

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

PRINTED: 05/03/2013
FORM APPROVE
OMB NO. 0938-038

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055963	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/30/2013
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-NINETEENTH AVE			STREET ADDRESS, CITY, STATE, ZIP CODE 2043 19TH AVENUE SAN FRANCISCO, CA 94116	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 1974 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: THREE STORY Plus BASEMENT, TYPE I CONSTRUCTION, 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 CFR (Code of Federal Regulations) 483.70 (a) and NFPA (National Fire Protection Association) 101, Life Safety Code 2000 edition, Existing codes. Representing the California Department of Public Health: 31203 The facility is not in substantial compliance with 42 CFR 483.70(a) for Long Term Care Facilities. Census: 138	K 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>	
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors	K 018	K 018 Corrective Action for Residents Affected: No residents were affected by this deficiency. The janitor cart is deconstructed by housekeeping staff when stored in the Janitor closet and the door positively latches. The rubber wedge obstructing door closure in the Admissions/Social Services Office was removed by Maintenance Supervisor. Bed A in Room 23 that was obstructing door closure was moved by Maintenance Supervisor to allow door closure. The Medical Record storage door was fixed by Maintenance Supervisor and positively latches.	5/13/13

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

TITLE

(X6) DATE

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 018	<p>Continued From page 1</p> <p>are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain corridor doors to resist the passage of smoke as evidenced by corridor doors that did not positively latch and doors that were obstructed from closing. This affected two of three floors and the basement and could result in the passage smoke and flames in the event of a fire.</p> <p>Findings:</p> <p>During the facility tour with the Maintenance Supervisor on 4/30/13, the corridor doors were observed.</p> <p>Third Floor</p> <p>1. At 8:35 a.m., the door to the Janitor Closet next to Room 49, was equipped with a self-closing device that failed to positively latch when fully opened and closed. The door was obstructed by a janitor cart.</p>	K 018	<p>Identification of Resident with Potential to be affected: All residents have the potential to be affected.</p> <p>Measures to prevent recurrence: The SDC will in-service staff regarding doors being obstructed from closing.</p> <p>Monitoring Corrective Action: Maintenance Supervisor or designee will monitor corridor doors during weekly rounds to ensure doors are not obstructed from closing.</p> <p>Maintenance Supervisor will report results of monitoring to the PI Committee monthly for 3 months and quarterly thereafter.</p>	

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K 018	Continued From page 2 2. At 8:35 a.m., the door to the Admissions Social Services was equipped with a self-closing device, which was held open by a rubber wedge. Second Floor 3. At 8:47 a.m., the door to Room 23, Bed A obstructed the door from closing. First Floor 4. At 9:56 a.m., the door to the Medical Record Storage next to the Laundry Room, was equipped with a self-closing device that failed to positively latch when fully opened and closed. The door was dragging around the door frame. NFPA 101 LIFE SAFETY CODE STANDARD	K 018			
K 052 SS=F	A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the fire alarm control panel. This was evidenced by failure of the Fire Alarm	K 052	Corrective Action for Residents Affected: No residents were affected by this deficiency. Executive Director initiated Fire Watch at 2:48PM, 04/30/13. Maintenance Supervisor scheduled vendor and vendor began to troubleshoot issue 04/30/13 and 05/01/13. On 05/01/13, the alarm system had been restored and the alarm monitoring had received the signals during the alarm testing. Fire Watch was terminated by Executive Director.	05/01/13	

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K 052	<p>Continued From page 3</p> <p>Control Panel to maintain communication with the central monitoring station. This affected all three floors and basement, and could result in failure of the FACP to report alarm activation or a trouble signal to the central monitoring station in the event of a fire or alarm system failure.</p> <p>NFPA 101, Life Safety Code, 2000 Edition SECTION 9.6 FIRE DETECTION, ALARM, AND COMMUNICATIONS SYSTEMS 9.6.1 General. 9.6.1.3* The provisions of Section 9.6 cover the basic functions of a complete fire alarm system, including fire detection, alarm, and communications. These systems are primarily intended to provide the indication and warning of abnormal conditions, the summoning of appropriate aid, and the control of occupancy facilities to enhance protection of life. 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. 9.6.4 Emergency Forces Notification. Where required by another section of this Code, emergency forces notification shall be provided to alert the municipal fire department and fire brigade (if provided) of fire or other emergency. Where fire department notification is required by another section of this Code, the fire alarm system shall be arranged to transmit the alarm automatically via any of the following means acceptable to the authority having jurisdiction and shall be in</p>	K 052	<p>Identification of Resident with Potential to be affected: All residents have the potential to be affected.</p> <p>Measures to prevent recurrence: Maintenance Supervisor will ensure the facility maintains the fire alarm control panel.</p> <p>Monitoring Corrective Action: Monthly fire alarm testing will continue and Maintenance Supervisor to verify alarm monitoring company receives activated device signaling after each test. Maintenance Supervisor will obtain alarm signal activity report on monthly basis.</p> <p>Maintenance Supervisor will report results of monitoring to the PI Committee monthly for 3 months and quarterly thereafter.</p>		

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K 052	<p>Continued From page 4 accordance with NFPA 72, National Fire Alarm Code:</p> <p>(1) Auxiliary alarm system (2) Central station connection (3) Proprietary system (4) Remote station connection Exception: For existing installations where</p> <p>NFPA 72, National Fire Alarm Code, 1999 Edition Chapter 5 Supervising Station Fire Alarm Systems 5-1* Scope. Chapter 5 shall cover the requirements for the performance, installation, and operation of fire alarm systems at a continuously attended supervising station and between the protected premises and the continuously attended supervising station. 5-2 Fire Alarm Systems for Central Station Service. The requirements of Chapters 1 and 7 and Section 5-5 shall apply to central station fire alarm systems, unless they conflict with the requirements of this section. 5-2.1 Scope. Section 5-2 shall describe the general requirements and use of fire alarm systems to provide central station service as defined in Section 1-4. 1-4 Definitions. For the purposes of this code, the following terms are defined as follows. Central Station Fire Alarm System. A system or group of systems in which the operations of circuits and devices are transmitted automatically to, recorded in, maintained by, and supervised from a listed central station that has competent and experienced servers and operators who, upon receipt of a signal, take such action as required by this code. Such service is to be controlled and operated by a person, firm, or corporation whose business is the furnishing,</p>	K 052			

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K 052	<p>Continued From page 5</p> <p>maintaining, or monitoring of supervised fire alarm systems.</p> <p>5-2.2.1 Fire alarm systems for central station service shall include the central station physical plant, exterior communications channels, subsidiary stations, and signaling equipment located at the protected premises.</p> <p>5-2.2.2* Section 5-2 shall apply to central station service, which consists of the following elements:</p> <p>(1) Installation of fire alarm transmitters</p> <p>(2) Alarm, guard, supervisory, and trouble signal monitoring</p> <p>(3) Retransmission</p> <p>(4) Associated record keeping and reporting</p> <p>(5) Testing and maintenance</p> <p>(6) Runner service</p> <p>The central station service elements shall be provided under contract to a subscriber by one of the following:</p> <p>(a) A listed central station that provides all of the elements of central station service with its own facilities and personnel.</p> <p>(b) A listed central station that provides, as a minimum, the signal monitoring, retransmission, and associated record keeping and reporting with its own facilities and personnel and that shall be permitted to subcontract all or any part of the installation, testing, and maintenance and runner service.</p> <p>(c) A listed fire alarm service-local company that provides the installation and testing and maintenance with its own facilities and personnel and that subcontracts the monitoring, retransmission, and associated record keeping and reporting to a listed central station. The required runner service shall be provided by the listed fire alarm service-local company with its own personnel or the listed central station with its</p>	K 052			

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K 052	Continued From page 6 own personnel. 16. Supervising Station Fire Alarm Systems - Transmission Equipment a. All Equipment Test shall be performed on all system functions and features in accordance with the equipment manufacturer ' s instructions for correct operation in conformance with the applicable sections of Chapter 5. Initiating device shall be actuated. Receipt of the correct initiating device signal at the supervising station within 90 seconds shall be verified. Upon completion of the test, the system shall be restored to its functional operating condition. If test jacks are used, the first and last tests shall be made without the use of the test jack. b. Digital Alarm Communicator Transmitter (DACT) Connection of the DACT to two separate means of transmission shall be ensured. Exception: DACTs that are connected to a telephone line (number) that is also supervised for adverse conditions by a derived local channel. DACT shall be tested for line seizure capability by initiating a signal while using then primary line for a telephone call. Receipt of the correct signal at the supervising station shall be verified. Completion of the transmission attempt within 90 seconds from going off-hook to on-hook shall be verified. The primary line from the DACT shall be disconnected. Indication of the DACT trouble signal at the premises shall be verified as well as transmission to the supervising station within 4 minutes of detection of the fault. The secondary means of transmission from the DACT shall be disconnected. Indication of the DACT trouble signal at the premises shall be verified as well as transmission to the supervising station within 4 minutes of detection of the fault. The DACT shall	K 052			

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K 052	<p>Continued From page 7</p> <p>be caused to transmit a signal to the DACR while a fault in the primary telephone number is simulated. Utilization of the secondary telephone number by the DACT to complete the transmission to the DACR shall be verified.</p> <p>c. Digital Alarm Radio Transmitter (DART) The primary telephone line shall be disconnected. Transmission of a trouble signal to the supervising station by the DART within 4 minutes shall be verified.</p> <p>Findings:</p> <p>During alarm testing and interview with the Maintenance Supervisor on 4/30/13, the fire alarm system was observed.</p> <p>1. Between 10:39 a.m. to 11:15 a.m., five smoke detectors, five pull stations, two tamper switches, and one waterflow test, were tested. Upon request of the alarm signal activity report from the alarm monitoring company, most of the activated devices failed to report to the alarm monitoring company. The alarm signal activity report showed two of thirteen activated devices. The alarm monitoring company failed to receive eleven activated devices.</p> <p>2. At 1:27 p.m., the alarm system was re-tested. The devices that were activated were smoke detector #37, pull station #3, and smoke detector #96. The Maintenance Supervisor called the alarm monitoring company at 1:57 p.m. for verification of signals. The alarm monitoring company stated that there were no alarm activation signals received.</p>	K 052			

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K 052	Continued From page 8 3. At 2:24 p.m., the Maintenance Supervisor called his supervisor for advice. The Maintenance's supervisor stated the alarm monitoring company sometimes doesn't show activity on the report right away and would have to wait until the next day to receive a full report. The Maintenance's supervisor suggested to have the alarm monitoring company stay on the phone while the alarm system is being re-tested to ensure they are receiving the alarm signals. 4. At 2:31 p.m., the alarm system was re-tested with the alarm monitoring company on the phone with the Maintenance Supervisor. The smoke detector #76 was activated and the alarm monitoring company stated at 2:35 p.m., no signal was received. 5. At 2:38 p.m., the alarm system was re-tested with the alarm monitoring company on the phone with the Maintenance Supervisor. The pull station #3 was activated and the alarm monitoring company stated at 2:40 p.m., no signal was received. 6. At 2:48 p.m., the Executive Director placed the facility on fire watch. The Maintenance Supervisor stated the vendor for the alarm system was scheduled to troubleshoot problem on 5/1/13. 7. At 4:48 p.m. on 5/1/13, the Maintenance Director called the Life Safety Unit to inform the alarm system had been restored and the alarm monitoring company had received the signals during the alarm testing. At 5:45 p.m., the facility fire watch ended.	K 052			
K 062	NFPA 101 LIFE SAFETY CODE STANDARD	K 062			

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K 062 SS=E	<p>Continued From page 9</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the automatic sprinkler system. This was evidenced by dust build up on sprinkler heads and a loose escutcheon. This could result in an obstruction to the sprinklers' spray patterns, which could lead to the sprinklers malfunctioning in the event of a fire, and affected three of three floors.</p> <p>NFPA 25, 1998 Edition 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. Exception No. 1: Sprinklers installed in 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.</p> <p>2-2.1.2 Unacceptable obstructions to spray patterns shall be corrected.</p>	K 062	<p>K 062</p> <p>Corrective Action for Residents Affected: No residents were affected by this deficiency. Identified sprinklers have been cleaned by Maintenance Supervisor. The loose escutcheon in the Janitor's Closet was fixed by Maintenance Supervisor.</p> <p>Identification of Resident with Potential to be affected: All residents have the potential to be affected.</p> <p>Measures to prevent recurrence: Maintenance Supervisor will ensure sprinklers are free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientations during quarterly rounds.</p> <p>Monitoring Corrective Action: Maintenance Supervisor or designee will monitor through monthly rounds for 3 months, then at least quarterly to ensure facility sprinklers are in compliance and report findings to the Performance Improvement Committee. The facility sprinkler vendor will conduct quarterly sprinkler inspections.</p>	5/13/13

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K 062	<p>Continued From page 10</p> <p>2-4.1.8 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.</p> <p>Findings:</p> <p>During a tour of the facility with the Maintenance Supervisor on 4/30/13, the sprinklers were observed.</p> <p>Third Floor</p> <ol style="list-style-type: none"> At 8:25 a.m., the sprinkler above Bed C in Room 44, had dust build up. At 8:30 a.m., the sprinkler above the closet in Room 46, had dust build up. At 8:32 a.m., the sprinklers above Bed A and closet in Room 47, had dust build up. <p>Second Floor</p> <ol style="list-style-type: none"> At 8:46 a.m., the sprinkler above Bed A in Room 22, had dust build up. At 8:48 a.m., the sprinkler in the Linen Closet next to Room 23, had a thread like material hanging on the deflector. At 8:53 a.m., the sprinkler in Room 26 above Bed A, had a thread like material hanging on the deflector. At 8:59 a.m., the sprinkler above Bed C in Room 30, had dust build up. At 9:02 a.m., the sprinklers above Bed A and Bed C in Room 32, had dust build up. At 9:04 a.m., in the Janitor Closet next Room 33, the escutcheon was loose from the ceiling with an approximately 2 inch gap. <p>First Floor</p>	K 062			

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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION-NINETEENTH AVE			STREET ADDRESS, CITY, STATE, ZIP CODE 2043 19TH AVENUE SAN FRANCISCO, CA 94116		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 062	Continued From page 11 10. At 9:24 a.m., the sprinkler in the Shower Room next to Room 10, had dust build up. 11. At 9:35 a.m., the sprinkler in Room 2 above Bed A, had a thread like material hanging on the deflector.	K 062			
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain a portable fire extinguisher, as evidenced by a fire extinguisher that was not inspected monthly. This deficient practice could result the fire extinguisher to malfunction in the event of a fire and affected the basement. NFPA 101, Life Safety Code (2000 Edition) 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 installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. NFPA 10, Standard for Portable Fire Extinguishers. Chapter 4 Inspection, Maintenance, and Recharging 4-1 General. 4-1.1 This chapter is concerned with the rules	K 064	K 064 Corrective Action for Residents Affected: No residents were affected by this deficiency. The fire extinguisher in the Elevator Equipment room was inspected by the Maintenance Supervisor 4/30/13. Identification of Resident with Potential to be affected: All residents have the potential to be affected. Measures to prevent recurrence: Maintenance Supervisor or designee will maintain all portable fire extinguishers through monthly inspections. Monitoring Corrective Action: Maintenance Supervisor or designee will monitor through monthly rounds to ensure portable fire extinguishers are in compliance and report findings to the Performance Improvement Committee for 3 months then quarterly thereafter. The facility Fire Life Safety vendor will conduct annual fire extinguisher inspections.	4/30/13	

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K 064	<p>Continued From page 12</p> <p>governing inspection, maintenance, and recharging of fire extinguishers. These factors are of prime importance in ensuring operation at the time of a fire.</p> <p>4-1.2 The procedure for inspection and maintenance of fire extinguishers varies considerably. Minimal knowledge is necessary to perform a monthly "quick check" or inspection in order to follow the inspection procedure as outlined in Section 4-3. A trained person who has undergone the instructions necessary to reliably perform maintenance and has the manufacturer's service manual shall service the fire extinguishers not more than 1 year apart, as outlined in Section 4-4.</p> <p>4-4.4* Maintenance Recordkeeping. Each fire extinguisher shall have a tag or label securely attached that indicates the month and year the maintenance was performed and that identifies the person performing the service.</p> <p>Findings:</p> <p>During the facility tour with the Maintenance Supervisor on 4/30/13, the fire extinguisher was observed.</p> <p>At 10:00 a.m., the fire extinguisher in the Elevator Equipment room was not inspected every month. The record keeping tag attached to the fire extinguisher had the months of February, March, and April 2013 missing. The last monthly inspection was performed on January 2013. The</p>	K 064			

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K 064	Continued From page 13 Maintenance Supervisor acknowledged this finding.	K 064			
K 067 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the heating system as evidenced by a loose heating vent in the ceiling. This could lead the heating vent to malfunction and affected one of three floors. NFPA 101, Life Safety Code, 2000 Edition SECTION 9.2 HEATING, VENTILATING, AND AIR CONDITIONING 9.2.1 Air-Conditioning, Heating, Ventilating Ductwork, and Related Equipment. Air conditioning, heating, ventilating ductwork, and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, or NFPA 90B, Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, as applicable, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction. 9.2.2 Ventilating or Heat-Producing Equipment. Ventilating or heat-producing equipment shall be	K 067	K 067 Corrective Action for Residents Affected: No residents were affected by this deficiency. The heating vent cover in the Tub/Storage Room was fixed by the Maintenance Supervisor. Identification of Resident with Potential to be affected: All residents have the potential to be affected. Measures to prevent recurrence: Maintenance Supervisor or designee will maintain the facility heating system with monthly rounds. Monitoring Corrective Action: Maintenance Supervisor or designee will monitor through monthly rounds to ensure the heating system is in compliance and report findings to the Performance Improvement Committee for 3 months then quarterly thereafter.	5/13/13	

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K 067	Continued From page 14 in accordance with NFPA 91, Standard for Exhaust Systems for Air Conveying of Vapors, Gases, Mists, and Noncombustible Particulate Solids; NFPA 211, Standard for Chimneys, Fireplaces, Vents, and Solid Fuel-Burning Appliances; NFPA 31, Standard for the Installation of Oil-Burning Equipment; NFPA 54, National Fuel Gas Code; or NFPA 70, National Electrical Code, as applicable, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction. Findings: During a tour of the facility with the Maintenance Supervisor on 4/30/13, the heating vent was observed. At 9:06 a.m., the heating vent cover in the Tub Room/Storage on the second floor, was approximately 2 inches loose from the ceiling. NFPA 101 LIFE SAFETY CODE STANDARD	K 067			
K 069 SS=D	Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on document review, the facility failed to maintain the kitchen hood fire-extinguishing system, as evidenced by no documentation provided for one of two semi-annual inspection records for the kitchen hood fire-extinguishing system. This affected the basement and could result in the malfunction of the kitchen hood fire-extinguishing equipment in the event of a fire.	K 069	K 069 Corrective Action for Residents Affected: No residents were affected by this deficiency. Identification of Resident with Potential to be affected: All residents have the potential to be affected.	5/13/13	

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K 069	<p>Continued From page 15</p> <p>NFPA 101, 2000 Edition SECTION 9.2 HEATING, VENTILATING, AND AIR CONDITIONING 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 existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p> <p>Findings:</p> <p>During document review with the Maintenance Supervisor on 4/30/13, the documents for the semi-annual inspections of the kitchen hood fire-extinguishing system were requested.</p> <p>At 3:12 p.m., one inspection record, dated 3/14/13 was provided. There was no other documents provided prior to the 3/14/13 inspection for the kitchen hood fire-extinguishing system.</p>	K 069	<p>Measures to prevent recurrence: Maintenance Supervisor or designee will maintain the facility kitchen hood fire- extinguishing system by ensuring facility fire prevention vendor routinely conducts semi-annual inspections.</p> <p>Monitoring Corrective Action: Maintenance Supervisor or designee will monitor through monthly rounds to ensure the facility kitchen hood fire-extinguishing system is in compliance and report findings to the Performance Improvement Committee for 3 months then quarterly thereafter.</p>		