

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

Printed: 07/18/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495315	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/06/2017
NAME OF PROVIDER OR SUPPLIER CONSULATE HEALTH CARE OF WOODSTOCK		STREET ADDRESS, CITY, STATE, ZIP CODE 803 SOUTH MAIN ST WOODSTOCK, VA 22664		
(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: 35701 The Facility is a single story dually certified facility. The Facility is Type V (111) construction and is fully sprinklered. An unannounced recertification Life Safety Code survey was conducted on 07/06/2017 in accordance with 42 Code of Federal Regulations, Part 483.150 and 410 to 480: Requirements for Long Term Care Facilities. The Facility was surveyed for compliance using the LSC 2012 Existing Regulations. The Facility was found not to be in compliance with the Requirements for Participation for Medicare and Medicaid. The Findings that follow demonstrate non-compliance with title 42 Code of Regulations, Part 483.150 and 410 to 480 (Life safety from Fire).	K 000		
K 161 SS=E	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 non-sprinklered Maximum 3 stories sprinklered	K 161	K161 1. Penetrations above fire doors near room 223 were repaired on 7/21/2017. Penetrations above ceiling and above smoke door near room 218 were repaired on 7/21/2017. Penetrations near the short hall entrance in conduit and around gray and red wiring near electrical outlet were repaired on 7/21/2017. Penetrations near nurses station on short hall around sprinkler pipe and cluster of grey cables was repaired on 7/21/2017. Penetrations on the short hall near nurses station around sprinkler pipe and cluster of grey cables were repaired on 7/21/2017. The smoke doors near the MDS office penetrations above ceiling, conduit opening and cluster of blue cables were repaired on 7/21/2017. smoke doors near room 321 penetrations above ceiling around sprinkler pipe and conduit opening were repaired on 7/21/2017. Smoke doors near room 312 in the attic along smoke barrier wall at the 4 inch conduit opening were all sealed with fire rated caulking and dry wall on 7/21/2017. The ceiling radiant dampers were inspected on 7/24/2017.	

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

TITLE

(X6) DATE

Anthony J. Lee

Executive Director

7-27-17

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>3 II (000) Not allowed non-sprinklered</p> <p>4 III (211) Maximum 2 stories sprinklered</p> <p>5 IV (2HH)</p> <p>6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>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: 35701 Based on observation and interview, the facility failed to maintain the construction requirements for type V (111) construction. This has the potential to affect all residents.</p> <p>The Findings Include:</p> <p>It was observed on 07/06/2017 at 12:25 PM, penetrations above ceiling and above the fire doors near room 223 was not sealed around the IT cables in the 2 hour smoke barrier.</p> <p>It was observed on 07/06/2017 at 12:46 PM, penetrations above ceiling and above the smoke doors near room 218 was not sealed.</p> <p>It was observed on 07/06/2017 at 1:16 PM,</p>	K 161	<p>2. The Maintenance Director/designee will review additional smoke barriers for penetrations. The Maintenance Director will review additional ceiling radiant dampers for integrity.</p> <p>3. Maintenance director was educated on NFPA 101 building construction type and height and on Radiant dampers on 7/26/17. The Maintenance Director will continue to monitor for penetrations and radiant dampers in accordance with NFPA standards.</p> <p>4. Any findings will be reported to the monthly QAPI committee, and monitored for continued compliance.</p> <p>5. Date of Compliance 8/10/2017.</p>	

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K 161	<p>Continued From page 2</p> <p>penetrations above ceiling and above the smoke doors to the short hall entrance was not sealed at the conduit opening, around the gray and red wiring and near the electrical outlet. Penetrations above ceiling and above the nurses station near the short hall was not sealed sealed around the sprinkler pipe and cluster of gray cables.</p> <p>It was observed on 07/06/2017 at 1:32 PM, penetrations above ceiling and and smoke doors near the MDS office was not sealed at the conduit opening with a cluster of blue cables.</p> <p>It was observed on 07/06/2017 at 1:48 PM, penetrations above ceiling and smoke doors near room 321 was not sealed around the sprinkler pipe and conduit opening.</p> <p>It was observed on 07/06/2017 at 1:53 PM, penetrations above ceiling and above the smoke doors near room 312 in the attic along the smoke barrier wall was not sealed at the 4 inch conduit opening.</p> <p>An observation on 07/06/2017 at approximately 1:00 PM revealed the facility is equipped with ceiling radiant dampers located in the ducts of the HVAC system. An interview with the maintenance supervisor at approximately 1:02 PM revealed the ceiling radiant dampers was not inspected and tested in accordance with NFPA 80.</p> <p>NFPA 80 2010 19.4* Periodic Inspection and Testing. 19.4.1 Each damper shall be tested and inspected 1 year after installation. 19.4.1.1 The test and inspection frequency shall</p>	K 161		

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K 161	Continued From page 3 then be every 4 years, except in hospitals, where the frequency shall be every 6 years. 19.4.2 All tests shall be completed in a safe manner by personnel wearing personal protective equipment. 19.4.3 Full unobstructed access to the fire or combination fire/ smoke damper shall be verified and corrected as required. 19.4.4 If the damper is equipped with a fusible link, the link shall be removed for testing to ensure full closure and lock-in-place if so equipped. 19.4.5 The operational test of the damper shall verify that there is no damper interference due to rusted, bent, misaligned, or damaged frame or blades, or defective hinges or other moving parts. 19.4.6 The damper frame shall not be penetrated by any foreign objects that would affect fire damper operations. 19.4.7 The damper shall not be blocked from closure in any way. 19.4.8 The fusible link shall be reinstalled after testing is complete. 19.4.8.1 If the link is damaged or painted, it shall be replaced with a link of the same size, temperature, and load rating. 19.4.9 All inspections and testing shall be documented, indicating the location of the fire damper or combination fire/ smoke damper, date of inspection, name of	K 161			

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K 161	Continued From page 4 inspector, and deficiencies discovered. 19.4.9.1 The documentation shall have a space to indicate when and how the deficiencies were corrected. 19.4.10 All documentation shall be maintained and made available for review by the AHJ.	K 161	K211 Fan was immediately removed from egress exit near 336. 2. Maintenance Director/designee will review areas of egress to ensure areas of egress are not blocked. 3. Nursing staff were educated on not obstructing means of egress on 7/26/17. Maintenance Director will continue to monitor areas of egress in accordance to NFPA standards. 4 Any findings will be reported to the monthly QAPI committee, and monitored for continued compliance. 5. Date of compliance 7/26/2017.	
K 211 SS=D	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: Surveyor: 35701 Based on observation, the facility failed to maintain the means of egress. This has the potential to affect one smoke compartment. The Findings Include: It was observed on 07/06/2017 at 1:40 PM, the exit near room 336 was obstructed by a floor fan.	K 211		
K 321 SS=D	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	K 321		

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K 321	Continued From page 5 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 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) This Standard is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain hazardous areas. This has the potential to affect one smoke compartment. The Findings include: It was observed on 07/06/2017 at 12:52 PM, unsealed penetrations in the upper right corner of the ceiling in the soiled utility room near 218.	K 321	K321 1.The upper right corner ceiling in the soiled utility room near room 218 was repaired on 7/27/2017. 2. The Maintenance Director/designee will review additional utility rooms for ceiling Integrity. 3. Maintenance director was educated on NFPA 101 hazardous areas- enclosure on 7/26/2017. The Maintenance Director will continue to monitor Utility room ceilings for Integrity 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 7/28/2017.	
K 341 SS=D	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,	K 341		

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K 341	Continued From page 6 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: Surveyor: 35701 Based on observation, the facility failed to install the fire alarm system in accordance with NFPA 72. This has the potential to affect one smoke compartment. The Findings include: It was observed on 07/06/2017 at 1:35 PM, a smoke detector was installed with 3 feet of an HVAC vent in the soiled utility room located in the Rosewood hall.	K 341	K341 1. The smoke detector in the soiled utility room located on rosewood hall was moved on 7/27/17 to have 3 foot clearance of HVAC vent. 2. Maintenance director/designee will review other smoke detectors locations to ensure other smoke detectors are not within 3 feet of HVAC vent. 3. Maintenance Director was educated on NFPA 101 Fire alarm system – Installation On 7/26/17. The maintenance director will continue to monitor smoke detectors in compliance with NFPA standards. 4. Any findings will be reported to the monthly QAPI committee, and monitored for continued compliance. 5. Date of compliance 7/26/2017.		
K 353 SS=E	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 _____	K 353			

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K 353	Continued From page 7 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: Surveyor: 35701 Based on record review and observation, the facility failed to maintain the sprinkler system. This has the potential to affect all residents. The Findings include: A record review of the annual sprinkler inspection and testing report on 07/06/2017 at 11:00 AM revealed the annual inspection conducted on 07/28/2016 was noted with deficiencies. The review of records revealed gauges, piping, air compressor, control valves and the dry pipe valve failed the inspection on the dry system. Gauges, FDC sign, piping, check valves of the wet system also failed. Quarterly inspections conducted on the sprinkler system on 11/11/2016 and 02/07/2017 revealed the same deficiencies. It was observed on 07/06/2017 at 1:35 PM, a sprinkler head located in room 341 was loaded with dust. It was observed on 07/06/2017 at 1:40 PM, a sprinkler head located in room 329 was loaded with dust. It was observed on 07/06/2017 at 1:45 PM, a sprinkler head located in room 323 was loaded with dust.	K 353	K353 1. Dry sprinkler system gauges, piping, air compressor, control valves, dry pipe valve on dry system have been contracted with FLSA for repair, and will be completed by 8/10/2017. The gauges, FDC sign, Piping, check valves of the wet sprinkler system have been contracted with FLSA for repair, and will be completed by 8/10/17. The sprinkler heads located in room 341,329,323 were cleaned on 7/20/2017. 2. Maintenance director will review additional gauges, piping, air compressor, control valves, FDC sign of the wet and dry system and cleanliness of sprinkler heads. 3. The maintenance director was educated on NFPA 101 Sprinkler system – maintenance and testing on 7/26/17. The		
K 363 SS=D	NFPA 101 Corridor - Doors Corridor - Doors	K 363			

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K 363	<p>Continued From page 8</p> <p>2012 EXISTING</p> <p>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</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This Standard is not met as evidenced by: Surveyor: 35701</p> <p>Based on observation, the facility failed to maintain corridor doors. This has the potential to affect two smoke compartments.</p> <p>The Findings include:</p>	K 363	<p>maintenance director/designee will continue to monitor wet and dry sprinkler systems in accordance of the NFPA standards.</p> <p>4. Any findings will be reported to the monthly QAPI committee, and monitored for continued compliance.</p> <p>5. Date of compliance 8/10/2017.</p> <p>K363</p> <p>1. The smoke doors near the MDS office were repaired to have complete closure on 7/27/2017.</p> <p>2. Maintenance director/designee will review additional smoke doors to ensure appropriate closure.</p> <p>3. The maintenance director and his helper were educated on NFPA 101</p>		

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K 363	Continued From page 9	K 363		
K 511 SS=D	<p>It was observed on 07/06/2017 at 1:32 PM, the smoke doors located near the MDS office was not completely closing.</p> <p>NFPA 101 Utilities - Gas and Electric</p> <p>Utilities - Gas and Electric</p> <p>Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life.</p> <p>18.5.t.t, 19.5.t.t, 9.t.t, 9.t.2</p> <p>This Standard is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain electrical equipment rooms. This has the potential to affect one smoke compartment.</p> <p>The Findings include:</p> <p>It was observed on 07/06/2017 at 12:56 PM, the electrical room located in the recreational room was equipped with a 600 amp panel and two 120 amp panels. The electrical room was not identified with approved signs.</p>	K 511	<p>corridor doors. The maintenance director will continue to monitor for smoke door closures in accordance with NFPA standards.</p> <p>4. Any findings will be reported to the monthly QAPI committee, and monitored for continued compliance.</p> <p>5. Date of compliance 8/01/2017.</p> <p>K511</p> <p>1. New signage for electrical room off recreation room was ordered on 7/24/2017.</p> <p>2. Maintenance director will review additional areas with electrical panels for appropriate signage.</p> <p>3. The maintenance director was educated on NFPA 101 gas and electric. Maintenance director will continue to monitor for appropriate signage of electrical rooms in accordance with NFPA standards.</p>	
K 711 SS=D	<p>NFPA 101 Evacuation and Relocation Plan</p> <p>Evacuation and Relocation Plan</p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency.</p> <p>Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with</p>	K 711		

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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 711	Continued From page 10 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: Surveyor: 35701. Based on record review, the facility failed to maintain the evacuation and relocation plan. This has the potential to affect all residents. The Findings include: It was observed on 07/06/2017 at 2:38 PM, the evacuation plans was not current and did not reflect current staff information. Horizontal exiting, dialing 911, activating the pull station and identifying an exterior assembly point was not included in the plan.	K 711	4. Any findings will be reported to the monthly QAPI committee, and monitored for continued compliance. 5. Date of compliance 8/10/2017.		
K 901 SS=D	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: 35701 Based on record review and interview, the facility failed to complete a risk assessment. This has the potential to affect all residents.	K 901	K 711 1. The evacuation plan was updated to reflect current personnel on 7/27/2017. Horizontal exiting, Dialing 911, activating the pull station, and identifying an exterior assembly point were added to the evacuation plan on 7/27/2017. 2. The maintenance director will review additional disaster preparedness manuals for accuracy. 3. The maintenance director and nursing personnel were educated on NFPA 101 evacuation and relocation plan on 7/26/2017. The maintenance director will		

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K 901	Continued From page 11 The Findings include: A record review on 07/06/2017 at 10:45 AM revealed the risk assessment in accordance with NFPA 99 2012 edition was not complete. An interview with the Administrator confirmed the risk assessment was not complete.	K 901	continue to monitor manuals accuracy in accordance with NFPA standards.	
K 902 SS=D	NFPA 101 Gas and Vacuum Piped Systems - Other Gas and Vacuum Piped Systems - Other List in the REMARKS section any NFPA 99 Chapter 5 Gas and Vacuum 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 5 (NFPA 99) This Standard is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to properly store oxygen cylinders in accordance with NFPA 99 2012 edition. The Findings include: It was observed on 07/06/2017 at 1:11 PM, 14 E cylinders of oxygen was stored in the oxygen storage room in the nourishment kitchen. Electrical switches was observed installed below 5 feet from the surface of the floor without physical protection. NFPA 99 2012 edition: 5.1.3.3.2* Design and Construction. Locations for central supply systems and the storage of positive-pressure gases shall	K 902	4. Any findings will be reported to the monthly QAPI committee, and monitored for continued compliance. 5. Date of Compliance 8/01/2017. K901 1. On 7/06/2017 a risk assessment was completed. 2. No additional quality review was needed as this is the only required assessment. 3. On 7/26/2017 the maintenance director was educated on NFPA 101	

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K 902	Continued From page 12 meet the following requirements: (1) They shall be constructed with access to move cylinders, equipment, and so forth, in and out of the location on hand trucks complying with 11.4.3.1.1. (2) They shall be secured with lockable doors or gates or otherwise secured. (3) If outdoors, they shall be provided with an enclosure (wall or fencing) constructed of noncombustible materials with a minimum of two entry/exits. (4) If indoors, they shall be constructed and use interior finishes of noncombustible or limited-combustible materials such that all walls, floors, ceilings, and doors are of a minimum 1-hour fire resistance rating. (5)*They shall be compliant with NFPA 70, National Electrical Code, for ordinary locations. (6) They shall be heated by indirect means (e.g., steam, hot water) if heat is required. (7) They shall be provided with racks, chains, or other fastenings to secure all cylinders from falling, whether connected, unconnected, full, or empty. (8)*They shall be supplied with electrical power compliant with the requirements for essential electrical systems as described in Chapter 6. (9) They shall have racks, shelves, and supports, where provided, constructed of noncombustible materials or	K 902	<p>fundamentals – building system. The Maintenance director will continue to monitor risk assessment In accordance with NFPA standards.</p> <p>4. Any findings will be reported to the monthly QAPI committee, and monitored for continued compliance.</p> <p>5. Date of compliance 7/27/2017.</p> <p>K902</p> <p>1. The oxygen stored in the kitchenette unit was removed on 7/6/17.</p> <p>2. The maintenance director/designee will review additional oxygen storage areas for compliance.</p> <p>3. Maintenance and nursing were educated on NFPA 101 gas and Vacuum piped systems on 7/26/2017. The</p>		

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K 920	<p>Continued From page 14</p> <p>smoke doors near room 218 was connected to a monitoring device.</p> <p>It was observed on 07/06/2017 at 2:00 PM, a powerstrip not listed for use in patient care areas located in the physical therapy room was connected to monitoring equipment along the left side of the room.</p> <p>It was observed on 07/06/2017 at 12:52 PM, an unfused multiplug was connected to an electrical outlet located in the soiled utility room near room 218 along the door wall.</p>	K 920	<ol style="list-style-type: none"> 2. On 7/06/2017 the maintenance director conducted a walk through of facility looking for additional extension cords, power strips not for patient areas, and unfused multi-plugs. 3. The maintenance staff and nursing personnel were educated on 7/26/2017 of the NFPA 101 electrical equipment power cords and extensions. The Maintenance Director will continue to monitor for extension cords, power strips, and unfused multi-plugs 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 7/27/2017. 		8-10-17