

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

PRINTED: 07/27/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555398	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 07/11/2018
NAME OF PROVIDER OR SUPPLIER WINDSOR POST-ACUTE CARE CENTER OF HAYWARD			STREET ADDRESS, CITY, STATE, ZIP CODE 25919 GADING ROAD HAYWARD, CA 94544		
(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	
E 000	Initial Comments The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities. Representing the California Department of Public Health: 31070 The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities.	E 000			
K 000	Census: 90 INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 10/2/1989 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V(111), FULLY SPRINKLERED. The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.90 (a) (b) (c) (j), National Fire Protection Association (NFPA) 101 - Life Safety Code, 2012 Edition, and NFPA 99 - Health Care Facilities Code, 2012 Edition. Representing the California Department of Public Health:	K 000			

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

TITLE

(X6) DATE

Electronically Signed

07/26/2018

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.

Approved 7/26/18 per Jose Gonzalez

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K 000	Continued From page 1 31070 The facility is not in substantial compliance with 42 CFR 483.90 for Long Term Care Facilities.	K 000			
K 321 SS=D	Census: 90 Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet) g. Laboratories (if classified as Severe Hazard - see K322)	K 321		7/31/18	

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K 321	<p>Continued From page 2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to maintain their hazardous areas. This was evidenced by one hazardous area enclosure door that had a penetration. This could result in the faster spread of smoke and fire in the event of a fire. This affected one of seven smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 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 8.7.1. 19.3.2.1.1 An automatic extinguishing system, where used in hazardous areas, shall be permitted to be in accordance with 19.3.5.9. 19.3.2.1.2* Where the sprinkler option of 19.3.2.1 is used, the areas shall be separated from other spaces by smoke partitions in accordance with Section 8.4. 19.3.2.1.3 The doors shall be self-closing or automatic-closing. 19.3.2.1.4 Doors in rated enclosures shall be permitted to have non-rated, factory- or field-applied protective plates extending not more than 48 in. (1220 mm) above the bottom of the door. 19.3.2.1.5 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 ft² (9.3 m²) (3) Paint shops (4) Repair shops (5) Rooms with soiled linen in volume exceeding</p>	K 321	<p>Corrective action taken: The area of the door to the laundry room that had chunk of wood missing was filled with epoxy resin and painted over to close the exposed penetration. Date correction was done:7/11/2018.</p> <p>All the facility residents have the potential to be affected by deficient practice. Maintenance Director all the facility doors on 7/11/2018. None were identified as having any penetration areas at the time. All the hazardous area enclosures were maintained without any visible penetrations.</p> <p>Systemic changes to prevent recurrence and monitoring process:</p> <p>1. In-service done with Maintenance Director on 7/19/2018 to re-educate that facility doors shall have no penetrations, hazardous area enclosures need to be maintained at all times, and any damage observed shall be fixed immediately. 2. Administrator and Maintenance Director will inspect the facility doors weekly during the facility rounds to ensure no damaged areas exist so as to create penetrations. 3. Observations/findings will be reported to facility's monthly QAPI meetings for follow up.</p>		

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K 321	Continued From page 3 64 gal (242 L) (6) Rooms with collected trash in volume exceeding 64 gal (242 L) (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 by the authority having jurisdiction (8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard Findings: During the facility tour with the Maintenance Director on 7/11/18, the hazardous areas were observed. 1. At 4:03 p.m., one of two doors to the Laundry room had a chunk of wood missing and exposed a circular penetration that was approximately 4 by 4 inches. In the event of a fire, smoke could easily travel from one hazardous area to another.	K 321			
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply	K 324			7/31/18

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K 324	<p>Continued From page 4</p> <p>with the conditions under 18.3.2.5.3, 19.3.2.5.3, or</p> <p>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</p> <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on document review, the facility failed to maintain the kitchen hood wet system. This was evidenced by the failure to provide documentation for two of two inspection and servicing as required at least every six months. This could result in the failure of the kitchen hood wet system in the event of a fire. This affected one of seven smoke compartments.</p> <p>NFPA 101 Life Safety Code, 2012 Edition 19.3.2.5 Cooking Facilities. 19.3.2.5.1 Cooking facilities shall be protected in accordance with 9.2.3, unless otherwise permitted by 19.3.2.5.2, 19.3.2.5.3, or 19.3.2.5.4.</p> <p>9.2.3 Commercial Cooking Equipment. Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless such installations are approved existing installations, which shall be permitted to be continued in</p>	K 324	<p>Corrective action taken:</p> <p>Kitchen hood sprinkler system inspection scheduled with the vendor(AAA fire protection services) and inspection report obtained documenting the inspection on 7/26/2018.</p> <p>All the residents have the potential to be affected by the deficient practice. Vendor was instructed to always include the inspection of kitchen hood sprinkler system during their quarterly inspection of facility's sprinkler system and provide the documentation in the inspection report.</p> <p>Monitoring process and systemic changes to prevent recurrence:</p> <p>1. In-service provided to Maintenance Director on 7/19/2018 to ensure that kitchen hood sprinkler system must be inspected during quarterly inspection of facility sprinkler system and inspection</p>		

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K 324	Continued From page 5 service. NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2011 Edition 11.2 Inspection, Testing, and Maintenance of Fire-Extinguishing Systems. 11.2.1* Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at least every 6 months. 11.2.2* All actuation and control components, including 11.4* Inspection for Grease Buildup. The entire exhaust system shall be inspected for grease buildup by a properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction and in accordance with Table 11.4. 11.5 Inspection, Testing, and Maintenance of Listed Hoods Containing Mechanical, Water Spray, or Ultraviolet Devices. Listed hoods containing mechanical or fire-actuated dampers, internal washing components, or other mechanically operated devices shall be inspected and tested by properly trained, qualified, and certified persons every 6 months or at frequencies recommended by the manufacturer in accordance with their listings. 11.6 Cleaning of Exhaust Systems. 11.6.1 Upon inspection, if the exhaust system is found to be contaminated with deposits from grease-laden vapors, the contaminated portions of the exhaust system shall be cleaned by a	K 324	report must include documentation. 2. Administrator will check the maintenance binder every month to ensure inspection report are filed and include the reports for kitchen hood wet system inspection checks. 3. Findings will be reported for review and follow up in monthly QAPI meeting to be in compliance.		

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K 324	<p>Continued From page 6</p> <p>properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction.</p> <p>11.6.2* Hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to remove combustible contaminants prior to surfaces becoming heavily contaminated with grease or oily sludge.</p> <p>11.6.10 When an access panel is removed, a service company label or tag preprinted with the name of the company and giving the date of inspection or cleaning shall be affixed near the affected access panels.</p> <p>11.6.13 When an exhaust cleaning service is used, a certificate showing the name of the servicing company, the name of the person performing the work, and the date of inspection or cleaning shall be maintained on the premises.</p> <p>11.6.14 After cleaning or inspection is completed, the exhaust cleaning company and the person performing the work at the location shall provide the owner of the system with a written report that also specifies areas that were inaccessible or not cleaned.</p> <p>11.6.15 Where required, certificates of inspection and cleaning and reports of areas not cleaned shall be submitted to the authority having jurisdiction.</p> <p>11.7.2 Cooking equipment that collects grease below the surface, behind the equipment, or in cooking equipment flue gas exhaust, such as griddles or charbroilers, shall be inspected and, if found with grease accumulation, cleaned by a properly trained, qualified, and certified person acceptable to the authority having jurisdiction.</p> <p>Findings:</p> <p>During document review with the Maintenance Director on 7/11/18, the kitchen hood wet system</p>	K 324			

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K 324	Continued From page 7 documents were reviewed.	K 324			
K 353 SS=C	<p>1. At 4:20 p.m., the facility failed to provide documentation for two of two inspection and service for the kitchen hood wet system sprinklers as required at least every six months. The documents provided did not indicate a inspection and service was conducted on the kitchen hood sprinkler system located in the Kitchen.</p> <p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to maintain their automatic sprinkler system. This was evidenced by the failure to provide documentation for one of four quarterly</p>	K 353	<p>Corrective action taken: Documentation for quarterly inspection of facility sprinkler system was obtained from the vendor(AAA fire protection services). It</p>	7/31/18	

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K 353	<p>Continued From page 8</p> <p>inspections. This could result in a malfunction of the automatic sprinkler system. This affected all residents in seven of seven smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.3.5 Extinguishment Requirements. 19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7 unless otherwise permitted by 19.3.5.5.</p> <p>9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition 5.2.4 Gauges. 5.2.4.1* Gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. 5.2.4.2 Gauges on dry, preaction, and deluge systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. 5.2.5 Waterflow Alarm and Supervisory Devices. Waterflow alarm and supervisory alarm devices shall be inspected quarterly to verify that they are free of physical damage. 5.2.6* Hydraulic Design Information Sign. The hydraulic design information sign for hydraulically designed systems shall be inspected quarterly to</p>	K 353	<p>was conducted on 08/03/2017 for 3rd quarter. 1st quarter was conducted on 2/17/17, 2nd quarter on 05/08/2017, 3rd quarter on 08/03/2017 and 4th quarter inspection was done on 11/3/2017.</p> <p>All residents have the potential to be affected by the deficient practice. Maintenance binder checked to ensure all preventative maintenance and quarterly inspection reports are available for facility sprinkler system.</p> <p>Systemic changes to prevent recurrence and monitoring process:</p> <ol style="list-style-type: none"> 1. In-service done with Maintenance Director on 7/19/2018 to obtain quarterly reports from the vendor for facility sprinkler system in timely manner and have them filed in binder. 2. Administrator will check maintenance binder every month to ensure compliance with availability of reports. 3. Findings will be reviewed in the monthly QAPI meeting to sustain compliance. 		

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K 353	Continued From page 9 verify that it is attached securely to the sprinkler riser and is legible. 5.3.3 Waterflow Alarm Devices. 5.3.3.1 Mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly. 5.3.3.2* Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually. 5.3.3.3 Testing waterflow alarm devices on wet pipe systems shall be accomplished by opening the inspector ' s test connection 5.4.1.8* Sprinklers shall not be altered in any respect or have any type of ornamentation, paint, or coatings applied after shipment from the place of manufacture. Findings: During document review with the Maintenance Director on 7/11/18, the automatic sprinkler system documents were reviewed. 1. At 4:11 p.m., the facility failed to provide documentation for one of four quarterly inspections. There were no documents for the third quarter July, August, and September 2017. The prior quarterly inspection was conducted on 5/3/18.	K 353			
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10	K 355		7/31/18	

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K 355	<p>Continued From page 10</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to maintain their fire extinguisher's. This was evidenced by one fire extinguisher that was stored unsecured and freestanding. This could result in a potential accelerated ignition if knocked over. This affected one of seven smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition</p> <p>9.7.4 Manual Extinguishing Equipment. 9.7.4.1* Where required by the provisions of another section of this Code, portable fire extinguishers shall be selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.</p> <p>NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition 6.1.3.4* Portable fire extinguishers other than wheeled extinguishers shall be installed using any of the following means: (1) Securely on a hanger intended for the extinguisher (2) In the bracket supplied by the extinguisher manufacturer (3) In a listed bracket approved for such purpose (4) In cabinets or wall recesses</p> <p>7.2 Inspection. 7.2.1 Frequency. 7.2.1.1* Fire extinguishers shall be manually inspected when initially placed in service. 7.2.1.2* Fire extinguishers shall be inspected either manually or by means of an electronic monitoring device/system at a minimum of 30-day</p>	K 355	<p>Corrective action done: Maintenance Director secured the fire extinguisher in the laundry room on 7/11/2018 in the bracket by the shelf as soon as deficient practice was identified during life safety code survey.</p> <p>All residents have the potential to be affected by the deficient practice. Maintenance Director and Administrator conducted the facility rounds to check facility's fire extinguishers. Facility has 17 fire extinguishers and all were found to be secure in their respective boxes/brackets.</p> <p>Monitoring process and systemic changes to prevent the recurrence of deficient practice:</p> <p>1. In-service education provided to Maintenance Director on 7/19/2018 regarding all fire extinguishers must be secured to the walls in their respective boxes/brackets at all times. In case they are taken off due to maintenance purposes, they need to be secured immediately once the task has been completed.</p> <p>2. Administrator will conduct weekly rounds to check fire extinguishers to ensure they are safely secured and none of them are free standing .</p> <p>3. Findings will be brought forward in monthly QAPI meeting for review and follow up to ensure compliance with the regulation.</p>		

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K 355	<p>Continued From page 11</p> <p>intervals.</p> <p>7.2.1.2.1 Where electronic monitoring is used and the specific extinguisher cannot be verified electronically, the extinguisher shall be continuously monitored for location</p> <p>7.2.1.3* Fire extinguishers shall be inspected at more frequent intervals when circumstances require.</p> <p>7.2.2 Procedures. Periodic inspection or electronic monitoring of fire extinguishers shall include a check of at least the following items:</p> <p>(1) Location in designated place</p> <p>(2) No obstruction to access or visibility</p> <p>(3) Pressure gauge reading or indicator in the operable range or position</p> <p>(4) Fullness determined by weighing or hefting for selfexpelling-type extinguishers, cartridge-operated extinguishers, and pump tanks</p> <p>(5) Condition of tires, wheels, carriage, hose, and nozzle for wheeled extinguishers</p> <p>(6) Indicator for nonrechargeable extinguishers using push to-test pressure indicators</p> <p>7.3.2.2* Seals or Tamper Indicators. At the time of the maintenance, the tamper seal of a rechargeable fire extinguisher shall be removed by operating the pull pin or locking device.</p> <p>7.3.2.2.1 After the applicable maintenance procedures are completed, a new listed tamper seal shall be installed.</p> <p>7.3.2.2.2 Tamper indicators on nonrechargeable-type extinguishers shall not be removed</p> <p>Findings:</p> <p>During the facility tour with the Maintenance Director on 7/11/18, the fire extinguishers were</p>	K 355			

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K 355	Continued From page 12 observed.	K 355			
K 363 SS=D	<p>1. At 3:58 p.m., the fire extinguisher located in the Laundry room was sitting on the shelf above the folding table unsecured and freestanding.</p> <p>Corridor - Doors CFR(s): NFPA 101</p> <p>Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or</p>	K 363		7/31/18	

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K 363	<p>Continued From page 13 frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to maintain their doors. This was evidenced by one door and one self-closing door that was obstructed from closing. This also was evidenced by one door that failed to latch. This could result in the faster spread of smoke and fire in the event of a fire. This affected two of seven smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.2.2.2.7* Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier, or hazardous area enclosure shall be permitted to be held open only by an automatic release device that complies with 7.2.1.8.2. The automatic sprinkler system, if provided, and the fire alarm system, and the systems required by 7.2.1.8.2, shall be arranged to initiate the closing action of all such doors throughout the smoke compartment or throughout the</p> <p>7.2.1.8 Self-Closing Devices. 7.2.1.8.1* A door leaf normally required to be kept closed shall not be secured in the open position at any time and shall be self-closing or automatic-closing in accordance with 7.2.1.8.2, unless otherwise permitted by 7.2.1.8.3. 7.2.1.8.2 In any building of low or ordinary hazard contents, as defined in 6.2.2.2 and 6.2.2.3, or where approved by the authority having</p>	K 363	<p>Corrective action taken:</p> <ol style="list-style-type: none"> 1. Barrier to the door handle of the closet for nursing supplies in corridor door resulting in failure to latch was immediately removed by Maintenance Director when deficient practice was observed during the facility rounds with the surveyor on 7/11/2018 2. The garbage can impeding the closure of the shower door was immediately removed as soon as identified on 7/11/2018. <p>All facility residents have the potential to be affected by the deficient practice. facility rounds were conducted by Administrator, Maintenance Director and Housekeeping Supervisor on 7/12/2018. None of the corridor doors were found to be obstructed and were able to latch properly.</p> <p>Measures/systemic changes to prevent recurrence and monitoring process:</p> <ol style="list-style-type: none"> 1. In-service provided to housekeeping staff on 7/19/2018 by their Regional Manager to educate them not to put any barriers including garbage cans on the facility shower doors that impeded their 		

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K 363	<p>Continued From page 14</p> <p>jurisdiction, door leaves shall be permitted to be automatic-closing, provided that all of the following criteria are met:</p> <p>(1) Upon release of the hold-open mechanism, the leaf becomes self-closing.</p> <p>(2) The release device is designed so that the leaf instantly releases manually and, upon release, becomes self-closing, or the leaf can be readily closed.</p> <p>(3) The automatic releasing mechanism or medium is activated by the operation of approved smoke detectors installed in accordance with the requirements for smoke detectors for door leaf release service in NFPA 72, National Fire Alarm and Signaling Code.</p> <p>(4) Upon loss of power to the hold-open device, the hold-open mechanism is released and the door leaf becomes self-closing.</p> <p>(5) The release by means of smoke detection of one door leaf in a stair enclosure results in closing all door leaves serving that stair</p> <p>19.3.6.3.10* Doors shall not be held open by devices other than those that release when the door is pushed or pulled.</p> <p>Findings:</p> <p>During the facility tour with the Maintenance Director on 7/11/18, the doors were observed.</p> <p>1. At 2:30 p.m., the self-closing door to the Shower room near Room 111 was obstructed by a garbage can that prevented the door from closing. The Housekeeping Staff stated "I put that there just for a minute."</p> <p>2. At 3:23 p.m., the door to the Nursing Supply between Room 223 and 224 was obstructed by a</p>	K 363	<p>closure.</p> <p>2. In-service provided to facility nursing staff on 7/19/2018 by Maintenance Director regarding not to put any barriers on the doors that impede their positive latching.</p> <p>3. Administrator, Maintenance Director and Housekeeping supervisor will observe the corridor doors daily during their facility rounds to ensure that no barriers are being placed on/in the doors that prevent them from closing.</p> <p>4. Findings observed will be presented in monthly QAPI meeting for review and follow up.</p>		

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K 363	Continued From page 15 plastic bag wrapped around the door handles and across the door latch. The Maintenance Director removed the plastic bag immediately. The door was pulled closed and it failed to latch.	K 363			
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 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 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to maintain their wiring and electrical equipment. This was evidenced by one electrical outlet that had no cover. This could result in an increased risk of fire and/or electrical shock. This affected one of seven smoke compartments. NFPA 101, Life Safety Code, 2012 Edition 19.5.1 Utilities. 19.5.1.1 Utilities shall comply with the provisions of Section 9.1. 9.1.2 Electric Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service.	K 511	Corrective action taken: Electrical outlet in the housekeeping closet between room 114 and 115 was provided with cover on 7/12/2018 by Maintenance Director. All the facility residents have the potential to be affected by deficient practice. Facility electrical outlets were inspected by Maintenance Director and Administrator on 7/12/2018. None were found to be without covers at the time. Monitoring process and systemic changes to prevent recurrence: 1. In-service done with Maintenance Director on 7/19/2018 to ensure all	7/31/18	

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K 511	<p>Continued From page 16</p> <p>NFPA 70, National Electrical Code, 2011 Edition 110.12 Mechanical Execution of Work. Electrical equipment shall be installed in a neat and workmanlike manner. Informational Note: Accepted industry practices are described in ANSI/NECA 1-2006, Standard Practices for Good Workmanship in Electrical Contracting, and other ANSI-approved installation standards.</p> <p>(A) Unused Openings. Unused openings, other than those intended for the operation of equipment, those intended for mounting purposes, or those permitted as part of the design for listed equipment, shall be closed to afford protection substantially equivalent to the wall of the equipment. Where metallic plugs or plates are used with nonmetallic enclosures, they shall be recessed at least 6 mm (1.4 in.) from the outer surface of the enclosure.</p> <p>314.25 Covers and Canopies. In completed installations, each box shall have a cover, faceplate, lampholder, or luminaire canopy, except where the installation complies with 410.24(B).</p> <p>406.6 Receptacle Faceplates (Cover Plates). Receptacle faceplates shall be installed so as to completely cover the opening and seat against the mounting surface. Receptacle faceplates mounted inside a box having a recess-mounted receptacle shall effectively close the opening and seat against the mounting surface</p> <p>410.22 Outlet Boxes to Be Covered. In a completed installation, each outlet box shall be</p>	K 511	<p>electrical outlets have covers on them to be in compliance with NFPA 70.</p> <p>2. Administrator and Maintenance Director will do monthly inspection of electrical outlets including those located in closets for presence of covers.</p> <p>3. Findings will be presented in monthly QAPI meetings for review and follow up to ensure compliance.</p>		

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K 511	Continued From page 17 provided with a cover unless covered by means of a luminaire canopy, lampholder, receptacle, or similar device. Findings: During the facility tour with the Maintenance Director on 7/11/18, the electrical wiring and equipment was observed. 1. At 3:49 p.m., the electrical outlet located in the Housekeeping closet between Room 114 and Room 115 had no cover. There was linen in direct contact with the electrical outlet.	K 511			
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of	K 920		7/31/18	

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K 920	<p>Continued From page 18</p> <p>10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to maintain their electrical wiring and equipment. This was evidenced by the failure to prohibit the use of one extension cord as a substitute for permanent fixed wiring. This could result in an increased risk of an electrical fire and/or electrical shock. This affected one of seven smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.5.1 Utilities. 19.5.1.1 Utilities shall comply with the provisions of Section 9.1.</p> <p>9.1.2 Electric Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 70, National Electrical Code, 2011 Edition 400.7 Uses Permitted. (A) Uses. Flexible cords and cables shall be used only for the following: (1) Pendants (2) Wiring of luminaires (3) Connection of portable luminaires, portable and mobile signs, or appliances (4) Elevator cables (5) Wiring of cranes and hoists (6) Connection of utilization equipment to facilitate frequent interchange (7) Prevention of the transmission of noise or vibration</p>	K 920	<p>Corrective action taken:</p> <p>Extension cord was removed from the medication room 1 on 7/16/2018. Maintenance Director arranged the wire to have direct power supply from electrical wall outlet to the medication room refrigerator.</p> <p>All residents have the potential to be affected by deficient practice. Administrator and Maintenance Director conducted rounds for the facility rooms to check the use of power strips/extension cords. No additional use identified at the time.</p> <p>Systemic changes to prevent recurrence and monitoring process: 1. In-service provided to Maintenance Director on 7/19/18 regarding use of electric wires/extension cords and equipment in compliance with NFPA 70. 2. Facility rounds will be done monthly by Administrator to check use of extension cords in medications rooms and nursing use areas. 3. Findings observed will be presented in monthly QAPI meeting for review and follow up.</p>		

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K 920	<p>Continued From page 19</p> <p>(8) Appliances where the fastening means and mechanical connections are specifically designed to permit ready removal for maintenance and repair, and the appliance is intended or identified for flexible cord connection</p> <p>(9) Connection of moving parts</p> <p>(10) Where specifically permitted elsewhere in this Code</p> <p>400.8 Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following:</p> <p>(1) As a substitute for the fixed wiring of a structure</p> <p>(2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors</p> <p>(3) Where run through doorways, windows, or similar openings</p> <p>(4) Where attached to building surfaces</p> <p>Exception to (4): Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of 368.56(B)</p> <p>(5) Where concealed by walls, floors, or ceilings or located above suspended or dropped ceilings</p> <p>(6) Where installed in raceways, except as otherwise permitted in this Code</p> <p>(7) Where subject to physical damage</p> <p>Findings:</p> <p>During the facility tour with the Maintenance Director on 7/11/18, the electrical wiring and equipment was observed.</p> <p>1. At 2:38 p.m., there was a extension cord in the Med room located at Nurse Station 1 with a refrigerator plugged into it instead of directly in</p>	K 920			

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K 920	Continued From page 20 the electrical wall outlet.	K 920			