

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495383	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - RIVERSIDE SANDERS RETIREMNT COMMUNITY MAIN BLDG B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2019
NAME OF PROVIDER OR SUPPLIER FRANCIS N SANDERS NURSING HOME, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 7385 WALKER AVE GLOUCESTER, VA 23061		
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K 000	INITIAL COMMENTS Description of structure: 1 Story V (111) Building Sprinkler Status: Fully Sprinklered An unannounced Life Safety Code Initial survey conducted on 12-11-19 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 Health 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, 483.90(a) et seq (Life Safety from Fire).	K 000			
K 161 SS=D	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	K-161: Building Construction Type and Height. 1. The Maintenance Director and/or designee will remove the unapproved combustible product from areas where observed. The unaccepted combustible product was replaced by an approved sealant as per code 2. The maintenance director and/or designee will communicate with any contractor that any breaches in concrete, walls, etc. will be sealed with the approved sealant as per code. 100% audit of laundry rooms to ensure the sealants to the laundry room walls are appropriate. 3. At the completion of quarterly walk-thru inspections, the contractor will meet with the Maintenance Director to review all findings. The Maintenance Director will immediately schedule repair with the use of approved fire stop. All areas of concern will be immediately evaluated and repairs will be made to meet NFPA standards. 4. The administrator will review the maintenance director's findings semi-annually to assure all breaches in concrete and firewalls are sealed completely. All inspection reports and repairs will be reported at the quarterly safety meeting. 5. Corrective action will be completed by Jan. 25, 2020.		

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

TITLE

(X6) DATE

Antonio [Signature]

Administrator

12/23/2019

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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K 161	<p>Continued From page 1</p> <p>3 II (000) Not allowed non-sprinklered</p> <p>4 III (211) Maximum 2 stories sprinklered</p> <p>5 IV (2HH)</p> <p>6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>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.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, it was revealed the facility was not maintaining the V(III) type of construction.</p> <p>Findings include:</p> <p>On 12-11-19 at approximately 1:45 pm it was revealed that combustible foam (orange and yellow) was used as a sealant in a masonry wall separating the Laundry room and Sprinkler room, and in the basement electrical power room.</p> <p>The Director of Facilities confirmed these findings.</p>	K 161		
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K 222 K 222 SS=D	Continued From page 2 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 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	K 222 K 222		

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K 222	<p>Continued From page 3</p> <p>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</p> <p>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</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, the egress doors are not being maintained.</p> <p>Findings include:</p> <p>On 12-11-19 at approximately 1:20 pm, it was revealed that the main front egress door has a magnetic lock with no time delay or sign.</p> <p>On 12-11-19 at approximately 1:25 pm, it was revealed that the right side of door D1 was hard to open.</p> <p>On 12-11-19 at approximately 1:30 pm it was revealed that the SPA door latch had been</p>	K 222	<p>K-222: Egress Doors</p> <ol style="list-style-type: none"> The main front egress door will be adjusted by the alarm contractor for a time delay and a delayed egress sign will be placed on the door by the maintenance director/designee. The right side of door D1 will be adjusted by the maintenance director/designee or door contractor to ensure it can open with ease. The spa door latch will be replaced immediately by the maintenance director or designee to ensure door closure. All egress doors will be evaluated by the maintenance director/designee to ensure appropriate signage and time delays are in place. At the completion of all alarm inspections, the alarm inspector will meet with the Maintenance Director/designee to review all findings from the inspection report to ensure completeness. The Maintenance Director will immediately schedule repairs/maintenance needed for egress doors. The Administrator will review all alarm inspection reports and monitor logs for completion of inspection to assure needed repairs are scheduled and completed timely with the maintenance director. All inspection reports and needed repairs will be reported at the quarterly safety committee meeting. An evaluation of 5 egress doors will be completed weekly for 8 weeks by the maintenance director/designee to ensure appropriate signage and time delays are in place. Corrective action will be completed by Jan. 25, 2020. 	

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K 222	Continued From page 4 removed and the door would not latch.	K 222			
K 223 SS=D	<p>These findings were confirmed by the the Director of Facilities.</p> <p>Doors with Self-Closing Devices CFR(s): NFPA 101</p> <p>Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on observation, the kitchen door is not being maintained.</p> <p>Findings include:</p> <p>On 12-11-19 at approximately 1:20 pm it was revealed that the kitchen door to the corridor has no closer.</p> <p>The Director of Facilities confirmed these findings.</p>	K 223	<p>K-223: Doors with Self-Closing Devices</p> <ol style="list-style-type: none"> The maintenance director or designee will install a door closure. Rounds of all doors to corridors will be completed by the maintenance director/designee to ensure closures are in place. Any deficiencies noted will be documented by the door contractor and brought forward by the door contractor to the maintenance director so that repairs can be scheduled and made. The maintenance director will communicate with the door contractor in the event a does not have the appropriate door closure to ensure functionality. Door inspections are conducted by the vendor at least yearly. At the completion of all door inspections, the door inspector will meet with the Maintenance Director to review all findings from the inspection report to ensure completeness and discuss any recommended repairs to door closures. The Maintenance Director will immediately schedule repairs/maintenance needed for door closures. The Administrator will review all door inspection reports and monitor to assure needed repairs are scheduled and completed timely with the maintenance director. All inspection reports and needed repairs will be reported at the quarterly safety committee meeting. Rounds of 5 doors to corridors will be conducted by the maintenance director/designee to ensure closures are in place. Corrective action will be completed by Jan. 25, 2020. 		
K 231 SS=D	Means of Egress Capacity CFR(s): NFPA 101	K 231			

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K 231	Continued From page 5 Means of Egress Capacity The capacity of required means of egress is in accordance with 7.3. 18.2.3.1, 19.2.3.1 This REQUIREMENT is not met as evidenced by: Based on observation, the means of egress in corridors is not being maintained. Findings include: On 12-11-19 at approximately 1:45 pm it was revealed that there were three linen carts stored in the basement egress corridor with no one working them, or in the area. The Director of Facilities confirmed these findings.	K 231	K-231: Means of Egress Capacity 1. The maintenance director removed the three linen carts immediately from the corridors. 2. Rounds will be conducted by the maintenance director/designee/nursing staff of all corridors to ensure no equipment that is not in use is stored in the corridor. 3. The maintenance director or medical supply person will communicate with the linen vendor to ensure that linen par levels are appropriate for the facility. Any irregularities will be addressed with the linen vendor to ensure proper par level of linen. Linen inventory will be conducted weekly to ensure that there is the appropriate amount of linen in the facility. In the event that the proper linen par is not accomplished, the maintenance director will communicate with vendor to adjust linen quantities.	
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on record review, the facility is not maintaining the fire alarm system. Findings include: On 12-11-19 at approximately 10:35 am it was revealed that the annual fire alarm system testing report did not include the location of the horns	K 345	4. The Administrator will review with the maintenance director and/or medical supply person, the linen inventory of the facility. All inventory reports and any irregularities will be reported at the quarterly safety committee meeting. Rounds will be conducted by the maintenance director/designee weekly for 8 weeks of corridors to ensure equipment not in use is not present. 5. Corrective action will be completed by Jan. 25, 2020.	

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K 345	Continued From page 6 and strobes that were tested. There were also devices that it was impossible to tell whether they were working properly or not. The heat detectors were apparently "visually" inspected instead of per NFPA 72. These findings were confirmed by the Director of Facilities and the Administrator.	K 345	K-345: Fire Alarm System-Testing and Maintenance 1. The maintenance director contacted the fire alarm system contractor to receive a report indicating the location of the horns and strobes tested on the annual report. The maintenance director also requested that the report indicate whether the devices work properly or not. The heat detectors were requested to be tested per NFPA standards as opposed to being visually inspected.	
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 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 on observation, the sprinkler system is not being maintained. Findings include: On 12-11-19 at approximately 1:35pm it was revealed that there was no sprinklers in the IT closet or the kitchen cooler	K 353	2. The fire alarm testing report will be evaluated by the maintenance director/designee to ensure other components of the report are in line with NFPA standards. 3. At the completion of all fire alarm inspections, the fire alarm contractor will meet with the Maintenance Director/designee to review all findings from the inspection report to ensure completeness and discuss any recommended repairs necessary. The Maintenance Director will immediately schedule repairs/maintenance needed for proper operation of the fire alarm system horns and strobes. 4. The Administrator will review all fire alarm inspection reports and monitor to assure needed repairs are scheduled and completed timely with the maintenance director. All inspection reports and needed repairs will be reported at the quarterly safety committee meeting. 5. Corrective action will be completed by Jan. 25, 2020.	

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K 353	Continued From page 7 and freezer. The Director of Facilities confirmed these findings.	K 353	K-353: Sprinkler System- Maintenance and Testing 1. The maintenance director contacted the sprinkler system contractor to visit the facility, inspect the areas and receive quotes for installing sprinkler heads in the IT closet, freezer and cooler. The maintenance director will then schedule installation of sprinkler heads with the sprinkler system contractor. 2. All IT closets, freezers and coolers will be rounded on by the maintenance director/designee to ensure sprinklers are present. 3. At the completion of all sprinkler system inspections, the contractor will meet with the Maintenance Director to review all findings from the inspection report to ensure completeness and discuss any recommended repairs and/or installations necessary. The Maintenance Director will immediately schedule repairs/maintenance needed for proper operation of the sprinkler system. 4. The Administrator will review all sprinkler system inspection reports and monitor to assure needed installations are scheduled and completed timely with the maintenance director. All inspection reports and needed installations will be reported at the quarterly safety committee meeting. 5. Corrective action will be completed by Jan. 25, 2020.	
K 914 SS=D	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 on observation and record review, records were not available for receptacle testing. Findings include: On 12-11-19 at approximately 11:15 am it was revealed that electrical receptacle testing records	K 914		

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K 914	Continued From page 8 were not available for review.	K 914	K-914: Electrical Systems- Maintenance and Testing 1. Records of receptacle testing were not located. The maintenance staff will be educated by the administrator/designee on the requirement for documenting receptacle testing at least annually. 2. The maintenance director and/or designee did a check of all electrical receptacles in the facility. The maintenance director and/or designee documented findings. Any deficiencies to be addressed immediately. 3. At the completion of the electrical receptacle inspections, the Maintenance Director to review all findings from the inspection report to ensure completeness and schedule any recommended repairs necessary with an electrical contractor. The Maintenance Director will immediately schedule repairs/maintenance needed for proper operation of the electrical receptacles. 4. The Administrator will review all electrical receptacle inspection reports and monitor to assure needed repairs are scheduled and completed timely with the maintenance director. All inspection reports and needed repairs will be reported at the quarterly safety committee meeting. 5. Corrective action will be completed by Jan. 25, 2020.	
K 918 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new	K 918		

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K 918	Continued From page 9 installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on record review and interview it was revealed that the emergency generator is not being maintained. Findings include: On 12-11-19 at approximately 11:00 am it was revealed that a four hour test of the emergency generator had not been conducted in the past 36 months. These findings were confirmed by the Director of Facilities.	K 918	K-918: Electrical Systems- Essential Electrical System 1. The maintenance director contacted the generator contractor to inspect the generators to conduct a four hour test of the emergency generator. The maintenance director will then schedule any necessary repairs with the emergency generator contractor. 2. The generator reports from the contractor will be reviewed by the maintenance director/designee to ensure it meets the NFPA 110 requirements. Any variances will be addressed with the contractor and reported to the safety committee for continued improvement and analysis. 3. At the completion of all electrical generator testing, the contractor will meet with the Maintenance Director to review all findings from the testing report to ensure completeness and discuss any recommended repairs necessary. The Maintenance Director will schedule repairs/maintenance needed for proper operation of the generator. 4. The Administrator will review all generator testing reports and monitor to assure needed repairs are scheduled and completed timely with the maintenance director. All generator testing reports and repairs necessary will be reported at the quarterly safety committee meeting. 5. Corrective action will be completed by Jan. 25, 2020.	
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) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed	K 920		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495383	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - RIVERSIDE SANDERS RETIREMNT COMMUNITY MAIN BLDG B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2019
NAME OF PROVIDER OR SUPPLIER FRANCIS N SANDERS NURSING HOME, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 7385 WALKER AVE GLOUCESTER, VA 23061	
(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 920	<p>Continued From page 10</p> <p>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 on observation and record review, records were not available for patient care equipment testing, and extensin cords are being used as a substitute for permanent wiring.</p> <p>Findings include:</p> <p>On 12-11-19 at approximately 11:00 am it was revealed that patient care equipment testing records were not available for review.</p> <p>On 12-11-19 between the hours of 1 pm and 2 pm it was revealed that here were extension cords being used as a substitute for permanent wiring connected to a humidifier in the basement sprinkler room, and in the kitchen storage room passing through a doorway.</p> <p>The Director of Facilities confirmed these findings.</p>	K 920	<p>K-920: Electrical Equipment-Power Cords and Exten.</p> <ol style="list-style-type: none"> 1. The maintenance director removed the extension cord from the basement sprinkler room and the kitchen storage room. 2. The maintenance director and/or designee conducted a 100% audit of the resident rooms and common areas. Any extension cords found were replaced by the UL approved power cord per policy after evaluating the patient care equipment. The patient equipment records were requested from the contractor by the Maintenance director. The maintenance director discussed requested modifications from the fire marshal with the patient care equipment vendor to the report to provide clarity. 3. Room rounds to be conducted by the interdisciplinary team. Rounding forms to be submitted to the administrator monthly. In the event there are unapproved power cords found, it will be reported to the Maintenance director to be replaced. 4. The Administrator will review all rounding forms. Any inconsistencies found will be discussed at the quarterly safety committee meeting. 5. Corrective action will be completed by Jan. 25, 2020. 	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495383	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - RIVERSIDE SANDERS RETIR COMM HOUSE 1 B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2019
NAME OF PROVIDER OR SUPPLIER FRANCIS N SANDERS NURSING HOME, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 7385 WALKER AVE GLOUCESTER, VA 23061	
(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: 1 Story V (111) Building Sprinkler Status: Fully Sprinklered An unannounced Life Safety Code Initial survey conducted on 12-11-19 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 Health 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, 483.90(a) et seq (Life Safety from Fire).	K 000		
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on record review, the facility is not maintaining the fire alarm system. Findings include: On 12-11-19 at approximately 10:35 am it was	K 345	K-345: Fire Alarm System-Testing and Maintenance 1. The maintenance director contacted the fire alarm system contractor to receive a report indicating the location of the horns and strobes tested on the annual report. The maintenance director also requested that the report indicate whether the devices work properly or not. The heat detectors were requested to be tested per NFPA standards as opposed to being visually inspected. 2. The fire alarm testing report will be evaluated by the maintenance director/designee to ensure other components of the report are in line with NFPA standards. 3. At the completion of all fire alarm inspections, the fire alarm contractor will meet with the Maintenance Director to review all findings from the inspection report to ensure completeness and discuss any recommended repairs necessary. The Maintenance Director will immediately schedule repairs/maintenance needed for proper operation of the fire alarm system horns and strobes. 4. The Administrator will review all fire alarm inspection reports and monitor to assure needed repairs are scheduled and completed timely with the maintenance director. All inspection reports and needed repairs will be reported at the quarterly safety committee meeting. 5. Corrective action will be completed by Jan. 25, 2020.	

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

TITLE

(X6) DATE

Antonio Miller

Administrator

12/23/2019

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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NAME OF PROVIDER OR SUPPLIER FRANCIS N SANDERS NURSING HOME, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 7385 WALKER AVE GLOUCESTER, VA 23061		
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K 345	Continued From page 1 revealed that the annual fire alarm system testing report did not include the location of the horns and strobes that were tested. There were also devices that it was impossible to tell whether they were working properly or not. The heat detectors were apparently "visually" inspected instead of per NFPA 72.	K 345		
K 363 SS=D	<p>These findings were confirmed by the Director of Facilities and the Administrator.</p> <p>Corridor - Doors CFR(s): NFPA 101</p> <p>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</p>	K 363	<p>K-363: Corridor - Doors</p> <ol style="list-style-type: none"> 1. The maintenance director contacted the door vendor to adjust the SPA room door. The door vendor will inspect the door and inform the maintenance director of any repair needs necessary. 2. All SPA room doors will be evaluated by the maintenance director/designee to ensure ease of opening and closing. Any deficiencies noted will be referred to the contractor for repair and reported to the safety committee for continued improvement and analysis. 3. At the completion of all door inspections, the door contractor will meet with the Maintenance Director to review all findings from the inspection report to ensure completeness and discuss any recommended repairs necessary. The Maintenance Director will immediately schedule repairs/maintenance needed for proper operation of the doors. 4. Rounds on 3 SPA room doors will be conducted weekly for 8 weeks by the maintenance director/designee to ensure ease of opening and closing. 5. Corrective action will be completed by Jan. 25, 2020. 	

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K 363	Continued From page 2 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: Based on observation, it was revealed that the corridor doors are not being maintained. Findings include: On 12-11-19 at approximately 2:30 pm it was revealed that the SPA room door was hard to open and close. The Director of Facilities confirmed these findings.	K 363		
K 914 SS=D	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	K 914	K-914: Electrical Systems- Maintenance and Testing 1. Records of receptacle testing were not located. The maintenance staff will be educated by the administrator/designee on the requirement for documenting receptacle testing at least annually. 2. The maintenance director and/or designee did a check of all electrical receptacles in the facility. The maintenance director and/or designee documented findings. Any deficiencies to be addressed immediately. 3. At the completion of the electrical receptacle inspections, the Maintenance Director to review all findings from the inspection report to ensure completeness and schedule any recommended repairs necessary with an electrical contractor. The Maintenance Director will immediately schedule repairs/maintenance needed for proper operation of the electrical receptacles. 4. The Administrator will review all electrical receptacle inspection reports and monitor to assure needed repairs are scheduled and completed timely with the maintenance director. All inspection reports and needed repairs will be reported at the quarterly safety committee meeting. 5. Corrective action will be completed by Jan. 25, 2020.	

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K 914	Continued From page 3 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 on observation and record review, records were not available for receptacle testing. Findings include: On 12-11-19 at approximately 11:15 am it was revealed that electrical receptacle testing records were not available for review. The Director of Facilities confirmed these findings.	K 914			
K 918 SS=D	Electrical Systems - Essential Electric System CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance	K 918			

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K 918	Continued From page 4 with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on record review and interview it was revealed that the emergency generator is not being maintained. Findings include: On 12-11-19 at approximately 11:00 am it was revealed that a four hour test of the emergency generator had not been conducted in the past 36 months. These findings were confirmed by the Director of Facilities	K 918	K-918: Electrical Systems- Essential Electrical System 1. The maintenance director contacted the generator contractor to inspect the generators to conduct a four hour test of the emergency generator. The maintenance director will then schedule any necessary repairs with the emergency generator contractor. 2. The generator reports from the contractor will be reviewed by the maintenance director/designee to ensure it meets the NFPA 110 requirements. Any variances will be addressed with the contractor and reported to the safety committee for continued improvement and analysis. 3. At the completion of all electrical generator testing, the contractor will meet with the Maintenance Director to review all findings from the testing report to ensure completeness and discuss any recommended repairs necessary. The Maintenance Director will schedule repairs/maintenance needed for proper operation of the generator. 4. The Administrator will review all generator testing reports and monitor to assure needed repairs are scheduled and completed timely with the maintenance director. All generator testing reports and repairs necessary will be reported at the quarterly safety committee meeting. 5. Corrective action will be completed by Jan. 25, 2020.		
K 920	Electrical Equipment - Power Cords and Extens	K 920			

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K 920 SS=D	Continued From page 5 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) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 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 on observation and record review, records were not available for patient care equipment testing and a unfused multiplug adapter was being used. Findings include: On 12-11-19 at approximately 11:00 am it was revealed that patient care equipment testing records were not available for review.	K 920	K-920: Electrical Equipment-Power Cords and Exten. 1. The maintenance director removed the extension cord from the basement sprinkler room and the kitchen storage room. 2. The maintenance director and/or designee conducted a 100% audit of the resident rooms and common areas. Any extension cords found were replaced by the UL approved power cord per policy after evaluating the patient care equipment. The patient equipment records were requested from the contractor by the Maintenance director. The maintenance director discussed requested modifications from the fire marshal with the patient care equipment vendor to the report to provide clarity. 3. Room rounds to be conducted by the interdisciplinary team. Rounding forms to be submitted to the administrator monthly. In the event there are unapproved power cords found, it will be reported to the Maintenance director to be replaced. 4. The Administrator will review all rounding forms. Any inconsistencies found will be discussed at the quarterly safety committee meeting. 5. Corrective action will be completed by Jan. 25, 2020.	

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NAME OF PROVIDER OR SUPPLIER FRANCIS N SANDERS NURSING HOME, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 7385 WALKER AVE GLOUCESTER, VA 23061	
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K 920	Continued From page 6 On 12-11-19 at approximately 2:45 pm it was revealed that an unfused multiplug adapter was being used in the garage. The Director of Facilities confirmed these findings.	K 920		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 495383	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 - RIVERSIDE SANDERS RETIR COMM HOUSE 2 B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2019
NAME OF PROVIDER OR SUPPLIER FRANCIS N SANDERS NURSING HOME, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 7385 WALKER AVE GLOUCESTER, VA 23061	
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K 000	INITIAL COMMENTS Description of structure: 1 Story V (111) Building Sprinkler Status: Fully Sprinklered An unannounced Life Safety Code Initial survey conducted on 12-11-19 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 Health 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, 483.90(a) et seq (Life Safety from Fire).	K 000		
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on record review, the facility is not maintaining the fire alarm system. Findings include: On 12-11-19 at approximately 10:35 am it was	K 345	K-345: Fire Alarm System-Testing and Maintenance 1. The maintenance director contacted the fire alarm system contractor to receive a report indicating the location of the horns and strobes tested on the annual report. The maintenance director also requested that the report indicate whether the devices work properly or not. The heat detectors were requested to be tested per NFPA standards as opposed to being visually inspected. 2. The fire alarm testing report will be evaluated by the maintenance director/designee to ensure other components of the report are in line with NFPA standards. 3. At the completion of all fire alarm inspections, the fire alarm contractor will meet with the Maintenance Director to review all findings from the inspection report to ensure completeness and discuss any recommended repairs necessary. The Maintenance Director will immediately schedule repairs/maintenance needed for proper operation of the fire alarm system horns and strobes. 4. The Administrator will review all fire alarm inspection reports and monitor to assure needed repairs are scheduled and completed timely with the maintenance director. All inspection reports and needed repairs will be reported at the quarterly safety committee meeting. 5. Corrective action will be completed by Jan. 25, 2020.	

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

TITLE

(X6) DATE

Antonio Cole

Administrator

12/23/2019

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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NAME OF PROVIDER OR SUPPLIER FRANCIS N SANDERS NURSING HOME, INC		STREET ADDRESS, CITY, STATE, ZIP CODE 7385 WALKER AVE GLOUCESTER, VA 23061		
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K 345	Continued From page 1 revealed that the annual fire alarm system testing report did not include the location of the horns and strobes that were tested. There were also devices that it was impossible to tell whether they were working properly or not. The heat detectors were apparently "visually" inspected instead of per NFPA 72.	K 345		
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 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	K 363		

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K 363	Continued From page 2 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: Based on observation, it was revealed that the corridor doors are not being maintained. Findings include: On 12-11-19 at approximately 2:40 pm it was revealed that the SPA room door was hard to open and close.	K 363	K-363: Corridor - Doors 1. The maintenance director contacted the door vendor to adjust the SPA room door. The door vendor will inspect the door and inform the maintenance director of any repair needs necessary. 2. All SPA room doors will be evaluated by the maintenance director/designee to ensure ease of opening and closing. Any deficiencies noted will be referred to the contractor for repair and reported to the safety committee for continued improvement and analysis. 3. At the completion of all door inspections, the door contractor will meet with the Maintenance Director to review all findings from the inspection report to ensure completeness and discuss any recommended repairs necessary. The Maintenance Director will immediately schedule repairs/maintenance needed for proper operation of the doors. 4. Rounds on 3 SPA room doors will be conducted weekly for 8 weeks by the maintenance director/designee to ensure ease of opening and closing. 5. Corrective action will be completed by Jan. 25, 2020.	
K 914 SS=D	The Director of Facilities confirmed these findings 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	K 914		

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K 914	Continued From page 3 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 on observation and record review, records were not available for receptacle testing. Findings include: On 12-11-19 at approximately 11:15 am it was revealed that electrical receptacle testing records were not available for review. The Director of Facilities confirmed these findings.	K 914	K-914: Electrical Systems- Maintenance and Testing 1. Records of receptacle testing was not located. The maintenance staff will be educated by the administrator/designee on the requirement for documenting receptacle testing at least annually. 2. The maintenance director and/or designee did a check of all electrical receptacles in the facility. The maintenance director and/or designee documented findings. Any deficiencies to be addressed immediately. 3. At the completion of the electrical receptacle inspections, the Maintenance Director to review all findings from the inspection report to ensure completeness and schedule any recommended repairs necessary with an electrical contractor. The Maintenance Director will immediately schedule repairs/maintenance needed for proper operation of the electrical receptacles. 4. The Administrator will review all electrical receptacle inspection reports and monitor to assure needed repairs are scheduled and completed timely with the maintenance director. All inspection reports and needed repairs will be reported at the quarterly safety committee meeting 5. Corrective action will be completed by Jan. 25, 2020.	
K 918 SS=D	Electrical Systems - Essential Electric System CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.	K 918		

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K 918	Continued From page 4 Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on record review and interview it was revealed that the emergency generator is not being maintained. Findings include: On 12-11-19 at approximately 11:00 am it was revealed that a four hour test of the emergency generator had not been conducted in the past 36 months. These findings were confirmed by the Director of Facilities.	K 918	K-918: Electrical Systems- Essential Electrical System 1. The maintenance director contacted the generator contractor to inspect the generators to conduct a four hour test of the emergency generator. The maintenance director will then schedule any necessary repairs with the emergency generator contractor. 2. The generator reports from the contractor will be reviewed by the maintenance director/designee to ensure it meets the NFPA 110 requirements. Any variances will be addressed with the contractor and reported to the safety committee for continued improvement and analysis. 3. At the completion of all electrical generator testing, the contractor will meet with the Maintenance Director to review all findings from the testing report to ensure completeness and discuss any recommended repairs necessary. The Maintenance Director will schedule repairs/maintenance needed for proper operation of the generator. 4. The Administrator will review all generator testing reports and monitor to assure needed repairs are scheduled and completed timely with the maintenance director. All generator testing reports and repairs necessary will be reported at the quarterly safety committee meeting. 5. Corrective action will be completed by Jan. 25, 2020.	
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101	K 920		

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K 920	<p>Continued From page 5</p> <p>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) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 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 on observation and record review, the records were not available for patient care equipment testing.</p> <p>Findings include:</p> <p>On 12-11-19 at approximately 11:00 am it was revealed that patient care equipment testing records were not available for review.</p> <p>The Director of Facilities confirmed these findings.</p>	K 920	<p>K-920: Electrical Equipment-Power Cords and Exten.</p> <ol style="list-style-type: none"> 1. The maintenance director removed the extension cord from the basement sprinkler room and the kitchen storage room. 2. The maintenance director and/or designee conducted a 100% audit of the resident rooms and common areas. Any extension cords found were replaced by the UL approved power cord per policy after evaluating the patient care equipment. The patient equipment records were requested from the contractor by the Maintenance director. The maintenance director discussed requested modifications from the fire marshal with the patient care equipment vendor to the report to provide clarity. 3. Room rounds to be conducted by the interdisciplinary team. Rounding forms to be submitted to the administrator monthly. In the event there are unapproved power cords found, it will be reported to the Maintenance director to be replaced. 4. The Administrator will review all rounding forms. Any inconsistencies found will be discussed at the quarterly safety committee meeting. 5. Corrective action will be completed by Jan. 25, 2020. 	

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