

**K161**

**Address the corrective action taken for the identified problem:**

The fire caulking has been repaired to maintain the appropriate fire rating standards.

**Address how community will identify similar occurrences of the problem:**

A further internal survey will be conducted in regards to fire caulking across the community.

**Identify measures/systemic changes to ensure deficient practice will not recur:**

When fire caulking is used by any vendor or employee, the operations manager will monitor the work and inspect the work completed. Initial instructions and education will be relayed to the vendor or employee prior to engaging in the work. Records will be maintained.

**Indicate how community will monitor its performance:**

The operations manager will maintain the documentation. Reporting will be conducted to the QAPI Committee and Administrator with additional action taken as needed.

**Date of correction:**

The mixed fire caulking observed on 8/28/2018 was corrected on 9/7/2018 by a building staff member. The internal survey will be completed by September 28, 2018.

**K324**

**Address the corrective action taken for the identified problem:**

The accumulation of grease noted in the hood vents has been cleaned to maintain safety standards.

**Address how community will identify similar occurrences of the problem:**

During regular scheduled testing and cleaning, the hood and hood vents will be checked and monitored.

**Identify measures/systemic changes to ensure deficient practice will not recur:**

The operations manager will monitor and inspect the proper cleanliness of the hood.

**Indicate how community will monitor its performance:**

The food service operations manager will maintain the documentation. Reporting will be conducted to the QAPI Committee and Administrator with additional action taken as needed.

**Date of correction:**

The excess grease observed on the hood on 8/28/2018 was immediately cleaned by a kitchen staff member on 8/28/2018.

**K345**

**Address the corrective action taken for the identified problem:**

The A/V device mounted on the ceiling in Room 101A has been properly maintained and secured. The access door for the automatic fire damper has been replaced.

**Address how community will identify similar occurrences of the problem:**

A survey of all the A/V devices in each resident room will be completed. A survey of all access doors for the automatic fire damper will be completed.

**Identify measures/systemic changes to ensure deficient practice will not recur:**

The building staff will be educated on the safety requirements for the A/V devices and doors for automatic fire dampers. The operations manager will monitor to assure the deficient practices will not reoccur.

**Indicate how community will monitor its performance:**

The operations manager will monitor the A/V devices and automatic fire dampers. Reporting will be brought to the QAPI Committee and Administrator with additional action taken as needed.

**Date of correction:**

The A/V device was properly installed on 8/28/2018. The access door for the automatic fire damper was replaced on 8/28/2018. The survey of all the A/V devices and automatic fire dampers will be completed on or before September 28, 2018.

**K363**

**Address the corrective action taken for the identified problem:**

The B-4 cross corridor door identified was immediately repaired.

**Address how community will identify similar occurrences of the problem:**

Each cross corridor door will be inspected by building staff.

**Identify measures/systemic changes to ensure deficient practice will not recur:**

The results of the required tests will be documented. Building staff will receive education on how to properly inspect cross corridors.

**Indicate how community will monitor its performance:**

The operations manager will maintain the documentation. Information will be shared at the QAPI Committee and Administrator with additional action taken as needed.

**Date of correction:**

The cross corridor door was immediately repaired on 8/28/2018. The complete cross door inspection will be completed on or before September 28, 2018.

**K711**

**Address the corrective action taken for the identified problem:**

The community will maintain the evacuation and relocation training as well as record documentation.

**Address how community will identify similar occurrences of the problem:**

A review of evacuation and relocation training was conducted.

**Identify measures/systemic changes to ensure deficient practice will not recur:**

Education will occur to assure that staff are properly trained on evacuation and relocation procedures. The current system will assure that evacuation and relocation training is conducted on a semi-annual basis. In addition, the Bedford County Nursing Home will be involved in two upcoming full scale exercises on September 28, 2018 and October 23, 2018 in conjunction with the Near Southeast Preparedness Alliance.

**Indicate how community will monitor its performance:**

Semi-annually the Administrator will review the training. The training will be reported to the QAPI Committee.

**Date of correction:**

The evacuation and relocation plan will be in-serviced to all staff on or before October 3, 2018. The second evacuation and relocation training will be conducted on or before April 3, 2018.

**K914**

**Address the corrective action taken for the identified problem:**

The community will test and maintain the receptacles as well as record documentation of the required tests.

**Address how community will identify similar occurrences of the problem:**

The receptacle testing will be established to be in compliance with NFPA101. The results of the required tests will be documented. A local certified electrician in addition to Merco Bio-Medical have already been contacted in regards to establishing such testing.

**Identify measures/systemic changes to ensure deficient practice will not recur:**

A certified electrician will conduct the receptacle testing. Records will be maintained of the required tests and associated repairs.

**Indicate how community will monitor its performance:**

The on-going system will be monitored by the operations manager to ensure compliance.

**Date of correction:**

This will be corrected on or before October 4, 2018.

**K921**

**Address the corrective action taken for the identified problem:**

The community will test and maintain the portable patient care related electrical equipment.

**Address the corrective action taken for the identified problem:**

The portable patient care related electrical equipment testing will be established to be in compliance with NFPA101. The results of the required tests will be documented. A local certified electrician in addition to Merco Bio-Medical have already been contacted in regards to establishing such testing.

**Address how community will identify similar occurrences of the problem:**

A certified electrician will conduct the testing. Records will be maintained of the required tests and associated repairs.

**Identify measures/systemic changes to ensure deficient practice will not recur:**

A certified electrician will conduct the testing. Records will be maintained of the required tests and associated repairs. This will be monitored by the operations manager.

**Indicate how community will monitor its performance:**

The on-going system will be monitored by the operations manager to ensure compliance. Exceptions will be reported to the Administrator and the QAPI Committee with additional action taken as needed.

**Date of correction:**

This will be corrected on or before October 4, 2018.