

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

PRINTED: 08/28/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555657</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/07/2019</b>
NAME OF PROVIDER OR SUPPLIER  <b>CARLMONT GARDENS NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2140 CARLMONT DRIVE BELMONT, CA 94002</b>		
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E 000	Initial Comments  Surveyor: 40394 The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities.  Representing the California Department of Public Health: 40394	E 000			
E 041 SS=D	Census: 55 Hospital CAH and LTC Emergency Power CFR(s): 483.73(e)  (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1)(i) and (ii) of this section.  §483.73(e), §485.625(e) (e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section.  §482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101	E 041			8/23/19

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

TITLE

(X6) DATE

Electronically Signed

08/22/2019

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

**Approved 08/27/2019 per Cynthia Luc, SSM I**

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E 041	<p>Continued From page 1</p> <p>and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>*[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: <a href="http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html">http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html</a>. If any changes in this edition of the Code are</p>	E 041			

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E 041	<p>Continued From page 2</p> <p>incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.</p> <p>(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.</p> <p>(i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011.</p> <p>(ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.</p> <p>(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.</p> <p>(v) TIA 12-5 to NFPA 99, issued August 1, 2013.</p> <p>(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.</p> <p>(vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.</p> <p>(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.</p> <p>(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.</p> <p>(x) TIA 12-3 to NFPA 101, issued October 22, 2013.</p> <p>(xi) TIA 12-4 to NFPA 101, issued October 22, 2013.</p> <p>(xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 40394</p> <p>Based on record review and interview, the facility failed to develop and maintain the emergency preparedness plan. This was evidenced by an incomplete emergency power plan. This could result in not having the necessary planning and preparation in place to adequately protect the health and safety of 55 of 55 residents.</p>	E 041	<p>An outside contractor has been engaged to conduct a site analysis to determine what size propane tank could be used to maximize the facility's standby power system. A recommendation will be forthcoming regarding either purchasing and installing one larger capacity tank, or manifolding ("piggy-backing") a second tank to the facility's current tank to</p>		

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E 041	Continued From page 3  Findings:  During record review and interview with staff on 8/7/19, the emergency preparedness plan was reviewed.  1. At 2:44 p.m., the emergency power plan failed to include how the facility would obtain additional fuel for the propane GenPower System 25 Kilowatt EPS generator in the event of an emergency. Upon interview, Staff 1 stated he did not know how big the propane tank was or how many hours the tank would last.	E 041	increase capacity. The outside consultant has estimated that if the facility increases tank capacity to 127 gallons (with an estimated 80% fill), the facility will be able to run under full load for approximately 101 hours.  The site evaluation visit (first available) is scheduled for September 10th -- with a proposal outlining results and recommendations to follow. If appropriate, OSHPOD will immediately be notified of the results, and once approved, work will commence.  In the meantime, to correct the immediate situation, the outside contractor has agreed to make emergency deliveries of propane in the event of a natural disaster. If the road or bridge system in the area will not accommodate the contractor's customary delivery vehicles, they will send smaller vehicles with "splash" tanks that can hold from 10-250 gallons of propane.		
K 000	INITIAL COMMENTS  Surveyor: 40394 K3 BUILDING: 01 K6 PLAN APPROVAL: 2/15/1996 K7 SURVEY UNDER: 2012 EXISTING  STRUCTURE TYPE: ONE STORY W/ BASEMENT, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED.  The following reflects the findings of the California	K 000	Completion: 8-23-2019 and ongoing.		

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K 000	Continued From page 4 Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.90 (a)(b)(c)(j), National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 Edition, and NFPA 99 Health Care Facilities Code, 2012 Edition.  Representing the California Department of Public Health: 40394  The facility is not in substantial compliance with 42 CFR 483.90 for Long Term Care Facilities.  Census: 55	K 000			
K 345 SS=E	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101  Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Surveyor: 40394 Based on record review and interview, the facility failed to maintain the Fire Alarm System (FAS). This was evidenced by incomplete maintenance and testing records. This could result in the ineffective operation of the FAS in the event of an emergency or fire and affected six of six smoke	K 345	An outside contractor was contacted regarding the failure to state testing means and results in prior inspections. When the facility informed them that the "visual" inspection was not acceptable, the contractor modified their reporting format and subsequently sent a team out	8/22/19	

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K 345	<p>Continued From page 5 compartments.</p> <p>NFPA 101 Life Safety Code, 2012 Edition 19.3 Protection 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. 9.6 Fire Detection, Alarm, and Communications Systems. 9.6.1* General 9.6.1.3 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 and Signaling Code, unless it is an approved existing installation, which shall be permitted to be continued in use. 9.6.1.5* To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code.</p> <p>NFPA 72 National Fire Alarm and Signaling Code, 2010 Edition 14 Inspection, Testing, and Maintenance 14.4 Testing Table 14.4.5 Testing Frequencies 6. Batteries - fire alarm systems (d) Sealed lead-acid type (1) Charger test (replace battery within 5 years after manufacturer or more frequently as needed.) - Annually (2) Discharge test (30 minutes) - Annually (3) Load voltage test - Semiannually</p>	K 345	<p>to conduct the testing.</p> <p>The three areas identified were all tested, and all passed.</p> <p>The outside contractor (Battalion One) will conduct testing of the Fire Control Panel, the Booster Power Supply, and the initiating device on a semi-annual basis. The Maintenance Supervisor will monitor the timeliness of the testing to prevent the problem from recurring.</p>		

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K 345	Continued From page 6  Findings:  During record review and interview with staff on 8/7/19, the FAS maintenance and testing records were requested.  1. At 1:15 p.m., the facility failed to maintain records for two of two semi-annual load voltage tests for the sealed lead-acid batteries within the Fire Alarm Control Panel (FACP). Upon interview, Staff 1 and Staff 3 confirmed the finding.  2. At 1:15 p.m., the facility failed to maintain records for an annual charger test for the sealed lead-acid batteries within the FACP. Upon interview, Staff 1 and Staff 3 confirmed the finding.  3. At 1:15 p.m., the facility failed to maintain records for an annual 30-minute discharge test for the sealed lead-acid batteries within the FACP. Upon interview, Staff 1 and Staff 3 confirmed the finding.  Upon further review, the most recent inspection and test report was done on 4/16/19. The report titled, " Inspection and Test" included a section for battery testing within the FACP but it was blank at the time of survey.	K 345			
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire	K 353		8/7/19	

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K 353	<p>Continued From page 7</p> <p>Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Surveyor: 40394 Based on observation and interview, the facility failed to maintain the integrity of the automatic sprinkler system. This was evidenced by incomplete maintenance of the automatic sprinkler system. This affected one of six smoke compartments and could result in the ineffective operation of the automatic sprinkler system in the event of a fire.</p> <p>NFPA 101 Life Safety Code, 2012 Edition 19.3.5 Extinguishment Requirements. 19.3.5.3 Where required by 19.1.6, buildings containing hospitals or limited care facilities shall be protected throughout by an approved, supervised automatic sprinkler system, in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5. 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</p>	K 353	<p>The sidewall sprinkler escutcheon ring was adjusted by maintenance personnel to correct the situation.</p> <p>To prevent this from recurring, maintenance personnel will add inspection of the escutcheon rings to regularly conducted, monthly building inspection rounds.</p>		

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K 353	<p>Continued From page 8</p> <p>Water-Based Fire Protection Systems.</p> <p>NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition</p> <p>5.2.1 Sprinklers.</p> <p>5.2.1.1.1* Sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., upright, pendent, or sidewall).</p> <p>5.2.1.1.2 Any sprinkler that shows signs of any of the following shall be replaced:</p> <p>(1) Leakage</p> <p>(2) Corrosion</p> <p>(3) Physical damage</p> <p>(4) Loss of fluid in the glass bulb heat responsive element</p> <p>(5) *Loading</p> <p>(6) Painting unless painted by the sprinkler manufacturer</p> <p>5.2.1.1.4 Any sprinkler shall be replaced that has signs of leakage; is painted, other than by the sprinkler manufacturer, corroded, damaged, or loaded; or is in the improper orientation.</p> <p>5.4 Maintenance.</p> <p>5.4.1 Sprinklers.</p> <p>5.4.1.1* Replacement sprinklers shall have the proper characteristics for the application intended, which include the following:</p> <p>(1) Style</p> <p>(2) Orifice size and K-factor</p> <p>(3) Temperature rating</p> <p>(4) Coating, if any</p> <p>(5) Deflector type (e.g., upright, pendent, sidewall)</p> <p>(6) Design requirements</p> <p>5.4.1.4* A supply of spare sprinklers (never fewer than six) shall be maintained on the premises so</p>	K 353			

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K 353	Continued From page 9 that any sprinklers that have operated or been damaged in any way can be promptly replaced. 5.4.1.4.1 The sprinklers shall correspond to the types and temperature ratings of the sprinklers in the property. 5.4.1.8* Sprinklers shall not be altered in any respect or have any type of ornamentation, paint, or coatings applied after shipment from the place of manufacture.  Findings:  During a tour of the facility and interview with staff on 8/7/19, the automatic sprinkler system was observed.  1. At 10:11 a.m., the Neighborhood 1 Stairwell was observed. One of two sidewall sprinklers escutcheon ring was fallen approximately two inches from the wall and exposed the sprinkler pipe. Upon interview, Staff 1 confirmed the finding.	K 353			
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101  Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These	K 363		8/10/19	

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K 363	<p>Continued From page 10</p> <p>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.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 40394</p> <p>Based on observation and interview, the facility failed to maintain the corridor doors. This was evidenced by corridor doors that failed to latch. This affected three of six smoke compartments and could result in the delay of evacuating during an emergency.</p> <p>Findings:</p> <p>During a tour of the facility and interview with staff on 8/7/19, the corridor doors were observed.</p>	K 363	<p>The latches and self-closers in the doors to the oxygen closet; the dirty linen room; the elevator control room; and the kitchen were all repaired so that they latch when tested.</p> <p>Maintenance personnel will test all doors with self-closers on a monthly basis to assure the devices are working properly. Any failing to latch appropriately will be immediately repaired.</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>CARLMONT GARDENS NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2140 CARLMONT DRIVE BELMONT, CA 94002</b>		
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K 363	Continued From page 11  1. At 9:45 a.m., the door to the Kitchen failed to latch when tested. The door was equip with a self-closer and was tested three times by staff and failed to latch each time. Upon interview, Staff 1 confirmed the finding.  2. At 10:14 a.m., the door to the Oxygen Storage Room failed to latch when tested. The door was equipped with a self-closer and was tested three times by staff and failed to latch each time. Upon interview, Staff 1 and Staff 2 confirmed the finding.  3. At 10:28 a.m., the door to the Elevator Control Room failed to latch when tested. The door was equipped with a self-closer and was tested three times by staff and failed to latch each time. Upon interview, Staff 1 and Staff 2 confirmed the finding.  4. At 10:34 a.m., the door to the Dirty Linen Room failed to latch when tested. The door was equip with a self-closer and was tested three times by staff and failed to latch each time. Upon interview, Staff 1 and Staff 2 confirmed the finding.	K 363			
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101  Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, 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. Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced	K 919		8/10/19	

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K 919	<p>Continued From page 12</p> <p>by: Surveyor: 40394</p> <p>Based on observation and interview, the facility failed to maintain the utilities. This was evidenced by the failure to maintain an electrical panel. This affected one of six smoke compartments and could result in the spread of fire and smoke in the event of a fire.</p> <p>NFPA 101 Life Safety Code, 2012 Edition 19.5.1 Utilities. 19.5.1.1 Utilities shall comply with the provisions of Section 9.1. 9.1.2 Electrical Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 70 National Electrical Code, 2011 Edition 110.13 Mounting and Cooling of Equipment. (A) Mounting. Electrical equipment shall be firmly secured to the surface on which it is mounted. Wooden plugs driven into holes in masonry, concrete, plaster, or similar materials shall not be used. 408.7 Unused Openings. Unused openings for circuit breakers and switches shall be closed using identified closures, or other approved means that provide protection substantially equivalent to the wall of the enclosure</p>	K 919	<p>The missing breaker in Electrical Panel E in the utility closet was replaced.</p> <p>All electrical panels were inspected to ensure the required breakers were present and functioning.</p> <p>Maintenance personnel will add monthly inspection of the electrical panels to their monthly building inspection rounds.</p>		

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K 919	Continued From page 13  Findings:  During a tour of the facility and interview with staff on 8/7/19, the utilities were observed.  1. At 9:50 a.m., Electrical Panel E in the Utility Closet was observed without a breaker in the number 23 space. The absence of the breaker resulted in a 1 inch high by 3 inch long penetration in the electrical panel. Upon interview, Staff 1 confirmed the finding.	K 919			
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101  Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8	K 920		8/23/19	

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K 920	<p>Continued From page 14</p> <p>(NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Surveyor: 40394 Based on observation and interview, the facility failed to maintain the electrical equipment. This was evidenced by power strips connected to each other. This affected one of six smoke compartments and could result in the ignition of a fire.</p> <p>NFPA 101 Life Safety Code, 2012 Edition 19.5.1 Utilities. 19.5.1.1 Utilities shall comply with the provisions of Section 9.1. 9.1 Utilities. 9.1.2 Electrical Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 70 National Electrical Code, 2011 Edition 400.8 Uses Not Permitted. unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure</p> <p>Findings:</p> <p>During a tour of the facility and interview with staff on 8/7/19, the electrical equipment was observed.</p> <p>1. At 10:01 a.m., the Director of Staff Development (DSD) Office was observed with two power strips plugged into each other. At the time of survey, eight devices were plugged into the power strips. Upon interview, Staff 1</p>	K 920	<p>The two power strips were immediately unplugged from each other. A visual inspection of all resident rooms and office spaces was made to ensure no other violations of this type were occurring.</p> <p>Staff will be given in-service education regarding the appropriate, allowable use of power strips and extension cords.</p> <p>To prevent this from occurring in the future, maintenance personnel will add a visual inspection of each resident room and office space to monthly building inspection rounds.</p>		

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K 920	Continued From page 15 confirmed the finding.	K 920			