



BONVIEW
REHABILITATION AND HEALTHCARE
a Consulate Health Care Center

December 14, 2018

Virginia Department of Fire Programs
State Fire Marshal's Office - Division 1
1005 Technology Park Drive
Glen Allen, VA 23059-4500

Re: Time-Limited Waiver Request

Dear Mr. Madsen,

Please accept this letter as my formal request for a **Time-Limited Waiver**. Bonview Rehabilitation and Healthcare is requesting the waiver due to the following:

K-Tag 321 Hazardous Areas - Enclosure - double doors to the laundry room will be replaced with listed hardware. Time - Limited Waiver requested until 01/22/19.

K-Tag 324 Cooking Facilities - kitchen steamer under the kitchen hood will be relocated to properly remove steam or vapors. Time - Limited Waiver request until 01/22/19.

K-Tag 363 Corridor Doors - 2nd and 3rd floor dining room doors will have hardware installed for positive latching. Time-Limited Waiver requested until 01/22/19.

K-Tag 911 Electrical Systems - Labeling of electrical equipment will be done and platform will be installed to provide readily accessibility to emergency generator. Time-Limited Waiver requested until 01/22/19.

If there are any further questions regarding this letter, I may be reached at 804-320-7901.

Kind Regards,

Kourtney Hales-Richards, LNHA

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

Printed: 11/09/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495423	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____		(X3) DATE SURVEY COMPLETED 10/22/2018
NAME OF PROVIDER OR SUPPLIER BONVIEW REHABILITATION AND HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 7246 FOREST HILL AVE RICHMOND, VA 23225		
(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 3 story masonry structure Type II (222). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced recertification Life Safety Code Survey was conducted on 10/22/18 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			
K 100 SS=D	General Requirements - Other CFR(s): NFPA 101 General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General 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 observations that there is accumulation of dust on grills in the HVAC system.. Findings include Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that there was excessive buildup of	K 100	K 100 1. The excessive buildup of dust in the HVAC grill in the main elevator mechanical room on the 3rd floor has been corrected. 2. Additional mechanical rooms were reviewed for dust buildup on HVAC grills. 3. The Executive Director educated the Maintenance Director on in the importance of NFPA 101 General Requirements - Other specific to dust on grills in the HVAC system, 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: 12/06/18		

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

TITLE

(X6) DATE

Kandice Hester-Richards

Executive Director

12/14/18

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 100	Continued From page 1 dust in the HVAC grill in the main elevator mechanical room on the 3rd floor.	K 100			
K 161 SS=D	<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 sprinklered</p> <p>3 II (000) Not allowed non-sprinklered</p> <p>4 III (211) Maximum 2 stories sprinklered</p> <p>5 IV (2HH) 6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story sprinklered 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</p>	K 161	<p>K 161</p> <p>1. The penetration through the floor in the main electrical room on the 2nd floor was repaired with a listed design fire stop product.</p> <p>2. Addition electrical room floors were reviewed for improperly sealed penetrations through the floor.</p> <p>3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Building Construction Type and Height specific to penetrations being fire stopped with a listed design and product, and will continue to monitor in accordance with NFPA standards.</p> <p>4. Any findings will be reported to the monthly QAPI Committee for further review.</p> <p>5. Date of compliance: 12/06/18</p>		

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K 161	Continued From page 2 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: Based upon observations there is penetrations that are not fire stopped to maintain the required fire resistance ratings of the assemblies. Findings include Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that there was a penetration through the floor in the main electrical room on the 2nd floor that is not fire stopped with a listed design and product.	K 161			
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 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 REQUIREMENT is not met as evidenced by: Based upon observations there are obstruction that could affect the egress from spaces or the facility. Findings include Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that the egress door in the dryer room on the 3rd floor was obstructed from fully opening	K 211	K 211 1. The obstructed egress door in the dryer room on the 3rd floor was corrected. The storage that was obstructing the egress in the corridor of the south wing on the 2nd floor was removed. 2. Additional paths of egress were reviewed for obstructions. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Means of Egress - General specific to obstructions in the paths of egress, 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: 12/06/18		

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K 211	Continued From page 3 by multiple carts. Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that there was storage obstructing the egress in the corridor of the south wing on the 2nd floor.	K 211			
K 300 SS=C	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. Findings include Between 9:20am and 10:45am on October 22, 2018 during review of documentation, it was observed that there was no documentation of the annual fire door inspections throughout the facility at time of survey.	K 300	K 300 1. The required annual fire door inspection was completed. 2. There is only one required annual fire door inspection, therefore no additional reviews were needed. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Protection - Other specific to documentation of the annual fire door inspections, and this task has been added to the facility's TELS Preventative Maintenance calendar for continued compliance in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of compliance: 12/06/18		
K 321 SS=E	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	K 321	K 321 1. Listed fire door hardware was installed on the fire rated door to the main elevator equipment room and the dryer side door in the laundry room. The penetrations in the fire rated walls above the drop ceilings in the main elevator room on		

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K 321	<p>Continued From page 4</p> <p>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</p> <p>Area Automatic Sprinkler Separation N/A</p> <p>a. Boiler and Fuel-Fired Heater Rooms</p> <p>b. Laundries (larger than 100 square feet)</p> <p>c. Repair, Maintenance, and Paint Shops</p> <p>d. Soiled Linen Rooms (exceeding 64 gallons)</p> <p>e. Trash Collection Rooms (exceeding 64 gallons)</p> <p>f. Combustible Storage Rooms/Spaces (over 50 square feet)</p> <p>g. Laboratories (if classified as Severe Hazard - see K322)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based upon observations hazardous areas are not maintained to provide required separation and or fire resistant ratings for the hazardous areas. There are doors that are not self closing and latching, and doors that do not have the required listing for door hardware that could allow smoke and hot gasses to pass through the doors.</p> <p>Findings include</p> <p>Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was</p>	K 321	<p>the 3rd floor were sealed with a listed design fire stop product. A door closer was installed on the rated door to the housekeeping/ storage room on the 3rd floor.</p> <p>2. Additional fire rated doors were reviewed for rated hardware and door closers. Additional fire walls were reviewed for penetrations.</p> <p>3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Hazardous Areas - Enclosures specific to fire rated doors having rated hardware and door closers, and unsealed penetrations in fire walls, and will continue to monitor in accordance with NFPA standards.</p> <p>4. Any findings will be reported to the monthly QAPI Committee for further review.</p> <p>5. Date of compliance: 12/06/18</p> <p>**Double doors to the laundry room will be replaced with listed hardware. Time-Limited Waiver requested until 01/22/19.</p>	

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K 321	Continued From page 5 observed that the fire rated doors to the main elevator equipment room and the laundry room on the dryer side do not have listed fire door hardware for the door. Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that there were penetrations through the fire rated walls above the drop ceiling in the main elevator room on the 3rd floor that is not fire stopped with a listed design and product. Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that the rated door to the housekeeping office/storage room was missing the door closer on the 3rd floor.	K 321			
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.	K 324	K 324 1. A qualified vendor will relocate the kitchen steamer under the kitchen hood to properly remove steam or vapors. 2. Additional kitchen equipment was reviewed for proper ventilation. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Cooking Facilities specific to kitchen equipment being located in areas to allow for the proper ventilation of steam and vapors, 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: 01/22/19		

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K 324	Continued From page 6 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: Based upon observation the kitchen equipment is not located a hood to capture steam. Findings include Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that the steamer in the kitchen on the 1st floor did not have a proper ventilation hood to remove steam or vapors.	K 324			
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based upon observations of the fire alarm is not maintained according to NFPA 72. Findings include Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was	K 345	K345 1. The unsupported smoke detectors located by rooms 311, 312, 313 and in the Business Office on the 1st floor were repaired. The corroded heat detector in the kitchen on the 1st floor was replaced by a qualified vendor. 2. Additional smoke detectors were reviewed for proper support from the structure. Additional heat detectors were reviewed for corrosion. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Fire Alarm System - Testing and Maintenance specific to proper installation of smoke detectors, and corroded heat detectors, 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: 12/06/18		

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K 345	Continued From page 7 observed that the smoke detector by rooms 312, 313, 311 on the 3rd floor and in the business office on the 1st floor was not properly supported from the structure. Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that there was a corroded heat detector in the kitchen on the 1st floor.	K 345		
K 353 SS=E	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. Findings include	K 353	K 353 1. The ceiling tiles in the main elevator mechanical room on the 3rd floor, in the stairwell of the south wing and the 3rd floor soiled utility room were repaired. The main sprinkler riser room in the kitchen and MDS Coordinator office on the 2nd floor now have signs indicating there are control sprinkler valves located in those rooms. The bush obstructing the fire hydrant located on the south of the building was trimmed to maintain the required 3' clearance. 2. Additional ceiling tiles were reviewed for damage and roper placement. Additional sprinkler control valve locations were reviewed for proper signage. The exterior of the facility was reviewed for any additional obstructed fire hydrants. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Sprinkler System - Maintenance and Testing specific to broken/ missing ceiling tiles, proper signage at sprinkler contro valve locations, and maintaining clear space around fire hydrants, 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: 12/06/18	

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K 353	Continued From page 8 Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that there were multiple ceiling tiles damaged/missing in the main elevator mechanical room on the 3rd floor and damaged ceiling tile in the stairwell of the south wing that could allow hot gasses to pass above the ceiling and affect the operation of the sprinkler system. Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that there was a hole in a ceiling tile in the soiled utility room on the 3rd floor that could allow hot gasses to pass above the ceiling and affect the operation of the sprinkler system. Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that there are sprinkler control valves located in the main sprinkler riser room in the kitchen and the MDS coordinator office on the 2nd floor and there is no sign on or near the door noting that there are sprinkler control valves located in the rooms. Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that the required clearance of 3' around the fire hydrant is not maintained clear of obstructions on the south side of the building. There is a bush that encroaches on the clear space.	K 353			
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	K 363	K 363 1. The corridor doors to the dining rooms on the 2nd and 3rd floors will be repaired to positively latch. 2. Additional corridor doors were reviewed for positive latching. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Corridor - Doors specific to positively latching corridor doors, and will continue to monitor in accordance with NFPA		

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K 363	<p>Continued From page 9</p> <p>wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist 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.</p> <p>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.</p> <p>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 REQUIREMENT is not met as evidenced by:</p> <p>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.</p>	K 363	<p>standards.</p> <p>4. Any findings will be reported to the monthly QAPI Committee for further review.</p> <p>5. Date of compliance: 01/22/19</p> <p>**2nd and 3rd floor dining room doors will have hardware installed for positive latching. Time-Limited Waiver requested until 01/22/19.</p>	

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FORM APPROVED
OMB NO. 0938-0391

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K 363	Continued From page 10 Findings include Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that the corridor doors to the dining room on the 2nd and 3rd floors were not positive latching.	K 363			
K 374 SS=E	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 that could allow smoke to pass through the doors observed at one out of three smoke barrier doors. Findings include Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that there were holes in the fire rated smoke barrier doorframes by room 324 to the west wing, north wing by the nurse's station, east wing by the nurse's station, to the west wing on	K 374	K 374 1. The holes in the fire rated smoke barrier door frames by room 324 to the west wing, north wing by the nurse's station, east wing by the nurse's station, to the west wing on the 2nd floor and by room 130 on the 1st floor were repaired. 2. Additional fire rated smoke barrier door frames were reviewed for holes. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Subdivision of Building Spaces - Smoke Barriers specific to holes in fire rated smoke barrier door frames, 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: 12/06/18		

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K 374	Continued From page 11 the 2nd floor and by room 130 on the 1st floor.	K 374		
K 911 SS=E	<p>Electrical Systems - Other CFR(s): NFPA 101</p> <p>Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical 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 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based upon observations the emergency electrical systems is not installed according to NFPA 70, 110, and 99</p> <p>Findings include</p> <p>Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that the controls and the main breaker on the emergency generator if not readily accessible. Referenced in 2011 NFPA 70: 2011 NFPA 70 230.70 (1) Readily Accessible Location. The service disconnecting means shall be installed at a readily accessible location either outside of the building or structure or inside nearest the point of entrance of the service conductors. 240.24 Location in or on Premises. (A) Accessibility. Overcurrent devices shall be readily accessible and shall be installed so that the center of the grip of the operation handle of eh switch or circuit breaker, when the highest position, is not more than 2.0 m (6 ft 7 in) above the floor or working platform.</p> <p>Between 10:55 am and 2:10 pm on 10/22/2018,</p>	<p>K 911</p> <p>1. The controls and the main breaker on the emergency generator will be made readily accessible. The required manual stop for the emergency generator will be installed by a qualified vendor. The breakers, switch gear, transfer switches, and panel boards will be labeled to designate as to what electrical equipment supplies then and location. A separate transfer switch that supplies power to the emergency electrical system will be installed by a qualified vendor. 2. An additional quality review of the generator will be completed by a qualified vendor for proper function. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Electrical Systems - Other specific to the generator's equipment accessibility, labeling, manual stop switch, and transfer switches, 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: 01/22/19 **Labeling of electrical equipment will be done and platform will be installed to provide readily access- ibility to emergency generator. Time-Limited Waiver requested until 01/22/19.</p>		

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K 911	<p>Continued From page 12</p> <p>during our walkthrough of the facility, it was observed that the required manual stop for the emergency generator is not located at a location that is outside of the generator enclosure. Referenced by NFPA 110</p> <p>Referenced by NFPA 110 2010 5.6.5.6 manual stop.</p> <p>All installations shall have a remote manual stop station of a type to prevent inadvertent or unintentional operation located outside the room housing the prime mover, where so installed or elsewhere on the premises where the prime mover is located outside the building.</p> <p>Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that the breakers, switch gear, transfer switches, panel boards and main disconnect at the emergency generator are not labeled to designate what circuit or equipment that it supplies and location. In addition, breakers switch gear, transfer switches, and panel boards are not labeled to designate as to what electrical equipment supplies then and location. Referenced by NFPA 70.</p> <p>2011 NFPA 70 110.22</p> <p>Identification of Disconnecting Means.</p> <p>(A) General. Each disconnecting means shall be legibly marked to indicate its purpose unless located and arranged so the purpose is evident. The marking shall be of sufficient durability to withstand the environment involved.</p> <p>Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that the emergency generator is over 150 KVA and there is only one transfer switch that transfers power. There is no separate transfer switch that supplies power to the emergency electrical system. Referenced by NFPA 99</p>	K 911			

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K 911	Continued From page 13 2012 NFPA 99 Section 6.4.2.2.1.4 The number of transfer switches to be used shall be based upon reliability, design, and load considerations. (A) Each branch of the essential electrical system shall have one or more transfer switches. (B) One transfer switch shall be permitted to serve one or more branches in a facility with a continuous load on the switch of 150 KVA or less.	K 911			
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 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.	K 914	K 914 1. The annual receptacle testing documentation has been amended to more clearly illustrate the ground or polarity testing and dates of any repairs. 2. There is only one required documentation of the annual receptacle testing in resident rooms, therefore no additional reviews were needed. 3. The Executive Director educated the Maintenance Director on NFPA 101 Electrical Systems - Maintenance and Testing specific to having complete documentation of the annual receptacle testing in the resident rooms, 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: 12/06/18		

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K 914	Continued From page 14 Findings include Between 9:20am and 10:45am on October 22, 2018 during review of documentation of the annual receptacle testing in the resident rooms, it was observed that there was no complete documentation that noted the outcome of the ground or polarity testing during the annual receptacle testing and there were no dates given for the completion of any repairs.	K 914			
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, 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 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based upon observations the electrical systems and equipment is not being maintained. Findings include Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that the flexible conduit to the EXIT sign by room 311 on the 3rd floor was pulled loose from the junction box and wires were exposed.	K 919	K 919 1. The flexible conduit to the EXIT sign near room 311 on the 3rd floor that had pulled loose exposing wires was repaired. 2. Additional EXIT signs were reviewed for flexible conduit that may have pulled loose exposing wires. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Electrical Equipment - Other specific to conduit to EXIT signs remaining securely attached to junction boxes, 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: 12/06/18		
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	K 920			

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K 920	<p>Continued From page 15</p> <p>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 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.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based upon observations the electrical systems that there is non-approved power strips being used in patient care areas and extension cords used as permanent wiring.</p> <p>Findings include</p> <p>Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that the hospital grade power strip was not properly secured to a cart in room 329.</p> <p>Between 10:55 am and 2:10 pm on 10/22/2018, during our walkthrough of the facility, it was observed that there were two extension cords in use in the housekeeping office/storage room on the 3rd floor, an extension cord in the clinical services office and in the clinical services office on the 1st floor on the 1st floor that are used a</p>	K 920	<p>K 920</p> <ol style="list-style-type: none"> 1. The hospital grade power strip in room 329 was properly secured. The extension cords found in the housekeeping/ storage room on the 3rd floor, the clinical services office, and the clinical services office on the 1st floor were removed. 2. Additional rooms were reviewed for the improper use of extension cords. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Electrical Equipment - Power Cords and Extension Cords specific to the proper use of extension cords, 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: 12/06/18 	

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K 920	Continued From page 16 permanent wiring.	K 920			