

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

Printed: 02/25/2020  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>495327</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/18/2020</b>
NAME OF PROVIDER OR SUPPLIER  <b>ENVOY OF WESTOVER HILLS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4403 FOREST HILL AVENUE RICHMOND, VA 23225</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS  Description of structure: The facility is a one story masonry structure Type II (222).  Sprinkler Status: Fully sprinklered - NFPA 13  An unannounced Standard Recertification Life Safety Code Survey was conducted on 2/18/2020 in accordance with 42 Code of Federal Regulation, Part 483: Requirements for Long Term Care Facilities. The facility was surveyed for compliance using the LSC 2012 Existing regulations. The facility was not compliance with the Requirements for Participation Medicare and Medicaid.  The findings that follow demonstrate non-compliance with Title 42 Code of Regulations, 483.70(a) at seq (Life Safety from Fire.)	K 000		
K 100 SS=E	General Requirements - Other CFR(s): NFPA 101  General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This REQUIREMENT is not met as evidenced by: Based upon observations the electrical equipment rooms are not maintained clear of combustible material.  Findings include  Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that there is combustible materials	K 100	1. The combustible materials noted stored in the boiler room were removed. The noted oil leak on the floor from the elevator hydraulic elevator pumps was corrected. The storage noted to be disorderly in the storage room for activities in the basement was reorganized.  2. The facility has only one boiler room, and one activities storage room, therefore no additional reviews were needed. Additional elevator hydraulic pumps will be reviewed for signs of leakage.  3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 General Requirements- Other specific to maintaining the boiler room free of combustible storage, the elevator hydraulic pumps free of leakage, and keeping the activities storage room organized, and will continue to monitor in accordance with NFPA standards.  4. Any findings will be reported to the monthly QAPI Committee for further review.  5. Date of Compliance- 4/2/20	

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 100	Continued From page 1 stored in boiler room. Referenced by Virginia Statewide Fire Prevention Code 313.1  Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that there is oil leaking on the floor from the elevator hydraulic elevator pumps. Referenced by Virginia Statewide Fire Prevention Code 313.1  Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that the storage is not orderly in storage room for activities in the basement. Referenced by Virginia Statewide Fire Prevention Code 315.3	K 100		
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  3 II (000) Not allowed non-sprinklered  4 III (211) Maximum 2 stories	K 161	<p>K 161</p> <ol style="list-style-type: none"> <li>The communications cable noted penetrating the fire rated floor in the mechanical room in the shower room was fire stopped with a listed design and product.</li> <li>Additional fire rated floors were reviewed for improperly sealed penetrations.</li> <li>The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Building Construction Type and Height specific to properly sealing fire rated floor penetration with a listed design and product, and will continue to monitor in accordance with NFPA standards.</li> <li>Any findings will be reported to the monthly QAPI Committee for further review.</li> <li>Date of Compliance- 4/2/20</li> </ol>	

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K 161	<p>Continued From page 2</p> <p>sprinklered</p> <p>5 IV (2HH)</p> <p>6 V (111)</p> <p>7 III (200) Not allowed</p> <p>8 V (000) Maximum 1 story</p> <p>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 upon observations there is penetrations that are not fire stopped to maintain the required fire resistance ratings of the assemblies.</p> <p>Findings include</p> <p>Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that there is a communications cable penetrates the fire rated floor in the mechanical room in the shower room that is not fire stopped with a listed design and product.</p>		K 161		
K 222 SS=D	<p>Egress Doors</p> <p>CFR(s): NFPA 101</p> <p>Egress Doors</p> <p>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:</p>		K 222		

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K 222	Continued From page 3 <b>CLINICAL NEEDS OR SECURITY THREAT LOCKING</b> 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, 18.2.2.2.5, 19.2.2.2.5.1, 19.2.2.2.6 <b>SPECIAL NEEDS LOCKING ARRANGEMENTS</b> 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 <b>DELAYED-EGRESS LOCKING ARRANGEMENTS</b> 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 <b>ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS</b> Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be	K 222	K 222  1. Pertinent staff will be re-educated on procedures to unlock all the locks in the dementia unit on the second floor in case of an emergency. 2. The facility has only one dementia unit, therefore no additional reviews were needed. 3. The Executive Director/ designee will educate pertinent staff on the importance of NFPA 101 Egress Doors specific to procedures to unlock all the locks in the dementia unit on the second floor in case of an emergency, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance- 4/2/20	

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K 222	Continued From page 4 permitted. 18.2.2.2.4, 19.2.2.2.4 <b>ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS</b> 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 questions and observations staff did not know how to unlock the doors at the nurse station in case of emergency.  Findings include  Between 10:15 AM and 3:15 PM on 2/18/2020, a question was asked to a staff member on how to unlock all the locks in the dementia unit on the second floor in case of an emergency. The answer was she did not know how to do it at the nurse station.	K 222			
K 225 SS=E	<b>Stairways and Smokeproof Enclosures</b> 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 stairways has fire rated doors and frames that have holes in	K 225	1. The painted label noted on the fire rated door on center stairway on first floor will be corrected. The fire rated door, noted with holes inside the stairway on the second floor in the dementia unit, will be replaced. The fire rated door to the center stair on the second floor, noted with plates on the inside of the stairway door to cover holes, will be replaced. The communications cable noted entering the stairway and exiting the stairway, and not associated with the stairway on the second floor, will be corrected. A Time Limited Waiver (TLW) request is being submitted with the Plan of Correction for this tag.  2. Additional fire rated door labels will be reviewed for being painted. Additional fire rated doors will be reviewed for holes and plates covering holes. Additional stairways will be reviewed for communication cables entering and exiting and not being associated with the stairway.		

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K 225	Continued From page 5 them. There is items that are not associated with the stairway.  Findings include  Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that the label on the fire rated door is painted tag on center stairway on first floor.  Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that there is are holes in the fire rated door inside the stairway on the second floor in the dementia unit.  Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that there are plates on the inside of the stairway door to cover holes in the fire rated door to the center stair on the second floor.  Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that there is a communications cable that enters the stairway and exits the stairway and not associated with the stairway on the second floor.	K 225	3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Stairways and Smokeproof Enclosures specific to maintaining fire rated fire rated stairway doors labels free of paint, maintaining fire rated stairway doors free of holes, and maintaining stairways free of communication cables exiting and entering and not being associated with the stairway, and will continue to monitor in accordance with NFPA standards.  4. Any findings will be reported to the monthly QAPI Committee for further review.  5. Date of Compliance- 5/19/2020	
K 293 SS=D	Exit Signage CFR(s): NFPA 101  Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based upon observations there is an exit sign that is not illuminated.	K 293	1. The exit sign at the front entrance noted not to be self-illuminating was replaced.  2. Additional exit signs will be reviewed for proper self- illumination.  3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Exit Signage specific to maintaining exit signs to properly self-illuminate, and will continue to monitor in accordance with NFPA standards.  4. Any findings will be reported to the monthly QAPI Committee for further review.  5. Date of Compliance- 4/2/20	



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K 293	Continued From page 6  Findings include  Between 10:15 AM and 3:15 PM on 2/18/2020 it is observed that the exit sign is not self-illuminated at main entrance.	K 293			
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  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:	K 321	1. The fire rated soiled utility room door across from the day room noted with greater than 1/8 inch gaps, door damage, and door frame holes will be replaced. The wing two soiled utility room fire rated door, noted with holes and missing plates covering the openings left from hinges being removed from the door, will be replaced. The opening and penetrations noted in the fire rated boiler room wall will be fire stopped with a listed design and product. A Time Limited Waiver (TLW) request is being submitted with the Plan of Correction for this tag. 2. Additional hazard room doors and hazard room walls will be reviewed for gaps greater than 1/8 inch, damaged doors and frames, and improperly sealed penetrations. 3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Hazardous Areas- Enclosure specific to properly maintaining hazard room doors gaps, doors, and frames, as well as properly sealing penetrations on and hazard room walls, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance: 5/19/20		

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K 321	<p>Continued From page 7</p> <p>Based upon observations hazardous areas are not maintained to provide required separation and or fire resistant ratings for the hazardous areas. There are fire rated doors or frames that have holes in them, fire rated walls that have penetrations and openings that are not fire stopped and have gaps that are greater than allowed according of NFPA 80 that could allow smoke and hot gasses to pass through the doors.</p> <p>Findings include</p> <p>Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that the fire rated door to soiled utility room across from day room has gaps that are greater than 1/8 of an inch between the door and frame, the door is damaged and the frame has holes in it.</p> <p>Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that there are holes in the fire rated door and there is no plates covering the openings left from hinges being removed from the door and in wing two soiled utility room.</p> <p>Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that the fire rated boiler room wall has an opening and penetrations that are not fire stopped with a listed design and product.</p>	K 321			
K 345	<p>Fire Alarm System - Testing and Maintenance SS=D CFR(s): NFPA 101</p> <p>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</p>	K 345	<p>K 345</p> <ol style="list-style-type: none"> <li>1. The missing cover for tamper switch for the antifreeze system, the missing fire alarm module cover that is not secured to the box in the old crematorium room will be repaired.</li> <li>2. Additional tamper switches and fire alarm modules will be reviewed for missing covers and being secured.</li> <li>3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Fire Alarm System- Testing and Maintenance specific to properly maintaining the tamper switches and fire alarm modules, and will continue to monitor in accordance with NFPA standards.</li> <li>4. Any findings will be reported to the monthly QAPI Committee for further review.</li> <li>5. Date of Compliance- 4/2/20</li> </ol>		



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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 observations that the fire alarm system is not maintained according to NFPA 72.  Findings include  Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that the tamper switch for antifreeze system has a missing cover and the fire alarm module cover is missing and the module is not secured to the box in the old crematorium room..	K 345			
K 353 SS=E	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by:	K 353	<p>K 353</p> <ol style="list-style-type: none"> <li>1. The damaged, totally in place or missing at various locations that could allow hot gases to pass above the ceiling and could affect the operation of the sprinkler system will be corrected. The sprinkler pipe in the center stair at the first floor Landing noted to be angling down and the sprinkler head deflector is not parallel with the ceiling will be corrected.</li> <li>2. Additional sprinkler heads will be reviewed for proper alignment.</li> <li>3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Sprinkler System- Maintenance and Testing specific to maintaining the proper alignment of sprinkler heads, and will continue to monitor in accordance with NFPA standards.</li> <li>4. Any findings will be reported to the monthly QAPI Committee for further review.</li> <li>5. Date of Compliance- 4/2/2020</li> </ol>		

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NAME OF PROVIDER OR SUPPLIER  <b>ENVOY OF WESTOVER HILLS</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>4403 FOREST HILL AVENUE RICHMOND, VA 23225</b>		
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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 10:15 AM and 3:15 PM on 2/18/2020, it is observed that there is damaged, totally in place or missing at various locations that could allow hot gases to pass above the ceiling and could affect the operation of the sprinkler system.  Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that a sprinkler pipe in the center stair at the first floor Landing is angling down and the sprinkler head deflector is not parallel with the ceiling.	K 353	K 374  1. The door chock was removed from the noted door in the smoke barrier fire rated door. The smoke barrier door and frame between the office and therapy, noted with an unlisted fire rated door and frame, will be replaced. The smoke barrier doors in wing three noted with a gap greater than 1/8 of an inch between the doors, the door coordinators are not working properly, and the door hardware is not listed will be repaired. A Time Limited Waiver (TLW) request is being submitted with the Plan of Correction for this tag.  2. Additional smoke barrier doors will be reviewed for non-approved hold open devices, and listed doors and frames. Additional cross-corridor smoke barrier doors will be reviewed for gaps greater than 1/8 inch between the doors, door coordinators working properly, and listed hardware.  3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Subdivision of Building Spaces- Smoke Barrier Doors specific to properly maintaining smoke barrier doors, and will continue to monitor in accordance with NFPA standards.  4. Any findings will be reported to the monthly QAPI Committee for further review.  5. Date of Compliance- 5/19/20		
K 374 SS=E	Subdivision of Building Spaces - Smoke Barrier 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	K 374			

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K 374	Continued From page 10 rated doors have gaps between the doors that could allow smoke to pass through the doors.  Findings include  Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that the smoke barrier fire-rated door held open with a non-approved hold open device. (Door chock)  Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that the smoke barrier door and frame between the office and therapy is not a listed fire rated door and frame.  Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that the gap between the smoke barrier doors is greater than 1/8 of an inch between the doors, the door coordinators are not working properly and the door hardware is not listed for the doors in wing three.		K 374		
K 521 SS=D	HVAC CFR(s): NFPA 101  HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacture's specifications. 18.5.2.1, 19.5.2.1, 9.2  This REQUIREMENT is not met as evidenced by: Based upon interviews the facility does not have documentation that the fire dampers have been		K 521	<p>K 521</p> <ol style="list-style-type: none"> <li>1. The required 4 yr. damper testing will be completed by a qualified vendor. The dryer lint extraction system will be cleaned by a qualified vendor.</li> <li>2. There is only one requirement for the 4 yr. damper testing, and cleaning of the dryer lint extraction system, therefore no additional reviews were needed.</li> <li>3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 HVA specific to completing the required 4 yr. damper testing and cleaning of the dryer lint extraction system. These items will be added to the facility's TELS Preventative Maintenance (PM) Calendar, and will continue to be monitored in accordance with NFPA standards.</li> <li>4. Any findings will be reported to the monthly QAPI Committee for further review.</li> <li>5. Date of Compliance- 4/2/20</li> </ol>	

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K 521	Continued From page 11 inspected and tested within the last four years. Also the facility does not have documentation for cleaning the dryer lint extraction system.  Findings include:  Between 10:15 AM and 3:15 PM on 2/18/2020, during review of documentation it is observed that the fire damper inspection and testing reports every four years is not available at time of survey.  Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that manufactures recommendations and documentation for cleaning of dryer lint extraction system is not available at time of survey.	K 521			
K 712 SS=C	Fire Drills CFR(s): NFPA 101  Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based upon observations and review of documentation that the documentation does not contain all the information required.  Findings include	K 712	1. The type of weather and time information, noted missing on some of the Fire Evacuation Drill Reports, will be corrected. 2. Additional Fire Evacuation Drill Reports will be reviewed for the type of weather and times during the drills. 3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Fire Drills specific to properly recording the required information on the Fire Evacuation Drill Reports, and will continue to monitor in accordance with NFPA standards. 4. Any findings will be reported to the monthly QAPI Committee for further review. 5. Date of Compliance- 4/2/20		

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K 712	Continued From page 12  Between 10:15 AM and 3:15 PM on 2/18/2020 during review of documentation of the fire drills it is observed that not all of the information is in the fire evacuation drill reports. The type of weather and some of the times are missing on some of the reports.	K 712		
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. 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	K 918	1. The annual generator inspection and testing report will be acquired from the facility's generator vendor. The required 3 yr. 4hr. generator load bank test will be completed by a qualified vendor. Documentation of the weekly emergency generator inspections will be completed.  2. There is only one required annual generator inspection, and one required 3 yr. 4 hr. generator load bank test, therefore no additional reviews were needed. Additional weekly generator inspection reports will be reviewed for missing documentation  3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Electrical Systems- Essential Electrical System specific to maintaining documentation of the required annual generator inspection, the required 3 yr. 4 hr. generator load bank test, and weekly emergency generator inspections. These items 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. Date of Compliance- 4/2/20	



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K 918	Continued From page 13 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 upon review of documentation that there is not complete documentation of the testing and inspection of the emergency generator according NFPA 110.  Findings include  Findings include  Between 10:15 AM and 3:15 PM on 2/18/2020, during review of documentation it is observed that the annual emergency generator testing and inspection report is not available at time of survey.  Between 10:15 AM and 3:15 PM on 2/18/2020, during review of documentation it is observed that the emergency generator testing and inspection report that the generator has been run under load for four hours within the last three years is not available at time of survey.  Between 10:15 AM and 3:15 PM on 2/18/2020, during review of documentation it is observed that as of 12/10/2019 that the reports for the weekly inspections of the emergency generator was not available at time of survey.	K 918			
K 919	Electrical Equipment - Other SS=O CFR(s): NFPA 101  Electrical Equipment - Other List in the REMARKS section any NFPA 99	K 919	1. The flexible rubber cord noted running above the ceiling to the nurse call station control panel by nurse's station second floor North wing will be corrected. The missing cover on thermostat temperature control for water heater in the basement will be replaced. The junction box for the motor of the elevator hydraulic pump noted not completely closed, and the noted exposed wire connections, will be corrected. The Junction box noted to be unsecured, and the wiring and box noted to be not approved for the type of construction of the building, will be corrected. The noted labeling of electrical systems for the circuits that feed the disconnect, and what circuits that the disconnect feeds, will be properly labeled. 2. Additional areas above the ceiling will be reviewed for flexible		

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K 919	<p>Continued From page 14</p> <p>Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567, Chapter 10 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based upon observations the electrical systems and equipment is not being maintained.</p> <p>Findings include</p> <p>Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that flexible rubber cord running above the ceiling to the nurse call station control panel by nurses station second floor North wing 4.</p> <p>Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that cover is missing on thermostat temperature control for water heater in the basement.</p> <p>Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that there is a junction box for the motor of the elevator hydraulic pump is not completely closed and there are exposed wire connections.</p> <p>Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that Junction box not secured properly and the wiring and box is not approved for the type of construction of the building.</p> <p>Between 10:15 AM and 3:15 PM on 2/18/2020, it is observed that labeling of electrical systems</p>	K 919	<p>cordage. Additional water heaters will be reviewed for missing thermostat temperature control covers. Additional junction boxes will be reviewed for being properly closed, exposed wiring, being properly secured and being approved for the type of construction of the building. Additional electrical system circuits that feed disconnects will be reviewed for proper labeling.</p> <p>3. The Executive Director/ designee will educate the Maintenance Director on the importance of NFPA 101 Electrical Equipment- Other specific to properly maintaining flexible cordage above ceilings, water heater thermostat temperature control covers, junction boxes and electrical system disconnect circuit labeling, and will continue to monitor in accordance with NFPA standards.</p> <p>4. Any findings will be reported to the monthly QAPI Committee for further review.</p> <p>5. Date of Compliance- 4/2/20</p>		

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K 919	Continued From page 15 does not note what circuits feeds the disconnect and what circuits that the disconnect feeds.	K 919			