

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

W-2931-001

Printed: 05/11/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495336	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/10/2017
NAME OF PROVIDER OR SUPPLIER AUGUSTA NURSING & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 83 CROSSROADS LANE FISHERSVILLE, VA 22939		
(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 Surveyor: 34730 Construction Type: V(111) Description of structure: The facility is a single story wood frame structure with a brick veneer exterior Sprinkler status: Fully sprinklered with quick response heads. An unannounced recertification Life Safety Code survey was conducted 05/10/2017 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 in 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	Preparation and/or execution of this plan does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.	
K 161 SS=F	NFPA 101 Building Construction Type and Height Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story	K 161	K 161 NFPA 101 Building Construction Type and Height 1. The penetration above the drop ceiling in the smoke barrier located at the Main corridor smoke doors was repaired on 05/11/17. The penetration above the drop ceiling in the smoke barrier located at the Break room corridor was repaired on 05/11/17. 2. The Maintenance Director/designee to examine smoke barriers in the facility for penetrations. 3. Maintenance Director has been educated	05/11/17

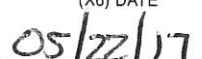
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



 EXECUTIVE DIRECTOR

 05/22/17

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 161	<p>Continued From page 1</p> <p>non-sprinklered Maximum 3 stories sprinklered</p> <p>3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain building construction. This has the ability to affect all occupants of the building.</p> <p>Findings include:</p> <p>On 5-10-17 at approximately 1:31 PM it was observed through observation and inspection that there is an unprotected penetration in the smoke barrier wall above the drop ceiling in the Main corridor smoke doors.</p> <p>On 5-10-17 at approximately 208 it was observed</p>	K 161	<p>on the importance of compliance pertaining to smoke barrier wall penetrations specific to NFPA 101 Building Construction Type and Height, specific to unprotected penetrations in smoke barrier walls. The Maintenance Director will continue to monitor for penetrations after any work project that may require penetrating smoke barrier walls.</p> <p>4. Any findings will be reported to the monthly QAPI Committee, and monitored for continued compliance.</p> <p>5. Date of Compliance: 05/11/17</p>	

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K 161	Continued From page 2 through observation and inspection that there is an unprotected penetration in the smoke barrier wall above the drop ceiling at the Brake Room smoke doors. The Facility Administrator and Maintenance witnessed this evidence by observation and interview.	K 161			
K 222 SS=F	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 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. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 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	K 222	K 222 NFPA Egress Doors 1. Signs ordered 05/19/17, that have the appropriate verbiage as outlined in the standard, and will be placed on exit doors with delayed egress locking arrangements. 2. The Maintenance Director/designee to identify all exit doors that require the signage and install the signs on the exit doors. 3. The Maintenance Director/designee to inspect exit doors for sign placement weekly for 3 months. Maintenance Director has been educated on the importance of NFPA 101 Egress Doors, specific to door signage. 4. Any findings will be reported to the monthly QAPI Committee, and monitored for continued compliance. 5. Date of Compliance: 06/19/17		06/19/17

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K 222	<p>Continued From page 3</p> <p>doors upon activation.</p> <p>18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS</p> <p>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 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</p> <p>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 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</p> <p>Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system.</p> <p>18.2.2.2.4, 19.2.2.2.4 This Standard is not met as evidenced by: Surveyor: 34730</p> <p>Based on observation and inspection the facility failed to maintain egress doors. This has the ability to affect all occupants of the building.</p> <p>Findings include:</p> <p>On 5-10-17 at various times during the inspection it was observed through observation and inspection that all the exit doors that have delayed egress locking arrangements do not have a readily visible, durable sign containing</p>	K 222			

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K 222	Continued From page 4 letter not less than 1 inch high and not less than 1/8th inch in width on contrasting background that reads" PUSH UNTIL ALARM SOUNDS DOOR CAN BE OPENED IN 15 SECONDS.	K 222			
K 223 SS=E	<p>The Facility Administrator and Maintenance witnessed this evidence by observation and inspection.</p> <p>NFPA 101 Doors with Self-Closing Devices</p> <p>Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:</p> <ul style="list-style-type: none"> * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. <p>18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain smoke doors. This has the ability to affect occupants in the smoke compartment.</p> <p>Findings include:</p> <p>On 5-10-17 at approximately 1:37 PM it was observed through observation and inspection that the corridor door to the Activities Office is not being maintained self closing.</p> <p>The Facility Administrator and Maintenance</p>	K 223	<p>K 223 NFPA 101 Doors with Self-Closing Devices</p> <ol style="list-style-type: none"> 1. A new door closure was ordered on 05/19/17, and will be installed on the corridor door to the Activities Office. 2. The Maintenance Director/designee to inspect additional doors with self-closing devices. 3. Maintenance Director has been educated on the importance of NFPA 101 Doors with Self-Closing Devices, specific to doors and self-closing devices. The Maintenance Director/designee to inspect doors with closures monthly for 3 months. 4. Any findings will be reported to the monthly QAPI Committee, and monitored for continued compliance. 5. Date of Compliance: 06/19/17 	06/19/17	

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K 223	Continued From page 5 witnessed this evidence by observation and interview.	K 223		
K 291 SS=D	NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain emergency lighting. This has the ability to affect occupants in the area. Findings include: On 5-10-17 at approximately 4:42 PM it was observed through observation and inspection that the emergency light in the Electrical Room is not being maintained for operation. When tested it did not illuminate. The Facility Administrator and Maintenance witnessed this evidence by observation and interview.	K 291	K 291 NFPA 101 Emergency Lighting 1. A new battery for the emergency light in the Electrical Room was installed on 05/17/2016. 2. The facility Maintenance Director will inspect additional Emergency lights for proper operation. 3. The Maintenance Director/designee to test emergency lighting monthly in accordance with NFPA standards. Maintenance Director has been educated on the requirements of NFPA 101 Emergency Lighting, specific to emergency lighting. 4. Any findings will be reported to the monthly QAPI Committee, and monitored for continued compliance. 5. Date of Compliance: 06/19/17	06/19/17
K 300 SS=F	NFPA 101 Protection - Other Protection - Other List in the REMARKS section any LSC Section 18.3 and 19.3 Protection 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. This Standard is not met as evidenced by: Surveyor: 34730	K 300	K 300 NFPA 101 Protection – Other 1. The required annual fire door assessment will be conducted. 2. Fire doors throughout the building will be checked in accordance to the required annual fire door assessment. 3. The Maintenance Director has been educated on the requirements of NFPA 101 Protection – Other, specific to fire- rated door assemblies being tested annually in accordance with NFPA standards.	06/19/17

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K 300	Continued From page 6 Based on observation and inspection the facility failed to maintain fire doors . This has the ability to affect occupants of a single smoke compartment. Findings include: On 5-10-17 during the records review it was observed through observation and inspection that documentation could not be provided to show all fire-rated door assemblies were surveyed and tested within the past 12 months by individuals with knowledge and understanding of the operating components of the type of door being subject to testing (NFPA 80, 2010 edition, 5.2.3.1). The Facility Administrator and Maintenance witnessed this evidence by observation and interview.	K 300	4. Any findings will be reported to the monthly QAPI Committee, and monitored for continued compliance. 5. Date of Compliance: 06/19/17		
K 325 SS=F	NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR) Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: * Corridor is at least 6 feet wide * Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols * Dispensers shall have a minimum of 4-foot horizontal spacing * Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room * Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 * Dispensers are not installed within 1 inch of an	K 325	K 325 NFPA 101 Alcohol Based Hand Rub Dispenser 1. The two automatic ABHR dispensers were removed by the facility Maintenance Director on 05/15/17. 2. The Maintenance Director to inspect the facility for any additional automatic ABHR dispensers. 3. Maintenance Director has been educated on the requirements of NFPA 101 Alcohol Based Hand Rub Dispenser, specific to automatic ABHR dispensers. 4. Any findings will be reported to the monthly QAPI Committee, and monitored for continued compliance.	05/15/17	

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K 325	Continued From page 7 ignition source * Dispensers over carpeted floors are in sprinklered smoke compartments * ABHR does not exceed 95 percent alcohol * Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11) * ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485 This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain Alcohol Based Hand Rub Dispensers (ABHR) . This has the ability to affect all occupants of the building. Findings include: On 5-10-17 during the records review it was observed through observation and inspection that documentation could not be provided to show that the automatic ABHR dispensers are being tested as required. The Facility Administrator and Maintenance witnessed this evidence by observation and interview.	K 325	5. Date of Compliance: 05/15/17		
K 345 SS=F	NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25	K 345	K 345 NFPA 101 Fire Alarm System – Testing and Maintenance 1. The deficiencies reported by FLSA will be corrected by FLSA. 2. The Maintenance Director will review reports from FLSA for additional deficiencies. 3. Maintenance Director has been educated on the importance of having reported	06/19/17	

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K 345	Continued From page 8 This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain the fire alarm system . This has the ability to affect all occupants of the building. Findings include: On 5-10-17 during the records review it was observed through observation and inspection that documentation could not be provided to show that the deficiencies reported by FLSA on 11-14-16 have been corrected. The Facility Administrator and Maintenance witnessed this evidence by observation and interview.	K 345	deficiencies corrected by the vendor in a timely manner. The Maintenance Director will continue to monitor reports from FLSA pertaining to NFPA 101 Fire Alarm Systems, specific to testing and maintenance, to ensure compliance. 4. Results to Any findings will be reported to the monthly QAPI Committee on a basis and monitored for continued compliance. 5. Date of Compliance: 06/19/17		
K 353 SS=F	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	K 353	K 353 NFPA 101 NFPA 101 Sprinkler System – Maintenance and Testing 1. The escutcheon ring in the kitchen dry storage was tightened by the Maintenance Director. The wires will be removed from the sprinkler piping as noted by the surveyor. 2. The Maintenance Director will inspect the building to identify any additional areas for properly installed escutcheon rings and wires supported from the sprinkler piping. 3. Maintenance Director has been educated on the importance of NFPA 101 Sprinkler System - Maintenance and Testing,	06/19/17	

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K 353	Continued From page 9 system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain the sprinkler system . This has the ability to affect all occupants of the building. Findings include: On 5-10-17 at approximately 2:13 PM it was observed through observation and inspection that the escutcheon ring in the Kitchen dry storage room is not tight against the ceiling. On 5-10-17 at various times it was observed through observation and inspection that there are wires suspended from sprinkler piping and hangers throughout the building. The Facility Administrator and Maintenance witnessed this evidence by observation and interview.	K 353	specific to maintenance and testing. The Maintenance Director will continue to monitor in accordance to the NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee, and monitored for continued compliance. 5. Date of Compliance: 06/19/17	
K 711 SS=F	NFPA 101 Evacuation and Relocation Plan Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This Standard is not met as evidenced by:	K 711	K 711 NFPA 101 Evacuation and Relocation Plan 1. The Evacuation and Relocation Plan has been updated. 2. Additional Evacuation and Relocation Plans have been updated accordingly. 3. The Executive Director and Maintenance Director have been educated on the importance of NFPA 101 Evacuation and Relocation Plan. The Maintenance Director/ designee will review the Evacuation and Relocation Plan annually in accordance with NFPA standards.	05/15/17

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495336	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/10/2017
NAME OF PROVIDER OR SUPPLIER AUGUSTA NURSING & REHAB CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 83 CROSSROADS LANE FISHERSVILLE, VA 22939		
(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 711	Continued From page 10 Surveyor: 34730 Based on observation and inspection the facility failed to maintain the Evacuation and Relocation Plan . This has the ability to affect all occupants of the building. Findings include: On 5-10-17 at approximately 1:42 PM it was observed through observation and inspection that the Evacuation and Relocation Plan located at Nursing station is not being updated as required.	K 711	4. Any findings will be reported to the monthly QAPI Committee and monitored for continued compliance. 5. Date of Compliance: 05/15/17		
K 741 SS=F	NFPA 101 Smoking Regulations Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.	K 741	K 741 NFPA 101 Smoking Regulations 1. The Courtyard smoking area and designated employee smoking area were cleared of discarded cigarettes. 2. These are the only two approved smoking areas for the facility. 3. Employees have been re-educated, by the facility Executive Director as to the importance of properly disposing discarded cigarettes in accordance with NFPA 101 Smoking Regulations. The smoking area will be observed monthly to ensure compliance. 4. Any findings will be reported to the monthly QAPI Committee, and monitored for continued compliance. 5. Date of compliance: 06/19/17	06/19/17	

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K 741	Continued From page 11 (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4 This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain smoking regulations. This has the ability to affect all occupants of the building. Findings include: On 5-10-17 at approximately 1:23 PM it was observed through observation and inspection that there are discarded cigarettes on the ground in the designated Courtyard smoking area. The Facility has provided approved receptacles for disposal of cigarettes. On 5-10-17 at approximately 2:40 PM it was observed through observation and inspection that there are discarded cigarettes on the ground in the designated employee smoking area. The Facility has provided approved receptacles for disposal of cigarettes. The Facility Administrator and Maintenance witnessed this evidence by observation and interview.	K 741			
K 781 SS=D	NFPA 101 Portable Space Heaters Portable Space Heaters Portable space heating devices shall be prohibited in all health care occupancies, except, unless used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 18.7.8, 19.7.8	K 781	K 781 NFPA 101 Portable Space Heaters 1. The portable space heater in the Business Office was removed by the facility Maintenance Director. 2. The Maintenance Director reviewed the facility for any other portable space	05/15/17	

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K 781	Continued From page 12 This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain portable space heaters. This has the ability to affect occupants of a single smoke compartment. Findings include: On 5-10-17 at approximately 1:11 PM it was observed through observation and inspection that there is a portable space heater in the Business Office that is in operation within 3 feet of combustible material. The Facility Administrator and Maintenance witnessed this evidence by observation and interview.	K 781	heaters. 3. The Maintenance Director was educated on the importance of NFPA 101 – Portable Space Heaters. The Maintenance Director will continue to monitor the Business Office for portable space heaters to ensure compliance. 4. Any findings will be reported to the monthly QAPI Committee, and monitored for continued compliance. 5. Date of Compliance: 05/15/17	
K 901 SS=F	NFPA 101 Fundamentals - Building System Categories Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99) This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to provide a formal and documented Risk Assessment . This has the ability to affect occupants of a single smoke compartment. Findings include:	K 901	K 901 NFPA 101 Fundamentals – Building System Categories 1. The NFPA 99 Risk assessment has been completed. 2. The Risk Assessment has been completed in accordance with NFPA 99. 3. The Maintenance Director was educated on the importance of compliance with NFPA 101 Fundamentals, specific to building system categories. The Risk Assessment Committee will review the Risk Assessment annually in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee, and monitored for continued compliance.	06/19/17

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K 901	Continued From page 13	K 901	5. Date of Compliance: 06/19/17		
K 915 SS=F	<p>On 5-10-17 during the record review it was observed through observation and inspection that documentation could not be provided to show a formal and documented Risk Assessment procedure for building systems in accordance with Chapter 4 of NFPA 99.</p> <p>The Facility Administrator and Maintenance witnessed this evidence by observation and interview.</p> <p>NFPA 101 Electrical Systems - Essential Electric System</p> <p>Electrical Systems - Essential Electric System Categories</p> <p>*Critical care rooms (Category 1) in which electrical system failure is likely to cause major injury or death of patients, including all rooms where electric life support equipment is required, are served by a Type 1 EES.</p> <p>*General care rooms (Category 2) in which electrical system failure is likely to cause minor injury to patients (Category 2) are served by a Type 1 or Type 2 EES.</p> <p>*Basic care rooms (Category 3) in which electrical system failure is not likely to cause injury to patients and rooms other than patient care rooms are not required to be served by an EES. Type 3 EES life safety branch has an alternate source of power that will be effective for 1-1/2 hours.</p> <p>3.3.138, 6.3.2.2.10, 6.6.2.2.2, 6.6.3.1.1 (NFPA 99), TIA 12-3</p> <p>This Standard is not met as evidenced by: Surveyor: 34730</p> <p>Based on observation and inspection the facility failed to provide Essential Electric System Categories. This has the ability to affect occupants of a single smoke compartment.</p>	K 915	<p>K 915 NFPA 101 Electrical Systems – Essential Electric System</p> <ol style="list-style-type: none"> The NFPA 99 Risk assessment has been completed. The Risk Assessment has been completed in accordance with NFPA 99. The Maintenance Director was educated on the importance of compliance with NFPA 101 Electrical Systems, specific to essential electrical system. The Risk Assessment Committee will review the risk assessment annually in accordance with NFPA standards. Any findings will be reported to the monthly QAPI Committee, and monitored for continued compliance. Date of Compliance: 06/19/17 	06/19/17	

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K 915	Continued From page 14 Findings include: On 5-10-17 during the record review it was observed through observation and inspection that documentation could not be provided to show EES categories in accordance with Chapter 6 of NFPA 99. The Facility Administrator and Maintenance witnessed this evidence by observation and interview.	K 915			
K 918 SS=F	NFPA 101 Electrical Systems - Essential Electric System Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and	K 918	K 918 NFPA 101 Electrical System – Essential Electric System 1. The facility Maintenance Director contacted a qualified electrician to conduct and document an inspection and exercise components of the Main and feeder circuit components. 2. The electrical contractor will inspect the Main and feeder circuit and provide documentation for a program periodically exercising the components. 3. The facility Maintenance Director has been educated to the importance of NFPA 101 Electrical System, specific to essential electric systems. Main and feeder breaker system will be tested annually in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee, and monitored for continued	06/22/17	

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K 918	Continued From page 15 readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This Standard is not met as evidenced by: Surveyor: 34730 Based on observation and inspection the facility failed to maintain the electrical system. This has the ability to affect occupants of a single smoke compartment. Findings include: On 5-10-17 during the record review it was observed through observation and inspection that documentation could not be provided to show that the Main and feeder circuit are being inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements The Facility Administrator and Maintenance witnessed this evidence by observation and interview.	K 918	compliance. 5. Date of Compliance: 06/22/17	
K 921 SS=F	NFPA 101 Electrical Equipment - Testing and Maintenance Electrical Equipment - Testing and Maintenance Requirements 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	K 921	K 921 NFPA 101 Electrical Equipment – Testing and Maintenance 1. A qualified vendor was contacted to perform PCREE testing. 2. The Maintenance Director identified electrical equipment for annual PCREE testing 3. The Maintenance Director was educated on the importance of NFPA 101 Electrical Equipment, specific to testing and maintenance.	06/22/17

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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: Surveyor: 34730 Based on observation and inspection the facility failed to maintain patient-care related electrical equipment (PCREE) . This has the ability to affect occupants of a single smoke compartment. Findings include: On 5-10-17 during the record review it was observed through observation and inspection that documentation could not be provided to show that the PCREE is being tested as required. The Facility Administrator and Maintenance witnessed this evidence by observation and interview.	K 921	PCREE testing will be conducted annually in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee, and monitored for continued compliance. 5. Date of Compliance: 06/22/17	
K 923 SS=F	NFPA 101 Gas Equipment - Cylinder and Container Storag	K 923	K 923 NFPA 101 Gas Equipment – Cylinder	06/19/17

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K 923	<p>Continued From page 17</p> <p>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 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: Surveyor: 34730 Based on observation and inspection the facility failed to provide proper signage for oxygen</p>	K 923	<p>and Container Storage</p> <ol style="list-style-type: none"> 1. A sign containing the minimum wording, "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." was ordered on 05/19/17. 2. The sign will be affixed to the oxygen storage area. 3. The Maintenance Director will be educated on the importance of NFPA 101 Gas Equipment, specific to cylinder and container storage. The oxygen storage area will be monitored monthly for 3 months to insure compliance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee, and monitored for continued compliance. 5. Date of Compliance: 06/19/17 		

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K 923	<p>Continued From page 18 storage. This has the ability to affect occupants of a single smoke compartment.</p> <p>Findings include:</p> <p>On 5-10-17 at approximately 2:22 PM it was observed through observation and inspection that the sign on the oxygen storage area does not contain the minimum wording of "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>The Facility Administrator and Maintenance witnessed this evidence by observation and interview.</p>	K 923			