

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/08/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 325119	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/14/2015
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NAME OF PROVIDER OR SUPPLIER ADVANCED HEALTH CARE OF ALBUQUERQUE	STREET ADDRESS, CITY, STATE, ZIP CODE 2701 RICHMOND DRIVE NE ALBUQUERQUE, NM 87107
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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) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>A life safety code recertification survey was conducted at Advanced Health Care of Albuquerque on 04/14/15 in accordance with Title 42 Code of Federal Regulations, Part 483, Subpart B: Requirements for Long Term Care Facilities. At this life safety code recertification survey, the facility was found not in substantial compliance with Title 42 Code of Federal Regulations, 483.70(a) (Life Safety from Fire)</p> <p>Advanced Health Care of Albuquerque is Type I construction. This building is fully sprinklered.</p> <p>The licensed capacity of the facility is 47 residents. The reported census during the survey was 44 residents.</p>	K 000	<p>"This Plan of Correction is submitted as required under Federal and State regulations and statutes applicable to Long Term Care Facilities. This plan of correction does not constitute an admission of liability, and such liability is hereby specifically denied. The submission of this plan does not constitute agreement by the agency that the surveyor's conclusions are accurate, that the findings constitute a deficiency, or that the severity of the deficiencies cited is correctly applied."</p> <p>K 130 Patient Specific:</p> <p>Please see systemic changes:</p> <p>Other Patients:</p> <p>Please see systemic changes:</p>	
K 130 SS=F	<p>NFPA 101 MISCELLANEOUS</p> <p>OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Reference NFPA 101, 2000 Edition</p> <p>7.1.6 Walking Surfaces in the Means of Egress. 7.1.6.1 General. Walking surfaces in the means of egress shall comply with 7.1.6.2</p> <p>Exception: Existing walking surfaces shall be permitted where approved by the authority having jurisdiction.</p> <p>7.1.6.2 Changes in Elevation Abrupt changes in elevation of walking surfaces shall not exceed 1/4 inch. Changes in elevation exceeding 1/4 inch, but not exceeding 1/2 inch, shall be beveled 1 to 2. Changes in elevation exceeding 1/2 inch shall be considered a change in level and be subject to the requirements of</p>	K 130	<p>Please see systemic changes:</p> <p>Systemic Changes:</p> <p>The un-even portion of the sidewalk was removed and replaced.</p> <p>Monitors:</p> <p>The Administrator will check the walking surfaces quarterly to ensure the changes in elevation do not exceed 1/4 inch. She will report her findings at the Q.A. meetings and will make changes to the above plan of correction as needed.</p> <p>Date of Compliance:</p> <p>4/22/15</p>	

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HEALTH FACILITY LICENSING & CERTIFICATION BUREAU

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J.D.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

[Signature] Administrator 5/12/15

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 130	Continued From page 1 7.1.7. Based on observation and interview, the facility failed to ensure the sidewalk on the north side of the building, which serves as a means of egress (path to a public way) and terminates at the public way, was properly maintained. Not maintaining changes in elevation of walking surfaces in a means of egress could pose a risk of mis-steps during emergency, which presents a risk of potential harm to all forty three (43) residents, as identified from the Resident Census List provided by the Administrator on 04/14/15 The findings are: A. On 04/14/15 at 11:00 am, during observation, broken concrete and uneven surface on the sidewalk located on the north side front of the building. B. On 04/14/15 at 11:02 am, the Administrator stated she was not aware of the broken concrete and uneven surface of the side walk and, will contact a contractor to have it repaired.	K 130			