

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

PRINTED: 07/29/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345377	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/12/2016
NAME OF PROVIDER OR SUPPLIER EAST CAROLINA REHAB AND WELLNESS			STREET ADDRESS, CITY, STATE, ZIP CODE 2575 W 5TH STREET GREENVILLE, NC 27834	
(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 A Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. In the exit conference all deficiencies noted were discussed and acknowledged with administration. Stories: 1 Construction Type: V (111) Constructed: 4/12/1991 Fully Sprinkled - Yes At time of survey the: Total Certified Bed Count = 130 Census = 86	K 000		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by	K 018		6/26/16

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

TITLE

(X6) DATE

Electronically Signed

05/26/2016

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 018	Continued From page 1 CMS regulations in all health care facilities. 19.3.6.3 This STANDARD is not met as evidenced by: Based on observations, on Thursday 5/12/16 at approximately 9:00 AM onward, the following deficiencies were noted: The door maintenance non-compliant, specific findings include: 1. Resident rooms, 307 and 309 has loose latching hardware on the corridor doors. 2. Rooms to corridor doors 312 bathroom and other corridor doors scattered throughout the facility were missing the latching hardware strike plate for the door frame. 2000 NFPA 101 Section 5.7 Maintenance. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained unless the Code exempts such maintenance. This deficiency affected the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 018	1. The loose latching hardware on corridor doors for 307 & 309 were tightened. The missing latch hardware strike plates for 312 bathroom and other doors within facility were replaced. 2. An initial audit was performed on all doors within the facility to check for loose or missing hardware. 3. A audit will be performed by the Environment Services Director or designated maintenance staff on a minimum of 30 doors a week to check for loose or missing hardware. This audit will be performed weekly x 4 weeks then monthly x 3 months. 4. The results of these audits will be brought to the facility's monthly Quality Assurance and Assessment Committee meeting (QA&A) to ensure that doors in the facility do not have any loose or missing hardware.		
K 025 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames.	K 025		6/26/16	

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K 025	<p>Continued From page 2</p> <p>8.3, 19.3.7.3, 19.3.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observations, on Thursday 5/12/16 at approximately 9:00 AM onward, the following deficiencies were noted: The smoke walls were non-compliant. Specific findings included.</p> <ol style="list-style-type: none"> On the 200 hall front smoke wall have holes and/or penetrations that were not sealed in accordance with an approved fire rated assemble in order to maintain the fire resistance rating of the wall. 4 inch sprinkler pipe was not sealed around pipe and conduit opening was not sealed. The smoke wall in the attic near room 230. was not sealed at the top of the wall. The are gaps and openings between the top of the wall and roof assembly. During inspection of the smoke walls all smoke walls had cracked and opening in the walls where the tape and sheetrock compound used to seal the wall was missing. <p>2000 NFPA 101 Section 5.7 Maintenance. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained unless the Code exempts such maintenance.</p> <p>2000 NFPA 101, 8.3.2* Smoke barriers required by this Code shall be continuous from an outside wall to an outside wall, from a floor to a floor, or from a smoke barrier to a smoke barrier or a combination thereof. Such barriers shall be continuous through all concealed spaces, such as</p>	K 025	<ol style="list-style-type: none"> <ol style="list-style-type: none"> The holes/penetrations in the 200 hall front smoke wall were sealed to maintain the fire resistance rating of the wall. The 4 inch sprinkler pipe was sealed around the pipe and conduit opening. The smoke wall in the attic near room 230 was sealed at the top of the wall to get rid of any holes between the top of wall and roof assembly. Other smoke walls in the facility that had cracks and openings where the tape and sheetrock compound used to seal the wall were repaired. An initial audit was performed on all fire walls in the facility to ensure that there were no openings or gaps that compromised the fire resistance rating of the wall. An audit will be performed by either the Environmental Services Director or designated maintenance staff member to ensure that the fire walls are in good repair with no holes/penetrations. This audit will be performed on minimum of 3 fire walls weekly x 4 weeks then monthly x 3 months. The results of these audits will be brought to the facility's monthly Quality Assurance and Assessment Committee meeting (QA&A) to ensure that the facility's fire walls have no holes/penetrations. 	

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K 025	Continued From page 3 those found above a ceiling, including interstitial spaces. Exception: A smoke barrier required for an occupied space below an interstitial space shall not be required to extend through the interstitial space, provided that the construction assembly forming the bottom of the interstitial space provides resistance to the passage of smoke equal to that provided by the smoke barrier. 2000 NFPA 101 Section 19.3.7.3, 8.3.6.1 NFPA 101, 8.3.6.1. This deficiency affected the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 025			
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with 0 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observations, on Thursday 5/12/16 at approximately 9:00 AM onward, the following deficiencies were noted: The storage area was non-compliant, specific findings include: 1. Resident room 421 was being used for storage and did not have a self closing device on the	K 029	1. A. All items were removed from room 421 - this room is no longer being used for storage. B. The back wall in the 400 wing boiler room was repaired.	6/26/16	

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K 029	Continued From page 4 door. 2. The back wall in the 400 wing boiler room has moisture damage and is not maintained in good condition. 3. The janitor closet #C was a hole in the wall and by the door and is not maintained in good condition. 2000 NFPA 101 Section 5.7 Maintenance. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained unless the Code exempts such maintenance. NFPA 101: 193.2.1 This deficiency affected two of nine smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 029	C. The hole in the wall in janitor closet #C was repaired. 2. A. An initial audit was performed to ensure that all rooms that are used for storage have a door that is self closing. B. An initial audit was performed to ensure that all janitor closets and boiler room walls were in good repair. 3. A. An audit will be performed by either the Environmental Services Director or designated maintenance staff to ensure that all storage areas have self closing doors. This audit will be performed on a minimum of 5 storage rooms weekly x 4 weeks then monthly x 3 months. B. An audit will be performed by either the Environmental Services Director or designated maintenance staff to ensure that the walls in the janitor closets and boiler rooms are in good repair. This audit will be performed on a minimum of 4 janitor closets/boiler rooms weekly x 4 weeks then monthly x 3 months. 4. The results of these audits will be brought to the facility's monthly Quality Assurance and Assessment Committee meeting (QA&A) to ensure that all storage doors are self closing and that the walls in the janitor closets/boiler rooms are in good repair.	
K 045 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Illumination of means of egress, including exit	K 045		6/26/16

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K 045	<p>Continued From page 5</p> <p>discharge, is arranged so that failure of any single lighting fixture will not leave the area in darkness. Lighting system shall be either continuously in operation or capable of automatic operation without manual intervention. 18.2.8, 19.2.8, 7.8</p> <p>This STANDARD is not met as evidenced by: Based on observations, on Thursday 5/12/16 at approximately 9:00 AM onward, the following deficiencies were noted: The emergency egress lighting was incomplete. Specific findings included:</p> <ol style="list-style-type: none"> 1. Illumination of means of egress at exit 7 discharge is equipped with a single bulb fixture above the exit door only. Additional emergency egress lighting is need at the door and the sidewalk to the public way. Lighting must be arranged to provide light from the exit discharge leading to the public way (parking lot). The walking surfaces within the exit discharge shall be illuminated to values of at least 1 ft-candle measured at the floor. Failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candles in any designated area. 2. Emergency egress lighting was not provided for in the two therapy gyms on 400 hall. <p>NFPA 101 7.8.1.1, 7.8.1.3, and 7.8.1.4. NFPA 101, 19.2.8, 7.9 Emergency Lighting, 7.9.2.1 Emergency illumination shall be provided for not less than 1-1/2 hours in the event of failure of normal lighting. Emergency lighting facilities shall be arranged to provide initial illumination that is not less than an average of 1 ft-candle (10 lux) and, at any point, not less than 0.1 ft-candle (1 Lux), measured along the path of egress at floor level. Illumination levels shall be permitted to decline to not less than an average of 0.6</p>	K 045	<ol style="list-style-type: none"> 1. A. The illumination of means of egress at exit 7 discharge will have additional lighting so that the lighting will provide light to the parking lot. B. Emergency egress lighting has now been provided for the two therapy gyms located on the 400 hall. 2. A. An initial audit was performed to ensure that the illumination of means of egress at all facility exit doors were providing proper lighting. B. There are no other life safety issues having the potential to affect residents by the same deficient practice since the therapy gyms are now provided with emergency egress lighting. 3. A. An audit will be performed by either the Environmental Services Director or designated maintenance staff to ensure that all illumination of means of egress at facility exits are providing the proper amount of light. This audit will be performed weekly x 4 weeks then monthly x 3 months. B. An audit will be performed by the Environmental Services Director to ensure that the two therapy gyms on the 400 are provided with emergency egress lighting. 	

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K 045	Continued From page 6 ft-candles (6 lux) and, at any point, not less than 0.06 ft-candles (0.6 Lux) at the end of the 1 1/2 hours. A maximum- to minimum illumination uniformity ratio of 40 to 1 shall not be exceeded. This deficiency affected the entire facility Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 045	This audit will be performed monthly x 4 months. 4. 4. The results of these audits will be brought to the facility's monthly Quality Assurance and Assessment Committee meeting (QA&A) to ensure that there is appropriate illumination of means of egress at facility exit doors and that the two therapy gyms on the 400 hall have emergency egress lighting.	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7, This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 3/1/12 at approximately noon the following fire alarm system was non-compliant, specific findings include. 1. During testing of the facility fire alarm system when the alarm was initiated and the audible alarms were silenced, the fire/smoke doors hold open devices were re-energized with the fire alarm control panel (FACP) in active alarm. NFPA 101, 9.6.1.4. A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical	K 052	1. The fire/smoke doors hold open devices no longer re-energize when the audible alarms is silenced and the fire alarm control panel is still in active alarm. 2. An audit was performed to identify any fire/smoke doors hold open devices that re-energized when the audible alarm was silenced and the fire alarm control panel was still in active alarm. 3. An audit will be performed by either the Environmental Services Director or designated maintenance staff to ensure that the fire/smoke doors hold open devices do not re-energize when the	6/26/16

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K 052	Continued From page 7 This deficiency affected the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 052	audible alarm is silenced and the fire alarm control panel is still in active alarm. This audit will be performed weekly x 4 weeks then monthly x 3 months.		
K 056 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13 This STANDARD is not met as evidenced by: Based on observations, on Thursday 5/12/16 at approximately 9:00 AM onward, the following deficiencies were noted: The sprinkler coverage was non-compliant. Specific findings included: 1. Shower room C and D a commode in the corner of the shower room with a full wall to one side and an open front with a shower curtain in the front. Due to the wall on the sidewall the area is provided with sprinkler coverage and an	K 056	4. The results of these audits will be brought to the facility's monthly Quality Assurance and Assessment Committee meeting (QA&A) to ensure that the fire/smoke doors hold open devices do not re-energize when the audible alarm is silenced and the fire alarm control panel is still in active alarm. 1. Additional sprinkler heads were installed in shower room C and D to provide the required coverage. 2. An initial audit was performed on all facility shower rooms to ensure that the sprinklers provide the required coverage. 3. An audit will be performed by the Environmental Services Director or	6/26/16	

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K 056	Continued From page 8 additional sprinkler will need to be installed to provide coverage for this are. Ref: 2000 NFPA 101 Section 19.3.5 1999 NFPA 13 Section 5-13.8.1 CMS S&C 13-55-LSC This deficiency affected two of nine smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 056	designated maintenance staff to ensure that the shower rooms have appropriate sprinkler coverage. This audit will be performed monthly x 4 months. 4. The results of these audits will be brought to the facility's monthly Quality Assurance and Assessment Committee meeting (QA&A) to ensure that all shower rooms in the facility have appropriate sprinkler coverage.		
K 061 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This STANDARD is not met as evidenced by: Based on observations, on Thursday 5/12/16 at approximately 9:00 AM onward, the following deficiencies were noted: The facility maintenance and inspection of the sprinkler system was non-compliant, specific findings include: 1. The backflow preventor for the sprinkler system located outside was chained closed was not electronically supervised. The sprinkler riser has a valve that when closed will affect the operation of the system and is not equipped with an electronically supervised tamper alarm. NFPA 9.7.2.1 states "...distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the	K 061	1. A. The backflow preventer for the sprinkler system located outside is now electronically supervised and the sprinkler riser valve is equipped with an electronically supervised tamper alarm. B. The sprinkler tamper supervisory signal can no longer be permanently silenced at the fire alarm control panel. 2. There are no other life safety issues having the potential to affect residents by the same deficient practice since the corrective action takes care of the issue at hand.	6/26/16	

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K 061	Continued From page 9 sprinkler system." 2. The sprinkler tamper supervisory signal could be silenced permanently at the Fire Alarm Control Panel (FACP). Supervisory signals shall not be silenced permanently except by reopening/restoration of the valve. Reference NFPA 101, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 NFPA 13 ...distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system." NFPA 9.7.2.1 ...supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72 AND a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system...Supervisory signals shall sound AND shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility. This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 061	3. An audit will be performed by the Environmental Services Director to ensure that the sprinkler tamper supervisory signal can't be permanently silenced at the fire alarm control panel. This audit will be performed monthly x 4 months. 4. The results of these audits will be brought to the facility's monthly Quality Assurance and Assessment Committee meeting (QA&A) to ensure that the sprinkler tamper supervisory signal can't be permanently silenced at the fire alarm control panel.	
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observations, on Thursday 5/12/16 at	K 062	1. A. The sprinkler head located outside	6/26/16

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K 062	Continued From page 10 approximately 9:00 AM onward, the following deficiencies were noted: The sprinkler system was non-compliant, specific findings include: 1. A sprinkler head located in the outside canopy on 400 hall has a defective head with not fluid in the heat sensitive bulb. 2. The sprinkler heads located in the kitchen, walk-in freezer and 400 hall outside canopy were not maintained clean and in good condition. 3. A sprinkler escutcheon plates was missing for the sprinkler head in front of the reach-in freezers in the kitchen, resident room 302 bathroom and main electrical room. Escutcheon plates resist the passage of smoke, heat and fire. Missing and loose escutcheon plates can cause a delay in the sprinkler response and allow the passage of smoke above the ceiling. NFPA 101 Section 19.3.5.1, 9.7.5 NFPA 101, 4.6.12.1. Every required sprinkler system shall be continuously maintained in proper operating condition. NFPA 25, 2-3.3*. Water flow alarm devices including, but not limited to, mechanical water motor gongs, vane-type water flow devices, and pressure switches that provide audible or visual signals shall be tested quarterly. This deficiency affected the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 062	canopy on 400 hall has been replaced. B. The sprinkler heads located in the kitchen, walk-in freezer and 400 hall outside canopy have been cleaned. C. The sprinkler escutcheon plates were put up for the sprinkler head in front of the reach-in freezers in kitchen, resident room 302 bathroom and main electrical room. 2. An initial audit was performed to check all the sprinklers in the facility to make sure that they were clean, in good condition and had escutcheon plates in place. 3. An audit will be performed by the Environmental Services Director or designated maintenance staff on a minimum of 40 sprinklers to ensure that the sprinklers are clean, in good condition and have escutcheon plates in place. This audit will be performed weekly x 4 weeks then monthly x 3 months. 4. The results of these audits will be brought to the facility's monthly Quality Assurance and Assessment Committee meeting (QA&A) to ensure that the sprinklers in the facility are clean, in good condition and that they have escutcheon plates in place.		
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed	K 067		6/26/16	

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K 067	<p>Continued From page 11</p> <p>in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This STANDARD is not met as evidenced by: Based on observations, on Thursday 5/12/16 at approximately 9:00 AM onward, the following deficiencies were noted: The ventilation system was non-compliant, specific findings include:</p> <p>1.. Facility at the time of the survey could not provide documentation that the radiation dampers were checked as defined in NFPA 90A: 3-4.7 Maintenance. "At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary"</p> <p>2. In the laundry room the gas fires dryers were provided with a combustible/ventilation air inlet.</p> <p>NFPA 90B: 4-3.3</p> <p>This deficiency affected the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 067	<p>1. A. The radiation dampers were checked to ensure that fusible links (where applicable) shall be removed, that all dampers would fully close and the latch, if provided, checked and that all moving parts were properly lubricated.</p> <p>B. An air inlet will be installed in the laundry room for the gas fire dryers.</p> <p>2. There are no other life safety issues having the potential to affect residents by the same deficient practice since all dampers were checked and the gas fire dryers inlet will be installed.</p> <p>3. A. All radiation dampers will be checked at least every 4 years to ensure compliance with NFPA 90A:3-4.7 Maintenance.</p> <p>B. An audit will be performed by the Environmental Services Director on a weekly basis to ensure that the air inlet for the gas fire dryers is working properly. This audit will be completed weekly x 4 weeks then monthly x 3 months.</p> <p>4. The results of the radiation damper check will be brought to the facility's monthly Quality Assurance and Assessment Committee meeting (QA&A) to ensure the radiation dampers had fusible links (where applicable) removed, that they fully close and the latch, if</p>		

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K 067	Continued From page 12	K 067	provided, checked and that all moving parts were properly lubricated and that the air inlet for the gas fire dryers is working properly.	
K 069 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>This STANDARD is not met as evidenced by: Based on observations, on Thursday 5/12/16 at approximately 9:00 AM onward, the following deficiencies were noted:</p> <ol style="list-style-type: none"> The cooking equipment in the kitchen were not placed under the hood which resulted to grease and heat damage to the ceiling. All cooking equipment need to be properly placed under to hood for proper ventilation an exhaust. The make-up air system for the hood was not operational at the time of the survey. <p>2000 NFPA 101 Section 5.7 Maintenance. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained unless the Code exempts such maintenance. NFPA 101; 19.3.2.6, NFPA 96</p> <p>This deficiency affected one smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 069	<ol style="list-style-type: none"> A. The kitchen equipment was placed under the hood to provide proper ventilation and exhaust. B. The make-up air system for the hood was fixed and is now fully operational. No other life safety issues have the potential to affect residents by the same deficient practice. An audit will be performed by the Environmental Services Director or designated maintenance staff to ensure that all kitchen equipment are placed under the hood to provide proper ventilation and exhaust and that the make-up air system is in proper working order. This audit will be completed weekly x 4 weeks then monthly x 3 months. The results of these audits will be brought to the facility's monthly Quality Assurance and Assessment Committee meeting (QA&A) to ensure that the kitchen equipment is placed under the hood for proper ventilation and exhaust and that the make-up air system is 	6/26/16

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K 069	Continued From page 13	K 069	working properly		
K 072 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress there from, or visibility thereof shall be in accordance with 7.1.10. 18.2.1, 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observations, on Thursday 5/12/16 at approximately 9:00 AM onward, the following deficiencies were noted: The means of egress was not maintained clear and unobstructed.</p> <p>1. At exit discharge door #7 linen cart, chairs, and other items were stored in the corridor blocking the means of egress from the building. NFPA 101: 19.2.1</p> <p>This deficiency affected one of nine exit discharge doors</p> <p>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 072	<p>1. The linen cart, chairs, and other items that were stored in the corridor of exit discharge door #7 were immediately removed from that area.</p> <p>2. An initial audit of all exit discharge door areas was performed to ensure that no items were being stored that would block the means of egress from the facility.</p> <p>3. An audit will be performed by the Environmental Services Director or designated maintenance staff to ensure that no items are being stored at exit discharge doors that would block the means of egress from the facility. This audit will be performed weekly x 4 weeks then monthly x 3 months.</p> <p>4. The results of these audits will be brought to the facility's monthly Quality Assurance and Assessment Committee meeting (QA&A) to ensure that items are not being stored at exit discharge doors that would block the means of egress from the facility.</p>	6/26/16	
K 076	NFPA 101 LIFE SAFETY CODE STANDARD	K 076		6/26/16	

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K 076 SS=D	<p>Continued From page 14</p> <p>Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. 4-3.1.1.2 (NFPA 99), 8-3.1.11.1 (NFPA 99), 18.3.2.4, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: Based on observations, on Thursday 5/12/16 at approximately 9:00 AM onward, the following deficiencies were noted:</p> <ol style="list-style-type: none"> Full and empty oxygen cylinders were stored together. If stored within the same enclosure, empty cylinders shall be segregated and designated (with signage) from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurriedly. [NFPA 99 4-3.5.2.2b(2)] (oxygen storage near the nurses station) The oxygen storage room on 200 hall at the main nurses station had combustible items, plastics and supplies stored within 5'-0" of the E sized O2 tanks. <p>NFPA 101 Section 18.3.2.4, 1999 NFPA 99 Section 8-3.1.11.2, CMS S&C 07-10</p> <p>This deficiency affected one smoke compartment. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 076	<ol style="list-style-type: none"> <ol style="list-style-type: none"> The full and empty oxygen tanks were segregated and designated (with signage) to avoid confusion and delay if a full cylinder is needed hurriedly. The combustible items, plastics and supplies stored within 5'-0" of the E sized O2 tanks were removed. No other life safety issues have the potential to affect residents by the same deficient practice since this is our only O2 storage room. An audit will be performed by either the Environmental Services Director or designated maintenance staff to ensure that full and empty O2 tanks are segregated and designated (with signage) and that no combustible items, plastics or supplies are stored within 5'-0" of the E sized O2 tanks. The results of these audits will be brought to the facility's monthly Quality Assurance and Assessment Committee 		

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K 076	Continued From page 15	K 076	meeting (QA&A) to ensure that the full and empty O2 tanks are segregated and designated (with signage) and that there are no combustible items, plastics or supplies are stored within 5'-0" of the E sized O2 tanks.		
K 144 SS=D	<p>This deficiency affected one smoke compartment. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>This STANDARD is not met as evidenced by: Based on observations, on Thursday 5/12/16 at approximately 9:00 AM onward, the following deficiencies were noted:</p> <p>1. The generator records were non-compliant, specific findings include, documentation for weekly electrolyte testing was not being conducted.</p> <p>Reference 1999 NFPA 110 6-3.6 Storage batteries, including electrolyte levels, used in</p>	K 144	<p>1. The facility purchased a battery tester so that weekly electrolyte testing could be conducted on each battery in each generator.</p> <p>2. No other life safety issues have the potential to affect residents by the same deficient practice.</p> <p>3. A weekly electrolyte test will be performed by the Environmental Services</p>	6/26/16	

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K 144	Continued From page 16 connection with Level 1 and Level 2 systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Reference 1999 NFPA 110 A-6-3.6, NFPA 70, National Electrical Code, Section 700-4(c) Maintenance of batteries should include checking and recording the value of the specific gravity. This deficiency affected all smoke compartments and all residents. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.	K 144	Director or designated maintenance staff to ensure that the battery in each generator is not defective. This audit will be completed weekly ongoing. 4. The results of these audits will be brought to the facility's monthly Quality Assurance and Assessment Committee meeting (QA&A) to ensure that the battery is each generator is not defective.		
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: Based on observations, on Thursday 5/12/16 at approximately 9:00 AM onward, the following deficiencies were noted: The exhaust fans were was non-compliant, specific findings include: 1. The exhaust fan for resident room 408, 404, 401 bathrooms and the Soiled linen room 420 were not operational at the time of the survey. 2. In resident room bathroom 401 there was a broken light switch on the wall and the overhead light was broken and not maintained in good condition. 3. Resident room bathroom 401 and 404 had the globe protecting the bulb from damage were missing.	K 147	1. A. The exhaust fan for resident room 408, 404, 401 bathrooms and the soiled linen room for 420 have been repaired and are now operational. B. The broken light switch in resident room bathroom 401 was replaced and the overhead light was repaired. C. The globes protecting the bulb from damage in resident room bathroom 401 and 404 were replaced. 2. A. An initial audit was performed to check all exhaust fans in resident room bathrooms and soiled linen rooms to ensure that they were functioning	6/26/16	

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K 147	<p>Continued From page 17</p> <p>2000 NFPA 101 Section 5.7 Maintenance. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained unless the Code exempts such maintenance.</p> <p>NFPA 101 Section 9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p> <p>This deficiency affected three room. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</p>	K 147	<p>properly.</p> <p>B. An initial audit was performed to ensure that there were no broken light switches in resident room bathrooms and that overhead lights in resident room bathrooms were in working order.</p> <p>C. An initial audit was performed to ensure that globes protecting blubs in resident room bathrooms were not missing.</p> <p>3. A. An audit will be performed by either the Environmental Services Director or designated maintenance staff on a minimum of 25 exhaust fans in soiled linen rooms and resident room bathrooms to ensure that they are functioning properly. This audit will be completed weekly x 4 weeks then monthly x 3 months.</p> <p>B. An audit will be performed by either the Environmental Services Director or designated maintenance staff on a minimum of 10 resident room bathrooms to ensure that there are no broken light switches, broken overhead lights or missing globes protecting bulbs. This audit will be completed weekly x 4 weeks then monthly x 3 months.</p> <p>4. The results of these audits will be brought to the facility's monthly Quality Assurance and Assessment Committee meeting (QA&A) to ensure that exhaust fans are working properly in soiled linen rooms and resident room bathrooms and</p>	

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

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K 147	Continued From page 18	K 147	that there are no broken light switches, broken overhead lights or missing globes protecting bulbs in resident room bathrooms.		