STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	495327	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	02/19/2019

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WESTOVER HILLS	4403 FOREST HILL AVENUE 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 two story structure with a basement Type II (111). Sprinkler Status: Fully sprinklered - NFPA 13 An unannounced Standard Recertification Life Safety Code Survey was conducted on 2/19/2019 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	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because the provision of the federal and state laws require it.	
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 is combustible storage in the means of egress Findings include Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was	K 211	K 211 1.The combustible storage in the stairwell by the maintenance office in the basement was removed. 2.Additional stairwells were reviewed for combustible storage. 3.The Executive Director educated the Maintenance Director on the importance of NFPA 101 Means of Egress- General specific to keeping stairwells free of combustible storage, 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. 4/5/2019	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 3/26/2019

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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ENVOY OF WESTOVER HILLS	**4403 FOREST HILL AVENUE RICHMOND, VA 23225**

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

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K 211	Continued From page 1 observed that there was combustible storage in the egress hallway outside of the maintenance office in the basement. Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that there was combustible storage in the stairwell by the maintenance office in the basement.	K 211		
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 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	K 222	K 222 1.The 15 second time delayed countdown on the stairwell egress door on 300 Hallway will be repaired to activate with the proper amount of pressure. 2. Additional egress doors with 15 second delayed egress hardware were reviewed for activating with the proper amount of pressure. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Egress Doors specific to 15 second delayed egress hardware activating with the proper amount of pressure, 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. 4/5/2019	

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K 222	Continued From page 2 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 This REQUIREMENT is not met as evidenced by: Based upon observations the egress door can not be opened easily Findings include Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that the 15 second time delay countdown on stairwell egress door on the 300	K 222		

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K 222	Continued From page 3 hallway of the 2nd floor does not activate with the proper amount of pressure.	K 222		
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: Based upon observations the fire rated stairway does not have the proper fire rated door hardware Findings include Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that the fire rated door to the basement on the 1st floor in the center of the building did not have fire rated hardware on it.	K 225	K 225 1. Fire rated hardware will be installed on the fire rated door to the basement on the 1st floor. 2. Additional fire rated doors were reviewed for having fire rated hardware. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Stairways and Smokeproof Enclosures specific to fire rated doors having fire rated hardware, 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. 04/05/2019	
K 281 SS=E	Illumination of Means of Egress CFR(s): NFPA 101 Illumination of Means of Egress Illumination of means of egress, including exit discharge, is arranged in accordance with 7.8 and shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8 This REQUIREMENT is not met as evidenced by: Based upon observations there are areas that do not have the required egress lighting	K 281	K 281 1. Egress lighting will be installed in the stairwell by the maintenance office from the basement up to the 1st floor. 2. Additional stairwells will be reviewed for the installation of egress lighting.	

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K 281	Continued From page 4 Findings include Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that there was no egress lighting in the stairwell on the 400 hallway from the 2nd floor down to the first floor. Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that there was no egress lighting in the stairwell my the maintenance office from the basement up to the 1st floor.	K 281	3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Illumination Means of Egress specific to stairwells having egress lighting installed, 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. 04/5/2019	
K 291 SS=E	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based upon observations there are areas that do not have the required emergency lighting documents on site Findings include Between 11:00am and 12:00pm on February 19th, 2019 during document review it was observed that there is no documentation of the monthly and 90 minute annual emergency light inspection/testing.	K 291	K 291 1. The monthly and annual 90 minute emergency light inspection/ testing will be completed. 2. There is only one required monthly and 90 minute annual emergency light inspection/ testing, therefore no additional reviews were needed. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Emergency Lighting specific to completing the emergency light inspection/ testing monthly and annually. The monthly and annual emergency light inspection/ testing will be added to the facility's TELS Preventative Maintenance (PM) calendar, and will continue to be monitored in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. 04/05/2019	
K 300 SS=E	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	K 300		

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K 300	Continued From page 5 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 11:00am and 12:00pm on February 19th, 2019 during document review it was observed that there are no records of the annual fire door inspections.	K 300	K 300 1. The Annual Fire Door Inspection will be 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 completing the Fire Door Inspection annually. The Annual Fire Door Inspection will be added to the facility's TELS PM calendar, and will continue to be monitored in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. 04/05/2019	
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 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	K 321	K 321 1.The dirty utility room by room 212 will have fire rated hardware installed. The rated fire doors to the boiler room will be repaired and made to self-close and latch. The rated doors to the laundry will be made to self-close and latch. The rated doors to the kitchen will be made to self-close and latch. 2. Additional Hazard Room doors were reviewed for proper hardware, and proper self-closing and latching.	

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K 321	Continued From page 6 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, are damaged and doors that do not have the required listing for door hardware that could allow smoke and hot gasses to pass through the doors. Findings include Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that the dirty utility room by room 212 does not have fire rated hardware. Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that the rated fire doors to the boiler room were damaged and not self closing and latching. Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that the rated doors to the laundry were not self closing and latching. Between 9:15am and 11:00am on February 19th,	K 321	3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Hazardous Area- Enclosure specific to Hazard Room doors having appropriate hardware, and proper self-closing and latching, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. 04/05/19	

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K 321	Continued From page 7 2019 during our walk through of the facility it was observed that the rated doors to the kitchen were not self closing and latching.	K 321		
K 342 SS=D	Fire Alarm System - Initiation CFR(s): NFPA 101 Fire Alarm System - Initiation Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations or other continuously attended staff location, provided alarm boxes are visible, continuously accessible, and 200' travel distance is not exceeded. 18.3.4.2.1, 18.3.4.2.2, 19.3.4.2.1, 19.3.4.2.2, 9.6.2.5 This REQUIREMENT is not met as evidenced by: Based upon observations of the facility during our walk through the fire alarm system had the following deficiencies. Findings include Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that the pull station at the main entrance was obstructed by a chair.	K 342	K 342 1. The chair blocking the pull station at the main entrance was removed. 2. Additional pull stations were reviewed for obstructions. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Fire Alarm System- Initiation specific to keeping pull stations unobstructed, 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. 4/5/2019	
K 345 SS=F	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	K 345	K 345 1. The fire alarm system will be replaced by a qualified vendor. The facility will remain on fire watch until the new system is installed and approved. 2. The facility only has one fire alarm system, therefore no additional reviews were needed.	

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K 345	Continued From page 8 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 interviews the fire alarm system is out of service. Findings include Between 11:00am and 12:00pm on February 19th, 2019 during document review information was presented by the Administrator that the fire alarm system was out of service and had been put on fire watch.	K 345	3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Fire Alarm System- Testing and Maintenance specific to maintaining fire watch until the fire alarm system replacement is completed and approved, 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. 1/6/2020	
K 353 SS=F	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:	K 353	K 353 1.The missing sprinkler inspections will be completed by a qualified vendor. The missing ceiling tile in the closet in the Administrator's office was replaced. 2. Additional sprinkler maintenance documentation was reviewed for missing inspections, and additional ceiling areas were reviewed for missing tiles.	

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K 353	Continued From page 9 Based upon observations of the sprinkler system that the required maintenance of the system is not being maintained. Findings include: Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that the last quarterly sprinkler inspection was completed on 10/18/2018 per the tag at the sprinkler riser. The last inspection date is greater than 3 months. Between 11:00am and 12:00pm on February 19th, 2019 during document review it was observed that they did not have documentation that the sprinkler system has been inspected every 3 months. The last quarterly sprinkler inspection report on file was for 7/31/2018. Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that there was a ceiling tile missing in the closet by the Administrator's office that could allow hot gasses to pass above the ceiling and effect the operation of the sprinkler system.	K 353	3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Sprinkler System- Testing and Maintenance specific to conducting the required sprinkler inspections, and replacing missing ceiling tiles. The required sprinkler inspections will be added to the TELS PM calendar, and both items will continue to be monitored in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. 4/5/2019-	
K 355 SS=C	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 observations there are portable fire extinguishers that are not in compliance with	K 355	K 355 1.The fire extinguisher inspections will be completed monthly. 2. There is only one required monthly fire extinguisher inspection, therefore no additional reviews were needed.	

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	495327	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**02/19/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ENVOY OF WESTOVER HILLS	**4403 FOREST HILL AVENUE RICHMOND, VA 23225**

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K 355	Continued From page 10 NFPA 10. Findings include: Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that multiple fire extinguishers are not being properly inspected monthly and that there is no records of the monthly fire extinguisher inspections since 8/2018.	K 355	3.The Executive Director educated the Maintenance Director on the importance of NFPA 101 Portable Fire Extinguishers specific to completing the monthly fire extinguisher inspections. The monthly fire extinguisher inspections will be added to the facility's TELS PM calendar, and will continue to be monitored in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. 4/5/2019	
K 363 SS=F	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 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	K 363	K 363 1. The patient room door 101 will be made to positively latch. The patient room door 218 will be repaired and made to positively latch. The patient room door 220 will be made to positively latch. The patient room door 300 will be made to positively latch.	

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K 363	Continued From page 11 smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based upon observations of all corridor doors there are doors found that did not have positive latching that could allow smoke to pass through the doors. Findings include Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that patient room door 101 is not latching. Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that patient room door 218 is dragging on the floor and takes too much effort to close. Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that patient room door 220 is not latching. Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that patient room door 300 is not latching.	K 363	2. Additional patient room doors were reviewed for positive latching. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Corridor Doors specific to patient room doors positively latching, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. 4/5/2019	
K 374	Subdivision of Building Spaces - Smoke Barrie	K 374		

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K 374 SS=D	Continued From page 12 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 were not securely latching. Findings include Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that the rated cross corridor doors by room 201 are not securely latching.	K 374	K 374 1. The rated cross corridor doors by room 201 will be made to securely latch. 2. Additional rated cross corridor doors were reviewed for secure latching. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Subdivision of Building Spaces- Smoke Barrier Doors specific to rated cross corridor doors securely latching, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. 4/5/2019	
K 781 SS=D	Portable Space Heaters CFR(s): NFPA 101 Portable Space Heaters Portable space heating devices shall be prohibited in all health care occupancies, except, unless used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 18.7.8, 19.7.8 This REQUIREMENT is not met as evidenced by:	K 781	K 781 1.The portable space heater was removed on-sight. 2. Additional areas were reviewed for unapproved space heaters.	

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K 781	Continued From page 13 Based upon observations there are space heaters that are not allowed to be used Findings include Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that there was a portable space heater at the front desk has a temperature greater than 212 degress and that it does not have tip-over protection.	K 781	3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Portable Space Heaters specific to using unapproved space heaters in the facility, 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. 4/5/2019	
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	K 914	5. 4/5/2019 K 914 1. The annual receptacle inspections for patient rooms will be completed. 2. There is only one required annual patient room electrical receptacle inspection, therefore no additional reviews were needed. 3. The Executive Director educated the Maintenance Director on the importance of NFPA 101 Electrical systems- Maintenance and Testing specific to completing the patient room electrical receptacle inspection annually. The annual patient room electrical receptacle inspection will be added to the facility's TELS PM calendar, and will continue to be monitored in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. 4/5/2019	

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K 914	Continued From page 14 have not been tested and inspected annually. Findings include Between 11:00am and 12:00pm on February 19th, 2019 during document review it was observed that there are no records of the annual receptacle inspections for the patient rooms.	K 914		
K 920 SS=E	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: Based upon observations the electrical systems that there are extension cords being used as	K 920	K 920 1. The extension cords were removed from the front desk, the administrator's office, and the laundry room office. 2. Additional offices 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 improper use of extension cords in offices, 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. 4/5/2019	

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K 920	Continued From page 15 permanent wiring. Findings include Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that there was an extension cord being used as permanent wiring at the front desk. Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that there was an extension cord as permanent wiring in administrators office and it was running through the drop ceiling. Between 9:15am and 11:00am on February 19th, 2019 during our walk through of the facility it was observed that there was an extension cord being used as permanent wiring in the laundry room office in the basement.	K 920		