

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

Printed: 11/08/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495362	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/30/2017
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005		
(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	INITIAL COMMENTS Description of structure: The facility is a one story masonry structure Type II (000). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 10/30/17 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was not compliance with the Requirements for Participation Medicare and Medicaid. The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)	K 000		
K 211 SS=E	NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This Standard is not met as evidenced by: Based upon observations there is no egress from the courtyard when occupants are in a courtyard, requires special knowledge to unlock the gate for occupants to egress safely to the public way and there are doors that require excessive force to unlock the door that could affect the egress from spaces or the facility. Findings include	K 211	K211 1. The chairs have been removed from the corridor near room 228 that obstructs egress. The time delay lock near the electrical room on wing 2 no longer takes excessive force to activate the time delay lock. The rehab courtyard now has a means of egress back into the facility. The courtyard gate near the dementia unit has been replaced with a latch that does not take special knowledge.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Erin Mice

TITLE

Administrator

(X6) DATE

11-16-17

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 211	Continued From page 1 On 10-30-17 around 2:53 PM it is observed that there are chairs in the corridor near room 228 that obstruct egress. On 10-30-17 around 3:10 PM it is observed that excessive is required to activate the time delay lock wing 2 near the electrical room. On 10-30-17 around 3:28 PM it is observed that the courtyard has a fence that has no gate and all weather surface so occupants can egress to the public way and the door to get back into the building is locked so occupants can gain access back into to building. Occupants shall either egress to the public way or gain access back into the building. On 10-30-17 around 4:18 PM it is observed that there the courtyard gate near the dementia unit takes special knowledge to unlatch the gate so occupants egress to the public way and the door to get back into the building is locked so occupants can gain access back into to building. Occupants shall either egress through the gate or gain access back into the building.	K 211	2. The maintenance director has reviewed additional means of egress in the facility to ensure corridors are not obstructed and doors unlock. 3. The administrator and or designee re-educated Maintenance staff on the Means of Egress to ensure compliance is attained and maintained regarding resolving egress. 4. The administrator and or designee to conduct Quality monitoring of the Means of egress. Quality monitoring to be conducted 3X a week per week for 4 weeks to ensure compliance and then 1X a week for 1	
K 222 SS=D	NFPA 101 Egress Doors Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the	K 222		

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K 222	<p>Continued From page 2</p> <p>rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times.</p> <p>18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6</p> <p>SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4</p> <p>DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4</p> <p>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted.</p> <p>18.2.2.2.4, 19.2.2.2.4</p> <p>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on</p>	K 222	<p>month and then quarterly thereafter. Quality monitoring schedule to be modified based on findings of quality reviews. The results of the Quality monitoring to be reviewed at the monthly quality assurance performance Improvement (QAPI) meetings for review, analysis and further recommendations.</p> <p>5. December 12, 2017</p>	

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K 222	Continued From page 3 door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This Standard is not met as evidenced by: Based upon observations there are items that are installed on the doors that restricts the full operation of the doors so occupants can egress to an exit. Findings include On 10-30-17 around 5:00 PM it is observed that the house keeping office/storage room has a dead bolt lock that requires more than one motion to unlatch the door in the direction of egress so an occupant can egress to an exit.	K 222	<p>K222</p> <ol style="list-style-type: none"> The Housekeeping door has been replaced with a door without a dead bolt lock that does not require more than a motion to unlatch the door in the direction of egress so the occupant can egress to an exit. The Maintenance Director and or designee has reviewed additional office/storage room doors to ensure doors do not have a dead bolt that requires more than one motion to unlatch the door in the direction of egress so an occupant can egress to an exit. The Administrator and or designee re-educated the Maintenance Department dead bolt locks that requires more 	
K 321 SS=E	NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1 Area Automatic Sprinkler Separation N/A	K 321		

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K 321	<p>Continued From page 4</p> <p>a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This Standard is not met as evidenced by: Based upon observations hazardous areas are not maintained to provide required separation and or fire resistant ratings for the hazardous areas. There are doors that are not self closing and latching, are damaged and doors that do not have the required listing for door hardware that could allow smoke and hot gasses to pass through the doors.</p> <p>Findings include On 10-30-17 around 2:21 PM it is observed that the fire rated door is not self-closing and latching central materials supply room.</p> <p>On 10-30-17 around 2:25 PM it is observed that the bathroom has been changed to a storage room across from Kitchen and the door is not self-closing and latching.</p> <p>On 10-30-17 around 4:53 PM it is observed that there was a shower room that was changed to a storage room. The storage room is not constructed to provide a 1-hour fire resistant rated assemblies with a listed fire rated door that is automatically closing and latching.</p> <p>On 10-30-17 around 5:00 PM it is observed that the house keeping office/storage room door is</p>	K 321	<p>than a motion to unlatch the door in the direction of egress so an occupant can egress to an exit to ensure compliance with requirement Egress Doors.</p> <p>4. The Administrator and or designee to conduct Quality Monitoring of Egress Doors. Quality Monitoring will be continued in accordance with NFPA standards. The results of the Quality Monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis and further recommendations.</p> <p>5. December 12, 2017</p>		

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K 321	Continued From page 5 damaged where the door hardware has been removed and the door is not self-closing and latching.	K 321	K321 1. The central materials supply room door is now self closing and latching. The storage room across from the kitchen has been changed back into a bathroom and the door is self closing and latching. The storage has been removed from the shower room that was changed into a storage room. The housekeeping office door has been replaced and is self closing and latching. 2. Additional Hazardous Area-Enclosures have been reviewed by the Maintenance Staff for fire rated assemblies, and self-closing and latching doors.	
K 324 SS=D	NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This Standard is not met as evidenced by: Based upon observation the kitchen equipment is not located in the correct position to provide proper coverage of the suppression system and to maintain the equipment in the correct position under the hood. Findings include	K 324		

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K 324	Continued From page 6 On 10-30-17 around 4:45 PM it is observed that the kitchen stove is not in located in the correct location under the suppression nozzles. There is no device to maintain the stove that is on wheels when it is removed for cleaning and put back in the correct position under the suppression nozzles.	K 324	3. The Administrator and or designee re-educated the maintenance staff on Hazardous areas- Enclosures to ensure compliance with NFPA standards. 4. The Administrator and or designee to conduct Quality Monitoring of Hazardous Areas- Enclosures. Quality monitoring to be conducted 3X a week per week for 4 weeks to ensure compliance and then 1X a week for 1 month and then Quarterly thereafter.	
K 341 SS=E	NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8 This Standard is not met as evidenced by: Based upon observations of the fire alarm system that there is a smoke alarm that is not maintained according to NFPA 72. Findings include On 10-30-17 around 2:25 PM it is observed that there is battery smoke alarm is over 10 years old in the bathroom across from the kitchen. The smoke alarm has a date of 2001.	K 341		
K 342 SS=D	NFPA 101 Fire Alarm System - Initiation	K 342		

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K 342	Continued From page 7 Fire Alarm System - Initiation Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations or other continuously attended staff location, provided alarm boxes are visible, continuously accessible, and 200' travel distance is not exceeded. 18.3.4.2.1, 18.3.4.2.2, 19.3.4.2.1, 19.3.4.2.2, 9.6.2.5 This Standard is not met as evidenced by: Based upon review of documentation and observations of the fire alarm system that kitchen hood suppression system is not installed according to NFPA 72. Findings include On 10-30-17 between 1:00 PM and 2:21 PM during review of Inspection reports for the kitchen hood suppression system it is observed that a report notes that the kitchen hood suppression system when activated does not alarm the fire alarm system.	K 342	Quality monitoring schedule to be modified based on findings of Quality Reviews. The results of the Quality Reviews. The results of the Quality Monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis and further recommendations. 5. December 12, 2017	
K 351 SS=E	NFPA 101 Sprinkler System - Installation Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state	K 351	K324 1. The kitchen stove has been re-located in the correct location under the suppression nozzles. The kitchen stove is now on safety cradles to ensure it is in the correct position under the suppression nozzles.	

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K 351	Continued From page 8 or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This Standard is not met as evidenced by: Based upon observations of the sprinkler system that there is a system that has not been installed according to NFPA 13. Findings include On 10-30-17 around 3:25 PM it is observed that there is a quick response and a standard sprinkler head in room 224. On 10-30-17 around 3:28 PM it is observed that there is an overhang that is greater than 4 feet and has combustible mater stored under the overhang and the area under the overhang is not sprinklered.	K 351	2. Maintenance has reviewed additional equipment in the kitchen to ensure equipment is in the correct position under the suppression nozzles. 3. The Administrator and or designee re-educated the maintenance staff on cooking facilities to ensure compliance with the requirement. 4. The Administrator and or designee to conduct Quality Monitoring of the kitchen stove being in the correct position and on safety cradles. . Quality Monitoring will be continued in	
K 352 SS=D	NFPA 101 Sprinkler System - Supervisory Signals Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This Standard is not met as evidenced by: Based observations of the sprinkler system there are sprinkler control valves that are not	K 352		

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K 352	Continued From page 9 supervised.. Findings include On 10-30-17 around 5:14 PM it is observed that the sprinkler control valves at backflow preventer is not supervised by the fire alarm system.	K 352	accordance with NFPA standards. Quality Monitoring schedule to be modified based on findings of Quality reviews. The results of the Quality Monitoring to be reviewed at the Monthly Quality Assurance Performance Improvement (QAPI) meetings for review,	
K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This Standard is not met as evidenced by: Based upon observations of the sprinkler system that the required maintenance of the system is not being maintained. Findings include On 10-30-17 around 2:21 PM it is observed that top of storage is located above the clear distance of 18 inches below the sprinkler head deflector in	K 353	analysis and further recommendations. 5. December 12, 2017	
			K341 1. The smoke alarm has been removed in the bathroom across from the kitchen. 2. The Maintenance Director and or designee has reviewed the facility for out-of-date smoke alarms. 3. The Administrator re-	

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K 353	Continued From page 10 central materials supply room. On 10-30-17 around 4:40 PM it is observed that there open ceiling tiles and plastic grates above walk-in boxes in the kitchen that could allow hot gasses to pass above the ceiling and could affect the operation of the sprinkler system.	K 353	educated the Maintenance staff on Fire Alarm systems with regard to smoke alarms to ensure compliance with the requirement.	
K 363 SS=E	NFPA 101 Corridor - Doors Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485	K 363	4. The Administrator and or designee to conduct random observations of the Fire alarm system with regards to smoke alarms. Quality Monitoring will be continued in accordance with NFPA standards. Quality monitoring schedule to be modified based on findings of quality reviews. The results of the quality monitoring to be reviewed at the monthly quality assurance performance improvement (QAPI) meetings for review, analysis and further recommendations. 5. December 12, 2017	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495362	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/30/2017
NAME OF PROVIDER OR SUPPLIER ASHLAND NURSING AND REHABILITATION		STREET ADDRESS, CITY, STATE, ZIP CODE 906 THOMPSON STREET ASHLAND, VA 23005		
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K 363	Continued From page 11 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This Standard is not met as evidenced by: Based upon observations of all corridor doors there are doors found that did not have positive latching that could allow smoke to pass through the doors. Findings include On 10-30-17 around 2:47 PM it is observed that the corridor door to room 203 is not latching. On 10-30-17 around 3:02 PM it is observed that excessive force is required to close and latch the corridor door to room 236.	K 363	K342 1. The kitchen hood system now alarms the fire alarm system when activated. 2. The Maintenance Director and or designee has reviewed inspection reports for additional deficiencies relating to systems reporting to the fire alarm system. 3. The Administrator and or designee re-educated the Maintenance staff on ensuring required systems report to the fire alarm system. 4. The Administrator and or designee to conduct quality monitoring of required systems reporting to the fire alarm system. Quality Monitoring will be continued in accordance with NFPA standards.	
K 712 SS=D	NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7 This Standard is not met as evidenced by: Based upon observations and review of documentation that the fire drills were not conducted varying times. Findings include	K 712		

3. The Administrator and or designee re-educated the Maintenance Staff on corridor doors properly latching and corridor doors requiring excessive force to close and latch.
4. The Administrator and or designee to conduct Quality monitoring of doors latching and excessive force to close and latch. Quality Monitoring to be conducted 3X a week per week for 4 weeks to ensure compliance and then 1X a week for 1 month and then quarterly thereafter. Quality monitoring schedule to be modified based on findings of quality reviews. The results of the quality monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis and further recommendations.
5. December 12, 2017

K712

1. Fire drills for the month of November have been conducted for varying times.
2. Maintenance staff has reviewed the Fire Drill regulation and will space out the fire drills going forward.
3. The Administrator and or designee re-educated the Maintenance staff on conducting fire drills at varying times.

4. The Administrator and or designee to conduct quality monitoring of Fire Drills. Quality monitoring of Fire Drills to be conducted in accordance with NFPA standards. Quality monitoring schedule to be modified based on findings of quality reviews. The results of the quality monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis and further recommendations.
5. December 12, 2017

K911

1. The exit sign near room 230 is secured against ceiling. The light bulb and the cover have been replaced in the soiled utility room on wing 2. The flexible cords for TV' that extend above the ceiling in various rooms on wing 3 no longer extend above the ceiling. The damaged twist lock receptacle behind the stove in the kitchen has been capped off.
2. The Administrator and Maintenance staff have reviewed additional exit signs on the ceiling, bulbs and bulb covers in soiled utility, flexible TV cords, in rooms on wing 3, and twist lock receptacles in the kitchen.

3. The Administrator and or designee to re-educate maintenance staff on properly securing exit signs against ceilings, light bulbs/covers, flexible cords for TV's that extend above the ceiling and damaged receptacles.
4. The Administrator and or designee to conduct quality monitoring of exit signs being secured against the ceiling, light bulbs and covers for light bulbs, TV's that have flexible cords that extend above the ceiling and receptacles that are damaged. Quality monitoring to be conducted 3X a week for 4 weeks then 1X a week for 4 weeks then quarterly thereafter. Quality Monitoring schedule to be modified based on findings of quality reviews. The results of the quality monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis and further recommendations.
5. December 12, 2017

K914

1. The receptacles testing and inspection has been done.
2. The Administrator has reviewed receptacles testing with the Maintenance staff.
3. The Administrator re-educate the Maintenance staff on receptacle testing.

4. The Maintenance Director to conduct quality monitoring on receptacle testing. Quality Monitoring will be continued in accordance with NFPA standards. Quality Monitoring schedule to be modified based on findings of quality reviews. The results of the quality monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis and further recommendations.
5. December 12, 2017

K920

1. The non approved power strips have been removed from rooms 202,204,206,232,236,238,223,219,120,222,224,322,325, 321,217,123, 129,126 and the 3 power strips in room 211 have been removed. The extension cord was removed from room 104 and the non approved power strip was removed in room 221. The hospital grade power strips were removed in room 200,225,318,322,326, 327,325,319,105,129, and the 2 hospital grade power strips in 317 were removed. The hospital grade power strip and non approved power strip was removed from rehab.

2. The Maintenance Director reviewed additional rooms for non-approved power strips and extension cords.
3. The administrator and or designee re-educated Maintenance staff on non-approved Power strips and extension cords.
4. The administrator and or designee to conduct Quality monitoring of the power strips. Quality monitoring to be conducted 3X a week per week for 4 weeks to ensure compliance and then 1X a week per month and then quarterly thereafter. Quality monitoring schedule to be modified based on findings of quality reviews. The results of the Quality monitoring to be reviewed at the monthly quality assurance performance Improvement (QAPI) meetings for review, analysis and further recommendations.
5. December 12, 2017

K921

1. The hospital grade power strip has been certified by an outside vendor.
2. The Maintenance Director and or designee has reviewed the Rehab Dept. for additional hospital grade power strips.
3. The Administrator and or designee re-educated the Maintenance Department on Power strips to ensure

compliance with testing and inspection of power strips.

4. The Administrator and or designee to conduct Quality Monitoring of Power strips. Quality Monitoring will be continued in accordance with NFPA standards. Quality Monitoring Schedule to be modified based on the findings of the Quality Reviews. The results of the Quality Monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis and further recommendations.
5. December 12, 2017

K923

1. The oxygen has been moved to outdoor storage.
2. The Maintenance Director has reviewed additional oxygen storage for compliance.
3. The Administrator and or designee re-educated the staff on oxygen storage for compliance with requirement.
4. The Administrator and or designee to conduct Quality Monitoring of Oxygen storage. Quality monitoring to be conducted 3X a week per week for 4 weeks to ensure compliance and then 1X a week for 1 month and then Quarterly thereafter.

Quality monitoring schedule to be modified based on findings of Quality Reviews. The results of the Quality Reviews. The results of the Quality Monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis and further recommendations.

5. December 12, 2017

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K 712	Continued From page 12 On 10-30-17 between 1:00 PM and 2:21 PM during review of fire drill reports that the drills were not conducted at varying times. Times and dates are listed below: Day Shift 10-20-17 at 7:31 AM 7-31-17 at 1:15 PM 4-27-17 at 1:35 PM 1-27-17 at 2:45 PM Night shift 9-29-17 at 5:40 AM 6-30-17 at 5:30 AM 3-2-17 at 11:15 PM 12-30-16 at 6:30 AM Evening shift 8-30-17 at 3:55 PM 5-31-17 at 3:20 PM 2-27-17 at 4:00 PM 11-17-16 at 2:00 PM	K 712	Quality monitoring schedule to be modified based on findings of quality reviews. The results of the quality monitoring to be reviewed at the monthly quality assurance performance improvement (QAPI) meetings for review, analysis and further recommendations. 5. December 12, 2017	
K 911 SS=E	NFPA 101 Electrical Systems - Other Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K- Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567, Chapter 6 (NFPA 99) This Standard is not met as evidenced by: Based upon observations the electrical systems and equipment is not being maintained. Findings include On 10-30-17 around 2:58 PM it is observed that the exit sign near room 230 is not secured against ceiling.	K 911	K351 1. The mismatched sprinkler head has been replaced in room 224. The combustible matter has been removed, and a sprinkler head has been installed in the 4 ft. overhang that was	

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K 911	Continued From page 13 On 10-30-17 around 3:14 PM it is observed that there is a light bulb missing and the cover to the light fixture is missing in the soiled utility room in wing 2. On 10-30-17 around 3:42 PM it is observed that there are flexible cords for TV that extend above the ceiling in wing 3 in various rooms. On 10-30-17 around 4:45 PM it is observed that there is a twist lock receptacle behind the stove in the kitchen that is damaged.	K 911	not sprinklered. 2. The maintenance staff has reviewed additional rooms for matching sprinkler heads, and 4 ft. overhangs for sprinkler coverage. 3. The Administrator and or designee has re-educated the Maintenance staff on matching sprinkler heads and sprinkler coverage for overhangs greater than 4 ft.. 4. The Administrator and or designee to conduct quality monitoring of sprinkler heads and combustible material.	
K 914 SS=D	NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This Standard is not met as evidenced by: Based observations and inquiry that there are no	K 914		

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K 914	Continued From page 14 reports that the receptacles in patient rooms that have not been tested and inspected annually. Findings include On 10-30-17 between 2:41 PM and 2:47 PM a question was asked of the maintenance director if they had records where the receptacles have been tested and inspected in the patient rooms. The answer is that the facility did not have any records showing that the Receptacle testing and inspection has been done.	K 914	Quality Monitoring will be continued in accordance with NFPA standards. Quality monitoring schedule to be modified based on findings of quality reviews. The results of the quality monitoring to be reviewed at the monthly quality assurance performance improvement (QAPI) meetings for review, analysis and further recommendations. 5. December 12, 2017	
K 920 SS=E	NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This Standard is not met as evidenced by:	K 920		
			K352 1. The sprinkler control valve at the backflow preventer is now supervised by the fire alarm system.	

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K 920	<p>Continued From page 15</p> <p>Based upon observations the electrical systems that there is non-approved power strips being used in patient care areas.</p> <p>Findings include</p> <p>On 10-30-17 between 2:41 PM and 5:00 PM it is observed that there are non approved power strips in rooms 202, 204, 206, 232, 236, 238, 223, 219, 120, 222, 224, 322, 325, 321, 217, 123, 129, 126 3 power strips in room 211, an extension cord plugged into plug strip in room 104, and a recalled non approved power strip in room 221.</p> <p>On 10-30-17 between 2:41 PM and 5:00 PM it is observed that there are hospital grade power strips in rooms 200, 225, 318, 322, 326, 327, 325, 319, 105, 129, 129, and 2 hospital grade power strips 317 that are not attached to a cart and has non patient care equipment plugged into the hospital grade plug strip in the patient care areas.</p> <p>On 10-30-17 around 3:34 PM it is observed that there is a non-approved power strip that is plugged into a hospital grade power strip in rehab.</p>	K 920	<ol style="list-style-type: none"> 2. The Maintenance Director has reviewed additional sprinkler control valves at backflow preventers for supervision by the fire alarm system. 3. The Administrator and or Designee re-educated the Maintenance staff on ensuring the sprinkler valves at the backflow preventer is supervised by the fire alarm system. 4. The Maintenance Director and or designee to conduct quality monitoring of Backflow Preventer being supervised by the fire alarm in accordance with NFPA standards. 				
K 921 SS=D	<p>NFPA 101 Electrical Equipment - Testing and Maintenance</p> <p>Electrical Equipment - Testing and Maintenance Requirements</p> <p>The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair</p>	K 921					

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K 921	Continued From page 16 or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 This Standard is not met as evidenced by: Based upon review of documentation and interviews that there is not complete documentation of the testing and inspection of the power strips Findings include On 10-30-17 around 3:34 PM it is observed that there is a hospital grade power strip on cart in rehab and the facility does not have any records showing that hospital grade power strips have been tested and inspection annually.	K 921	Quality monitoring schedule to be modified based on findings of quality reviews. The results of the quality monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis and further recommendations. 5. December 12, 2017	
K 923 SS=E	NFPA 101 Gas Equipment - Cylinder and Container Storage Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and	K 923	K353 1. The storage is now below the 18 inches in the central materials supply room. The ceiling tiles and plastic grates above the walk-in boxes in the kitchen have been replaced to prevent the passage of hot gases.	

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K 923	Continued From page 17 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This Standard is not met as evidenced by: Based observations of locations where oxygen cylinders that have a quantity that is greater than 300 cubic feet in volume is not located in an approved location. Findings include	K 923	2. The Maintenance Director has reviewed additional sprinkler heads in the central materials room for 18" clearance, and the walk-ins for open ceiling tiles and plastic grates. 3. The Administrator and or designee re-educated the maintenance staff on storage 18 inches below sprinkler heads and appropriate ceiling tiles in the walk-ins. 4. The Administrator and or designee to conduct Quality monitoring of storage below 18 inches and ceiling tiles. Quality monitoring to be conducted 3X a week per week for 4 weeks to ensure compliance and then 1X a week for 1 month and then quarterly thereafter. Quality monitoring schedule to be modified based on findings of	

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K 923	Continued From page 18 On 10-30-17 around 4:14 PM it is observed that there is 17 E oxygen cylinders that have a quantity that is greater than 300 cubic feet in volume in wing 3 of the dementia unit. The room is not constructed to provide a 1-hour fire resistant rated assemblies with a listed fire rated door that is automatically closing and latching. On 10-30-17 around 4:53 PM it is observed that there 26 oxygen E cylinders 4 smaller oxygen cylinders that have a quantity that is greater than 300 cubic feet in volume in a room. The storage room is not constructed to provide a 1-hour fire resistant rated assemblies with a listed fire rated door that is automatically closing and latching.	K 923	quality reviews. The results of the quality monitoring to be reviewed at the monthly Quality Assurance Performance Improvement (QAPI) meetings for review, analysis and further recommendations. 5. December 12, 2017 K363 1. The door to 203 now properly latches. It no longer takes excessive force to close and latch the corridor door to 236. 2. The Maintenance Director and or designee has reviewed additional resident room doors to ensure they properly latch and do not require excessive force to close and latch.	

**PART IV - FIRE SAFETY SURVEY REPORT
CRUCIAL DATA EXTRACT
(TO BE USED WITH CMS 2786 FORMS)**

C3140-001

Provider Number K1 495362	Facility Name Ashland Nursing and Rehab	Survey Date *K4 10-30-17
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K6 DATE OF PLAN APPROVAL 06/15/1988	K3 MULTIPLE CONSTRUCTION TOTAL NUMBER OF BUILDINGS <u>1</u> NUMBER OF THIS BUILDING <u>01</u>	<input checked="" type="checkbox"/> aA A. BUILDING B. WING C. FLOOR D. APARTMENT UNIT
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LSC FORM INDICATOR	COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING									
<table border="1"> <tr><th colspan="3">HEALTH CARE FORM</th></tr> <tr><td>12</td><td>2786R</td><td>2012 EXISTING</td></tr> <tr><td>13</td><td>2786R</td><td>2012 NEW</td></tr> </table>	HEALTH CARE FORM			12	2786R	2012 EXISTING	13	2786R	2012 NEW	SMALL (16 BEDS OR LESS) K8 <input type="checkbox"/> 1. PROMPT 2. SLOW 3. IMPRACTICAL
HEALTH CARE FORM										
12	2786R	2012 EXISTING								
13	2786R	2012 NEW								
<table border="1"> <tr><th colspan="3">AHCO FORM</th></tr> <tr><td>14</td><td>2786U</td><td>2012 EXISTING</td></tr> <tr><td>15</td><td>2786U</td><td>2012 NEW</td></tr> </table>	AHCO FORM			14	2786U	2012 EXISTING	15	2786U	2012 NEW	LARGE K8 <input type="checkbox"/> 4. PROMPT 5. SLOW 6. IMPRACTICAL
AHCO FORM										
14	2786U	2012 EXISTING								
15	2786U	2012 NEW								
<table border="1"> <tr><th colspan="3">ICF/IID FORM</th></tr> <tr><td>16</td><td>2786V, W, X</td><td>2012 EXISTING</td></tr> <tr><td>17</td><td>2786V, W, X</td><td>2012 NEW</td></tr> </table>	ICF/IID FORM			16	2786V, W, X	2012 EXISTING	17	2786V, W, X	2012 NEW	APARTMENT HOUSE K8 <input type="checkbox"/> 7. PROMPT 8. SLOW 9. IMPRACTICAL
ICF/IID FORM										
16	2786V, W, X	2012 EXISTING								
17	2786V, W, X	2012 NEW								
*K7 <input checked="" type="checkbox"/> 12 SELECT NUMBER OF FORM USED FROM ABOVE										

(Check if K321 or K351 are marked as not applicable in the 2786 M, R, T, U, V, W, X, and Y.)	COMPLETE IF ICF/IID IS SURVEYED UNDER CHAPTER 33, EXISTING
K321: <input type="checkbox"/> K351: <input type="checkbox"/>	ENTER E - SCORE K5: <input type="checkbox"/> e.g. 2.5

*K9 FACILITY MEETS LSC BASED ON (Check all that Apply)

A1. <input type="checkbox"/>	A2. <input checked="" type="checkbox"/>	A3. <input type="checkbox"/>	A4. <input type="checkbox"/>	A5. <input type="checkbox"/>
(COMP. WITH ALL PROVISIONS)	(ACCEPTABLE POC)	(WAIVERS)	(FSES)	(PERFORMANCE BASED DESIGN)

FACILITY DOES NOT MEET LSC	K0180						
B. <input type="checkbox"/>	<table> <tr> <td>A. <input type="checkbox"/></td> <td>B. <input type="checkbox"/></td> <td>C. <input type="checkbox"/></td> </tr> <tr> <td>FULLY SPRINKLERED (All required areas are sprinklered)</td> <td>PARTIALLY SPRINKLERED (Not all required areas are sprinklered)</td> <td>NONE (No sprinkler system)</td> </tr> </table>	A. <input type="checkbox"/>	B. <input type="checkbox"/>	C. <input type="checkbox"/>	FULLY SPRINKLERED (All required areas are sprinklered)	PARTIALLY SPRINKLERED (Not all required areas are sprinklered)	NONE (No sprinkler system)
A. <input type="checkbox"/>	B. <input type="checkbox"/>	C. <input type="checkbox"/>					
FULLY SPRINKLERED (All required areas are sprinklered)	PARTIALLY SPRINKLERED (Not all required areas are sprinklered)	NONE (No sprinkler system)					

*MANDATORY

C3140-001

**FIRE SAFETY SURVEY REPORT 2012 CODE – HEALTH CARE
Medicare – Medicaid**

1. (A) PROVIDER NUMBER 495362 K1
1. (B) MEDICAID I.D. NO. _____ K2

PART I — Life Safety Code, New and Existing
PART II — Health Care Facilities Code, New and Existing
PART III — Recommendation for Waiver
PART IV — Crucial Data Extract

OPTIONAL — Chapter 4 – NFPA 101A – Fire Safety Evaluation System for Health Care Occupancies – CMS-2786T

Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.

2. NAME OF FACILITY
Ashland Nursing and Rehab

2. (A) MULTIPLE CONSTRUCTION (BLDGs)
A. BUILDING 01
B. WING _____
C. FLOOR _____

2. (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE)
906 Thompson St
Ashland, VA 23005

A. Fully Sprinklered (All required areas are sprinklered)
B. Partially Sprinklered (Not all required areas are sprinklered)
C. None (No sprinkler system) K01B0

3. SURVEY FOR MEDICARE MEDICAID

4. DATE OF SURVEY 10-30-17 K3

DATE OF PLAN APPROVAL 06/15/1988 K6

5. 2012 EXISTING 2012 NEW K7

5. SURVEY FOR CERTIFICATION OF

1. HOSPITAL 2. SKILLED/NURSING FACILITY 4. ICF/ID UNDER HEALTH CARE 5. HOSPICE

IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BELOW

1. ENTIRE FACILITY 2. DISTINCT PART OF (SPECIFY) _____

3. IF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED?
a. YES b. NO

6. BED COMPOSITION

a. TOTAL NO. OF BEDS IN THE FACILITY 190

b. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICARE _____

c. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICARE 190

d. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAID 190

e. NUMBER OF NF or ICF/ID BEDS CERTIFIED FOR MEDICAID _____

7. A. THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)

1. COMPLIANCE WITH ALL PROVISIONS 2. ACCEPTANCE OF A PLAN OF CORRECTION 3. RECOMMENDED WAIVERS 4. FSES 5. PERFORMANCE BASED DESIGN

B. THE FACILITY DOES NOT MEET THE STANDARD

7. A. THE FACILITY MEETS THE STANDARD, BASED UPON (CHECK ALL APPROPRIATE BOXES)

1. COMPLIANCE WITH ALL PROVISIONS 2. ACCEPTANCE OF A PLAN OF CORRECTION 3. RECOMMENDED WAIVERS 4. FSES 5. PERFORMANCE BASED DESIGN

B. THE FACILITY DOES NOT MEET THE STANDARD

SURVEYOR (Signature) Calvin Dee Madsen TITLE Fire Marshal Supervisor OFFICE SFMO Central DATE 11-8-17

SURVEYOR ID 18163 K10

FIRE AUTHORITY OFFICIAL (Signature) _____ TITLE SFMO Central OFFICE SFMO Central DATE _____

CMS FORMS SHALL BE COMPLETED AND RETAINED AS PART OF THE SURVEY RECORD.