STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055523	A. BUILDING 01 B. WING _____	05/23/2018

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GLENDALE POST ACUTE CENTER	250 N. VERDUGO ROAD GLENDALE, CA 91206

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E 000	Initial Comments The following reflects the findgins 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: 14041 The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities.	E 000		
K 000	INITIAL COMMENTS This facility was surveyed under the Life Safety Code NFPA 101, 2012 Edition, Chapter 19, Existing Health Care Occupancies, and other applicable codes. Representing the Department of Public Health: 14041 The following represents the findings of the Department of Public Health during a Life Safety Code Survey.	K 000	Glendale Post Acute Center submits this response and plan of correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil or criminal action or proceedings against the provider or its employees, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party.	
K 300 SS=F	Protection - Other CFR(s): NFPA 101 Protection - Other List in the REMARKS section any LSC Section 18.3 and 19.3 Protection requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.	K 300	Any changes to provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the federal rules of evidence and California evidence Code Section 1151 and should be inadmissible in any proceeding on that basis.	

2018 JUN 11 AM 8:00
LOS ANGELES COUNTY
HEALTH FACILITIES
DIVISION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	6/8/18

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 300	Continued From page 1 This REQUIREMENT is not met as evidenced by: NFPA 25, 2011 Edition 5.3 Testing. 5.3.1* Sprinklers. 5.3.1.1* Where required by this section, sample sprinklers shall be submitted to a recognized testing laboratory acceptable to the authority having jurisdiction (AHJ) for field service testing. 5.3.1.1.1 Where sprinklers have been in service for 50 years, they shall be replaced or representative samples from one or more sample areas shall be tested. 5.3.1.1.1.1 Test procedures shall be repeated at 10-year intervals. Based on observation and interview, the facility failed to assure any fire sprinklers over 50 years were sample tested and replaced as required by NFPA. Findings: On May 16, 2018, the evaluator conducted an inspection of the Life Safety Code system and observed that the facility is fully sprinklered. The evaluator requested a review of the fire sprinkler annual and 5-year inspection, test, and maintenance documents. The evaluator reviewed the 5-year fire sprinkler document, dated 10/14/2015. The evaluator asked the building supervisor if the fire sprinklers that appeared to be over 50 years old have been sampled and/or tested by an approved testing laboratory acceptable to the AHJ. The building supervisor indicated that he was new and did not	K 300	**K 300** **How corrective action will be accomplished for those residents found to have been affected by the deficient practice;** On 05/16/2018, the Administrator contacted 3 different companies and requested quotations for testing of the Fire Sprinklers as per regulation. The Contractor was chosen on 6/5/2018 and will be conducting the Sprinkler testing after approval by OSHPD. **How the facility will identify other residents having the potential to be affected by the same deficient practice does not recur;** No resident was identified to be affected of the deficient practice. **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur;** The Maintenance Supervisor will conduct weekly sprinkler checks to ensure that all sprinklers meet the safety regulations.	6/9/2018

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K 300	Continued From page 2 have any information regarding the age of the fire sprinklers. The evaluator inspected the facility and observed different age types of new and old fire sprinklers. The evaluator requested documentation of the replaced fire sprinklers approved by the authority having jurisdiction. No documentation was provided at the time of the survey. In case of fire emergency, the fire sprinklers shall be tested, serviced, and maintained in optimal condition at all time at a minimum at an annual basis. The fire sprinklers over 50 years shall be tested and/or replaced by a laboratory acceptable to the authority having juridiction and the documentation shall be available to the AHJ at all times.	K 300	Quarterly sprinkler system will be conducted by GNA FIRE SYSTEM INC. The Administrator provided a 1:1 in-service to the Maintenance Supervisor on 5/16/2018 regarding Sprinkler Safety, policy and procedures and testing schedule. Administrator will validate compliance randomly during monthly facility rounds. Outcome will be discussed with Maintenance Resource for follow up.	6/9/2018
K 346 SS=F	Fire Alarm System - Out of Service CFR(s): NFPA 101 Fire Alarm - Out of Service Where required fire alarm system is out of services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.6 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to establish a detailed fire watch policy when the fire alarm system is out of service for more than 4 hours in a 24-hour period. In the event the fire alarm system is out of service, a fire watch policy will assist with the appropriate	K 346	**How the facility plans to monitor its performance to make sure that solutions are sustained.** The Administrator/ designee will provide a summary trend analysis of negative findings to the monthly QAPI Committee meeting. If there are no negative findings reported after one quarter, issue is considered resolved. Date of Compliance: 6/9/2018	

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K 346	Continued From page 3 emergency procedures to be implemented, and to notify the authority having jurisdiction of the fire watch. Findings: On 5/23/2018, the evaluator requested a review of the facility's fire watch policy and procedure in regards to an inoperable fire alarm system for 4-hours over a 24-hour period. At 2:00 p.m., an interview was conducted with the administrator and she stated she did not have the policy and procedure at the time of the survey. At the time of this report, the policy and procedure had not been forwarded to the department. The deficient practice affected 5 of 5 smoke compartments. On 5/23/2018, at 2:30 p.m., the above findings were acknowledged during the exit conference with the administrator.	K 346	**K 346** **How corrective action will be accomplished for those residents found to have been affected by the deficient practice;** The Fire Watch Policy when the fire alarm system is out was developed and included in the Facility Policy binder by the Administrator on 5/30/2018. **How the facility will identify other residents having the potential to be affected by the same deficient practice does not recur;** Facility checked for other policies related to this deficient practice and no issues were found.	6/9/2018
K 354 SS=F	Sprinkler System - Out of Service CFR(s): NFPA 101 Sprinkler System - Out of Service Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an	K 354	**What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur;** On 6/1/2018 the Administrator provided an in-service to staff regarding fire safety, policy and procedures.	

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K 354	Continued From page 4 approved fire watch is provided until the sprinkler system has been returned to service. 18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25) This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to establish a detailed fire watch policy when the fire sprinkler system is out of service for more than 10 hours in a 24-hour period. In the event the fire sprinkler system is out of service, a fire watch policy will assist with the appropriate emergency procedures to be implemented, and to notify the authority having jurisdiction of the fire watch. Findings: On 5/23/2018, the evaluator requested a review of the facility's fire watch policy and procedure in regards to an inoperable fire sprinkler system for 10-hours over a 24-hour period. At 2:00 p.m., an interview was conducted with the administrator and she stated she did not have the policy and procedure at the time of the survey. At the time of this report, the policy and procedure had not been forwarded to the department. The deficient practice affected 5 of 5 smoke compartments. On 5/23/2018, at 2:30 p.m., the above findings were acknowledged during the exit conference with the administrator	K 354	Maintenance Supervisor/DSD will validate fire watch policy information and availability once a month. **How the facility plans to monitor its performance to make sure that solutions are sustained.** The Administrator will provide a summary trend analysis of negative findings to the monthly QAPI Committee meeting. If there are no negative findings reported after one quarter, issue is considered resolved. Date of compliance: 6/9/2018	6/9/2018
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors	K 363		

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K 363	Continued From page 5 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 frames in window assemblies. 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 and interview, the facility	K 363	<u>K 354</u> **How corrective action will be accomplished for those residents found to have been affected by the deficient practice;** The Fire Watch Policy and the Sprinkler System Policy when the sprinkler system is out was developed and included in the Facility Policy binder by the Administrator on 5/30/2018. **How the facility will identify other residents having the potential to be affected by the same deficient practice does not recur;** Facility checked for other policies related to this deficient practice and no issues were found. **What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur;** On 6/1/2018 the Administrator provided an in-service to all staff regarding fire safety and Sprinkler System policy and procedures.	6/9/2018

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K 363	Continued From page 6 failed to ensure that the corridor door to the MDS room was able to resist smoke by having an impediment to rapid closing. In the event of a fire emergency, rapid closure of doors, without any impediments, is an essential component in the containment of smoke and/or fire. This affected 1 of 5 smoke compartments Findings: On 5/16/2018, at 12:30 p.m., during a life safety code tour of the facility, the evaluator observed the corridor door to the MDS room had a door wedge that prevented the door from automatically closing. The deficiency affected one of five smoke compartments. On 5/23/2018, the deficiency was brought to the attention to the administrator during the exit conference.	K 363	**How the facility plans to monitor its performance to make sure that solutions are sustained.** The Administrator will provide a summary trend analysis of negative findings to the monthly QAPI Committee meeting. If there are no negative findings reported after one quarter, issue is considered resolved. Date of compliance: 6/9/2018 **K 363** **How corrective action will be accomplished for those residents found to have been affected by the deficient practice;** On 5/16/2018, the door wedge on the MDS door was immediately removed by the Maintenance Supervisor. **How the facility will identify other residents having the potential to be affected by the same deficient practice does not recur;** On 5/16/2018, the Maintenance Supervisor did a room to room check to ensure that no other doors were propped with wedges. No other doors were found propped with a wedge.	6/9/2018
K 372 SS=F	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS. This REQUIREMENT is not met as evidenced	K 372		

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K 372	Continued From page 7 by: Based on observation and interview, the facility failed to maintain a fire resistance rating of at least one-half hour by having penetrations through one smoke barrier wall. Unsealed penetrations on smoke barrier walls may compromise the integrity of the smoke compartments, thereby, allowing smoke to travel easily between smoke compartments, during a fire emergency. The deficient practice affected 4 of 5 smoke compartments. Findings: On 5/23/2018, at 11:56 a.m., the evaluator conducted an inspection of the smoke barrier walls located over 2- sets of fire rated doors. The evaluator checked the wall over the doors located near Room 40 and observed the smoke barrier wall had unsealed penetrations. Some penetrations were not sealed with fire rated caulking. The evaluator inspected the smoke barrier wall located over the the set of fire rated doors located near Room 11 and observed a large section of the smoke barrier wall was cut out. On 5/23/2018, the findings were acknowledged during the exit conference held with the administrator.	K 372	**What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur;** On 5/16/2018, the Administrator provided an in-service to staff regarding automatic doors policy and procedures with emphasis on not propping doors open with any wedges/ objects. Department Heads will monitor doors for obstruction during daily room rounds 5x/week and findings will be discussed in the daily Stand up meeting. **How the facility plans to monitor its performance to make sure that solutions are sustained.** The Maintenance Supervisor and/or Administrator will conduct monthly rounds and randomly pick rooms and check doors to ensure no obstructions.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying	K 918		

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K 918	Continued From page 8 service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: NFPA 99, 2012 Edition 6.4.4.1.1.4 Inspection and Testing. Criteria, conditions, and personnel requirements shall be in accordance with 6.4.4.1.1.4(A) through 6.4.4.1.1.4(C). (A)* Test Criteria. Generator sets shall be tested 12 times a year, with testing intervals of not less	K 918	The Administrator and/or Designee will provide a summary trend analysis of negative findings to the monthly QAPI Committee meeting. If there are no negative findings reported after one quarter, issue is considered resolved. Date of compliance. 6/9/2018 **K 372** **How corrective action will be accomplished for those residents found to have been affected by the deficient practice;** On 5/23/2018, the penetrations near room 40 and room 11 were sealed by the Maintenance Supervisor with fire retardant caulking. **How the facility will identify other residents having the potential to be affected by the same deficient practice does not recur;** On 5/23/2018, the Administrator and Maintenance Supervisor did a complete facility check to ensure that there are no other unsealed penetrations. No other penetrations were found to be affected by this deficient practice.	6/9/2018

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K 918	Continued From page 9 than 20 days nor more than 40 days. Generator sets serving essential electrical systems shall be tested in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Chapter 8. (B) Test Conditions. The scheduled test under load conditions shall include a complete simulated cold start and appropriate automatic and manual transfer of all essential electrical system loads. (C) Test Personnel. The scheduled tests shall be conducted by competent personnel to keep the machines ready to function and, in addition, serve to detect causes of malfunction and to train personnel in operating procedures. 6.4.4.1.3 Maintenance of Batteries. Batteries for on-site generators shall be maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. 6.4.4.2 Record Keeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. 6.5 Essential Electrical System Requirements - Type 2. 6.5.4.1.1.2 Inspection and Testing. Generator sets shall be inspected and tested in accordance with 6.4.4.1.1.3. 6.5.4.1.2 Maintenance and Testing of Circuitry. Circuitry shall be maintained and tested in accordance with 6.4.4.1.2. 6.5.4.1.3 Maintenance of Batteries. Batteries shall be maintained in accordance with 6.4.4.1.3. 6.5.4.2 Record Keeping. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction.	K 918	**What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur;** On 5/23/2018, the Administrator provided an in-service to Maintenance staff regarding monitoring and reporting of any unsealed penetrations and walls. Department Heads will monitor for chipped walls during the daily room rounds 5x/week. Findings will be discussed in the daily Stand up meeting. **How the facility plans to monitor its performance to make sure that solutions are sustained.** The Administrator will validate compliance randomly during weekly facility walking rounds. Outcome will be discussed with the Maintenance Resource. The Administrator / Designee will provide a summary trend analysis of negative findings to the monthly QAPI Committee meeting.	6/9/2018

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K 918	Continued From page 10 NFPA 110, 2010 Edition Chapter 8 Routine Maintenance and Operational Testing 8.1* General. 8.1.1 The routine maintenance and operational testing program shall be based on all of the following: (1) Manufacturer's recommendations (2) Instruction manuals (3) Minimum requirements of this chapter (4) The authority having jurisdiction Based on observation, interview, and record review, the facility failed to ensure the back-up source of emergency power was serviced, maintained, and tested on load based on the manufacturer's recommendation. The facility failed to provide a detailed policy and procedure to the staff in charge of the generator in regards to the monthly load test, weekly battery condition and voltage inspections. The facility failed to ensure the generator was maintained in optimal condition in a timely manner, i.e. carburetor and oil leakage. Findings: On May 16, 2018, the evaluator conducted an inspection of the Life Safety Code system. The facility is a 1-story building, with 4-sets of fire rated smoke compartment doors, 5- smoke compartments, a laundry room, and the generator is located in the back of the facility. The evaluator conducted a tour of the building and inspected the generator and observed the generator was very dirty and oily. The generator had a layer of dirt and oil on the contact surfaces.	K 918	If there are no negative findings reported after one quarter, issue is considered resolved. Date of Compliance: 6/9/2018 **K 918** **How corrective action will be accomplished for those residents found to have been affected by the deficient practice;** On 5/18/2018 the generator was cleaned by Sweinhart Electric Company and new battery was installed. The Generator service report performed on 4/03/2018 addressed and fixed all concerns mentioned on the report for 9/12/2017, 12/6/2017 and 12/18/2017. **How the facility will identify other residents having the potential to be affected by the same deficient practice does not recur;** No other systems noted with deficient practice.	6/9/2018

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055523	A. BUILDING 01 B. WING _____	05/23/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GLENDALE POST ACUTE CENTER	250 N. VERDUGO ROAD GLENDALE, CA 91206

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K 918	Continued From page 11 The battery is a maintenance free battery and it was also dirty. The generator had a 20-gallon gas capacity. The evaluator requested a review of the generator's service, test, and maintenance record. The evaluator noted the generator's service technician documentation: dated - 9/12/2017, "Engine start wire was loose from terminal block. Tightened terminal block. Carburetor is running rich based on spark plug deposits and exhaust observation. Automatic chokes is not opening fully which is contributing to rich mixture. Spark plug (#3) was completely fouled and plug was found cold after operation but before replacement. Recommend to rebuild the carburetor and provide an alternate choke mechanism. Parts for this choke is obsolete and difficult to find." dated - 12/6/2017, Generator crank no start, carburetor flooding from starting fluid that customer had installed. Disconnected ether system and generator starts and runs but hunts for 10-20 seconds. Adjustment on carburetor not available." dated - 12/18/2017, "trouble shoot Kohler running rough, generator crank no start. Carburetor flooding from starting fluid that customer had installed. Disconnected ether system and generator starts and runs but hunts for 10-20 seconds. Adjustment on carburetor not available." The evaluator did not observe any service and maintenance notation regarding the automatic transfer switch (ATS) annual service or maintenance record on any of the generator's service records. The evaluator reviewed the monthly generator's full load test documentation, dated 4/25/2018,	K 918	**What measures will be put into place or what systemic changes will the facility make to ensure that the deficient practice does not recur;** The Administrator in-serviced the Maintenance Supervisor on 05/18/2018 regarding Generator servicing, policy and procedures. The Maintenance Supervisor will inspect and run the Generator at full load on a weekly basis. Any issues will be communicated to Sweinhart Electric Company. Sweinhart Electric Company will perform complete Generator testing twice a year. Findings will be discussed with the Administrator for follow through. **How the facility plans to monitor its performance to make sure that solutions are sustained.** Administrator will check generator test log monthly to monitor compliance.	6/9/2018

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K 918	Continued From page 12 and did not observe any notation regarding the battery's voltage or the generator's run clock. The evaluator observed a section that read "battery water level" however, the battery is a maintenance free battery and the water level cannot not be checked. On 5/23/2018, the evaluator requested a review of the generator test, service, and maintenance policy and procedure and the generator's instruction manual. The generator's manual was not available at the time of the survey. The evaluator reviewed the policy and it revealed: #6- the run time for the generator test, under full load, will be documented as to start time and stop time. Example: 10:30 - 11:00; #9 - The Administrator shall be notified of all problems, repairs, and delays in starting that occur with the generator. No guideline was provided in regards to monitoring the battery, i.e. maintenance free battery voltage level. The evaluator held an interview with the maintenance supervisor and he stated he had only started about 3-weeks prior to the survey. The generator shall be tested, serviced, and maintained on the manufacturer's recommendation and the manual shall be available for review by the authority having jurisdiction (AHJ). In case of a loss of normal power, the generator shall be maintained in optimal condition, i.e. carburetor, based on the manufacturer's recommendation and in a timely manner. The weekly inspection shall include the generator's battery voltage capacity or level, the generator's	K 918	The Administrator or designee will provide a summary trend analysis of negative findings to the monthly QAPI Committee meeting. If there are no negative findings reported after one quarter, issue is considered resolved. Date of Compliance: 6/9/2018	

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K 918	Continued From page 13 run clock not the time. The ATS shall be serviced and maintained on an annual basis based on the manufacturer's recommendation. The facility shall develop and provide a policy and procedure for the staff in charge of the generator based on the manufacturer's recommendation and available for review by the authority having jurisdiction at all times.	K 918		