

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

PRINTED: 03/09/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555125	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/04/2016
NAME OF PROVIDER OR SUPPLIER LINWOOD MEADOWS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4444 WEST MEADOW VISALIA, CA 93277		
(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)	
K 000	<p>INITIAL COMMENTS</p> <p>K3 BUILDING: 01 K6 PLAN APPROVAL: 4/16/80 K7 SURVEY UNDER: 2000 EXISTING</p> <p>STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED.</p> <p>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 CFR (Code of Federal Regulations) 483.70 (a) and NFPA (National Fire Protection Association) 101, Life Safety Code 2000 edition, Existing codes.</p> <p>Representing the California Department of Public Health: 29752</p> <p>The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.</p> <p>Census: 89</p>		K 000	<p>Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required law. In response to the Department's findings we submit the following Plan of Correction which shall constitute Linwood Meadows Care Center credible for allegation of compliance.</p>	
K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p>		K 018	<p><u>K 018 NFPA 101 LIFE CODE STANDARD</u></p> <p>1. The self-closing mechanisms were fixed for the corridor door at the Main Dining Room and the Dining Room by the nurses' station on 3/9/16. The waste container obstructing closing of the east corridor door for the Main dining room door and the east corridor door for the dining room near the nurses' station were immediately removed on 3/4/2016.</p> <p>2. The Maintenance Director inspected the facility to ensure that all self- closing doors were functioning properly and inspected for any potential obstruction to closing of</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: _____ TITLE _____ (X6) DATE _____

Any deficiency statement ending with an asterisk (*) indicates that 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.

POC accepted 3/29/16 per Jared Okamoto

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K 018	<p>Continued From page 1</p> <p>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 CMS regulations in all health care facilities. 19.3.6.3</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain two self closing doors. This was evidenced by a corridor door for the Main Dining Room and the dining room by the nurse station that failed to self close. This could result in a delay to contain fire or smoke during a fire emergency. This affected two of seven smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 19.3.6.3 Corridor Doors. 19.3.6.3.2* Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door. Roller latches shall be prohibited on corridor doors in buildings not fully protected by an approved automatic sprinkler system in accordance with 19.3.5.2.</p> <p>Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials. Exception No. 2: Existing roller latches demonstrated to keep the door closed against a force of 5 lbf (22 N) shall be permitted to be kept in service.</p> <p>19.2.2.2.6* Any door in an exit passageway,</p>	K 018	<p>doors and on 3/4/2016. No deficient practice noted and or reported.</p> <p>3. The DSD will re-educate staff on the importance of keeping all the doors free from any kind of obstruction by 4/3/2016.</p> <p>4. The Maintenance Director will be adding this to the weekly audit report. The Maintenance Director / Designee will monitor and report any patterns or trends to our daily Monday thru Friday Stand-up meeting and Monthly QA for next three months for a committee review and resolution in order to meet compliance.</p>		

LIFE SAFETY CODE UNIT
SHIN BERNARD/HHD

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K 018	Continued From page 2 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 entire facility. Findings: During the facility tour and interview with Maintenance Staff 1 on 3/4/16, the self closing doors were observed. 1. At 11:10 a.m., the east corridor door for the Main Dining Room was fully open and was obstructed from closing by a trash container. At 11:11 a.m., Maintenance Staff 1 acknowledged that the trash container was being used to keep the door open. 2. At 11:16 a.m., the east corridor door for the dining room near the nurse station was fully open and obstructed from closing by a trash container. At 11:17 p.m., Maintenance Staff 1 acknowledged that the trash container was being used to keep the door open.	K 018	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH Licensing & Certification Program</p> <p>Life Safety Code Only - 4 - CORRECTIONS</p> <p><u>K 029 NFPA 101 LIFE SAFETY CODE STANDARD</u></p> <p>1. The Soiled Utility Room on B hall was equipped with a self-closing door on 3/11/2016.</p> <p>2. The Maintenance Director inspected all Soiled Utility Room doors to ensure they were all equipped with self-closing doors on 3/11/2016. No deficient practice noted and or reported.</p>		4/3/16
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	K 029			

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K 029	<p>Continued From page 3</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain their hazardous areas. This was evidenced by a corridor door to a soiled linen room that was not equipped with a self closing device. This could result in the spread of smoke or fire during a fire emergency. This affected one of seven smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 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:</p> <ul style="list-style-type: none"> (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) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft2 (4.6 m2), 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 	K 029	<p>3. The Maintenance Director was re-educated by Administrator on routine checking and monitoring of Soiled Utility room doors having a self-closing device, on 3/9/16.</p> <p>4. The Maintenance Director / Designee will monitor and report any patterns or trends to our daily Monday thru Friday Stand-up meeting and Monthly QA for next three months for a committee review and resolution in order to meet compliance.</p>		

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N B K G A L I N D

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K 029	Continued From page 4 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 the facility tour and interview with Maintenance Staff 1 on 3/4/16, the soiled linen areas were observed. 1. At 11:30 a.m., there was no self-closing device on the corridor door to the Soiled Utility Room. The room contained one full, one empty, and three partially filled soiled linen bins. The room was located along the south side of the corridor, entering B Hall, next to the oxygen storage room. At 11:31 a.m., Maintenance Staff 1 acknowledged that the door was not equipped with a self closing device.	K 029			
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 18.2.10.1, 19.2.10.1 (Indicate N/A in one story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the battery back-up emergency exit signs. This was evidenced by the facility's failure to provide documentation of monthly or annual testing for three battery back-up	K 047	<u>K 047 NFPA 101 LIFE SAFETY CODE STANDARD</u>		4/5/16
			1. The battery back-up exit sign between Med Room and Room 40 was immediately fixed by the Maintenance Director / Designee on 3/04/2016.		

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K 047	<p>Continued From page 5</p> <p>emergency exit signs and by one exit sign that failed to illuminate when tested. This affected two of seven smoke compartments and could result in a delay in egress if there was a loss of electrical power during an emergency evacuation.</p> <p>NFPA 101 Life Safety Code 2000 Edition 7.10.9.2 Testing. Exit signs connected to or provided with a battery-operated emergency illumination source, where required in 7.10.4, shall be tested and maintained in accordance with 7.9.3.</p> <p>7.9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 1 1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.</p> <p>Exception: Self-testing/self-diagnostic, battery-operated emergency lighting equipment that automatically performs a test for not less than 30 seconds and diagnostic routine not less than once every 30 days and indicates failures by a status indicator shall be exempt from the 30-day functional test, provided that a visual inspection is performed at 30-day intervals.</p> <p>Findings:</p> <p>During observation and interview with Maintenance Staff 1 on 3/4/16, the battery back-up emergency exit signs were observed.</p>	K 047	<p>2. The Maintenance Director inspected all the battery back-up exit signs throughout the facility on 3/04/2016 to ensure that all of the signs were functioning properly. No deficient practice noted and or reported.</p> <p>3. The Maintenance Director was re-educated by Administrator on routine checking and monitoring of back-up exit signs for proper functioning on 3/9/16.</p> <p>4. The Maintenance Director will be adding this to the weekly audit report. The Maintenance Director / Designee will monitor and report any patterns or trends to our daily Monday thru Friday Stand-up meeting and Monthly QA for next three months for a committee review and resolution in order to meet compliance.</p>		

THE SAFETY CODE UNIT
SAN BERNARDINO

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K 047	Continued From page 6 1. At 11:18 a.m., a battery back-up exit sign was observed at the smoke barrier doors near the administrative offices. At 11:19 a.m., a battery back-up exit sign was observed at the smoke barrier doors near the kitchen area. At 11:20 a.m., Maintenance Staff 1 explained that they had not performed exit sign inspections. 2. At 11:22 a.m., a battery back-up exit sign was observed at the smoke barrier doors between the Med Room and Room 40. The exit sign failed to illuminate when tested. At 11:23 a.m., Maintenance Staff 1 explained that he had not replaced any batteries in the exit signs.	K 047			
K 052 SS=D	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: Based on observation, interview, and record review, the facility failed to maintain their fire alarm system. This was evidenced by one smoke detector that failed to activate the fire alarm system when tested. This affected one of seven smoke compartments and could result in a delayed activation of the fire alarm system during a fire emergency. NFPA 101, 2000 edition 9.6.1.4 A fire alarm system required for life safety	K 052	<u>K 052 NFPA 101 LIFE SAFETY CODE STANDARD</u> 1. The faulty smoke detector (located in the corridor between Rooms 41 and 42) was replaced by Jorgensen on 3/9/2016. 2. The Maintenance Director inspected all the smoke detectors throughout the facility on 3/09/2016 to ensure that all of the detectors were functioning properly. No deficient practice noted and or reported. 3. The Maintenance Director was re-educated by Administrator on routine checking and monitoring of smoke detectors for proper functioning on 3/9/16.	4/8/16	

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K 052	Continued From page 7 shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code, unless an existing installation, which shall be permitted to be continued in use, subject to the approval of the authority having jurisdiction. 19.3.4 Detection, Alarm, and Communications Systems. 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. Findings: During fire alarm testing, interview, and record review with Maintenance Staff 1 on 3/4/16, the fire alarm testing was observed and the alarm activity report was requested. 1. From 11:40 a.m. to 11:42 a.m., the fire alarm system failed to activate when a smoke detector was tested repeatedly. The faulty smoke detector was located in the corridor between Rooms 41 and 42. At 11:43 a.m., Maintenance Staff 1 confirmed that the smoke detector indicator light activated after it was smoke tested but the fire alarm panel did not receive an activation signal. This same smoke detector was cited as a deficient during a previous Life Safety Code Survey on 4/21/15. At 4:39 p.m., the "Customer Activity Report" confirmed that no fire alarm signal was received between 11:40 a.m. and 11:42 a.m.	K 052	4. The Maintenance Director will be adding this to the weekly audit report. The Maintenance Director / Designee will monitor and report any patterns or trends to our daily Monday thru Friday Stand-up meeting and Monthly QA for next three months for a committee review and resolution in order to meet compliance.		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are	K 062	<u>K 062 NFPA 101 LIFE SAFETY CODE STANDARD</u> 1. The annual and fourth quarter sprinkler system report was completed on 12/15/15 and placed in the sprinkler system inspection records binder by the Maintenance Director on 3/17/16. The Maintenance Director /designee immediately removed cases on the top shelf of the medical records storage room obstructing sprinkler heads on 3/4/16.		4/13/16

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K 062	<p>Continued From page 8</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain their automatic sprinkler system. This was evidenced by incomplete records of a quarterly and an annual sprinkler system test and inspection, and by an obstructed sprinkler head in the medical records storage room. This affected seven of seven smoke compartments and could result in a delay in the activation of the fire sprinkler system during a fire emergency.</p> <p>NFPA 101, Life Safety Code, 2000 Edition. 19.3.5.1 Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Exception: In Type I and Type II construction, where approved by the authority having jurisdiction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specified areas where the authority having jurisdiction has prohibited sprinklers, without causing a building to be classified as nonsprinklered.</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 13, Installation of Sprinkler Systems, 1999 edition 5-5.6 Clearance to Storage. The clearance</p>	K 062	<p>2. The annual and fourth quarter sprinkler system report was completed on 12/15/15 and placed in the sprinkler system inspection records binder by the Maintenance Director on 3/17/16.</p> <p>The Maintenance Director inspected throughout the facility to ensure that all items had the appropriate clearance between the sprinkler heads. No deficient practice noted and or reported.</p> <p>3. The Maintenance Director was re-educated by Administrator on keeping all the required records on sprinkler system inspections in his files and routine checking and monitoring of clearance of items from sprinkler heads on 3/9/16.</p> <p>4. The Maintenance Director will be adding this to the weekly audit report. The Maintenance Director / Designee will monitor and report any patterns or trends to our daily Monday thru Friday Stand-up meeting and Monthly QA for next three months for a committee review and resolution in order to meet compliance.</p>		

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K 062	<p>Continued From page 9</p> <p>between the deflector and the top of storage shall be 18 in. (457 mm) or greater.</p> <p>5-5.5.3 Obstructions that Prevent Sprinkler Discharge from Reaching the Hazard.</p> <p>Continuous or noncontinuous obstructions that interrupt the water discharge in a horizontal plane more than 18 in. (457 mm) below the sprinkler deflector in a manner to limit the distribution from reaching the protected hazard shall comply with 5-5.5.3.</p> <p>NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems 1998 Edition.</p> <p>1-8 Records. Records of inspections, tests, and maintenance of the system and its components shall be made available to the authority having jurisdiction upon request. Typical records include, but are not limited to, valve inspections; flow, drain, and pump tests; and trip tests of dry pipe, deluge, and preaction valves.</p> <p>1-8.1 Records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date.</p> <p>1-8.2 Records shall be maintained by the owner. Original records shall be retained for the life of the system. Subsequent records shall be retained for a period of one year after the next inspection, test, or maintenance required by the standard.</p> <p>2-2.1.1* Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.</p> <p>Exception No. 1:* Sprinklers installed in</p>	K 062			

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

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FORM APPROVED
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K 062	Continued From page 10 concealed spaces such as above suspended ceilings shall not require inspection. Exception No. 2: Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown. 2-2.2 Pipe and Fittings. Sprinkler pipe and fittings shall be inspected annually from the floor level. Pipe and fittings shall be in good condition and free of mechanical damage, leakage, corrosion, and misalignment. Sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hung from the pipe. Exception No. 1: Pipe and fittings installed in concealed spaces such as above suspended ceilings shall not require inspection. Exception No. 2: Pipe installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown. 2-2.6 Alarm Devices. Alarm devices shall be inspected quarterly to verify that they are free of physical damage. 2-3.3* Alarm Devices. Waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly. 9-2.7 Waterflow Alarm. All waterflow alarms shall be tested quarterly in accordance with the manufacturer's instructions. 9-7.1. Fire department connections shall be inspected quarterly. The inspection shall verify the following: (a) The fire department connections are visible and accessible. (b) Couplings or swivels are not damaged and rotate smoothly. (c) Plugs or caps are in place and undamaged.	K 062			

LIFE SAFETY CODE UNIT
SAN BERNARDINO

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K 062	<p>Continued From page 11</p> <p>(d) Gaskets are in place and in good condition. (e) Identification signs are in place. (f) The check valve is not leaking. (g) The automatic drain valve is in place and operating properly.</p> <p>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 Code, and NFPA 72, National Fire Alarm Code, unless an existing installation, which shall be permitted to be continued in use, subject to the approval of the authority having jurisdiction.</p> <p>NFPA 72, 1999 edition 2-6 Sprinkler Waterflow Alarm-Initiating Devices. 2-6.1 The provisions of Section 2-6 shall apply to devices that initiate an alarm indicating a flow of water in a sprinkler system. 2-6.2* Initiation of the alarm signal shall occur within 90 seconds of waterflow at the alarm-initiating device when flow occurs that is equal to or greater than that from a single sprinkler of the smallest orifice size installed in the system. Movement of water due to waste, surges, or variable pressure shall not be indicated.</p> <p>Findings:</p> <p>During record review and interview with Maintenance Staff 1 on 3/4/16, the automatic sprinkler system test and inspection records were requested.</p> <p>1. At 10:55 a.m., there was no annual and no fourth quarter of 2015 sprinkler system inspection report available for review. At 10:56 a.m., Maintenance Staff 1 acknowledged the missing</p>	K 062			

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K 062	Continued From page 12 sprinkler system documents. During the facility tour and interview with Maintenance Staff 1 on 3/4/16, the automatic sprinkler system was observed. 2. At 2:20 p.m., there was an obstructed sprinkler head in the medical records storage room. There was 14 inches of clearance between cases stored on the top shelf and the sprinkler head. At 2:21 p.m. Maintenance Staff 1 confirmed that the cases on the top shelf would be relocated. The sprinkler did not have 18 inches of clearance.	K 062	<u>K 076 NFPA 101 LIFE SAFETY CODE STANDARD</u> 1. The light switch located on the north wall of the oxygen storage room was raised to 5 feet on 3/8/16 by Maintenance Assistant. 2. The Maintenance Director inspected all light switches in the oxygen room to ensure proper height on 3/4/16. No deficient practice noted and or reported. 3. The Maintenance Director was re- educated by Administrator on routine checking and monitoring of proper light switch height requirements on 3/9/16. 4. The Maintenance Director will be adding this to the weekly audit report. The Maintenance Director / Designee will monitor and report any patterns or trends to our daily Monday thru Friday Stand-up meeting and Monthly QA for next three months for a committee review and resolution in order to meet compliance.	4/3/16
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (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 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to protect their medical gas storage locations. This was evidenced by an oxygen storage room with a light switch that was less than five feet above the floor. This affected one of seven smoke compartments and could result in an oxygen cylinder initiated emergency. NFPA 101, 2000 Edition 19.3.2.4 Medical Gas, Medical gas storage and administration areas	K 076		

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K 076	Continued From page 13 shall be protected in accordance with NFPA 99, Standard for Health Care Facilities. NFPA 99, 1999 edition 4-3.1.1.2(a)11d Ordinary electrical wall fixtures in supply rooms shall be installed in fixed locations not less than 5 ft (1.5 m) above the floor to avoid physical damage. 4-5.1.1.2 Storage Requirements (Location, Construction, Arrangement). 4. The electric installation in storage locations or manifold enclosures for nonflammable medical gases shall comply with the standards of NFPA 70, National Electric Code, for ordinary locations. Electric wall fixtures, switches, and receptacles shall be installed in fixed locations not less than 5 ft (152 cm) above the floor as a precaution against their physical damage. Findings: During the facility tour and interview with Maintenance Staff 1 on 3/4/16, the oxygen storage area was observed. 1. At 11:31 a.m., there was a light switch, located on the north wall of the oxygen storage room, that was 43 inches above the floor. There were 33 full E-sized cylinders, 8 empty E-sized cylinders, and 2 full H-sized tanks stored in the oxygen storage room. Maintenance Staff 1 acknowledged that the light switch was less than the required 5 feet from the floor.	K 076	<u>K 144 NFPA 101 LIFE SAFETY CODE STANDARD</u> 1. The coolant leak from the generator was fixed on 3/18/16 by an outside contractor. The generator log has a weekly run test for the last 52 weeks, however the 16 weeks cited had run times less than the required 30 minutes. The generator setting was changed to allow for a full 30 minute load test to be completed on a monthly basis. 2. The Maintenance Director inspected all other generator testing logs to ensure that all were in compliance. No deficient practice noted and or reported. 3. The Maintenance Director was re- educated by Administrator on routine checking and monitoring of emergency generator on 3/9/16. 4. The Maintenance Director will be adding this to the weekly audit report. The Maintenance Director / Designee will monitor and report any patterns or trends to our daily Monday thru Friday Stand-up meeting and Monthly QA for next three months for a committee review and resolution in order to meet compliance.		4/3/16
K 144 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110.	K 144			

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K 144	<p>Continued From page 14</p> <p>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 observation, interview, and record review, the facility failed to maintain their generator. This was evidenced by the failure to complete one monthly 30 minute load test of the emergency generator, by incomplete documentation for 16 of 52 weekly visual inspections, and by an engine coolant leak that had not been immediately repaired. This could result in a failure of the generator to provide electrical power during a power outage affecting seven of seven smoke compartments.</p> <p>NFPA 99, Standard for Health Care Facilities, 1999 Edition 3-4.4.1.1 Maintenance and Testing of Alternate Power Source and Transfer Switches. (a) Maintenance of Alternate Power Source. The generator set or other alternate power source and associated equipment, including all appurtenant parts, shall be so maintained as to be capable of supplying service within the shortest time practicable and within the 10-second interval specified in 3-4.1.1.8 and 3-4.3.1. Maintenance shall be performed in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Chapter 6.</p> <p>NFPA 110, Standard for Emergency and Standby Power Systems 1999 Edition 6-3.4 A written record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained on the premises. The written record shall include the following: (a) The date of the maintenance report (b) Identification of the servicing personnel (c) Notation of any unsatisfactory condition and</p>	K 144			

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K 144	<p>Continued From page 15</p> <p>the corrective action taken, including parts replaced</p> <p>(d) Testing of any repair for the appropriate time as recommended by the manufacturer</p> <p>6-4.1 Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly and shall be exercised under load at least monthly. Exception: If the generator set is used for standby power or for peak load shaving, such use shall be recorded and shall be permitted to be substituted for scheduled operations and testing of the generator set, provided the appropriate data are recorded.</p> <p>6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for minimum of 30 minutes, using one of the following methods:</p> <p>(a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>(b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations.</p> <p>Findings:</p> <p>During the facility tour and interview with Maintenance Staff 1 on 3/4/16, the generator was observed.</p> <p>1. At 11:59 a.m., there was an engine coolant leak onto the concrete pad below the generator. At 12:04 p.m., Maintenance Staff 1 confirmed the</p>	K 144			

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

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K 144	Continued From page 16 coolant leak was noted on a service report a couple of months earlier. During record review and interview with Maintenance Staff 1 on 3/4/16, the monthly load tests and the weekly inspections of the emergency generator were requested. 2. At 12:39 p.m., there was incomplete documentation of weekly inspections for 16 of the last 52 weeks. 3. At 12:42 p.m., there was incomplete documentation of a monthly 30 minute load tests for one of the last twelve months. There was no documentation of a 30 minute load test performed in February of 2016. At 12:46 p.m., Maintenance Staff 1 acknowledged that he relied on the automatic run time for the February load test and confirmed that the generator only ran for 6 minutes each week.	K 144			
K 147 SS=D	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 observation and interview, the facility failed to maintain wiring devices and ensure that appropriate safeguards were in place for electrical equipment. This was evidenced by a steam table in the kitchen that was plugged into a broken electrical outlet and aquarium equipment in the dining room by the nurse station that was plugged into a non-ground fault interrupt (GFI) protected circuit. There was an increased risk of electrical shock or fire affecting two of seven smoke compartments.	K 147	K 147 NFPA 101 LIFE SAFETY CODE STANDARD 1. A GFI surge protector was installed to the aquarium equipment on 3/9/16. The broken electrical outlet located under the steam table in the kitchen will be fixed as of 3/25/16 by Maintenance Director / Designee.	4/3/16	

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K 147	Continued From page 17 NFPA 101, 2000 Edition 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. NFPA 70, National Electrical Code, 1999 Edition 110-12(C) Integrity of Electrical Equipment and Connections. Internal parts of electrical equipment, including busbars, wiring terminals, insulators, and other surfaces, shall not be damaged or contaminated by foreign materials such as paint, plaster, cleaners, abrasive, or corrosive residues. There shall be no damaged parts that may adversely affect safe operation or mechanical strength of the equipment such as parts that are broken; bent; cut; or deteriorated by corrosion, chemical action, or overheating. 517-20. Wet Locations. (a) All receptacles and fixed equipment within the area of the wet location shall have ground-fault circuit-interrupter protection for personnel if interruption of power under fault conditions can be tolerated, or by an isolated power system if such interruption cannot be tolerated. Exception: Branch circuits supplying only listed, fixed, therapeutic and diagnostic equipment shall be permitted to be supplied from a normal grounded service, single- or 3-phase system provided that: (a) Wiring for grounded and isolated circuits does not occupy the same raceway, and (b) All conductive surfaces of the equipment are grounded.	K 147	2. The Maintenance Director inspected the rests of the facility to ensure all equipment was properly grounded. The Maintenance Director also inspected all other outlets in the kitchen were functioning properly on 3/9/16. No deficient practice noted and or reported. 3. The Maintenance Director was re-educated by Administrator on routine checking and monitoring of electrical devices and outlets on 3/9/16. 4. The Maintenance Director will be adding this to the weekly audit report. The Maintenance Director / Designee will monitor and report any patterns or trends to our daily Monday thru Friday Stand-up meeting and Monthly QA for next three months for a committee review and resolution in order to meet compliance.		

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K 147	<p>Continued From page 18</p> <p>Findings:</p> <p>During the facility tour and interview with Maintenance Staff 1 on 3/4/16, the electrical devices and wiring connections were observed.</p> <p>1. At 11:21 a.m., there was aquarium equipment that was plugged into a non-GFI (ground fault interrupt) protected circuit in the resident dining room located near the nurse station. At 11:22 a.m., Maintenance Staff 1 confirmed that the aquarium was potentially a wet location and that the aquarium equipment was not plugged into a GFI circuit.</p> <p>2. At 1:58 p.m., there was a broken electrical outlet located under the steam table in the kitchen. The floor mounted outlet box was laying on its side. The armored cable was broken and the colored insulators were exposed and laying across the sharp edge of the broken armored conduit. At 1:59 p.m., Maintenance Staff 1 acknowledged the damage to the electrical outlet under the steam table.</p>	K 147			

ALABAMA DEPARTMENT OF PUBLIC HEALTH
LICENSING & CERTIFICATION PROGRAM

LIFE SAFETY COORDINATOR
SAN JERONIMO