

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155589	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/22/2016
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NAME OF PROVIDER OR SUPPLIER MILLER'S MERRY MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 730 SCHOOL ST CULVER, IN 46511
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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>Survey Date: 02/22/16</p> <p>Facility Number: 000489 Provider Number: 155589 AIM Number: 100291210</p> <p>At this Life Safety Code survey, Miller's Merry Manor was found in not 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) and 410 IAC 16.2. Victory Court, Serenity Court, Grand Court and the common areas were surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in areas opened to the corridors, and battery operated smoke detectors in the resident sleeping rooms.</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 0021 SS=E Bldg. 01	<p>The facility has a capacity of 66 with a census of 59 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p> <p>Quality Review completed on 03/01/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Doors in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure are self-closing and kept in the closed position, unless held open by as release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: (a) The required manual fire alarm system and (b) Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system and (c) The automatic sprinkler system, if installed 18.2.2.2.6, 18.3.1.2, 19.2.2.2.6, 19.3.1.2, 7.2.1.8.2</p> <p>Door assemblies in vertical openings are of an approved type with appropriate fire protection rating. 8.2.3.2.3.1</p> <p>Boiler rooms, heater rooms, and mechanical equipment rooms doors are kept closed. Based on observation and interview, the facility failed to ensure the doors entering 1 of 1 kitchens and 1 of 1 laundry rooms</p>	K 0021	A. All staff were inserviced on 3/10/2016 regarding hanging anything on the doorknobs of doors held open only by a device	03/10/2016			

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K 0029 SS=E Bldg. 01	<p>were held open only by a device which would allow it to close automatically upon activation of the fire alarm system. This deficient practice could affect at least 15 residents in the main dining room and residents in the corridor near the laundry room.</p> <p>Findings include:</p> <p>a. Based on observation on 02/22/16 at 1:52 p.m., the Maintenance Supervisor acknowledged an employee ' s jacket was hung on the door knob of the corridor door entering the soiled area of the laundry room which prevented the door from closing and latching into the door frame when tested.</p> <p>b. Based on observation on 02/22/16 at 1:56 p.m., the Maintenance Supervisor acknowledged the door entering the kitchen was obstructed by a serving cart which prevented the door from closing completely when tested.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with o hour fire-rated doors) or an approved automatic</p>		<p>which would allow it to close automatically upon the activation of the fire alarm system. The Facility Inservice Director is responsible and the Maintenance Supervisor will be responsible to monitor. See Attachment B. Dietary staff was inserviced on 3/10/2016 of the importance of not leaving anything unattended in the door way of a door that is held open by a device which allows the door to close automatically upon activation of the fire alarm: Cook will be responsible to assure nothing is left unattended in the doorway, the Dietary Manager is Responsible to monitor</p>				

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	<p>fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>Based on observation and interview, the facility failed to ensure the corridor door entering 1 of 1 shower rooms, a hazardous soiled linen storage area, was smoke resistive. This deficient practice could affect occupants near the shower room in the event of an emergency.</p> <p>Finding include:</p> <p>Based on observation with the Maintenance Supervisor on 02/22/16 at 12:21 p.m., there were two pencil size holes near the top of the corridor door entering the shower room. Based on an interview with the Maintenance Supervisor at the time of observation, he acknowledged the holes were from a self-closing device that had been removed and replaced with a different style self-closing device. He confirmed the shower room was used as a soiled linen storage area.</p> <p>3.1-19(b)</p>	K 0029	The Maintenance staff repaired the two small holes in this door on 3/7/2016; in the future all such holes will be repaired by the maintenance staff as they occur: Maintenance staff will be responsible and the Maintenance Supervisor will monitor	03/07/2016	

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K 0038 SS=D Bldg. 01	<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</p> <p>Based on observation and interview, the facility failed to ensure 1 of 2 kitchen doors was provided with door latches readily operated under all lighting conditions. LSC 7.2.1.5.4 requires where a latch or other similar device is provided, the method of operation of its releasing device must be obvious, even in the dark. The intention of this requirement is the method of release be one which is familiar to the average person. For example, a twostep release, such as a knob and independent dead bolt, is not acceptable. In most occupancies, it is important a single action unlatch the door. This deficient practice could affect kitchen staff.</p> <p>Findings include:</p> <p>Based on observation on 02/22/16 at 2:00 p.m., the Maintenance Supervisor acknowledged the right side kitchen door from the dining room was equipped with an independent dead bolt and a separate door handle. The Maintenance Supervisor acknowledged the kitchen door had an independent dead bolt in</p>	K 0038	We will need an extension for this finding; We contacted Safe Care Inc and have made arrangements to update the door latches in the dietary department to meet LSC 7,2,1,5,4: Safe Care will order the necessary latches and schedule this replacement as soon as they arrive; The anticipated date of arrival and installation is March 28, 2016: Maintenance Supervisor is responsible and the Administrator will Monitor	03/29/2016

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K 0044 SS=C Bldg. 01	<p>addition to a door knob at the time of observation.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Horizontal exits, if used, are in accordance with 7.2.4. 19.2.2.5</p> <p>Based on observations and interview, the facility failed to ensure 6 of 7 fire barrier door sets were provided with the appropriate fire protection rating for the location in which they are installed. LSC 7.2.4 leads to LSC 7.2.4.3.4 which requires openings in fire barriers comply with LSC 8.2.3.2.3.1 which requires 90 minute fire barrier door in a 2 hour fire barriers. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor on 02/22/16 during a tour of the facility from 12:21 p.m. to 2:25 p.m., with the exception of the fire barrier door set near in the main entrance of the new addition, the labels of all remaining fire barrier sets were covered with paint. Based on an interview at the time of observation, the Maintenance Supervisor confirmed that</p>	K 0044	The paint has been removed from all plates on all fire doors as of 03/08/2016; all plates are readable: Maintenance staff is responsible and the Maintenance Supervisor will monitor	03/08/2016	

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K 0062 SS=E Bldg. 01	<p>due to the paint on the fire doors he was unable to determine the fire rating. At the time of observation, he did confirm each door was located in a two hour fire barrier wall.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD 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>1. Based on observation and interview, the facility failed to replace the loaded sprinkler head in 1 of 1 Victory Court common areas. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1998 edition, 2-2.1.1 requires any sprinkler shall be replaced which is painted, corroded, damaged, loaded, or in the improper orientation. This deficient practice could affect 1 of 1 smoke compartments in Victory Court.</p> <p>Findings include:</p> <p>Based on observation on 02/22/16 at 12:31 p.m., the Maintenance Supervisor</p>	K 0062	<p>A. The paint on the escutcheon of the sprinkler head was removed on 03/08/2016, there wasn't any paint on the sprinkler head itself: Maintenance staff will make sure when they paint any areas around the escutcheons and sprinkler heads all paint is removed: Maintenance staff will be responsible and the Maintenance Supervisor will Monitor B The wire that is supported by the 4" sprinkler line will be supported by its own hanger and not the 4" sprinkler line; Safe Care will be responsible to make this correction and the Maintenance Supervisor will monitor: work to be completed by 03/23/2016</p>	03/23/2016

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K 0066 SS=E Bldg. 01	<p>acknowledged there was paint on one of two sprinkler heads in the Victory Court common area.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 complete automatic sprinkler system was installed in accordance with NFPA 13, 1999 Standard for the Installation of Sprinkler Systems. NFPA 13, 6-1.1.5 requires sprinkler piping or hangers shall not be used to support nonsystem components. This deficient practice could affect any number of residents.</p> <p>Findings include:</p> <p>Based on observation on 02/22/16 at 2:35 p.m., the Maintenance Supervisor confirmed a four inch sprinkler pipe was used as a support for the fire alarm system wiring above the ceiling tile at the fire barrier doors across from the candy machine.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids,</p>						

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	<p>combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>Based on observation and interview, the facility failed to enforce 1 of 1 smoking policies for the facility. This deficient practice could affect occupants evacuated through the employee's entrance/exit in the event of an emergency.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Supervisor on 02/22/16 at 1:42 p.m., there were at least 50 cigarette butts discarded on the ground near the employee's entrance. Based on an interview with the Maintenance Supervisor at the time of observation, the entire campus is designated smoke free.</p> <p>3.1-19(b)</p>	K 0066	All staff were inserviced on 03/10/2016 to the facilities smoking policy and the responsibilities of smokers to dispose of their smoking materials before arriving at our campus: All Department Supervisors are responsible to observe violations of the smoking policy and the Administrator will monitor	03/10/2016			

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K 0144 SS=F Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>1. Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 3 of the last 12 months. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: A. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating. b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. The date and time of day for required testing shall be decided by the owner, based on facility operations. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority</p>	K 0144	In any situation that may require the use of a temporary generator the Maintenance Staff will monitor and record all information from the generator during weekly exercise and monthly full load test: Maintenance staff is responsible and the Maintenance Supervisor will Monitor (This appears to be duplicated this should be removed)	03/07/2016

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	<p>having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review of the generator log "Emergency Generator Exercise" log with the Maintenance Supervisor on 02/22/16 at 12:00 p.m., the facility failed to provide documentation of a monthly load test for the months of July through September of 2015. Based on an interview with the Maintenance Supervisor at the time of record review, the facility had a temporary generator during the installation of a new generator for the facility. He did not perform a monthly load test on the temporary generator.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure 1 of 1 emergency generators was inspected on a weekly basis. NFPA 99, 3-5.4.2 requires a written record or inspection, performance, exercise period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. NFPA 99, 3-4.1.1(b) 1 requires generating testing be in accordance with NFPA 110, Standard for Emergency and Standby power Systems,</p>			

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K 0147 SS=D Bldg. 01	<p>Chapter 6. NFPA 110, 6-4.1 requires Level 1 and Level 2 EPSS including all appurtenant components shall be inspected weekly. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review of the generator log "Emergency Generator Exercise" log with the Maintenance Supervisor on 02/22/16 at 12:00 p.m., the facility failed to provide documentation of weekly inspections for the months of July through September of 2015. Based on an interview with the Maintenance Supervisor at the time of record review, the facility had a temporary generator during the installation of a new generator for the facility. He did not perform weekly inspections on the temporary generator.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1</p> <p>1. Based on observation and interview, the facility failed to ensure 2 of 2 multiplug adapters were not used as a</p>	K 0147	A Resident room 410 multi-plug has been removed resident and family have been instructed not to install or use multi-plug in the	03/10/2016

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	<p>substitute for fixed wiring and 2 of 2 extension cord power strip were not used as a substitute for fixed wiring to provide power equipment with a high current draw. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, Article 400-8 requires unless specifically permitted, flexible cords and cables shall not be used as a substitute for fixed wiring of a structure. This deficient practice could affect any number of residents if the door alarm system should become disabled.</p> <p>Findings include:</p> <p>Based on an observation on 02/22/16, the Maintenance Supervisor confirmed the following discrepancies at the time of observations:</p> <p>a) at 1:18 p.m., a multiplug adapter was plugged in and providing power to a razor and a radio in resident room 410</p> <p>b) at 1:35 p.m., a multiplug adapter was plugged in and providing power to a power strip in the drug dispensing machine room.</p> <p>c) at 2:10 p.m., a power strip was providing power to another power strip which was providing power to the door alarm system and the facilities answering machine.</p>		<p>future: Housekeeping and Maintenance staff are responsible and the Maintenance Supervisor will monitor</p> <p>B Two additional fixed wired outlets have been installed to eliminate the "piggy back" multi-plug and power strips: Maintenance staff is responsible and Maintenance Supervisor is to Monitor</p> <p>C Three additional fixed wired outlets have been installed in the Mechanical room to eliminate the need for power strips: Maintenance Supervisor is responsible and the Administrator will monitor</p>		

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K 0000 Bldg. 02	<p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure 1 of 1 junction boxes observed above the ceiling tile was maintained in a safe operating condition. LSC 19.5.1 requires utilities comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code, 1999 Edition. NFPA 70, 1999 Edition, Article 370-28(c) requires all junction boxes shall be provided with covers compatible with the box. This deficient practice could affect facility staff.</p> <p>Findings include:</p> <p>Based on observation on 02/22/16 at 2:35 p.m., the Maintenance Supervisor acknowledged the junction box above the ceiling tile at the fire barrier wall across from the candy machine lacked a cover.</p> <p>3.1-19(b)</p> <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>	K 0000			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155589	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 02/22/2016
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	<p>Survey Date: 02/22/16</p> <p>Facility Number: 000489 Provider Number: 155589 AIM Number: 100291210</p> <p>At this Life Safety Code survey, Miller's Merry Manor was found in not 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) and 410 IAC 16.2. The 2015 addition of the Dining room and Therapy Gym was surveyed with Chapter 18, New Health Care Occupancies.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, in areas opened to the corridors, and battery operated smoke detectors in the resident sleeping rooms. The facility has a capacity of 66 with a census of 59 at the time of this survey.</p> <p>All areas where residents have customary access were sprinklered. All areas providing facility services were sprinklered.</p>			
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K 0039 SS=E Bldg. 02	<p>Quality Review completed on 03/01/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Width of aisles or corridors (clear and unobstructed) serving as exit access in hospitals and nursing homes shall be at least 8 feet. In limited care facility and psychiatric hospitals, width of aisles or corridors shall be at least 6 feet. 18.2.3.3, 18.2.3.4</p> <p>Based on observation and interview, the facility failed to ensure the corridor width for 1 of 2 Dining room/Therapy gym area corridors measured at least eight feet wide. This deficient practice could affect at least 15 residents in the Dining room.</p> <p>Findings include:</p> <p>Based on an observation with the Maintenance Supervisor on 02/22/16 at 2:27 p.m., the back exit door from the dining room lead to a short corridor before joining the main corridor. Based on an interview with the Maintenance Supervisor at the time of observation, he measured the short corridor width and acknowledged it measured only 54 inches wide.</p> <p>3.1-19(b)</p>	K 0039	<p>A new emergency exit door will added to the southeast corner of the dining room along with a new section of sidewalk that will terminate on to the paved area in the front side of our facility near the main entrance A contractor has been hired and will begin the work on April 6, 2016 I have attached a letter from the contractor confirming the start date and a copy of the drawing that shows the location of the new door and sidewalk The Administrator is responsible and will monitor this project</p>	05/14/2016	
K 0144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p>				

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Bldg. 02	<p>Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>1. Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 3 of the last 12 months. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the generator serving the emergency electrical system to be in accordance with NFPA 110. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>A. Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating.</p> <p>b. Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p>	K 0144	In any situation that may require the use of a temporary generator the Maintenance Staff will monitor and record all information from the generator during weekly exercise and monthly full load test: Maintenance staff is responsible and the Maintenance Supervisor will Monitor (This appears to be duplicated this should be removed)	03/07/2016			

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	<p>Findings include:</p> <p>Based on record review of the generator log "Emergency Generator Exercise" log with the Maintenance Supervisor on 02/22/16 at 12:00 p.m., the facility failed to provide documentation of a monthly load test for the months of July through September of 2015. Based on an interview with the Maintenance Supervisor at the time of record review, the facility had a temporary generator during the installation of a new generator for the facility. He did not perform a monthly load test on the temporary generator.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure 1 of 1 emergency generators was inspected on a weekly basis. NFPA 99, 3-5.4.2 requires a written record or inspection, performance, exercise period and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. NFPA 99, 3-4.1.1(b) 1 requires generating testing be in accordance with NFPA 110, Standard for Emergency and Standby power Systems, Chapter 6. NFPA 110, 6-4.1 requires Level 1 and Level 2 EPSS including all appurtenant components shall be</p>			

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	<p>inspected weekly. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review of the generator log "Emergency Generator Exercise" log with the Maintenance Supervisor on 02/22/16 at 12:00 p.m., the facility failed to provide documentation of weekly inspections for the months of July through September of 2015. Based on an interview with the Maintenance Supervisor at the time of record review, the facility had a temporary generator during the installation of a new generator for the facility. He did not perform weekly inspections on the temporary generator.</p> <p>3.1-19(b)</p>				