licensed building.<br>1. On 12/28/2011 at 5:20PM, during interview<br>with Caregiver #1, she acknowledged that the<br>matter needed to be addressed | A 042                                                                                    | As the carpet did not have any<br>tears, it was safe and sanitary.<br>However, once it is replaced,<br>it will be more presentable and<br>to the residents.<br><br>The Administrator or Assistant<br>Manager will check the condition<br>of the carpet on a yearly basis.<br><br>On January 12, 2012, the carpet<br>was replaced.<br><br>E.1 The mini-blind in the living<br>room will be replaced.<br><br>Once fixed, there will be no<br>potential to affect residents.<br><br>As the mentioned mini-blind was<br>only 6 months old, it will be<br>monitored by the Administrator<br>or the Assistant Manager yearly.<br><br>The mini-blind was replaced on<br>2/29/2012 as soon as the Administ-<br>rator had returned from her<br>family emergency.<br><br>F. The calking in the dining room<br>and kitchen windows will be<br>fixed.<br><br>Once the caulking is fixed,<br>there will be no potential to<br>affect the residents.<br><br>The windows will be checked yearly<br>by the Administrator or Assistant<br>Manager for leaks. | 2/29/12                                                        |

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| A 042                                               | Continued From page 2<br><br>constucted building. This left a visible gap in which the outside air was palpably entering the licensed building.<br>1. On 12/28/2011 at 5:20PM, during interview with Caregiver #1, she acknowledged that the matter needed to be addressed | A 042                                                          | Cont'd The windows were re-caulked and finished on January 6, 2012.                                                      |  | 2/29/12                                             |

