STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 495260	DATE SURVEY COMPLETE: 03/05/2019
NAME OF PROVIDER OR SUPPLIER **BEAUFONT HEALTH AND REHABILITATION CENTER**	STREET ADDRESS, CITY, STATE, ZIP CODE **200 HIOAKS ROAD RICHMOND, VA. 23225**	

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
K 353	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: Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that there was no data plate on the sprinkler riser to the new addition in the PT/OT gym. 1) FLSA will create and attach new data plate 2) FLSA will inspect both risers to make sure data plates don't fall off 3) FLSA will make sure plate is secure during all inspections 4) Maintenance will check data plate during weekly gauge inspection 5) 3/22/19

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.

The above isolated deficiencies pose no actual harm to the residents [signature], LNHA

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495260	A. BUILDING 01 - MAIN BUILDING 01 B. WING	03/05/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEAUFONT HEALTH AND REHABILITATION CENTEI	200 HIOAKS ROAD RICHMOND, VA 23225

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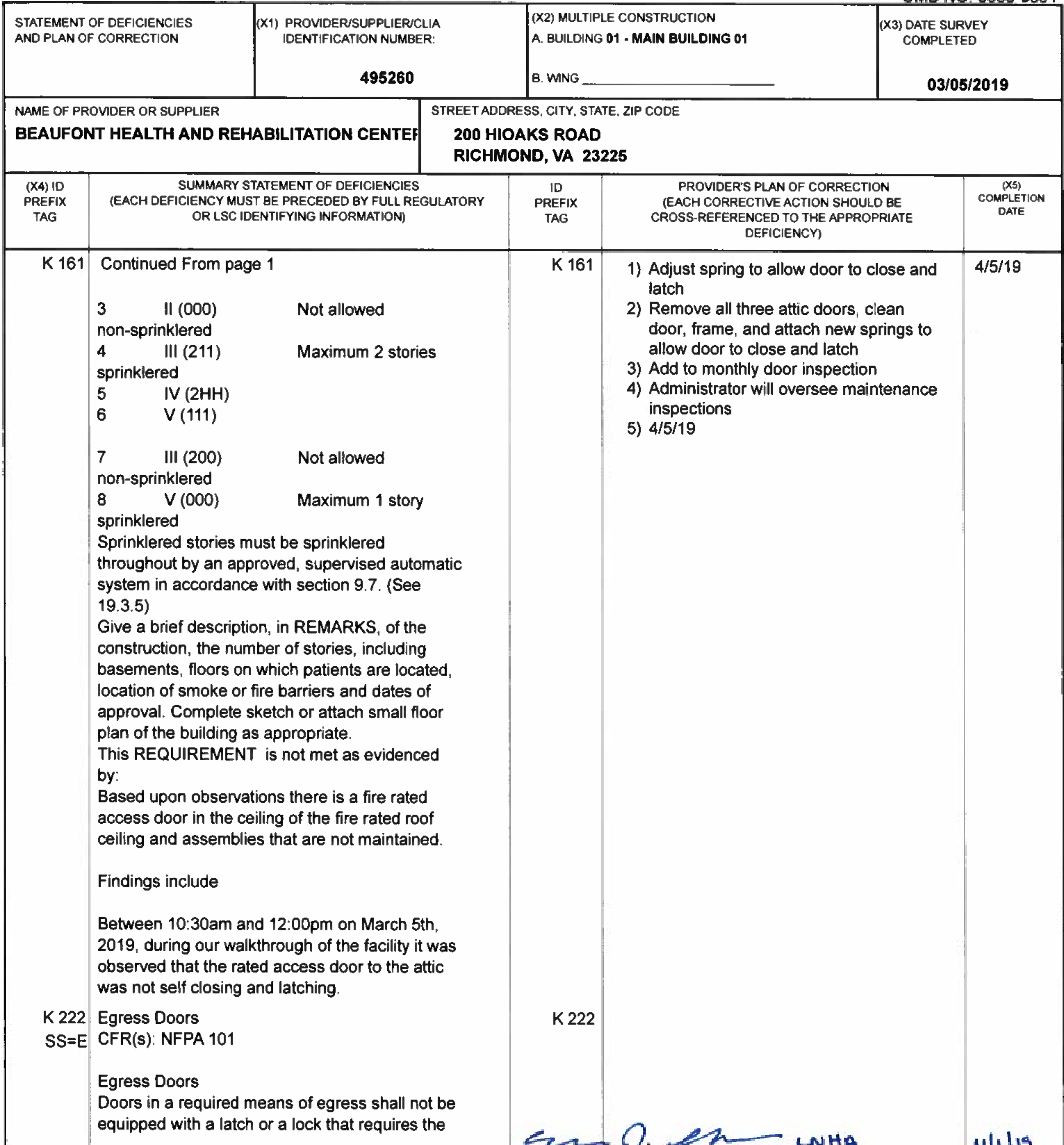
K 000	INITIAL COMMENTS Description of structure: The facility is a one story structure Type V (111). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 3/5/19 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was not in 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 161 SS=E	Building Construction Type and Height CFR(s): NFPA 101 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 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered	K 161		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Administrator 4/1/19

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.



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495260	A. BUILDING 01 - **MAIN BUILDING 01** B. WING ______	**03/05/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEAUFONT HEALTH AND REHABILITATION CENTEF	**200 HIOAKS ROAD** **RICHMOND, VA 23225**

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K 161	Continued From page 1 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 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 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 a fire rated access door in the ceiling of the fire rated roof ceiling and assemblies that are not maintained. Findings include Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that the rated access door to the attic was not self closing and latching.	K 161	1) Adjust spring to allow door to close and latch 2) Remove all three attic doors, clean door, frame, and attach new springs to allow door to close and latch 3) Add to monthly door inspection 4) Administrator will oversee maintenance inspections 5) 4/5/19	4/5/19
K 222 SS=E	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the	K 222		

[illegible signature], LNHA 4/1/19

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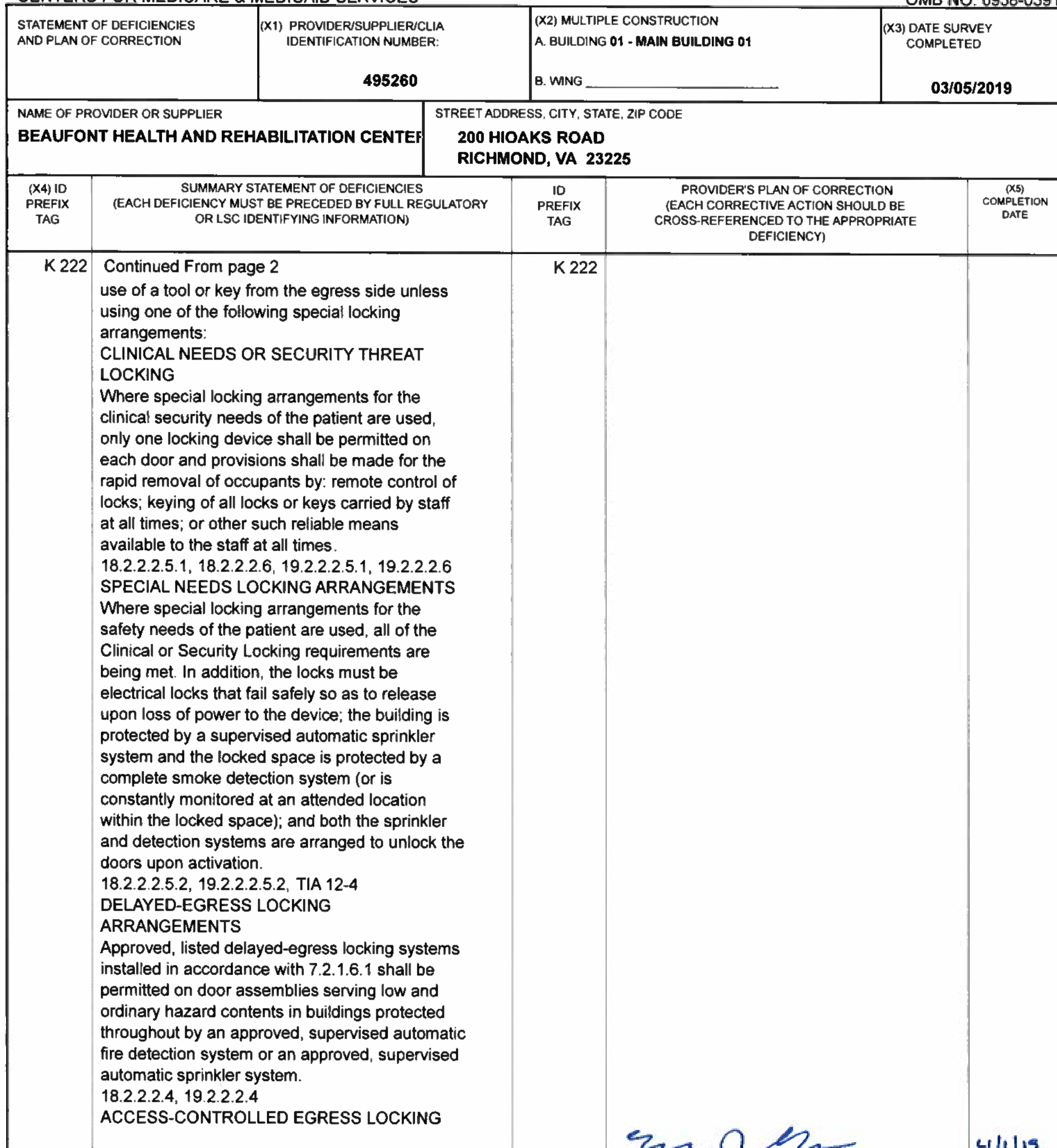

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K 222	Continued From page 2 use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING	K 222		4/1/19

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	495260	A. BUILDING **01 - MAIN BUILDING 01** B. WING ____	**03/05/2019**

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K 222	Continued From page 3 ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based upon observations there are items that are installed on the doors that restricts the full operation of the doors so occupants can egress to an exit. Findings include Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that the egress door by the employee lounge controlled by a mag lock was not identified properly and it was set to 30 seconds and it should be set to 15 seconds. Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that the egress door by the laundry room that is controlled by a mag lock would not release and it was not properly.	K 222	1) Identified door with proper labeling and re-calibrated to allow for 15 second release 2) Re-calibarted all exit doors 3) Will add mag lock to monthly fire door inspection 4) Inspection reports will be monitored through the QAPI committee quarterly 5)3/8/19 1) Adjust pin 2) Checked all doors for proper pin placement 3) Will add mag lock to monthly fire door inspection 4) Inspection reports will be monitored through the QAPI committee quarterly 5) 3/7/19	3/8/19 3/7/19
K 321 SS=E	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier	K 321		4/1/19

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495260	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 03/05/2019

NAME OF PROVIDER OR SUPPLIER: **BEAUFONT HEALTH AND REHABILITATION CENTER**
STREET ADDRESS, CITY, STATE, ZIP CODE: **200 HIOAKS ROAD RICHMOND, VA 23225**

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K 321	Continued From page 4 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: 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. Findings include Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that the rated boiler room door is not	K 321	1) Put new closer on the boiler room door 2) Checked all other door closers for leaks 3) Add door closer to monthly door inspections 4) Inspection reports will be monitored through the QAPI committee quarterly 5) 3/11/19 1) Put new closer on the laundry room door 2) Checked all other door closers for leaks 3) Add door closer to monthly door inspections 4) Inspection reports will be monitored through the QAPI committee quarterly 5) 3/11/19	3/11/19 3/11/19 4/1/19

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K 321	Continued From page 5 self-closing and latching. Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that the rated laundry room door is not self-closing and latching.	K 321		
K 353 SS=B	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: Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that there are gaps around the sprinkler	K 353	1) Filled sprinkler gap with fire caulk 2) Checked all sprinkler heads throughout building 3) Will do in house inspection semi annually 4) Will have FLSA inspect sprinkler heads for gap during quarterly inspection 5) 3/18/19	3/18/19

[signature] 4/1/19

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K 353	Continued From page 6 heads in the exterior electrical rooms.	K 353		
K 355 SS=F	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: Based upon review of documentation and observations there are portable fire extinguishers that are not in compliance with NFPA 10. Findings include: Between 10:00am and 10:30am on March 5th, 2019, during document review it was observed that the fire extinguishers were overdue for their 6 year inspection throughout the building.	K 355	1) 6 year inspection was completed 3/12/18 2) Maintenance director and administrator will identify all upcoming quarterly and yearly inspections 3) Will have FLSA remind facility during prior inspections to prepare for payment 4) Inspection reports will be monitored through the QAPI committee quarterly 5) 3/13/19	
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	K 374		4/1/19

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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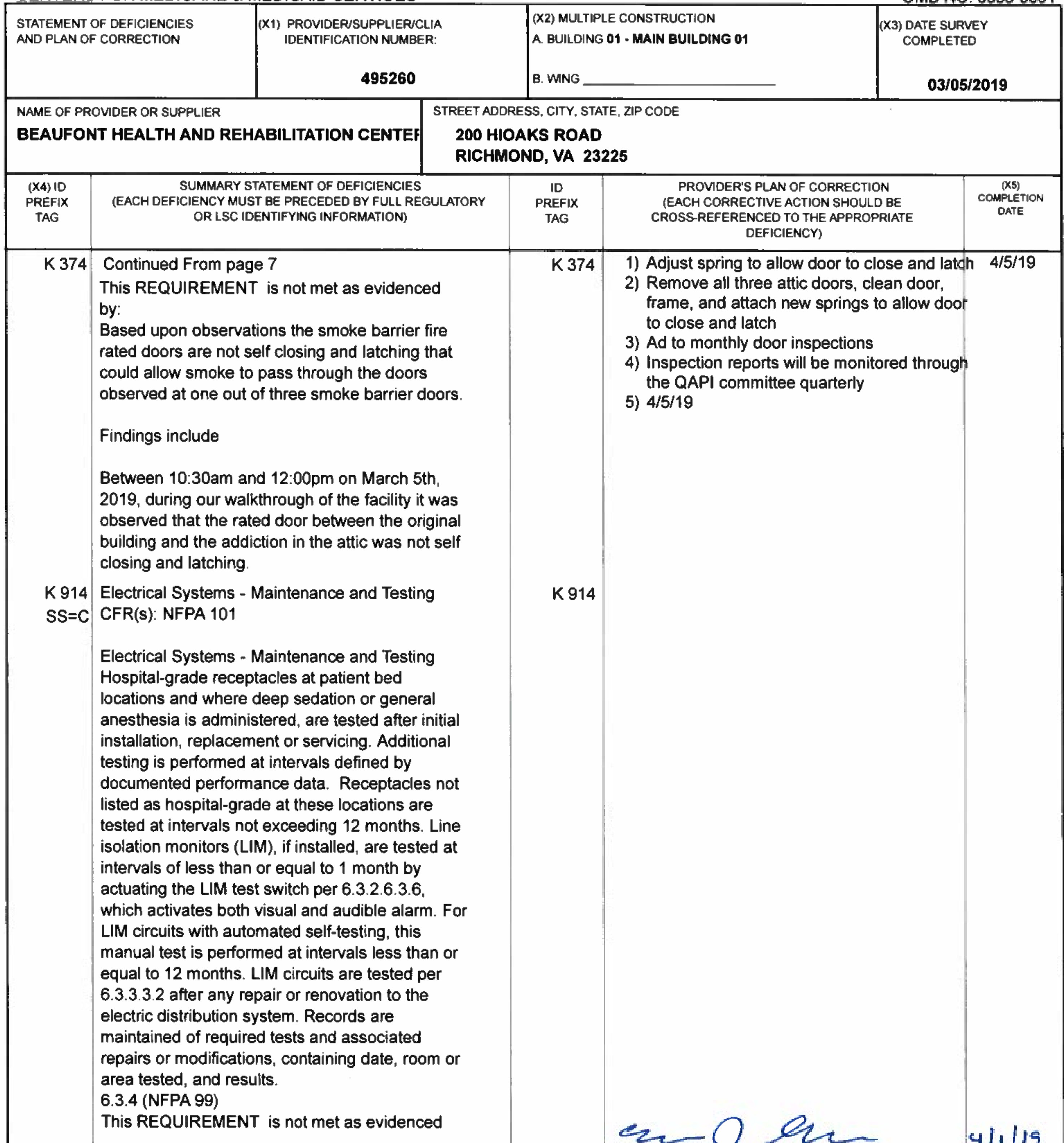

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K 374	Continued From page 7 This REQUIREMENT is not met as evidenced by: Based upon observations the smoke barrier fire rated doors are not self closing and latching that could allow smoke to pass through the doors observed at one out of three smoke barrier doors. Findings include Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that the rated door between the original building and the addiction in the attic was not self closing and latching.	K 374	1) Adjust spring to allow door to close and latch 2) Remove all three attic doors, clean door, frame, and attach new springs to allow door to close and latch 3) Ad to monthly door inspections 4) Inspection reports will be monitored through the QAPI committee quarterly 5) 4/5/19	4/5/19
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 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	K 914		

4/1/19

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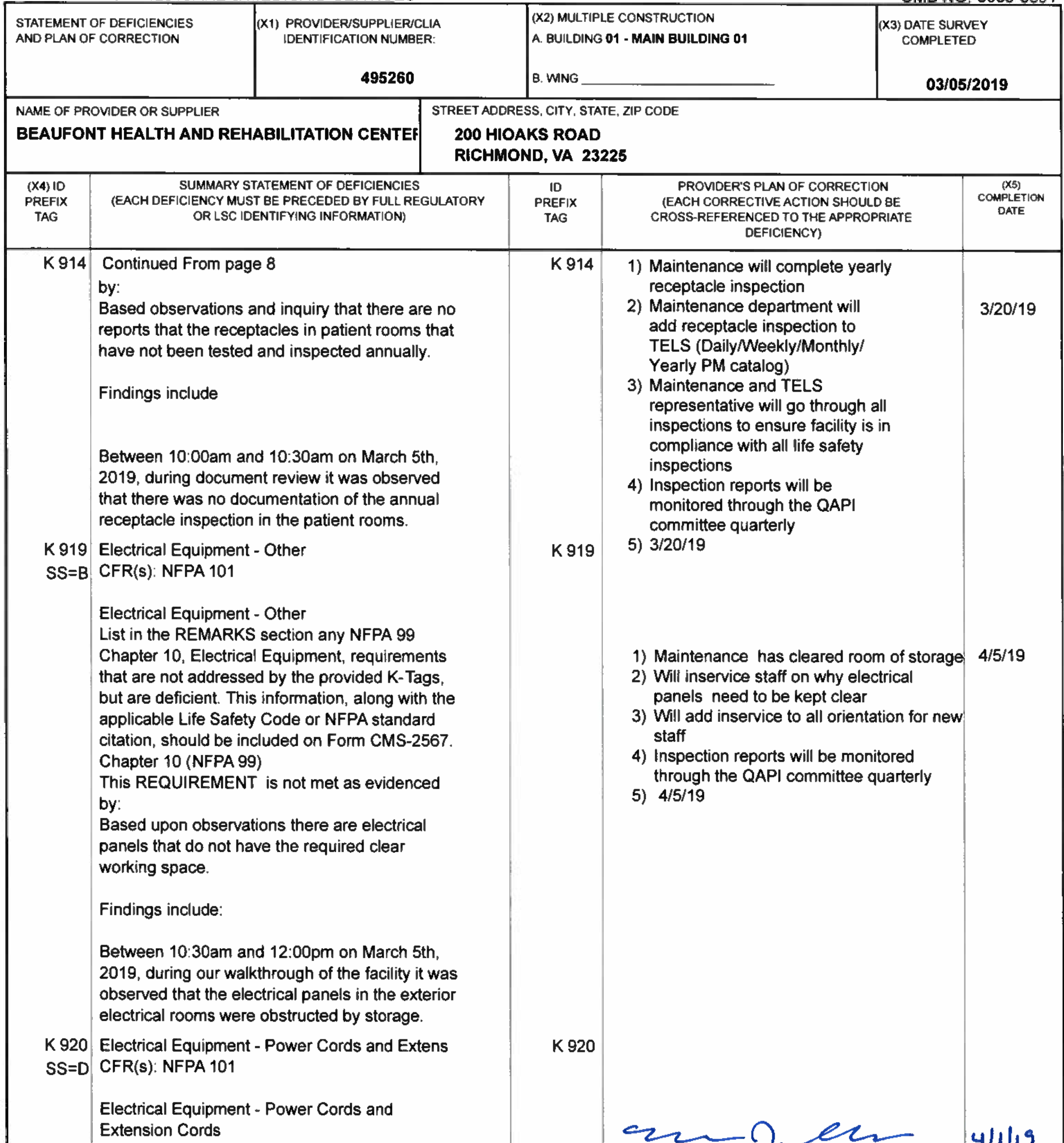

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K 914	Continued From page 8 by: Based observations and inquiry that there are no reports that the receptacles in patient rooms that have not been tested and inspected annually. Findings include Between 10:00am and 10:30am on March 5th, 2019, during document review it was observed that there was no documentation of the annual receptacle inspection in the patient rooms.	K 914	1) Maintenance will complete yearly receptacle inspection 2) Maintenance department will add receptacle inspection to TELS (Daily/Weekly/Monthly/ Yearly PM catalog) 3) Maintenance and TELS representative will go through all inspections to ensure facility is in compliance with all life safety inspections 4) Inspection reports will be monitored through the QAPI committee quarterly 5) 3/20/19	3/20/19
K 919 SS=B	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 there are electrical panels that do not have the required clear working space. Findings include: Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that the electrical panels in the exterior electrical rooms were obstructed by storage.	K 919	1) Maintenance has cleared room of storage 2) Will inservice staff on why electrical panels need to be kept clear 3) Will add inservice to all orientation for new staff 4) Inspection reports will be monitored through the QAPI committee quarterly 5) 4/5/19	4/5/19
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords	K 920		4/1/19

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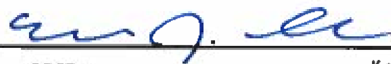
K 920	Continued From page 9 Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not 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: Based upon observations the electrical systems that there are extension cords being used as permenant wiring. Findings include Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that there were multiple extension cords in use in the attic.	K 920	1) Maintenance removed extension cord 2) Maintenance will inspect entire building for extension cords monthly 3) Inservice staff on when and how to use extension cords 4) Have inservice during all orientation for new staff 5) 4/5/19 	4/5/19 4/1/19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495260	A. BUILDING **02 - NEW BUILDING & REHAB** B. WING	**03/05/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BEAUFONT HEALTH AND REHABILITATION CENTEF	**200 HIOAKS ROAD** **RICHMOND, VA 23225**

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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 3/5/19 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 in 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 222 SS=E	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6	K 222		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE 4/1/19

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.

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

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K 222	Continued From page 1 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4	K 222		4/1/19

Printed: 03/18/2019
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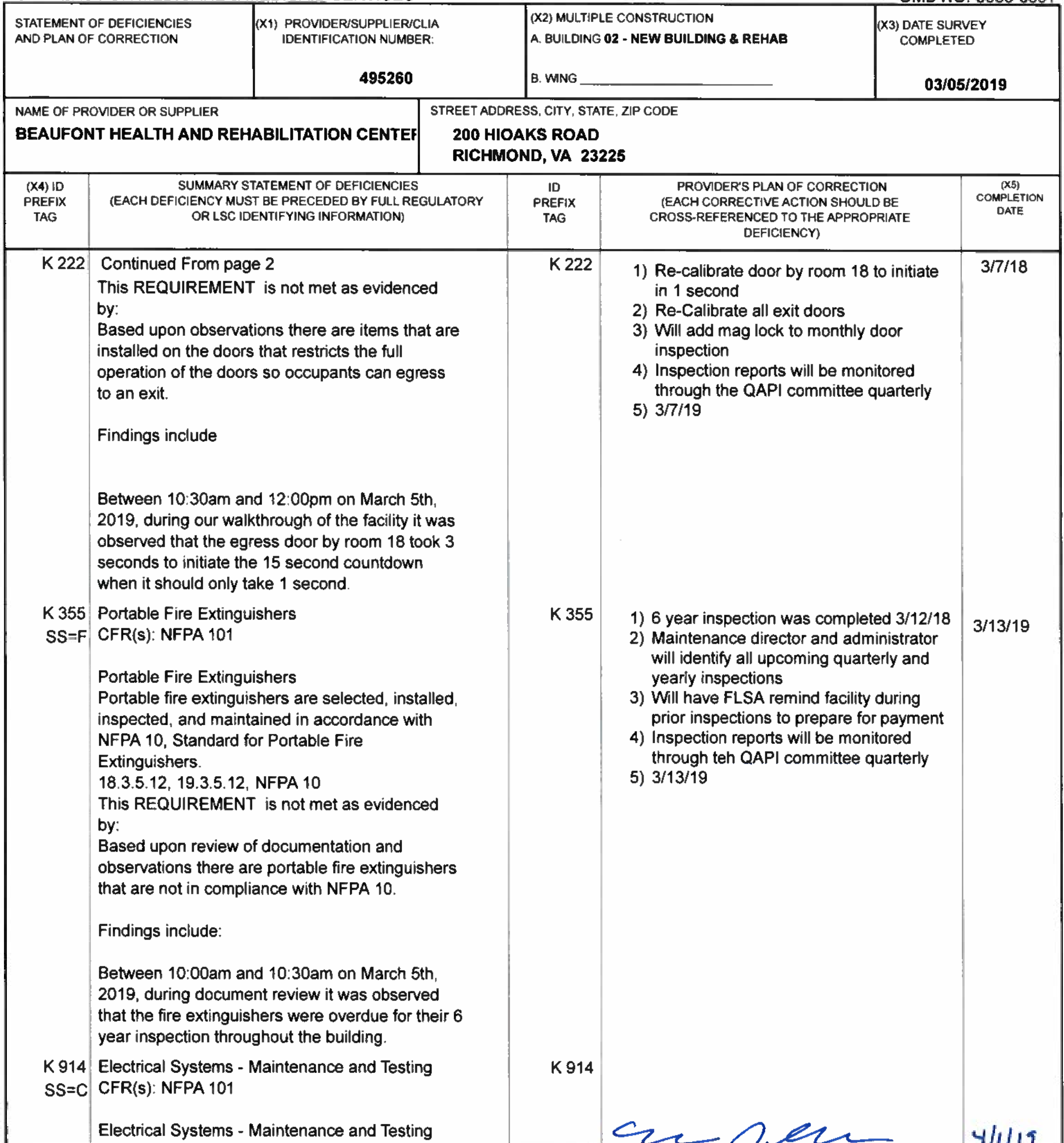

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K 222	Continued From page 2 This REQUIREMENT is not met as evidenced by: Based upon observations there are items that are installed on the doors that restricts the full operation of the doors so occupants can egress to an exit. Findings include Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that the egress door by room 18 took 3 seconds to initiate the 15 second countdown when it should only take 1 second.	K 222	1) Re-calibrate door by room 18 to initiate in 1 second 2) Re-Calibrate all exit doors 3) Will add mag lock to monthly door inspection 4) Inspection reports will be monitored through the QAPI committee quarterly 5) 3/7/19	3/7/18
K 355 SS=F	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: Based upon review of documentation and observations there are portable fire extinguishers that are not in compliance with NFPA 10. Findings include: Between 10:00am and 10:30am on March 5th, 2019, during document review it was observed that the fire extinguishers were overdue for their 6 year inspection throughout the building.	K 355	1) 6 year inspection was completed 3/12/18 2) Maintenance director and administrator will identify all upcoming quarterly and yearly inspections 3) Will have FLSA remind facility during prior inspections to prepare for payment 4) Inspection reports will be monitored through teh QAPI committee quarterly 5) 3/13/19	3/13/19
K 914 SS=C	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing	K 914		4/1/19

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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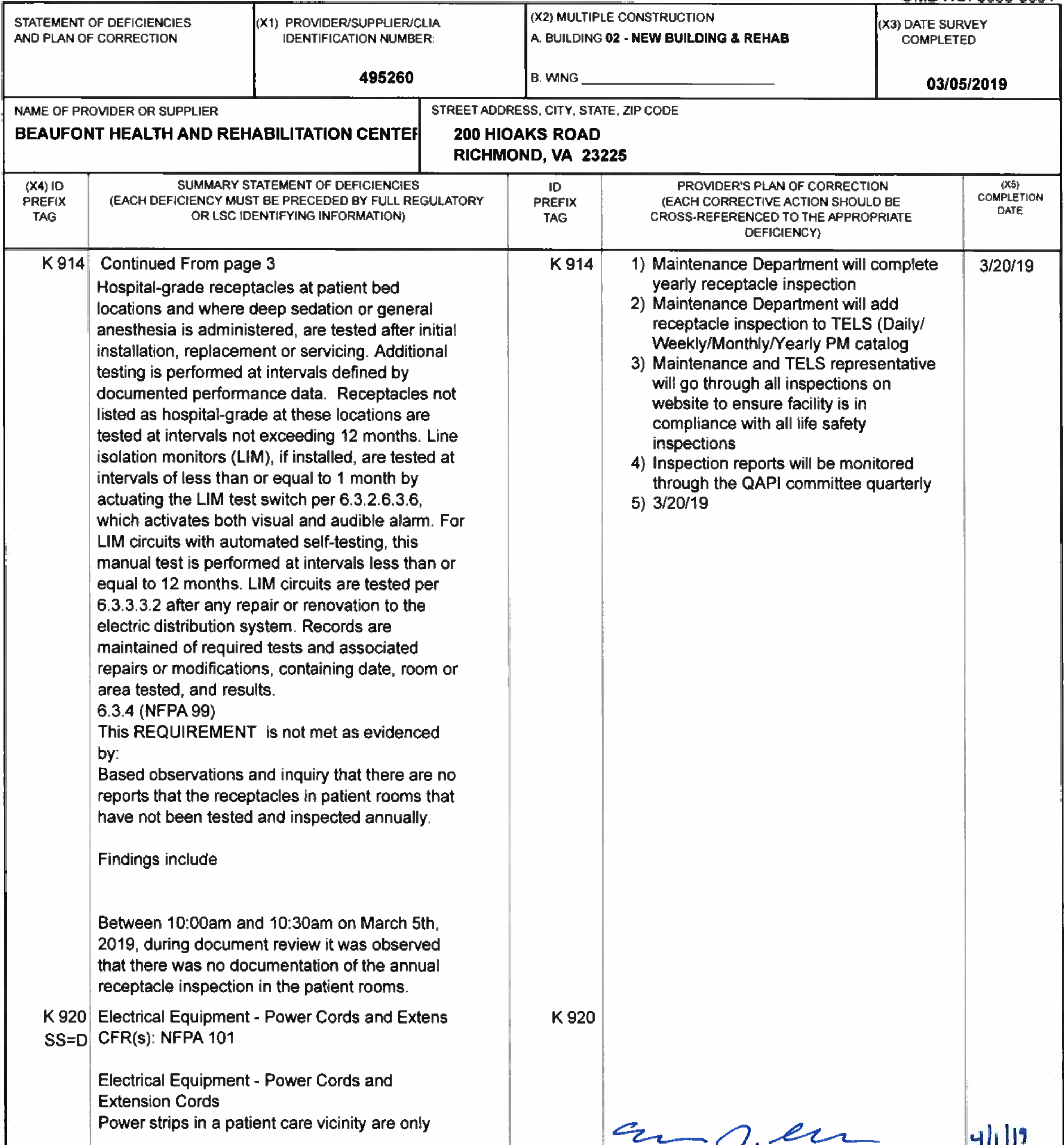

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K 914	Continued From page 3 Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals 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. Findings include Between 10:00am and 10:30am on March 5th, 2019, during document review it was observed that there was no documentation of the annual receptacle inspection in the patient rooms.	K 914	1) Maintenance Department will complete yearly receptacle inspection 2) Maintenance Department will add receptacle inspection to TELS (Daily/ Weekly/Monthly/Yearly PM catalog 3) Maintenance and TELS representative will go through all inspections on website to ensure facility is in compliance with all life safety inspections 4) Inspection reports will be monitored through the QAPI committee quarterly 5) 3/20/19	3/20/19
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	K 920		4/1/19

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K 920	Continued From page 4 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: Based upon observations the electrical systems that there is an extension cord being used as permenant wiring. Findings include Between 10:30am and 12:00pm on March 5th, 2019, during our walkthrough of the facility it was observed that there was an extension cord in use in the activity room.	K 920	1) Maintenance removed extension cord 2) Maintenance will inspect entire building for extension cords monthly 3) Inservice staff on when and how to use extension cords 4) Have inservice during all orientation for new staff 5) 4/5/19	4/5/19

4/1/19