

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155297	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  12/28/2015
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NAME OF PROVIDER OR SUPPLIER  MILLER'S HEALTH & REHAB BY MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1007 LINCOLNWAY LA PORTE, IN 46350
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K 0000  Bldg. 01	<p>A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>This Survey was done inconjunction with a PSR (post survey revisit) to the Complaint IN00185055 Survey of November 12, 2015.</p> <p>Survey Date: 12/28/15</p> <p>Facility Number: 000194 Provider Number: 155297 AIM Number: 100267790</p> <p>At this Life Safety Code survey, Miller's Health and Rehabilitation was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire, and the 2000 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>This facility is located on the fifth floor of the North tower and the West wing, sixth floor of the South tower and was determined to be of Type II (111)</p>	K 0000		
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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 0012 SS=F Bldg. 01	<p>construction separated from the existing hospital by a 2 hour fire wall was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and battery powered smoke detectors in resident rooms. The facility has a capacity of 61 and had a census of 39 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas which provide facility services were sprinklered.</p> <p>Quality Review completed 01/06/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1</p> <p>Based on record review and interview, the facility failed to ensure the building construction type was a permitted type as listed in Table 19.1.6.2. Table 19.1.6.2 requires a building, four or more stories in height to be Type II (222), Type I (332) or Type I (443). This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p>	K 0012	<p>K - 012 NFPA Life Safety Code Standard An FSES was completed on 2/17/2015 and placed the facility within compliance through 2/17/16. Attachment labeled "FSES 2.17.15" places the facility within compliance for the above mentioned deficiency K012. The IU Laporte Hospital will be responsible to make a request for the FSES waiver by 2/17/16 to ensure ongoing compliance with deficiency K-012. FSES is</p>	01/22/2016

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K 0025 SS=D Bldg. 01	<p>Based on record review and interview with the Administrator on 12/28/15 between 10:28 a.m. and 12:57 p.m., the facility was determined to be of Type II (111) construction and seven stories tall with a basement. The concrete floor slab in the North tower is only 2 1/2 inches thick. This results in a construction type classification of II (111). The attached South tower is Type I (332) construction and is separated from the North tower on all stories by a 2 hour fire barrier wall. Based on interview at the time of record review, the Administrator acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>Based on observation and interview, the facility failed to ensure the penetrations caused by the passage of wire and/or conduit through 1 of 1 ceiling smoke barrier were protected to maintain the</p>	K 0025	<p>scheduled to revisit facility on 1/28/16. A copy of the new FSES waiver will be kept in a location readily available for review during future LSC surveys</p> <p>K – 025 NFPA Life Safety Code Standard The facility respectfully submits the following plan of correction as credible allegation of compliance to the above mentioned regulation, prefix</p>	01/27/2016			

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K 0038 SS=F Bldg. 01	<p>smoke resistance of each smoke barrier. LSC Section 19.3.7.3 requires smoke barriers to be constructed in accordance with LSC Section 8-3. LSC Section 8.3.6.1 requires the passage of building service materials such as pipe, cable or wire to be protected so the space between the penetrating item and the smoke barrier shall be filled with a material capable of maintaining the smoke resistance of the smoke barrier or be protected by an approved device designed for the specific purpose. This deficient practice could affect staff only.</p> <p>Findings include:</p> <p>Based on observations with the Administrator on 12/28/15 at 2:38 p.m., the ceiling smoke barrier had one out of fourteen missing ceiling tile. Based on interview at the time of observation, the Administrator acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 Based on observation, record review and interview, the facility failed to ensure 3</p>	K 0038	<p>K025. This deficient practice has the potential to affect all staff on the 6th floor within IU La Porte Hospital. The ceiling tile has been replaced. An audit of the entire 5th and 6th floor within the hospital has been completed and no further ceiling tiles are missing at the facility. The administrator and maintenance supervisor make routine walking rounds of the facility and will make observations of ceiling tiles during walking rounds. A QA tool "Life Safety Review"(Attachment A) will be completed monthly by the maintenance supervisor or other designee. Upon discovery of any missing ceiling tile it will be promptly replaced and finding logged on facility QA tracking log. QA tracking logs are reviewed during the facility monthly QA meeting to monitor for ongoing compliance.</p> <p>K - 038 NFPA Life Safety Code Standard An FSES was completed on 2/17/2015 and</p>	01/22/2016			

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K 0051 SS=E Bldg. 01	<p>of 3 vertical exit egress towers provided a means of egress which discharges to the exterior or the public way in accordance with requirements of NFPA 101, 2000 edition, 7.7. 7.7.1 requires exits to discharge directly to a public way or exterior exit discharge. 7.7.2 allows no more than 50 percent of the exits or egress capacity to discharge into areas on the level of exit discharge. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Administrator on 12/28/15 between 10:28 a.m. and 12:57 p.m., the exit stairs #3 and #4 in the North tower and exit stair #5 in the South tower were known to not discharge to the exterior through an approved exit passageway at the first floor level. Based on observation during the tour between 12:57 p.m. and 3:49 p.m., the Administrator acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building.</p>		<p>placed the facility within compliance through 2/17/16. Attachment labeled "FSES 2.17.15" places the facility within compliance for the above mentioned deficiency K038. The IU Laporte Hospital will be responsible to make a request for the FSES waiver by 2/17/16 to ensure ongoing compliance with deficiency K-012. FSES is scheduled to revisit facility on 1/28/16. A copy of the new FSES waiver will be kept in a location readily available for review during future LSC surveys</p>				

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	<p>Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to ensure 1 of 1 smoke detector in the corridor outside 6th floor soiled utility connected to the fire alarm system were properly separated from an air supply. LSC 9.6.1.4 refers to NFPA 72, National Fire Alarm Code. NFPA 72, 2-3.5.1 requires spaces served by air handling systems, detectors shall not be located where airflow prevents operation of the detectors. This deficient practice could affect visitors, staff, and up to 18 residents.</p> <p>Findings include:</p> <p>Based on observations with the Administrator on 12/28/15 at 2:43 p.m., one smoke detector located in the corridor near 6th floor soiled utility room was approximately 20 inches from an air vent. Based on interview at the time of</p>	K 0051	<p>K - 051 NFPA Life Safety Code Standard The facility respectfully submits the following plan of correction as credible allegation of compliance to the above mentioned regulation, prefix K051. This deficient practice has the potential to affect all resident, staff and visitors on the 6th floor within IU La Porte Hospital up to 18 residents. IU Health La Porte Hospital, which maintains the facility and all Life Safety Code Standards has removed the smoke detector near the 6th floor soiled utility room. An audit of the entire 5th and 6th floor within the hospital has been completed and all smoke detectors are greater than 36 inches away from air vents. A QA tool "Life Safety Review" (Attachment A) will be completed monthly by the maintenance supervisor or other designee. All smoke detectors will be monitored to ensure that they are &gt;36inches away from air</p>	01/27/2016

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K 0056 SS=E Bldg. 01	<p>observation, the Administrator acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>1. Based on observation and interview, the facility failed to ensure 2 of 2 sprinkler heads in the corridor near the 6th floor Soiled Utility room. NFPA 13 Section 5-6.3.4 requires sprinklers be located no closer than six feet measured on center. This deficient practice could affect staff and up to 18 residents.</p> <p>Findings include:</p> <p>Based on an observation with the Administrator on 12/28/15 at 2:43 p.m.,</p>	K 0056	<p>vents and if any deficient practice is identified it will promptly be corrected and documented on facility QA tracking log. QA tracking logs are reviewed during the facility monthly QA meeting to monitor for ongoing compliance</p> <p>K – 056 NFPA Life Safety Code Standard The facility respectfully submits the following plan of correction as credible allegation of compliance to the abovementioned regulation, prefix K056.</p> <p>1. This deficient practice has the potential to affect all resident, staff and visitors on the 6th floor within IU La Porte Hospital up to 18 residents. IU Health La Porte Hospital, which maintains the facility and all Life Safety Code Standards has removed one of the two sprinkler heads placed</p>	01/27/2016	

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	<p>the two sprinkler heads outside the 6th floor Soiled Utility room were about forty inches away from one another. Based on interview at the time of observation, the Administrator acknowledged the aforementioned condition and provided the measurement.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure 1 of 1 new sprinkler additions with more than 20 sprinkler heads was hydrostatically pressured tested as required by NFPA 13, the Standard for the Installation of Sprinkler Systems. Section 10-2.2.1, requires all piping and attached appurtenances subjected to system working pressure shall be hydrostatically tested at 200 psi (13.8 bar) and shall maintain that pressure without loss for 2 hours. Loss shall be determined by a drop in gauge pressure or visual leakage. The test pressure shall be read from a gauge located at the low elevation point of the system or portion being tested. This deficient practice affects staff only.</p> <p>Findings include:</p> <p>Based on observation with the Administrator on 12/28/15 at 3:43 p.m., the penthouse had a sprinkler system installed recently involving more than 20</p>		<p>closer then six feet from one another.</p> <p>An audit of the entire 5th and 6th floor within the hospital has been completed and all sprinkler heads are further then six feet away from one another. The QA tool titled "Life Safety Review" (Attachment A) will be completed monthly per maintenance director or other designee. Sprinkler heads will not be installed within 6 feet of each other and any identified compliance issues will be logged on facility QA tracking log. The QA tracking logs are reviewed monthly to ensure ongoing compliance. This deficient practice has the potential to affect all staff and visitors. IU Health La Porte Hospital, which maintains the facility and all Life Safety Code Standards has added a new sprinkler system to the penthouse above the elevators. Attachment labeled "Hydrostatic Test" shows the completion of the sprinkler installation and system maintaining 200 psi throughout. This was corrected as of 1/6/16 and pictures were sent to Dennis Austill to provide evidence of compliance.</p>				

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K 0069 SS=D Bldg. 01	<p>sprinkler heads. Based on interview at the time of observation, the Administrator was unable to provide documentation of a hydrostatic test and acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 Based on record review and interview, the facility failed to ensure 1 of 1 commercial kitchen fire suppression coverage was maintained. NFPA 96, the Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations at 7-4.1 requires upon activation of any fire-extinguishing system for a cooking operation, all sources of fuel and electric power that produce heat to all equipment requiring protection by that system shall automatically shut off. This deficient practice affects staff only.</p> <p>Findings include:</p> <p>Based on record review with the Administrator on 12/28/15 at 12:49 p.m.,</p>	K 0069	<p>K – 069 NFPA Life Safety Code Standard The facility respectfully submits the following plan of correction as credible allegation of compliance to the above mentioned regulation, prefix K069. This deficient practice has the potential to affect kitchen staff only. IU Health La Porte Hospital, which maintains the facility and all Life Safety Code Standards has installed an electric shut off switch to shut off the brazing pan upon system activation. The electrical contractor completed on 1/22/16. A QA tool "Life Safety Review"(Attachment A) will be completed monthly by the maintenance supervisor or other designee. Any identified compliance issue will be corrected and logged on facility QA tracking log. QA tracking logs</p>	01/22/2016

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K 0075 SS=E Bldg. 01	<p>the kitchen hood testing report by Simplex/Grinnell on 11/9/15 included: "Recommend electric to north brazing pan to shut off upon system activation." Based on interview at the time of record review, the Administrator acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5</p> <p>Based on observation and interview, the facility failed to ensure a capacity of 32 gallons for soiled linen or trash collection receptacles was not exceeded within any 64 square foot area which was not protected as a hazardous area for 1 of 1 Therapy areas. This deficient practice could affect staff and at least 16 residents.</p> <p>Findings include:</p>			K 0075	<p>are reviewed during the facility monthly QA meeting to monitor for ongoing compliance.</p> <p>K – 075 NFPA Life Safety Code Standard The facility respectfully submits thefollowing plan of correction as credible allegation of compliance to the abovementioned regulation, prefix K075. This deficient practice has the potential to affect staff and up to at least 16 residents. The 40 gallon soiled linen cart has been removed from the Therapy gym. A smaller 13 gallon container was replaced on 1/20/16 for the Therapy Gym. An audit of the entire 5th and 6thfloor within the</p>		01/27/2016

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K 0144 SS=C Bldg. 01	<p>Based on observation with the Administrator on 12/28/15 at 1:54 p.m., a 40 gallon soiled linen cart was adjacent to a 10 gallon trash bag in Therapy. Based on an interview at the time of observation, the Administrator acknowledged the aforementioned condition and confirmed that the Therapy doors do not release with the fire alarm.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 1 generator was in accordance with NFPA 110, The Standard for Emergency and Standby Power Systems, Section 6-4.2.2 requires Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate</p>	K 0144	<p>hospital has been completed and no other soiled linen receptacles &gt;32gallons are utilized/maintained in a designated hazardous protected area of 64 square feet or more when not attended. A QA tool "Life Safety Review"(Attachment A) will be completed monthly by the maintenance supervisor or other designee. Any issues identified will be promptly corrected and logged on facility QA tracking log. QA tracking logs are reviewed during the facility monthly QA meeting to monitor for ongoing compliance.</p> <p>K – 144 NFPA Life Safety CodeStandard The facility respectfully submits thefollowing plan of correction as credible allegation of compliance to the abovementioned regulation, prefix K144.</p> <p>1.This deficient practice has the potential to affect all residents, staff and visitors within IU La PorteHospital. IU Health La Porte Hospital,which maintains the facility and all Life Safety Code Standards shall continue monthly generator testing. In addition, the IU Laporte Hospital will schedule annual load test to be completed</p>	01/27/2016

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	<p>rating for 60 minutes, for a total of 2 continuous hours. This deficient practice could affect all staff, residents, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the Administrator, the monthly generator testing paperwork indicated that on 1/22/15 and 12/22/15 the load percentage did not meet 30 percent. Based on interview at the time of record review, the Administrator acknowledged the aforementioned condition and confirmed that no documentation for an annual load bank test was available for review.</p> <p>3-1.19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 generator was in accordance with NFPA 99, 3-6.4.1.1 Maintenance and Testing Transfer Switches states the general shall be maintained as to be capable of supplying service with the shortest time practical and within 10 seconds. This deficient practice could affect all staff, residents, and visitors.</p> <p>Findings include:</p> <p>Based on record review with the</p>		<p>and obtain a test report to ensure ongoing compliance with K0144</p> <p>A generator load test was completed on 1/19/16 and 1/20/16 and the documentation of the completed testing is attached. A copy of the load test report will be kept readily available for future review during LSC surveys. 2. This deficient practice has the potential to affect all residents, staff and visitors within IU La PorteHospital. IU Health La Porte Hospital, which maintains the facility and all Life Safety Code Standards shall maintain service during generator switch. Please see attachment regarding the manufacturer specifics for closed ATS testing and why it may exceed the life safety standard of 10 seconds. Per consultant from Russelectric the time frames quoted in the 2567 are within acceptable parameters</p> <p>3. This deficient practice has the potential to affect all residents, staff and visitors within IU La PorteHospital. IU Health La Porte Hospital, which maintains the facility and all Life Safety Code Standards has changed the monthly generator log form to include a section specifically for the documentation of the 5 minute cool down following its load test. A monthly QA tool titled "Life Safety Review" (attachment A) will be completed monthly by maintenance or other designee. Any trends will be</p>				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  155297	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED  12/28/2015
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NAME OF PROVIDER OR SUPPLIER  MILLER'S HEALTH & REHAB BY MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1007 LINCOLNWAY LA PORTE, IN 46350
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	<p>Administrator on 12/28/15 at 1:54 p.m., the monthly testing forms indicated the following:</p> <ul style="list-style-type: none"> <li>a. 2/11/15 transfer time 18 seconds</li> <li>b. 4/21/15 transfer time 13 seconds</li> <li>c. 7/22/15 transfer time 19 seconds</li> <li>d. 12/22/15 transfer time was not written in</li> </ul> <p>Based on interview at the time of record review, the Administrator acknowledged the aforementioned condition.</p> <p>3. Based on record review and interview, the facility failed to ensure 1 of 1 emergency generators was allowed a 5 minute cool down period after a load test. LSC 19.2.9.1 refers to LSC 7.9 which refers to LSC 7.9.2.3 which requires generators to be installed, tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition. NFPA 110, 4-2.4.8 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown. This delay provides additional engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. This deficient practice could affect all residents, as well as staff and visitors in the facility.</p>		documented on facility QA tracking log. QA tracking logs are reviewed in the monthly QA meeting to monitor for ongoing compliance.	

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K 0147 SS=D Bldg. 01	<p>Findings include:</p> <p>Based on review of the facility's Emergency Generator monthly testing log on 12/28/15 at 2:07 p.m. with the Administrator, the generator log form documented the generator was tested monthly for at least 30 minutes under load, however, there was no documentation on the form that showed the generator had a cool down time following its load test. Based on interview at the time of record review, the Administrator acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>Based on observation and interview, the facility failed to ensure 3 of 3 flexible cords were not used as a substitute for fixed wiring to provide power equipment with a high current draw. NFPA 70, National Electrical Code, 1999 Edition, Article 400-8 requires that, unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice affects staff only.</p>	K 0147	K – 147 NFPA Life Safety CodeStandard The facility respectfully submits thefollowing plan of correction as credible allegation of compliance to the above mentioned regulation, prefix K147. This deficient practice has the potential to affect staff only. The surge protector and extension cord were immediately removed and taken out of the outlets being used. An audit of the entire 5th and 6thfloor within the hospital has been completed and no other surge	01/27/2016			

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	<p>Findings include:</p> <p>Based on observation with the Administrator on 12/28/15 at 1:01 p.m., a surge protector was powering another surge protector powering television components. Additionally, an extension cord was powering a lamp in the conference room. Based on interview at the time of observation, the Administrator acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p>		<p>protectors or extension cords are improperly used within the facility. Facility staff will be in-serviced on proper use of surge protectors and extension cords within the facility on 1/22/16. A QA tool titled "Life Safety Review" (attachment A) will be completed monthly by maintenance supervisor or other designee. Any identified issues will be promptly corrected and logged on facility QA tracking log. The QA tracking logs are reviewed during the monthly QA meeting to ensure ongoing compliance</p>		