

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

Printed: 10/02/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495370</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/18/2018</b>
NAME OF PROVIDER OR SUPPLIER <b>BRIDGEWATER HOME , INC.</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>302 NORTH SECOND STREET BRIDGEWATER, VA 22812</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  Surveyor: 35701 The Facility is a three story dually certified facility. The Facility is Type II (222) construction and is fully sprinklered.  An unannounced recertification Life Safety Code survey was conducted on 09/18/2018 in accordance with 42 Code of Federal Regulations, Part 483.150 and 410 to 480: Requirements for Long Term Care Facilities. The Facility was surveyed for compliance using the LSC 2012 Existing Regulations. The Facility was found not to be in compliance with the Requirements for Participation for Medicare and Medicaid.  The Findings that follow demonstrate non-compliance with title 42 Code of Regulations. Part 483.150 and 410 to 480 (Life safety from Fire).	K 000		
K 200 SS=D	Means of Egress Requirements - Other CFR(s): NFPA 101  Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress 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. 18.2, 19.2  This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to	K 200		
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE

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 200	<p>Continued From page 1</p> <p>maintain egress doors. This has the potential to affect all staff and residents.</p> <p>The Findings include:</p> <p>It was observed on 09/18/2018 at 1:20 PM, the ADA button in the Serenity courtyard was not operable when activated.</p> <p>It was observed on 09/18/2018 at 1:06 PM, the ADA button in the Harmony courtyard was not operable when activated.</p> <p>7.2.1.5.6 Electrically Controlled Egress Door Assemblies. Door assemblies in the means of egress shall be permitted to be electrically locked if equipped with approved, listed hardware, provided that all of the following conditions are met:</p> <p>(1) The hardware for occupant release of the lock is affixed to the door leaf.</p> <p>(2) The hardware has an obvious method of operation that is readily operated in the direction of egress.</p> <p>(3) The hardware is capable of being operated with one hand in the direction of egress.</p> <p>(4) Operation of the hardware interrupts the power supply directly to the electric lock and unlocks the door assembly in the direction of egress.</p> <p>(5)*Loss of power to the listed releasing hardware automatically unlocks the door assembly in the direction of egress.</p> <p>(6) Hardware for new installations is listed in</p>	K 200		

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K 200	Continued From page 2 accordance with ANSI/UL 294, Standard for Access Control System Units.	K 200		
K 225 SS=D	Stairways and Smokeproof Enclosures CFR(s): NFPA 101  Stairways and Smokeproof Enclosures Stairways and Smokeproof enclosures used as exits are in accordance with 7.2. 18.2.2.3, 18.2.2.4, 19.2.2.3, 19.2.2.4, 7.2  This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain exit enclosures. This has the potential to affect two smoke compartment.  The Findings include:  It was observed on 09/18/2018 at 11:43 AM, penetrations in the exit enclosure of the third floor Care Area stairwell was not sealed around the conduit openings in the exit enclosure and on the corridor side.  It was observed on 09/18/2018 at 12:26 PM, penetrations in the Wellness stairwell was not sealed around two conduit openings. Observation revealed a hole in the one hour rated wall was not sealed.	K 225		
K 311 SS=D	Vertical Openings - Enclosure CFR(s): NFPA 101  Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation	K 311		

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K 311	Continued From page 3 shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain the construction requirements for the elevator machine room. This has the potential to affect all staff in the service hall.  The Findings include:  It was observed on 09/18/2018 at 12:50 PM, an unapproved spray foam was used to seal around penetrations in the fire rated elevator service room.	K 311		
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	K 324		

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K 324	Continued From page 4 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. 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: Surveyor: 35701 Based on observation, the facility failed to maintain cooking facilities. This has the potential to affect all kitchen staff.  The Findings include:  It was observed on 09/18/2018 at 12:38 PM, a broiler was placed outside the footprint of the commercial cooking hood. Observation revealed the commercial cooking hood filters was loaded with grease.	K 324		
K 325 SS=D	Alcohol Based Hand Rub Dispenser (ABHR) CFR(s): NFPA 101  Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: * Corridor is at least 6 feet wide * Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols * Dispensers shall have a minimum of 4-foot horizontal spacing * Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single	K 325		

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K 325	Continued From page 5 smoke compartment outside a storage cabinet, excluding one individual dispenser per room * Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 * Dispensers are not installed within 1 inch of an ignition source * Dispensers over carpeted floors are in sprinklered smoke compartments * ABHR does not exceed 95 percent alcohol * Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11) * ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485 This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on interview, the facility failed to maintain alcohol based hand rub dispensers. This has the potential to affect all residents and staff.  The Findings include:  An interview with maintenance staff on 09/18/2018 at 11:06 revealed the inspection and testing of the alcohol based hand rub dispensing units was not being conducted.	K 325		
K 341 SS=D	Fire Alarm System - Installation CFR(s): NFPA 101  Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders,	K 341		

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K 341	Continued From page 6 and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8  This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to properly install the devices for the fire alarm. This has the potential to affect one smoke compartment.  The Findings include:  It was observed on 09/18/2018 at 11:52 AM, the smoke detector located in the Unity clean utility room was within 36 inches of an HVAC vent.	K 341		
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	K 353		

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K 353	Continued From page 7 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: Surveyor: 35701 Based on record review, interview and observation, the facility failed to maintain the sprinkler system. This has the potential to affect two smoke compartments.  The Findings include:  A record review of the sprinkler system inspection report on 09/18/2018 at 10:56 AM revealed the sprinkler heads located in the kitchen was corroded. An interview with the maintenance staff confirmed the sprinkler heads was not replaced.  It was observed on 09/18/2018 at 12:14 PM, the sprinkler head located in room 377 was painted.  It was observed on 09/18/2018 at 1:16 PM, the sprinkler head located in Serenity room 177 was loaded with dust.	K 353		
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101  Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain portable fire extinguishers. This has the	K 355		



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K 355	Continued From page 8 potential to affect one smoke compartment and the service hall.  The Findings include:  It was observed on 09/18/2018 at 12:10 PM, the portable fire extinguisher identified as a loaner located in the Faith House was past due for an annual inspection.  It was observed on 09/18/2018 at 12:50 PM, the portable fire extinguisher identified as a loaner located in the service elevator room was past due for an annual inspection.	K 355		
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 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	K 363		

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K 363	Continued From page 9 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: Surveyor: 35701 Based on observation, the facility failed to maintain smoke doors. This has the potential to affect two smoke compartments.  The Findings include:  It was observed on 09/18/2018 at 1:10 PM, the smoke doors to the Harmony communtiy was not completely closing.	K 363		
K 372 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101  Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke	K 372		

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K 372	Continued From page 10 barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain the smoke barrier. This has the potential to affect 3 smoke compartments.  The Findings include:  It was observed on 09/18/2018 at 11:46 AM, penetrations above the smoke doors and above ceiling to Unity was not sealed around the piping and cables.  It was observed on 09/18/2018 at 12:00 PM, penetrations above the smoke doors and above ceiling to Joy near room 375 was not completely sealed around the blue IT cables and at the conduit openings.  It was observed on 09/18/2018 at 12:33 PM, an unapproved spray foam was used to seal penetrations below the damper flange.	K 372		
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101  Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2	K 511		

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K 511	Continued From page 11  This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on observation, the facility failed to maintain electrical equipment. This has the potential to affect one smoke compartment.  The Findings include:  It was observed on 09/18/2018 at 12:00 PM, the electrical outlet located in Unity room 365A was not secured to the wall.	K 511		
K 711 SS=D	Evacuation and Relocation Plan CFR(s): NFPA 101  Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on record review and interview, the facility failed to maintain the evacuation and relocation plan. This has the potential to affect all residents.  The Findings include:	K 711		

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K 711	Continued From page 12 A record review of the evacuation and relocation plan on 09/18/2018 at 11:25 AM revealed the off site shelter was not identified in the plan. An interview with maintenance staff identified a local high school was used as an off site shelter. There was no documentation of an agreement signed to verify the use of the facility.	K 711		
K 761 SS=D	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101  Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on interview, the facility failed to maintain fire and smoke doors in accordance with LSC 101 2012 edition.  The Findings include:  An interview with the maintenance staff on 09/18/2018 revealed the inspection of door openings was not being conducted.  7.2.1.15 Inspection of Door Openings. 7.2.1.15.1* Where required by Chapters 11	K 761		

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FORM APPROVED  
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER <b>BRIDGEWATER HOME , INC.</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>302 NORTH SECOND STREET BRIDGEWATER, VA 22812</b>		
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K 761	Continued From page 13 through 43, the following door assemblies shall be inspected and tested not less than annually in accordance with 7.2.1.15.2 through 7.2.1.15.8: (1) Door leaves equipped with panic hardware or fire exit hardware in accordance with 7.2.1.7 (2) Door assemblies in exit enclosures (3) Electrically controlled egress doors (4) Door assemblies with special locking arrangements subject to 7.2.1.6 7.2.1.15.2 Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Smoke door assemblies shall be inspected and tested in accordance with NFPA 105, Standard for Smoke Door Assemblies and Other Opening Protectives. 7.2.1.15.3 The inspection and testing interval for fire-rated and nonrated door assemblies shall be permitted to exceed 12 months under a written performance-based program in accordance with 5.2.2 of NFPA 80, Standard for Fire Doors and Other Opening Protectives. 7.2.1.15.4 A written record of the inspections and testing shall be signed and kept for inspection by the authority having jurisdiction. 7.2.1.15.5 Functional testing of door assemblies shall be performed	K 761		

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K 761	Continued From page 14 by individuals who can demonstrate knowledge and understanding of the operating components of the type of door being subjected to testing. 7.2.1.15.6 Door assemblies shall be visually inspected from both sides of the opening to assess the overall condition of the assembly. 7.2.1.15.7 As a minimum, the following items shall be verified: (1) Floor space on both sides of the openings is clear of obstructions, and door leaves open fully and close freely. (2) Forces required to set door leaves in motion and move to the fully open position do not exceed the requirements in 7.2.1.4.5. (3) Latching and locking devices comply with 7.2.1.5. (4) Releasing hardware devices are installed in accordance with 7.2.1.5.10.1. (5) Door leaves of paired openings are installed in accordance with 7.2.1.5.11. (6) Door closers are adjusted properly to control the closing speed of door leaves in accordance with accessibility requirements. (7) Projection of door leaves into the path of egress does not exceed the encroachment permitted by 7.2.1.4.3. (8) Powered door openings operate in accordance with 7.2.1.9. (9) Signage required by 7.2.1.4.1(3), 7.2.1.5.5, 7.2.1.6, and	K 761		

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K 761	Continued From page 15 7.2.1.9 is intact and legible. (10) Door openings with special locking arrangements function in accordance with 7.2.1.6 (11) Security devices that impede egress are not installed on openings, as required by 7.2.1.5.12.	K 761		
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 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: Surveyor: 35701 Based on observation, the facility failed to maintain electrical equipment. This has the potential to affect one smoke compartment.	K 920		



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K 920	Continued From page 16  The Findings include:  It was observed on 09/18/2018 at 12:22 PM, a powerstrip located in Joy room 387A powering personal electrical devices was not listed for use outside the patient care area.	K 920		
K 921 SS=D	Electrical Equipment - Testing and Maintenance CFR(s): NFPA 101  Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8	K 921		

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K 921	Continued From page 17 This REQUIREMENT is not met as evidenced by: Surveyor: 35701 Based on interview, the facility failed to maintain electrical equipment. This has the potential to affect all residents and staff.  The Findings include:  An interview with maintenance staff on 09/18/2018 at 11:08 AM revealed the physical integrity, resistance, leakage current and touch current tests was not being conducted on fixed and portable patient care related electrical equipment.	K 921		