

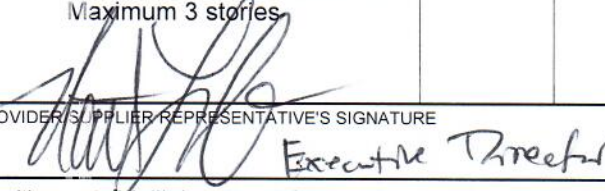
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/23/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495151	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2018
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NAME OF PROVIDER OR SUPPLIER ADVANTE AT LYNCHBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 2081 LANGHORNE ROAD LYNCHBURG, VA 24501
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 25557</p> <p>Description of Structure: This is a 1 story structure with a partial basement. Residents use the first floor only.</p> <p>Construction Type: II (000)</p> <p>Sprinkler status: Fully Sprinklered</p> <p>An unannounced recertification Life Safety Code survey was conducted 03/15/2018 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.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p>	K 000	<p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of Health & Safety Code Section 1280 and 42 C.F.R. 405.1907.</p>	
K 161 SS=F	<p>Building Construction Type and Height CFR(s): NFPA 101</p> <p>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</p> <p>Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered</p> <p>2 II (111) One story non-sprinklered Maximum 3 stories</p>	K 161		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 3/30/2018
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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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NAME OF PROVIDER OR SUPPLIER AVANTE AT LYNCHBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 2081 LANGHORNE ROAD LYNCHBURG, VA 24501
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K 161	<p>Continued From page 1 sprinklered</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) 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 REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>Based upon observations and interviews the facility failed to maintain the construction type of the facility. This has the ability to affect all occupants in the effected compartment of the building.</p> <p>The findings include:</p> <p>On 03-15-2018 at approximately 12:15 PM it was observed that combustible wood is installed above the drop-in ceiling near the ice machine, front corridor.</p> <p>The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03-15-2018 at approximately 3:15 PM during the exit interview.</p>	K 161	<ol style="list-style-type: none"> 1. Identified combustible wood to be removed by maintenance personnel and replaced with metal stud. 2. Facility wide audit of adjoining walls completed by maintenance personnel. All identified issues have been addressed. 3. Maintenance personnel were educated by representative from State Fire Marshal's office during Life Safety Inspection on K161 on 3/15/2018. All future construction and/or renovations above drop-in ceilings to be inspected by Maintenance personnel to ensure compliance with K161. 4. Results of audit to be brought to monthly Safety Committee meeting for review and revisions as necessary. 5. April 6, 2018 	4/6/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495151	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2018
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NAME OF PROVIDER OR SUPPLIER WAVANTE AT LYNCHBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 2081 LANGHORNE ROAD LYNCHBURG, VA 24501
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K 271 SS=F	<p>Discharge from Exits CFR(s): NFPA 101</p> <p>Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>Based upon observations and interviews the facility failed to provide a exit discharge that terminates at a public way. This has the ability to affect all occupants using this exit in the building.</p> <p>The findings include:</p> <p>On 03-15-2018 at approximately 11:47 AM it was observed that the exterior exit discharge from the front hall corridor near the kitchen, did not terminate at a public way.</p> <p>The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03-15-2018 at approximately 3:15 PM during the exit interview.</p>	K 271	<ol style="list-style-type: none"> 1. Identified egress completed to public way. 2. Audit of all other exits conducted by maintenance personnel to ensure compliance with K271. No other issues identified. 3. Maintenance personnel were educated by representative from State Fire Marshal's office during Life Safety Inspection on K271 on 3/15/2018. Maintenance personnel to monitor exit areas in the event of future construction or renovations to ensure compliance with K271. 4. Results of audit to be brought to monthly Safety Committee meeting for review and revisions as necessary. 5. April 29, 2018 	4/29/2018
K 321 SS=F	<p>Hazardous Areas - Enclosure CFR(s): NFPA 101</p> <p>Hazardous Areas - Enclosure 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 or 19.3.5.9. 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</p>	K 321		

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K 353	<p>Continued From page 4</p> <p>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.</p> <p>a) <u>Date sprinkler system last checked</u></p> <p>b) <u>Who provided system test</u></p> <p>c) <u>Water system supply source</u></p> <p>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 REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>Based upon observations and interviews the facility failed to test and maintain the building fire sprinkler system. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 03-15-2018 at approximately 10:30 AM it was observed and noted during record review that noted deficiencies on the quarterly fire sprinkler report dated 01-22-2018, an OSY valve and the water motor gong, had not been repaired.</p> <p>On 03-15-2018 at approximately 11:40 AM it was observed that the fire sprinkler head in the kitchen walk-in cooler was obstructed by flexible metallic conduit attached to the ceiling of the unit.</p> <p>The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03-15-2018 at</p>	K 353	<ol style="list-style-type: none"> 1. Identified OSY valve and the water motor gong to be repaired by contracted vendor. 2. All facility OSY valves and water motor gongs inspected by maintenance personnel. No other issues were identified. 3. Maintenance personnel were educated by representative from State Fire Marshal's office during Life Safety Inspection on K353 on 3/15/2018. OSY valves and water motor gongs to be inspected by maintenance personnel weekly to ensure are in good repair. 4. Results of audit to be brought to monthly Safety Committee meeting for review and revisions as necessary. 5. April 27, 2018 	4/27/2018

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K 353	Continued From page 5 approximately 3:15 PM during the exit interview.	K 353		
K 521 SS=F	HVAC CFR(s): NFPA 101	K 521		
	<p>HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>Based upon observations and interviews the facility failed to maintain the heating, ventilation, and air conditioning equipment as required by the Life Safety Code. This has the ability to affect all occupants in the affected smoke compartment.</p> <p>The findings include:</p> <p>On 03-15-2018 at approximately 10:30 AM it was observed and noted during record review that the facility could not provide documentation that the fire dampers are tested and maintained. [(NFPA 90A, 5.4.8.1)(NFPA 80, 19.4.9)]</p> <p>The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03-15-2018 at approximately 3:15 PM during the exit interview.</p>		<ol style="list-style-type: none"> 1. Fire dampers were tested and maintained by contracted vendor. 2. No other identified fire dampers reside in facility. 3. Maintenance personnel were educated by representative from State Fire Marshal's office during Life Safety Inspection on K521 on 3/15/2018. Maintenance personnel to visually inspect fire dampeners on a quarterly basis. Facility contracted vendor to test and maintain in accordance with K521. 4. Results of audit to be brought to monthly Safety Committee meeting for review and revisions as necessary. 5. 3/29/2018. 	<div style="border: 1px solid black; padding: 5px; display: inline-block;">3/29/2018</div>
K 916 SS=F	<p>Electrical Systems - Essential Electric System CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the</p>	K 916		

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K 916	<p>Continued From page 6</p> <p>generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>Based on observation and interview, the facility failed to maintain the remote annunciator for the Essential Electric System as required by the Life Safety Code. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 03-15-2018 at approximately 2:20 PM it was observed that the annunciator panel for the Essential Electric System was blinking that the system was not in the automatic mode. The Essential Electric System was verified that it was in the automatic mode.</p> <p>The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03-15-2018 at approximately 3:15 PM during the exit interview.</p>	K 916	<ol style="list-style-type: none"> 1. Remote annunciator for the Essential Electrical System to be fixed by contracted vendor. 2. All remote annunciators for the Essential Electrical Systems to be fixed by contracted vendor. 3. Maintenance personnel were educated by representative from State Fire Marshal's office during Life Safety Inspection on K916 on 3/15/2018. Remote annunciators to be inspected by maintenance personnel weekly to ensure compliance with K916. 4. Results of audit to be brought to monthly Safety Committee meeting for review and revisions as necessary. 5. April 27, 2018 	4/27/2018
K 918 SS=F	<p>Electrical Systems - Essential Electric System CFR(s): NFPA 101</p> <p>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</p>	K 918		

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K 918	<p>Continued From page 7</p> <p>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 readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. 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)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>Based on observation and interview, the facility failed to test and maintain the essential electric system as required by the Life Safety Code. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 03-15-2018 at approximately 10:30 AM it was observed and noted during record review that the facility could not provide documentation that the Emergency Power Supply System, EPSS, battery electrolyte specific gravity level is tested and recorded monthly or battery conductance testing is performed in lieu of specific gravity testing where applicable. (NFPA 110.8.3.7.1)</p>	K 918	<ol style="list-style-type: none"> 1. Maintenance personnel have tested and recorded EPSS batteries in accordance with K918. 2. All EPSS batteries are tested and recorded in accordance with K918 3. Maintenance personnel were educated by representative from State Fire Marshal's office during Life Safety Inspection on K918 on 3/15/2018. Maintenance personnel to inspect and record EPSS batteries on a weekly basis in accordance with K918. 4. Results of audit to be brought to monthly Safety Committee meeting for review and revisions as necessary. 5. 3/30/2018. 	3/30/2018

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K 918	Continued From page 8 The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03-15-2018 at approximately 3:15 PM during the exit interview.	K 918		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495151	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ADDITION 02 B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2018
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NAME OF PROVIDER OR SUPPLIER ADVANTE AT LYNCHBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 2081 LANGHORNE ROAD LYNCHBURG, VA 24501
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 25557</p> <p>Description of Structure: This is a 1 story structure with a partial basement. Residents use the first floor only.</p> <p>Construction Type: II (000)</p> <p>Sprinkler status: Fully Sprinklered</p> <p>An unannounced recertification Life Safety Code survey was conducted 03/15/2018 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.</p> <p>The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)</p>	K 000	<p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of Health & Safety Code Section 1280 and 42 C.F.R. 405.1907.</p>	
K 353 SS=F	<p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage</p>	K 353	<ol style="list-style-type: none"> 1. Identified sprinkler head to be fixed in accordance with K353 by contracted vendor 2. Maintenance personnel completed facility wide audit to ensure sprinkler heads are in compliance with K353. 3. Maintenance personnel were educated by representative from State Fire Marshal's office during Life Safety Inspection on K353on 3/15/2018. Maintenance personnel to complete a weekly audit of facility sprinkler heads to ensure compliance with K353. 4. Results of audit to be brought to monthly Safety Committee meeting for review and revisions as necessary. 5. April 13, 2018 	4/13/2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 3/20/2018
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K 353	<p>Continued From page 1</p> <p>for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>Based upon observations and interviews the facility failed to test and maintain the building fire sprinkler system. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 03-15-2018 at approximately 1:58 PM it was observed the fire sprinkler head in the toilet across from patient room 54, was obstructed by the drop-in ceiling tile.</p> <p>The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03-15-2018 at approximately 3:15 PM during the exit interview.</p>	K 353		
K 916 SS=F	<p>Electrical Systems - Essential Electric System CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>Based on observation and interview, the facility failed to maintain the remote annunciator for the</p>	K 916	<ol style="list-style-type: none"> 1. Remote annunciator for the Essential Electrical System to be fixed by contracted vendor. 2. All remote annunciators for the Essential Electrical Systems to be fixed by contracted vendor. 3. Maintenance personnel were educated by representative from State Fire Marshal's office during Life Safety Inspection on K916 on 3/15/2018. Remote annunciators to be inspected by maintenance personnel weekly to ensure compliance with K916. 4. Results of audit to be brought to monthly Safety Committee meeting for review and revisions as necessary. 5. April 27, 2018 	4/27/2018

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NAME OF PROVIDER OR SUPPLIER WAVANTE AT LYNCHBURG	STREET ADDRESS, CITY, STATE, ZIP CODE 2081 LANGHORNE ROAD LYNCHBURG, VA 24501
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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 916	<p>Continued From page 2</p> <p>Essential Electric System as required by the Life Safety Code. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 03-15-2018 at approximately 2:20 PM it was observed that the annunciator panel for the Essential Electric System was not working when the test switch was activated.</p> <p>The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03-15-2018 at approximately 3:15 PM during the exit interview.</p>	K 916		
K 918 SS=F	<p>Electrical Systems - Essential Electric System CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>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</p>	K 918	<ol style="list-style-type: none"> 1. Maintenance personnel have tested and recorded EPSS batteries in accordance with K918. 2. All EPSS batteries are tested and recorded in accordance with K918 3. Maintenance personnel were educated by representative from State Fire Marshal's office during Life Safety Inspection on K918 on 3/15/2018. Maintenance personnel to inspect and record EPSS batteries on a weekly basis in accordance with K918. 4. Results of audit to be brought to monthly Safety Committee meeting for review and revisions as necessary. 5. 3/30/2018. 	3/30/18

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495151	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ADDITION 02 B. WING _____	(X3) DATE SURVEY COMPLETED 03/15/2018
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K 918	<p>Continued From page 3</p> <p>maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. 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)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 25557</p> <p>Based on observation and interview, the facility failed to test and maintain the essential electric system as required by the Life Safety Code. This has the ability to affect all occupants of the building.</p> <p>The findings include:</p> <p>On 03-15-2018 at approximately 10:30 AM it was observed and noted during record review that the facility could not provide documentation that the Emergency Power Supply System, EPSS, battery electrolyte specific gravity level is tested and recorded monthly or battery conductance testing is performed in lieu of specific gravity testing where applicable. (NFPA 110.8.3.7.1)</p> <p>The Facility Maintenance Director and Administrator witnessed this evidence by interview and observation on 03-15-2018 at approximately 3:15 PM during the exit interview.</p>	K 918		