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OMB NO. 0938-0391

LABOR

FORM CM9-2567(02-99) Previous Versions Obsolete

Event ID: QDZ621

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If continuation sheet Page 1 of 14

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FORM CMB-2567(02-99) Previous Versions Obsolete

Event ID: 002821

Facility ID: CA070000073

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

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555635	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 01/29/2014
NAME OF PROVIDER OR SUPPLIER COURTYARD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 340 NORTHLAKE DRIVE SAN JOSE, CA 95117	
(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 018	Continued From page 2 maintain corridor doors to resist the passage of smoke as evidenced by a corridor door that did not positively latch and corridor doors that had incomplete self-closing device components. This affected two of three smoke compartments and could result in the passage smoke and flames in the event of a fire. Findings: During the facility tour with the Maintenance Supervisor on 1/29/14, the corridor doors were observed. 1. At 7:58 a.m., the door to the Shower room 2 next to Room 26, was equipped with a self-closing device that failed to positively latch when fully opened and closed. 2. At 8:28 a.m., the door to the storage room located inside the Therapy room, was equipped with a self-closing device which was missing an arm hinge.	K 018	No later than 2/28/14, ADM will in-service MS on CCC's policy on maintaining corridor doors. MS will immediately repair malfunctioning corridor doors upon discovery, so they latch and shut properly. Monitoring MS will inspect corridor doors during his daily PM rounds. ADM will perform detailed environmental rounds on a monthly basis. Identified issues will be brought up to morning stand up meeting for planning and correction. MS will identify trends and report it to the monthly QAPI meeting for evaluation and resolution. Completion Date The deficiency will be corrected by 2/28/14.	2/28/14 2/28/14 ADM ON 02/28/14
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ 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	K 029	K 029 NFPA 101 Life Safety Code Standard It is the policy of CCC to maintain hazardous areas including repairing doors to properly shut and prevent the passage of smoke in the event of a fire. Corrective Action 1. On 1/31/14, MS installed a self closing device in the Linen Room door. 2. On 1/30/14, MS repaired the self closing device in the Laundry Room door. 3. On 1/30/14, MS repaired the self closing device in the Lunch Room door.	2/28/14 1/31/14 1/30/14 1/30/14

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K 029	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their hazardous areas. This was evidenced by doors to hazardous areas that failed to positively latch and by doors with incomplete self-closing device components. This could result in the passage of smoke in the event of a fire, and affected one of three smoke compartments. NFPA 101, Life Safety Code, 2000 Edition 19.3.2 Protection from Hazards. 19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following: (1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 ft 2 (9.3 m 2) (3) Paint shops (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft 2 (4.6 m 2), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous	K 029	4. The doors now properly latch when fully opened and closed. Responsible Person MS is responsible for ensuring that CCC maintains doors in hazardous area. ADM is responsible for overall compliance. Systemic Change No later than 2/28/14, ADM will in- service MS on CCC's policy on maintaining hazardous area including repairing doors to properly shut and prevent the passage of smoke in the event of a fire. MS will immediately repair malfunctioning doors upon discovery, so that they latch and shut properly. Monitoring MS will inspect doors in hazardous areas during his daily PM rounds. ADM will perform detailed environmental rounds on a monthly basis. Identified issues will be brought up to morning stand up meeting for planning and correction. MS will identify trends and report it to the monthly QAPI meeting for evaluation and resolution. Completion Date The deficiency will be corrected by 2/28/14.	2/28/14 2/28/14 ADM CHGO 146 2/28/14

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K 029	Continued From page 4 by the authority having jurisdiction (8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard. Exception: Doors in rated enclosures shall be permitted to have nonrated, factory- or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door. Findings: During a tour of the facility with the Maintenance Supervisor on 1/29/14, the hazardous areas were observed. 1. At 8:10 a.m., the door to the Linen room next to Room 35, was equipped with a self-closing device which was missing an arm hinge. The room measured at approximately 6 feet by 20 feet and was used to store linens and other combustible materials. 2. At 8:12 a.m., the door to the Laundry room was equipped with a self-closing device with failed to positively latch when fully opened and released. The door remain open at approximately 1/2 inch wide. 3. At 8:15 a.m., the door to the Lunch room which also an access to the Maintenance Shop, was equipped with a self-closing device with failed to positively latch when fully opened and released.	K 029		
K 054 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 054	K 054 NFPA 101 Life Safety Code Standard It is the policy of CCC to maintain its smoke detectors including performing sensitivity test in accordance with NFPA 72.	

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K 054	<p>Continued From page 5</p> <p>All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to maintain their smoke detectors. This was evidenced by the failure to provide current smoke detector sensitivity test. This affected three of three smoke compartments, and could result in increased potential for smoke detector malfunction leading to the spread of fire or smoke.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 9.6.2.10 Smoke Alarms. 9.6.2.10.1 Where required by another section of this Code, single-station smoke alarms shall be in accordance with the household fire-warning equipment requirements of NFPA 72, National Fire Alarm Code, unless they are system smoke detectors in accordance with NFPA 72, National Fire Alarm Code, and are arranged to function in the same manner.</p> <p>NFPA 72, National Fire Alarm Code, 1999 Edition, Section 7-3.2.1* Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5</p>	K 054	<p>Corrective Action On 2/19/14, Hue & Cry, contractor used by CCC for maintaining smoke detectors, performed calibrated tests of smoke detectors which included measurement of sensitivity range.</p> <p>Responsible Person MS is responsible for ensuring that CCC maintains smoke detectors. ADM is responsible for overall compliance.</p> <p>Systemic Change No later than 2/28/14, ADM will in-service MS on CCC's policy on maintaining smoke detectors. MS will immediately coordinate repair/replacement of a smoke detector if sensitivity measurement is found out of required range.</p> <p>Monitoring Coordinated by MS, facility will inspect, test, and maintain smoke detectors on a regular basis. Sensitivity tests will be performed every 5 years. Every quarter, ADM will check the PM log to ensure presence of documentation of sensitivity test. Identified issues will be brought up to morning stand up meeting for planning and correction. MS will identify trends and report it to monthly QAPI meeting for evaluation and resolution.</p> <p>Completion Date The deficiency will be corrected by 2/28/14.</p>	2/19/14	2/28/14 AND ONGOING

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K 054	<p>Continued From page 6</p> <p>years. If the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods:</p> <ul style="list-style-type: none"> (1) Calibrated test method (2) Manufacturer's calibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range (5) Other calibrated sensitivity test methods approved by the authority having jurisdiction <p>Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced.</p> <p>Exception No. 1: Detectors listed as field adjustable shall be permitted to be either adjusted within the listed and marked sensitivity range and cleaned and recalibrated, or they shall be replaced.</p> <p>Exception No. 2: This requirement shall not apply to single station detectors referenced in 7-3.3 and Table 7-2.2.</p> <p>The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector.</p> <p>Findings:</p>	K 054		

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K 054	Continued From page 7 During document review and interview with the Maintenance Supervisor and the Technician on 1/29/14, the documents for smoke detector sensitivity testing were requested. 1. At 10:44 a.m., there were no current documents provided for the smoke detector sensitivity testing upon request. On 1/29/14 at 10:44 a.m., the vendor operator stated via telephone, there was no smoke detector sensitivity test conducted due to the lack of machine to perform test but all devices were tested for function. 2. At 10:48 a.m. on 1/29/14, the Maintenance Supervisor stated, he doesn't recall when the last smoke detector sensitivity test were conducted and he was unable to provide previous documents. 3. At 11:08 a.m. on 1/29/14, the vendor technician stated via telephone that the smoke detectors sensitivity testing was not part of the contract with the facility. The technician also stated that smoke detectors were replaced and unsure of date of replacement.	K 054			
K 062 SS=D	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 observation, the facility failed to	K 062	K 062 NFPA 101 Life Safety Code Standard It is the policy of CCC to continuously maintain the automatic sprinkler system in reliable operating condition and to inspect and test it periodically, including checking for clearance of at least 18 inches below the sprinkler's deflector. Corrective Action On 1/29/14, the bag and blanket stored on top of the shelving unit of Room 22		1/29/14

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K 062	<p>Continued From page 8</p> <p>maintain the automatic sprinkler system, as evidenced by items stored less than 18 inches below the sprinkler's deflector. This could result in an obstruction to the sprinklers' spray patterns, which could lead to the sprinklers malfunctioning in the event of a fire, and affected one of three smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 4.6.12 Maintenance and Testing. 4.6.12.1 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 continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction. 4.6.12.2* Existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. 4.6.12.3 Equipment requiring periodic testing or operation to ensure its maintenance shall be tested or operated as specified elsewhere in this Code or as directed by the authority having jurisdiction. 4.6.12.4 Maintenance and testing shall be under the supervision of a responsible person who shall ensure that testing and maintenance are made at specified intervals in accordance with applicable NFPA standards or as directed by the authority having jurisdiction.</p> <p>NFPA 13, Installation of Sprinkler System, 1999 Edition 5-5.6* Clearance to Storage. The clearance between the deflector and the top of storage shall be 18 in. (457 mm) or greater.</p>	K 062	<p>was immediately removed by MS after being pointed out by the surveyor.</p> <p>Responsible Person MS is responsible for ensuring that CCC maintains the sprinkler system, including removal of items at least 18 inches below the sprinkler's deflector. ADM is responsible for overall compliance.</p> <p>Systemic Change No later than 2/28/14, ADM will in-service MS on CCC's policy on automatic fire sprinkler. No later than 2/28/14, MS will in-service staff about facility policy on sprinklers. Staff will immediately remove items within 18 inches of the sprinkler's deflector, upon discovery.</p> <p>Monitoring MS will inspect for items below the sprinklers during his daily PM rounds. ADM will perform detailed environmental rounds on a monthly basis. Identified issues will be brought up to morning stand up meeting for planning and correction. MS will identify trends and report it to monthly QAPI meeting for evaluation and resolution.</p> <p>Completion Date The deficiency will be corrected by 2/28/14.</p>	<p>2/28/14</p> <p>2/28/14</p> <p>2/28/14</p>

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K 062	Continued From page 9 Exception No. 1: Where other standards specify greater minimums, they shall be followed. Exception No. 2: A minimum clearance of 36 in. (0.91 m) shall be permitted for special sprinklers. Exception No. 3: A minimum clearance of less than 18 in. (457 mm) between the top of storage and ceiling sprinkler deflectors shall be permitted where proven by successful large-scale fire tests for the particular hazard. Exception No. 4: The clearance from the top of storage to sprinkler deflectors shall be not less than 3 ft (0.9 m) where rubber tires are stored. Findings: During a tour of the facility with the Maintenance Supervisor on 1/29/14, the automatic sprinkler system was observed. At 7:53 a.m., the sprinkler inside the closet of Room 22 had a bag and blanket stored on top of the shelving unit, which minimized the clearance to approximately 4 inches away from the sprinkler head.	K 062			
K 067 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to maintain their fire dampers. This	K 067	NFPA 101 Life Safety Code Standard It is the policy of CCC to maintain the fire/smoke dampers in accordance with the manufacturer's specifications. Corrective Action Fire systems vendor, Hue & Cry, inspected and serviced all dampers on 2/19/14 and CCC obtained documentation of maintenance of dampers. Responsible Person	2/19/14	

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K 067	<p>Continued From page 10</p> <p>was evidenced by failure to provide current documentation of the maintenance of all fire dampers. This could result in the fire dampers malfunctioning and failure to contain smoke in the event of a fire, resulting in injury to residents, staff, and visitors. This affected three of three smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition SECTION 9.2 HEATING, VENTILATING, AND AIR CONDITIONING 9.2.1 Air Conditioning, Heating, Ventilating Ductwork, and Related Equipment. Air conditioning, heating, ventilating ductwork, and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, or NFPA 90B, Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, as applicable, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p> <p>NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, 1999 Edition 2-3.4.2 Service openings shall be identified with letters having a minimum of 1/2 in. (1.27 cm) to indicate the location of the fire protection devices(s) within. 2-3.4.5 Openings in walls or ceilings shall be provided so that service openings in air ducts are accessible for maintenance and inspection needs. 3-4.6.1 The locations and mounting arrangement of all fire dampers, smoke dampers, ceiling dampers, and fire protection means of a similar nature required by this standard shall be shown</p>	K 067	<p>MS is responsible for ensuring that CCC maintains all fire/smoke dampers on a regular basis. ADM is responsible for overall compliance.</p> <p>Systemic Change No later than 2/28/14, ADM will in-service MS on CCC's policy on maintaining the fire/smoke dampers. MS will ensure that all dampers are checked and maintained periodically. He will file and maintain documentation of dampers services in the PM log. He will immediately coordinate repair/maintenance of the dampers as necessary.</p> <p>Monitoring MS will maintain and check PM log on a monthly basis to ensure presence of required fire systems documentations. Every quarter, ADM will check the PM log to ensure presence of documentation of all damper maintenance. Identified issues will be brought up to morning stand up meeting for planning and correction. MS will identify trends and report it to monthly QAPI meeting for evaluation and resolution.</p> <p>Completion Date The deficiency will be corrected by 2/28/14.</p>	<p>2/28/14</p> <p>2/28/14 RWD ON BOARD</p> <p>2/28/14</p>	

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K 067	Continued From page 11 on the drawings of the air duct systems. 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 close fully; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary. 5-1.2 Records shall be maintained on acceptance test results and shall be available for inspection. Findings: During document review and an interview with the Maintenance Supervisor on 1/29/14, the documents for fire dampers were reviewed and the Technician was interviewed. At 11:11 a.m., the document received for the fire dampers from the vendor titled, "Fire Alarm and Life Safety System Inspection Certificate" stated that the dampers were tested on 3/26/14. Upon interview via telephone, the vendor technician stated on 1/29/14 at 11:08 a.m., that the required maintenance for the fire dampers was not conducted according to NFPA 90A. The technician stated he only tested devices to make sure that the damper closes and opens when the fire alarms are activated. The technician also stated that there was no maintenance on dampers such as fusible links replacement. NFPA 101 LIFE SAFETY CODE STANDARD	K 067			
K 076 SS=D	Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than	K 076	<p>K 076 NFPA 99 Life Safety Code Standard</p> <p>It is the policy of CCC to protect medical gas storage and administration areas in accordance with NFPA 99.</p> <p>Corrective Action</p>		

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NAME OF PROVIDER OR SUPPLIER COURTYARD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 340 NORTHLAKE DRIVE SAN JOSE, CA 95117	
(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 076	<p>Continued From page 12:</p> <p>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. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the storage of oxygen cylinders as evidenced by full oxygen cylinders and empty oxygen cylinders in the same rack and not properly marked in the storage room. This affected one of three smoke compartments and could result in confusion and delay if a full cylinder is needed hurriedly.</p> <p>NFPA 101 Life Safety Code, 2000 edition 19.3.2.4 Medical Gas. Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities.</p> <p>NFPA 99 Standard for Health Care Facilities, 1999 Edition 4-5.5.2.2 Storage of Cylinders and Containers (b) Nonflammable Gases.</p> <p>1. Storage shall be planned so that cylinders can be used in the order in which they are received from the supplier.</p> <p>2. If stored within the same enclosure, empty cylinders shall be segregated from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurriedly.</p>	K 076	<p>On 2/5/14, MS separated the empty oxygen cylinders from the full oxygen cylinders in two individual racks in the oxygen storage room. MS created "full" signs and "empty" signs and labeled the oxygen tanks properly and accordingly.</p> <p>Responsible Person MS is responsible for ensuring that the facility maintains the oxygen room and properly labels the oxygen cylinders. ADM is responsible for overall compliance.</p> <p>Systemic Change No later than 2/28/14, ADM will in-service MS on CCC's policy on protecting medical gas storage and administration areas in accordance with NFPA 99. In addition, MS will in-service nursing staff about properly labeling the oxygen tanks. Staff will immediately and properly label oxygen tanks after each use and upon discovery.</p> <p>Monitoring MS will inspect the oxygen storage room during his daily PM rounds for proper labeling of the oxygen tanks. ADM will perform detailed environmental rounds on a monthly basis. Identified issues will be brought up to morning stand up meeting for planning and correction. MS will identify trends and report it to the monthly QAPI meeting for evaluation and resolution.</p> <p>Completion Date The deficiency will be corrected by 2/28/14.</p>	<p>2/15/14</p> <p>2/28/14</p> <p>2/28/14</p> <p>2/28/14</p>

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

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K 076	Continued From page 13 Findings: During a tour of the facility with the Maintenance Supervisor on 1/29/14, the Oxygen Storage room were observed. At 7:49 a.m., there were two racks of cylinders in the Oxygen room across from Room 19. One rack had 13 full E-cylinders mixed with 6 empty E-cylinders in the same rack. There were 8 empty E-cylinders mixed with 1 full E-cylinders on the second rack. Both racks were not marked.	K 076		