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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495236	A. BUILDING 02 - TRANSITION WING B. WING _____	04/29/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY AT THE MEADOWS	2715 DOGTOWN ROAD GOOCHLAND, VA 23063

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS Description of structure: The facility is a one story structure Type V (111). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 4/29/19 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was not compliance with the Requirements for Participation Medicare and Medicaid. The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)	K 000	**Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or corrections of the conclusions set forth on the statement of deficiencies, the plan of correction is prepared and submitted solely because of the requirements under the State and Federal law. This plan of correction will serve as the facility's allegation of substantial compliance.**	
K 300 SS=D	Protection - Other CFR(s): NFPA 101 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 REQUIREMENT is not met as evidenced by: Based upon review of documentation and observations there was no documentation for the annual fire rated door inspections.	K 300	**K 300** **1) The annual fire door inspection will be completed and documented. The storage found in the maintenance storage and fire pump building, that is not sprinklered, was moved two feet below the ceiling.** **2) There is only one required annual fire door inspection, and one building that is not sprinklered with storage less than two feet from the ceiling, therefore no additional reviews were needed.**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jonathan Jonell — TITLE: Executive Director — (X6) DATE: 5/17/19

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 300	Continued From page 1 Findings include Between 1:45 PM and 5:30 PM on 4/29/19, during review of documentation it is observed that the facility did not have the annual fire door testing and inspection report at time of survey.	K 300	**3) The Executive Director educated the Maintenance Director on the importance of NFPA 101 Protection- Other specific to completing the fire door inspection annually, and keeping storage two feet below the ceiling in the maintenance shop and fire pump building that is not sprinklered. The annual fire door inspection will be added to the facility's TELS Preventative Maintenance (PM)** **Calendar, and will continue to be monitored in accordance with NFPA standards.** **4) Any findings will be reported to the monthly QAPI Committee for further review.** **5) Date of Compliance- 6/13/2019**	
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 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 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, 19.3.5.9 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 REQUIREMENT is not met as evidenced by:	K 321	**K 321** **1) The missing door closer on the fire rated door to the storage room that once was a shower room will be replaced.** **2) Additional doors were reviewed for missing closers where required.**	

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K 321	Continued From page 2 Based upon observations hazardous areas are not maintained to provide required separation and or fire resistant ratings for the hazardous areas. There are fire doors that are not self closing and latching that could allow smoke and hot gasses to pass through the doors. Findings include Around 6:17 PM on 4/29/19, it is observed that the door closer is missing on the fire rated door to the storage room that once was a shower room.	K 321	**3)The Executive Director educated the Maintenance Director on the importance of NFPA 101 Hazardous Area- Enclosure specific to doors having closers where required, and will continue to monitor in accordance with NFPA standards.** **4) Any findings will be reported to the monthly QAPI Committee for further review.** **5) Date of Compliance- 6/13/19**	
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based upon observations of the sprinkler system that the required maintenance of the system is not being maintained.	K 353	**K 353** **1) The missing quarterly sprinkler inspection and testing report was obtained from the facility's sprinkler vendor. The 5 year inspection for the water tank that supplies water to the sprinkler system will be completed by a qualified vendor.** **2) Additional sprinkler inspection documentation was reviewed for missing reports. There is only one required 5 year sprinkler water tank inspection, therefore no additional reviews were needed.**	

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K 353	Continued From page 3 Findings include Between 1:45 PM and 5:30 PM on 4/29/19, during review of documentation it is observed that the facility did not have the quarterly sprinkler inspection and testing report for September at time of survey. Between 1:45 PM and 5:30 PM on 4/29/19, during review of documentation it is observed that the facility did not have the Inspection report for water tank that supplies water to the sprinkler system within the last 5 years at time of survey.	K 353	**3) The Executive Director educated the Maintenance Director on the importance of NFPA 101 Sprinkler System- Maintenance and Testing specific to maintaining current documentation of sprinkler inspections, and having the sprinkler water storage tank inspected every 5 years. The 5 year sprinkler water storage tank inspection will be added to the facility's TELS PM Calendar, and will continue to be monitored in accordance with NFPA standards.** **4) Any findings will be reported to the monthly QAPI Committee for further review.** **5) Date of Compliance- 6/13/2019**	
K 374 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based upon observations the smoke barrier fire rated doors have gaps between the doors and doorframes that is referenced by NFPA 80 that could allow smoke to pass through the doors. Findings include:	K 374	**K 374** **1) The gap smoke barrier doors near room 102 that is greater than 1/8" will be repaired.** **2) Additional smoke barrier doors were reviewed for gaps greater than 1/8".**	

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K 374	Continued From page 4 Around 6:18 PM on 4/29/19, it is observed that the gap smoke barrier doors by 102 is greater than 1/8".	K 374	**3) The Executive Director educated the Maintenance Director on the importance of NFPA 101 Subdivision of Building Spaces-Smoke Barrier Doors specific to smoke barrier doors having gaps greater than 1/8", and will continue to monitor in accordance with NFPA standards.** **4) Any findings will be reported to the monthly QAPI Committee for further review.** **5) Date of Compliance- 6/13/19**	
K 712 SS=D	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based upon observations and review of documentation that the fire drills were not conducted quarterly. Findings include Between 1:45 PM and 5:30 PM on 4/29/19, during review of documentation it is observed that the facility did not have the some of the Fire drill reports at time of survey.	K 712	**K 712** **1) The missing documentation noted for some of the Fire drill reports was located and filed.** **2) Additional Fire drill reports were reviewed for missing documentation.** **3) The Executive Director educated the Maintenance Director on the importance of NFPA 101 Fire Drills specific to including all necessary documentation with the Fire drill reports, and will continue to monitor in accordance with NFPA standards.** **4) Any findings will be reported to the monthly QAPI Committee for further review.** **5) Date of Compliance- 6/13/19**	
K 914 SS=C	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional	K 914		

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K 914	Continued From page 5 testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based observations and inquiry that there are no reports that the receptacles in patient rooms that have not been tested and inspected annually. Findings include Between 1:45 PM and 5:30 PM on 4/29/19, during review of documentation it is observed that the facility did not have the receptacles hospital grade at time of survey.	K 914	K 914 **1) The required annual test and inspection of receptacles in patient rooms will be completed.** **2) There is only one required annual test and inspection of receptacles in patient rooms, therefore no additional reviews were needed.** **3)The Executive Director educated the Maintenance Director on the importance of NFPA 101 Electrical Systems- Maintenance and Testing specific to completing receptacle testing and inspections in patient rooms annually. The annual test and inspection of receptacles in patient rooms will be added to the facility's TELS PM Calendar, and will continue to be monitored in accordance with NFPA standards.** **4) Any findings will be reported to the monthly QAPI Committee for further review.** **5) Date of Compliance- 6/13/19**	
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of	K 920		

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K 920	Continued From page 6 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based upon observations the electrical systems that there is non-approved power strips being used in patient care areas. Findings include: Around 6:20 PM on 4/29/19, it is observed that there is a non-approved power strip in the bed area in room 106.	K 920	**K 920** **1) The non-approved power strip in the bed area in room 106 was removed.** **2) Additional rooms were reviewed for non-approved power strips in the bed area.** **3) The Executive Director educated the Maintenance Director on the importance of NFPA 101 Electrical Equipment- Power Cords and Extension Cords specific to the use of non-approved power strips in the bed area, and will continue to monitor in accordance with NFPA standards.** **4) Any findings will be reported to the monthly QAPI Committee for further review.** **5) Date of Compliance- 6/13/19**	

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	495236	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	04/29/2019

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K 000	INITIAL COMMENTS Description of structure: The facility is a one story structure Type V (111). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 4/29/19 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was not compliance with the Requirements for Participation Medicare and Medicaid. The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) et seq (Life Safety from Fire.)	K 000	**Preparation and submission of this plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or corrections of the conclusions set forth on the statement of deficiencies, the plan of correction is prepared and submitted solely because of the requirements under the State and Federal law. This plan of correction will serve as the facility's allegation of substantial compliance.**	
K 300 SS=D	Protection - Other CFR(s): NFPA 101 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 REQUIREMENT is not met as evidenced by: Based upon review of documentation and observations there was no documentation for the annual fire rated door inspections and top of storage was located above the clear distance	K 300	**K 300** **1) The annual fire door inspection will be completed and documented. The storage found in the maintenance storage and fire pump building, that is not sprinklered, was moved two feet below the ceiling.** **2) There is only one required annual fire door inspection, and one building that is not sprinklered with storage less than two feet from the ceiling, therefore no additional reviews were needed.**	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Jonathon Jones	Executive Director	5/17/19

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 300	Continued From page 1 from the ceiling of two feet in non sprinklered out building. Findings include Between 1:45 PM and 5:30 PM on 4/29/19, during review of documentation it is observed that the facility did not have the annual fire door testing and inspection report at time of survey. Around 5:40 PM on 4/29/19, it is observed that the storage room is not sprinklered in the maintenance shop and fire pump building and top of storage is not two feet below the ceiling.	K 300	**3) The Executive Director educated the Maintenance Director on the importance of NFPA 101 Protection- Other specific to completing the fire door inspection annually, and keeping storage two feet below the ceiling in the maintenance shop and fire pump building that is not sprinklered. The annual fire door inspection will be added to the facility's TELS Preventative Maintenance (PM)**	
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 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 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, 19.3.5.9 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)	K 321	**Calendar, and will continue to be monitored in accordance with NFPA standards.** **4) Any findings will be reported to the monthly QAPI Committee for further review.** **5) Date of Compliance- 6/13/2019** **K 321** **1) The fire rated door to the laundry room that has gaps that are greater than 1/8" between the door and the frame, and a closer that allows the door to slam, will be repaired. The fire rated door on the clean side of laundry will be repaired to properly close and latch.**	

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K 321	Continued From page 2 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 REQUIREMENT is not met as evidenced by: Based upon observations hazardous areas are not maintained to provide required separation and or fire resistant ratings for the hazardous areas. There are fire doors that are not self closing and latching, doors that do not have the required listing for door and there are gaps that is greater as referenced by NFPA 80 that could allow smoke and hot gasses to pass through the doors. Findings include Around 5:46 PM on 4/29/19, it is observed that fire rated door to the laundry room has gaps between the door and the frame that is greater than 1/8" and the closer allows the door to slams. Around 5:57 PM on 4/29/19, it is observed that clean linen side of laundry fire rated door is not automatically closing and latching.	K 321	**2) Additional fire rated doors were reviewed for gaps greater than 1/8" between the door and the frame, closers that allow the door slam, and proper closing and latching.** **3) The Executive Director educated the Maintenance Director on the importance of NFPA 101 Hazardous Area- Enclosure specific to fire rated doors having gaps no greater than 1/8" between the door and the frame, closers that allow the door slam, and proper closing and latching, and will continue to monitor in accordance with NFPA standards.** **4) Any findings will be reported to the monthly QAPI Committee for further review.** **5) Date of Compliance- 6/13/2019**	
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 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	K 353	**K 353** **1) The missing quarterly sprinkler inspection and testing report was obtained from the facility's sprinkler vendor. The 5 year inspection for the water tank that supplies water to the sprinkler system will be completed by a qualified vendor.**	

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K 353	Continued From page 3 b) Who provided system test c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based upon observations of the sprinkler system that the required maintenance of the system is not being maintained. Findings include Between 1:45 PM and 5:30 PM on 4/29/19, during review of documentation it is observed that the facility did not have the quarterly sprinkler inspection and testing report for September at time of survey. Between 1:45 PM and 5:30 PM on 4/29/19, during review of documentation it is observed that the facility did not have the Inspection report for water tank that supplies water to the sprinkler system within the last 5 years at time of survey.	K 353	**2) Additional sprinkler inspection documentation was reviewed for missing reports. There is only one required 5 year sprinkler water tank inspection, therefore no additional reviews were needed.** **3) The Executive Director educated the Maintenance Director on the importance of NFPA 101 Sprinkler System- Maintenance and Testing specific to maintaining current documentation of sprinkler inspections, and having the sprinkler water storage tank inspected every 5 years. The 5 year sprinkler water storage tank inspection will be added to the facility's TELS PM Calendar, and will continue to be monitored in accordance with NFPA standards.** **4) Any findings will be reported to the monthly QAPI Committee for further review.**	
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist	K 363	**5) Date of Compliance- 6/13/2019**	

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	495236	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	04/29/2019

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ENVOY AT THE MEADOWS	2715 DOGTOWN ROAD GOOCHLAND, VA 23063

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K 363	Continued From page 4 the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. 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 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based upon observations of all corridor doors there are doors found that did not have positive latching that could allow smoke to pass through the doors. Findings include	K 363	**K 363** **1) The wheel chair obstructing the door to room 308 from closing and latching was corrected on-site. The door to the day room near the nurse station will be made to properly latch.** **2) Additional doors were reviewed for obstructions and proper latching.** **3) The Executive Director educated the Maintenance Director on the importance of NFPA 101 Corridor-Doors specific to keeping doors free of obstructions and proper latching, and will continue to monitor in accordance with NFPA standards.** **4) Any findings will be reported to the monthly QAPI Committee for further review.** **5) Date of Compliance- 6/13/19**	

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K 363	Continued From page 5 Around 5:58 PM on 4/29/19, it is observed that a wheelchair obstructs closing and latching of door in room 308. Around 6:30 PM on 4/29/19, it is observed that day room corridor door nearer the nurse station is not latching.	K 363		
K 374 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Based upon observations the smoke barrier fire rated doors have gaps between the doors and doorframes that is referenced by NFPA 80 that could allow smoke to pass through the doors. Findings include: Between 5:30 PM and 6:30 PM on 4/29/19, it is observed that there is a gap between the fire rated smoke barrier doors and the doorframe near room 304, and there is a gap between the fire rated smoke barrier doors near room 202 that is greater than 1/8".	K 374	**K 374** **1) The gap between the fire rated smoke barrier doors and the door frame near room 304, and the gap between the fire rated smoke barrier doors near room 202 that is greater than 1/8" will be repaired.** **2) Additional fire rated smoke barrier doors were reviewed for gaps between the door and frame, and gaps greater than 1/8".** **3) The Executive Director educated the Maintenance Director on the importance of NFPA 101 Subdivision of Building Spaces-Smoke Barrier Doors specific to fire rated smoke barrier doors having gaps between the door and frame, and gaps greater than 1/8", and will continue to monitor in accordance with NFPA standards.** **4) Any findings will be reported to the monthly QAPI Committee for further review.** **5) Date of Compliance- 6/13/19**	

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K 712	Continued From page 6	K 712		
K 712 SS=D	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based upon observations and review of documentation that the fire drills were not conducted quarterly. Findings include Between 1:45 PM and 5:30 PM on 4/29/19, during review of documentation it is observed that the facility did not have the some of the Fire drill reports at time of survey.	K 712	**K 712** **1) The missing documentation noted for some of the Fire drill reports was located and filed.** **2) Additional Fire drill reports were reviewed for missing documentation.** **3) The Executive Director educated the Maintenance Director on the importance of NFPA 101 Fire Drills specific to including all necessary documentation with the Fire drill reports, and will continue to monitor in accordance with NFPA standards.** **4) Any findings will be reported to the monthly QAPI Committee for further review.** **5) Date of Compliance- 6/13/19**	
K 914 SS=C	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line	K 914		

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K 914	Continued From page 7 isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based observations and inquiry that there are no reports that the receptacles in patient rooms that have not been tested and inspected annually. Findings include Between 1:45 PM and 5:30 PM on 4/29/19, during review of documentation it is observed that the facility did not have the receptacles hospital grade at time of survey.	K 914	**K 914** **1) The required annual test and inspection of receptacles in patient rooms will be completed.** **2) There is only one required annual test and inspection of receptacles in patient rooms, therefore no additional reviews were needed.** **3)The Executive Director educated the Maintenance Director on the importance of NFPA 101 Electrical Systems- Maintenance and Testing specific to completing receptacle testing and inspections in patient rooms annually. The annual test and inspection of receptacles in patient rooms will be added to the facility's TELS PM Calendar, and will continue to be monitored in accordance with NFPA standards.** **4) Any findings will be reported to the monthly QAPI Committee for further review.** **5) Date of Compliance- 6/13/19**	
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for	K 920		

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K 920	Continued From page 8 PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based upon observations the electrical systems that there is non-approved power strips being used in patient care areas. Findings include Around 6:00 PM on 4/29/19, it is observed that non-approved power strip in room 305.	K 920	**K 920** **1) The non-approved power strip in room 305 was removed.** **2) Additional rooms were reviewed for non-approved power strips.** **3) The Executive Director educated the Maintenance Director on the importance of NFPA 101 Electrical Equipment- Power Cords and Extension Cords specific to the use of non-approved power strips, and will continue to monitor in accordance with NFPA standards.** **4) Any findings will be reported to the monthly QAPI Committee for further review.** **5) Date of Compliance- 6/13/19**	
K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 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	K 923		

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K 923	Continued From page 9 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 REQUIREMENT is not met as evidenced by: Based observations of locations where oxygen cylinders are not secured from falling. Findings include: Around 6:15 PM on 4/29/19, it is observed that there are oxygen tanks that are not secured from falling in oxygen storage room.	K 923	**K 923** **1) The unsecured oxygen tanks in the oxygen storage room were secured on –site.** **2) Additional rooms were reviewed for unsecured oxygen tanks.** **3) The Executive Director educated the Maintenance Director on the importance of NFPA 101 Gas Equipment- Cylinder and** **Container Storage specific to properly securing oxygen tanks, and will continue to monitor in accordance with NFPA standards.** **4) Any findings will be reported to the monthly QAPI Committee for further review.** **5) Date of Compliance- 6/13/19**	