

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

PRINTED: 01/31/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345447	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/09/2017
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NAME OF PROVIDER OR SUPPLIER EMERALD RIDGE REHAB AND CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 25 REYNOLDS MOUNTAIN BOULEVARD ASHEVILLE, NC 28804
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(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
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K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted utilizing the 2012 edition of the National Fire Protection Association (NFPA) 101 - Life Safety Code (LSC) and 2012 edition of the NFPA 99 - Health Care Facilities Code (HCFC) and its referenced publications. The facility plan/construction approval occurred prior to July 5, 2016. The facility is utilizing special locking systems. In the exit conference all LSC deficiencies noted were discussed and acknowledged with Administration. Stories: 1 Construction Type: III(211) Constructed: 9/20/1993 Fully Sprinkled YES At time of survey the Licensed bed capacity =100 Total Certified Bed Count = 100 Census =	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	K 161		12/22/17

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Electronically Signed	TITLE	(X6) DATE 11/26/2017
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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>Maximum 3 stories sprinklered</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 observations, staff interview, and/or documentation on 11/09/2017 at 8:30 AM through 12:30 PM the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>1. The facility was missing documentation of a 4 year ceiling radiation/fire damper maintenance and testing.</p> <p>NFPA 101, 19.1.6</p> <p>This deficiency affected 7 of 7 smoke</p>	K 161	<p>The facility has contracted with a vendor to complete the 4-year ceiling radiation/fire damper maintenance and testing.</p> <p>The 4-year maintenance and testing of the ceiling radiation/fire damper testing will be added to the facility's TELS monitoring system to alert the Maintenance Director that the due date is approaching.</p> <p>The Maintenance Director has been</p>		

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K 321	Continued From page 3 e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and/or documentation on 11/09/2017 at 8:30 AM through 12:30 PM the following deficiencies were noted: The standard is non-compliant, specific findings include: 1. The facility had a hazardous area separation door that was not self closing/ self latching in the kitchen dry goods storage room. 2012 NFPA 101, 19.3.2.1, 8.4 This deficiency affected 1 of 7 smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.	K 321	The hazardous area separation door that was not self closing/self latching in the dry goods storage room has been repaired. Additional hazardous area separation doors have been reviewed for proper self closing/self latching. The Maintenance Director has been educated by the Executive Director on the importance of NFPA 101 Hazardous Areas- Enclosure, and will continue to monitor in accordance with NFPA standards. Any Findings will be reported to the monthly QAPI Committee. The self closing/self latching door into the dry goods room has been adjusted to perform a full closure.		
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	K 345		12/22/17	

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K 345	Continued From page 4 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 observations, staff interview, and/or documentation on 11/09/2017 at 8:30 AM through 12:30 PM the following deficiencies were noted: The standard is non-compliant, specific findings include: 1. The facility had ceiling mounted smoke detectors located less than 3 feet from ceiling mounted HVAC supply/ return air grilles in the patient care egress corridors near rooms 152 and room 138. 2. The facility had the annual fire alarm test which indicated def. that the duct detector in hall B failed to alarm and that the duct detector on E hall was not wired in. The facility could not provide documentation that these repairs had been conducted. 2012 NFPA 101, 9.7 NFPA 72, NFPA 25 This deficiency affected 7 of 7 smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.	K 345	The ceiling mounted smoke detectors located less than 3-feet from ceiling mounted HVAC supply/ return grilles in the patient care egress corridors near rooms 152 and 138 are to be relocated to a point greater than the 3-foot minimum. The non-functional duct detector located on B-Hall will be replaced, and the duct detector on E-Hall will be wired in. Additional ceiling mounted smoke detectors have been reviewed to observe for distance >3 feet from the HVAC supply/ return grilles. Testing and documentation of the duct detectors will be performed by an outside vendor to ensure proper function and compliance. The Maintenance director was educated by the Executive Director on the importance of NFPA 101 Fire Alarm System- Testing and Maintenance, and will continue to monitor in accordance with NFPA standards. Any Findings will be reported to the monthly QAPI Committee.		
K 352 SS=D	Sprinkler System - Supervisory Signals CFR(s): NFPA 101 Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for	K 352		12/22/17	

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K 352	Continued From page 5 integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, 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 REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and/or documentation on 11/09/2017 at 8:30 AM through 12:30 PM the following deficiencies were noted: The standard is non-compliant, specific findings include: 1. The facility when closed the sprinkler riser valve did get an alarm at the FACP and when silenced the audible alarm only beeps one time about every 1.75 minutes and was very faint to hear above ambient noise and be noticed at the constantly attended nurses station. 2012 NFPA 101, 9.7.2.1, NFPA 72 This deficiency affected 7 of 7 smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.	K 352	The timing mechanism for the sprinkler riser valve alarm will be adjusted to ensure the alarm will continue to alarm in less than 1.5 minute increments after silencing the alarm, and will be adjusted to ensure the alarm can be heard above the ambient noise at the constantly monitored nurse's station. There is only the one sprinkler riser alarm, and therefore there are no other systemic building issues. The Maintenance Director has been educated on the importance of NFPA 101 Sprinkler System-Supervisory Signals, and will continue to monitor in accordance with NFPA standards. Any Findings will be reported to the monthly QAPI Committee		
K 372 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall	K 372		12/22/17	

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K 372	Continued From page 6 be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and/or documentation on 11/09/2017 at 8:30 AM through 12:30 PM the following deficiencies were noted: The standard is non-compliant, specific findings include: 1. The facility had unsealed penetrations in the smoke/ fire barrier wall in the attic above the cross corridor doors near room 115. 2012 NFPA 101, 19.3.7.3, 8.5, 8.6.7 This deficiency affected 2 of 7 smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.	K 372	The unsealed penetrations in the smoke/fire barrier wall in the attic above the cross corridor doors near room 115 have been repaired. Additional Smoke/fire barriers have been reviewed for unsealed penetrations. The Maintenance Director has been educated by the Executive Director on the importance of NFPA 101 Subdivision of Building Spaces- Smoke Barrier Construction. The smoke/fire penetration barriers will be inspected after any vendor has accessed the attic areas, and will continue to monitor in accordance with NFPA standards. Any Findings will be reported to the monthly QAPI Committee.	
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with	K 511		12/22/17

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K 511	<p>Continued From page 7</p> <p>NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and/or documentation on 11/09/2017 at 8:30 AM through 12:30 PM the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <ol style="list-style-type: none"> 1. Room 164 patient sleeping room had 3 portable lights that had metal components and electrical chord/ end plugs which were non-grounded. Documentation could not be found of UL certification of these lamps. 2. The facility had a extension chord in the employee break room plugged into a vending machine off the laundry service hallway. <p>2012 NFPA 101, 19.5.1.1, 9.1, NFPA 70</p> <p>This deficiency affected 1 of 7 smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death due to electric shock.</p>	K 511	<p>The 3 non UL certified portable lights with non-grounded metal components in room 164 have been removed from the facility. The vending machine in the employee break room off the laundry service hallway has been relocated to eliminate the use of the extension cord.</p> <p>Additional Resident rooms have been reviewed for non UL certified portable lights with non-grounded metal components. Additional vending machines have been reviewed for extension cords.</p> <p>The Maintenance Director has been educated by the Executive Director on the importance of NFPA 101 Utilities- Gas and Electric. The IDT will continue to monitor Resident rooms for non UL certified portable lamps with non-grounded metal components, as well as vending areas for the use of extension cords. This monitor will occur once a week for one month, then monthly for two months.</p> <p>Any Findings will be reported to the monthly QAPI Committee</p>	

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K 918 K 918 SS=D	Continued From page 8 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 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:	K 918 K 918		12/22/17	

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K 918	<p>Continued From page 9</p> <p>Based on observations, staff interview, and/or documentation on 11/09/2017 at 8:30 AM through 12:30 PM the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <ol style="list-style-type: none"> The facility could not provide documentation that the specific gravity or battery voltage for the emergency generator was being checked weekly, and electrolyte specific gravity or battery conductance testing was checked and recorded monthly. <p>Reference 2010 NFPA 110 Section 8.3.7 Storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. Reference 2010 NFPA 110 Section 8.3.7.1 Maintenance of lead-acid batteries shall include the monthly testing and recording of electrolyte specific gravity. Battery conductance testing shall be permitted in lieu of the testing of specific gravity when applicable or warranted.</p> <ol style="list-style-type: none"> Facility at the time of the survey did not have documentation that indicated a Load Bank test has not been performed in the last 12 months as specified by 2010 NFPA 110: 8.4.9.5 nor had a 4 hour generator run been done in the past 3 years. The facility could not locate the generator battery charger electrical breaker in order to check loss of AC power/ generator battery charger failure and therefore activating the indicator light at the generator annunciator panel. <p>Reference 2010 NFPA 99: 6.4.1.17, A remote annunciator that is storage battery powered shall</p>	K 918	<p>The battery voltage for the generator was confirmed on 11.21.2017. The three year, four hour load bank test was performed on 11.21.2017. The electrical breaker for the battery charger was located, and labeled, on 11.21.2017.</p> <p>The battery voltage will be checked and documented by the Maintenance Director weekly. The service contract for the generator will be updated to include the required annual load bank testing as well as the three year, four hour testing. A visual relay switch will be installed at the nurse's station for the generator battery charger.</p> <p>The Maintenance Director has been educated by the Executive Director on the importance of NFPA 101 Electrical Systems- Essential Electricals Systems Maintenance and Testing, and will continue to monitor in accordance with NFPA standards.</p> <p>Any Findings will be reported to the monthly QAPI Committee.</p>		

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K 918	<p>Continued From page 10</p> <p>be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall be hard wired to indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(1) Individual visual signals shall indicate the following:</p> <ul style="list-style-type: none"> a. When the emergency or auxiliary power source is operating to supply power to load b. When the battery charger is malfunctioning <p>(2) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate the following:</p> <ul style="list-style-type: none"> a. Low lubricating oil pressure b. Low water temperature (below those required in 6.4.1.1.11) c. Excessive water temperature d. Low fuel when the main fuel storage tank contains less than a 4-hour operating supply e. Overcrank (failed to start) f. Overspeed <p>A remote, common audible alarm shall be provided as specified in 6.4.1.1.17.4 that is powered by the storage battery and located outside of the EPS service room at a work site observable by personnel.. [110: 5.6.6]</p> <p>A load bank test shall be performed within the past year as specified by 2010 NFPA110 8.4.2.3 (note: this was in lieu of documentation of either a monthly exhaust gas temperature or 30 percent rated load)</p> <p>Reference 2010 NFPA 110 8.4.2 Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p>	K 918			

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K 918	Continued From page 11 (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer (2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate KW rating. Reference 2010 NFPA 110 8.4.9.5.1 For a diesel-powered EPS, loading shall be not less than 30 percent of the nameplate KW rating of the EPS. A supplemental load bank shall be permitted to be used to meet or exceed the 30 percent requirements. Reference 2010 NFPA 110 8.4.2.3 Diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. Reference 2012 NFPA 99: 6.4.1.1.16.2 (Table item O)	K 918			

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K 923 SS=E	<p>2012 NFPA 101,</p> <p>This deficiency affected 7 of 7 smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.</p> <p>Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101</p> <p>Gas Equipment - Cylinder and Container Storage</p>	K 923		12/22/17	

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NAME OF PROVIDER OR SUPPLIER EMERALD RIDGE REHAB AND CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 25 REYNOLDS MOUNTAIN BOULEVARD ASHEVILLE, NC 28804		
(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 923	<p>Continued From page 13</p> <p>Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3.</p> <p>>300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observations, staff interview, and/or documentation on 11/09/2017 at 8:30 AM</p>	K 923	The smaller C and D O2 cylinders have been removed from the facility. There are		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345447	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/09/2017
NAME OF PROVIDER OR SUPPLIER EMERALD RIDGE REHAB AND CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 25 REYNOLDS MOUNTAIN BOULEVARD ASHEVILLE, NC 28804		
(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 923	<p>Continued From page 14 through 12:30 PM the following deficiencies were noted: The standard is non-compliant, specific findings include:</p> <p>1. The facility had smaller C and D, O2 cylinders mixed empty and fulls stored in loose and unsecured plastic cartoons that were not properly sized nor secured plus these O2 cylinders were sitting on a wire shelf about 5 feet above the finished floor which increases the possibility and improper handling and dropping.</p> <p>2012 NFPA 101,11.3, 11.6 (NFPA 99)</p> <p>This deficiency affected 1 of 7 smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death due to smoke and or fire.</p>	K 923	<p>no cylinders on the wire rack located approximately 5' off the floor.</p> <p>There are no additional Oxygen storage areas where smaller C and D O2 cylinders, mixed empty and full cylinders, and cylinder storage are housed.</p> <p>The Central Supply Manager has been educated by the Executive Director on the importance of NFPA 101 Gas Equipment-Cylinder and Container Storage, and will no longer order the smaller C and D O2 tanks without the vendor supplying the proper storage racks for these size cylinders.</p> <p>The Maintenance Director will continue to monitor the ordering and storage of the smaller C and D O2 cylinders monthly for three months.</p> <p>Any findings to the monthly QAPI Committee.</p>		