

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155596	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 07/28/2016
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NAME OF PROVIDER OR SUPPLIER LAKELAND SKILLED NURSING AND REHABILITATION	STREET ADDRESS, CITY, STATE, ZIP CODE 500 N WILLIAMS ST ANGOLA, IN 46703
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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: 07/28/16</p> <p>Facility Number: 000474 Provider Number: 155596 AIM Number: 100290510</p> <p>At this Life Safety Code survey, Lakeland Skilled Nursing 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) and 410 IAC 16.2. The original building consisting of the 200, 300 halls and the service hall was 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 and areas open to the corridors. The resident rooms on the 300 hall and</p>	K 0000	<p>This Plan of Correction is Lakeland Skilled Nursing & Rehabilitation's credible allegation of compliance. We respectfully request a desk review. 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.</p>	
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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 0025 SS=D Bldg. 01	<p>400 hall had hard wired smoke detectors. The resident rooms on the 200 hall had battery operated smoke detectors. The facility has a capacity of 75 and had a census of 66 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered. The facility had a detached shed providing facility services including maintenance supplies that was not sprinklered.</p> <p>Quality Review completed on 08/01/16 - DA</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers shall be constructed to provide at least a one half hour fire resistance rating and constructed in accordance with 8.3. Smoke barriers shall be permitted to terminate at an atrium wall. Windows shall be protected by fire-rated glazing or by wired glass panels and steel frames. 8.3, 19.3.7.3, 19.3.7.5 Based on observation and interview, the facility failed to ensure 1 of 1 ceiling smoke barriers were maintained to provide a one half hour fire resistance rating. LSC 8.3.2 requires smoke barriers shall be continuous from an outside wall to an outside wall. This deficient practice could affect 2 residents in room 208.</p> <p>Findings include:</p>	K 0025	<p>K-025 SS D- NFPA 101 Life Safety Code</p> <p>It is the practice of this center to comply with K-025: NFPA 101 Life Safety Code</p> <p><u>What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?</u></p> <p>-</p>	08/19/2016	

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	<p>Based on an observation during a tour of the facility with the Maintenance Director on 07/28/16 at 10:50 a.m., in the ceiling of the closet in room 208 had an unsealed one fourth of an inch penetration around the sprinkler pipe. Based on interview at the time of observation, the Maintenance Director acknowledged and provided the measurement of the penetration.</p> <p>3.1-19(b)</p>		<p>A whole Center audit was completed to identify and/or correct unsealed penetrations per findings.</p> <p>No other Findings noted outside of RM 208 from LS 2567</p> <p>Ceiling in RM 208 around sprinkler pipe has been sealed with fire-rated glazing.</p> <p><u>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</u></p> <p>- All residents have the potential to be affected by this deficient practice.</p> <p>An audit was completed to identify and/or correct unsealed penetrations around sprinkler pipes per findings.</p> <p><u>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</u></p> <p>- Maintenance Director will be re-educated on the TELS Preventive Maintenance System regarding center and RES Room environmental check lists.</p> <p><u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur,</u></p>	

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K 0051 SS=F Bldg. 01	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. Fire alarm system wiring or other transmission paths are monitored for integrity. Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm,		<p><u>i.e., what quality assurance program will be put in place?</u></p> <p>- Maintenance Director or Designee will audit 1 Hall per week (Center has 4 HALLS) x 4 weeks, then 1 Hall monthly x 3 Months to ensure there are no Smoke barrier penetrations.</p> <p>Hall inspection includes All Resident Rooms, Bathrooms, Closets, Shower rooms, Supply Rooms, & corridors.</p> <p>Audit findings will be presented to the QAA Committee weekly for 4 weeks and monthly thereafter. Ongoing monitoring will continue for a minimum of 3 months. The QAA Committee will review findings and determine the need for further monitoring and/or education per the QAA process.</p> <p><u>By what date the systemic changes will be completed?</u></p> <p>- 8/19/2016</p>		

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	<p>detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations. Occupant notification is provided by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of fire. The fire alarm automatically activates required control functions. System records are maintained and readily available. 18.3.4, 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to maintain and secure 1 of 1 fire alarm systems in accordance with the requirements of NFPA 101 - 2000 edition, Sections 19.3.4, 9.6 and 9.6.1.4, as well as, NFPA 72 - 1999 edition, Section 1-5.2.5.2. The fire alarm control panel requires primary power from a dedicated branch circuit. The circuit breaker and connection shall be mechanically protected. The breaker shall be labeled "Fire Alarm Circuit Control." This deficient practice affects all residents.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Director on 07/28/16 at 10:15 a.m., the electrical panel containing the breaker for the fire alarm control panel could not be located.</p>	K 0051	<p>K-051 SS F- NFPA 101 Life Safety Code It is the practice of this center to comply with K-051: NFPA 101 Life Safety Code <u>What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?</u> An audit was completed and center identified Electrical Panel containing the Breaker for the Fire Alarm Control Panel. Electrical Panel and Breaker were Labeled "Fire Alarm Circuit Control." <u>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</u> All residents have the potential to be affected by this deficient practice. <u>What measures will be put into place or what systemic changes will be made to ensure that the deficient</u></p>	08/19/2016

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K 0062 SS=D Bldg. 01	<p>No label stating "Fire Alarm Circuit Control" could be found. Also, it was unknown if the breaker was locked and secured. This condition could allow an untrained staff member, visitor, or resident access to the power of the fire alarm control panel. Based on interview at the time of observation, the Maintenance Director stated he could not locate the breaker that controlled the fire alarm control panel. During exit conference with the Administrator and the Maintenance Director on 07/28/16 at 12:15 p.m., the Administrator stated the Maintenance Director was new and did not receive the proper training for all of the facility's systems due to a lack of a trainer.</p> <p>3.1-19(b)</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are</p>		<p><u>practice does not recur?</u> _Maintenance Director will be educated on the Maintenance Department Manual focusing on to Maintenance and Inspections of Fire Safety System & Environmental Maintenance-Mechanical Areas. Nursing Staff will be educated on the location of the Electric Panel containing the Fire Alarm Circuit. Center Emergency Response Manuals will be update with Picture of Electrical Box Location & Fire Alarm Circuit. <u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place?</u> _Maintenance Director or Designee will audit Electrical Panel 3 days per week x 4 weeks, then 1x monthly x 3 Months to ensure both Electrical Box containing Fire Alarm Circuit are labeled. Audit findings will be presented to the QAA Committee weekly for 4 weeks and monthly thereafter. Ongoing monitoring will continue for a minimum of 3 months. The QAA Committee will review findings and determine the need for further monitoring and/or education per the QAA process. <u>By what date the systemic changes will be completed?</u> _8/19/2016</p>		

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	<p>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>Based on observation and interview, the facility failed to replace 1 of 3 sprinklers in room 206 which had been painted. LSC 9.7.5 requires all automatic sprinkler systems shall be inspected, tested 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 2 residents in room 206.</p> <p>Findings include:</p> <p>Based on observation during the tour of the facility with the Maintenance Director on 06/28/16 at 10:46 a.m. the automatic sprinkler in the closet of room 206 had paint on the fusible link and the deflector. Based on interview at the time of observation, the painted sprinkler head was acknowledged by the Maintenance Director.</p> <p>3.1-19(b)</p>	K 0062	<p>K-062 SS D- NFPA 101 Life Safety Code</p> <p>It is the practice of this center to comply with K-062: NFPA 101 Life Safety Code</p> <p><u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</u></p> <p>- A whole Center audit was completed to identify and/or correct painted sprinkler heads.</p> <p>No other Findings noted outside of RM 206 from LS 2567</p> <p>Sprinkler Head in RM 206 was replaced on 8/9/2016</p> <p><u>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</u></p> <p>- All residents have the potential to be affected by this deficient practice.</p> <p><u>What measures will be put into place or what systemic changes will be made to ensure that the deficient</u></p>	08/19/2016			

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			<p><u>practice does not recur?</u></p> <p>- Maintenance Director will be educated on the Maintenance Department Manual in regards to Maintenance and Inspections of Fire Safety System & Preventive Maintenance Program/TELS.</p> <p><u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place?</u></p> <p>- Maintenance Director or Designee will audit 1 Hall per week (Center has 4 HALLS) x 4 weeks, then 1 Hall monthly x 3 Months to ensure there are no painted Sprinkler Heads.</p> <p>Hall inspection includes All Resident Rooms, Bathrooms, Closets, Shower rooms, Supply Rooms, & corridors.</p> <p>Audit findings will be presented to the QAA Committee weekly for 4 weeks and monthly thereafter. Ongoing monitoring will continue for a minimum of 3 months. The QAA Committee will review findings and determine the need for further monitoring and/or education per the QAA process.</p> <p><u>By what date the systemic changes will be completed?</u></p> <p>- 8/19/2016</p>	

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K 0143 SS=E Bldg. 01	<p>NFPA 101 LIFE SAFETY CODE STANDARD Transferring of liquid oxygen from one container to another shall be accomplished at a location specifically designated for the transferring that is as follows:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; and (b) the area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area that is posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and Compressed Gas Association.</p> <p>8-6.2.5.2 (NFPA 99) Based on observation and interview, the facility failed to ensure 1 of 1 areas used for transferring of oxygen was separated from any portion of a facility wherein residents are housed, examined, or treated by a separation of a fire barrier of 1 hour fire resistive construction. This deficient practice could affect 25 residents in the dining area outside of the service hall.</p> <p>Findings include:</p> <p>Based on an observation during a tour of the facility with the Maintenance Director on 07/28/16 at 10:30 a.m., the oxygen</p>	K 0143	<p>K-143 SS E- NFPA 101 Life Safety Code</p> <p>It is the practice of this center to comply with K-143: NFPA 101 Life Safety Code</p> <p><u>What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?</u></p> <p>- A whole Center audit was completed to identify and/or correct Fire Barrier Doors.</p> <p>No other Findings noted outside of Oxygen Storage/Trans-Filling Room Door</p>	08/19/2016	

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	<p>storage/trans-filling room door had a 3/16th gap at the top of the door. Based on interview at the time of observation, the Maintenance Director confirmed the door gap and provided the measurements.</p> <p>3.1-19(b)</p>		<p>from LS 2567</p> <p>Oxygen Storage/Trans-Filling Room Door was corrected</p> <p><u>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</u></p> <p>- Twenty-Five Residents had the potential to be affected by this deficient practice.</p> <p><u>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</u></p> <p>- Maintenance Director will be educated on the Maintenance Department Manual in regards to Maintenance and Inspections of Fire Safety System & Preventive Maintenance Program/TELS.</p> <p><u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place?</u></p> <p>- Maintenance Director or Designee will audit 1 Hall per week (Center has 4 HALLS) x 4 weeks, then 1 Hall monthly x 3 Months to ensure there are no gaps in Fire Barrier Doors.</p>	

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K 0144 SS=C Bldg. 01	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) 1. Based on record review and interview, the facility failed to ensure the load testing for the past 12 of 12 months indicated a load test was conducted under operating temperature conditions, minimum exhaust gas temperatures or not less than 30 percent of the nameplate rating for the diesel powered emergency generator set. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of the	K 0144	Hall inspection includes All Resident Rooms, Bathrooms, Closets, Shower rooms, Supply Rooms, & corridors. Audit findings will be presented to the QAA Committee weekly for 4 weeks and monthly thereafter. Ongoing monitoring will continue for a minimum of 3 months. The QAA Committee will review findings and determine the need for further monitoring and/or education per the QAA process. <u>By what date the systemic changes will be completed</u> - - 8/19/2016 <u>K-144 SS C- NFPA 101 Life Safety Code</u> It is the practice of this center to comply with K-144: NFPA 101 Life Safety Code <u>What corrective actions(s) will be accomplished for those residents found to have been affected by the deficient practice?</u> -	08/19/2016	

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	<p>generator serving the emergency electrical system to be in accordance with NFPA 110, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised under operating temperature conditions, maintains the minimum exhaust gas temperatures or not less than 30 percent of the EPS nameplate rating at least monthly, for a minimum of 30 minutes. 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 resident in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's emergency generator monthly testing log with the Maintenance Director on 07/28/16 at 10:20 a.m., the generator test log showed a monthly load test for the past twelve months but the log did not indicate if the diesel generator was exercised under operating conditions, maintains the minimum exhaust gas temperatures or not less than thirty percent of the EPS nameplate rating at</p>		<p>Center Inspected & exercised Generator under load for 30 minutes with a 5 minute cool down period after load test. Data from test was recorded (8/12/16).</p> <p><u>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</u></p> <p>- All Residents have the potential to be affected by this deficient practice.</p> <p><u>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</u></p> <p>- Maintenance Director will be educated on the Maintenance Department Manual in regards to Maintenance and Inspections of Electrical Systems & Preventive Maintenance Program/TELS-Generator.</p> <p><u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place?</u></p> <p>- Maintenance Director or Designee will inspect/Audit Generator weekly x 52 weeks.</p> <p>Maintenance Director or</p>	

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	<p>least monthly, for a minimum of thirty minutes. Based on an interview at the time of record review, the Maintenance Director was not aware the generator log required load percentage of the generator to be recorded. However, there was an annual load bank completed on 09/17/15 by Crosspoint.</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 ran under load for 30 minutes and was allowed a 5 minute cool down period after a load test. 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, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised under operating conditions or not less than 30 percent of the EPS nameplate rating, whichever is greater, at least monthly, for a minimum of 30 minutes. 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.</p>		<p>Designee will audit generator exercised under no less than a 30% load for 30 minutes with a 5 minute cooldown monthly x 12 months.</p> <p>Audit findings will be presented to the QAA Committee weekly for 4 weeks and monthly thereafter. Ongoing monitoring will continue for a minimum of 3 months. The QAA Committee will review findings and determine the need for further monitoring and/or education per the QAA process.</p> <p><u>By what date the systemic changes will be completed</u></p> <p>- 8/19/2016</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155596	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		X3) DATE SURVEY COMPLETED 07/28/2016
NAME OF PROVIDER OR SUPPLIER LAKELAND SKILLED NURSING AND REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 500 N WILLIAMS ST ANGOLA, IN 46703		
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K 0000 Bldg. 03	<p>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 shut down. 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> <p>Findings include:</p> <p>Based on review of the facility's emergency generator monthly testing log with the Maintenance Director on 07/28/16 at 10:20 a.m., the generator log form documented the generator was tested under load monthly and ran for at least 30 minutes. However, the form did not indicate the generator had a cool down time following its load test. Based on interview at the time of record review, the Maintenance Director acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p> <p>A Life Safety Code Recertification and State Licensure Survey was conducted by</p>	K 0000	This Plan of Correction is Lakeland Skilled Nursing & Rehabilitation's credible allegation		

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	<p>the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 07/28/16</p> <p>Facility Number: 000474 Provider Number: 155596 AIM Number: 100290510</p> <p>At this Life Safety Code survey, Lakeland Skilled Nursing 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) and 410 IAC 16.2. The new 2012 addition of the 400 hall 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 and areas open to the corridors. The resident rooms on the 300 hall and 400 hall had hard wired smoke detectors. The resident rooms on the 200 hall had battery operated smoke detectors. The facility has a capacity of 75 and had a census of 66 at the time of this survey.</p>		<p>of compliance. We respectfully request a desk review. 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.</p>				

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K 0051 SS=F Bldg. 03	<p>All areas where the residents have customary access were sprinklered. The facility had a detached shed providing facility services including maintenance supplies that was not sprinklered.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. Fire alarm system wiring or other transmission paths are monitored for integrity. Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations. Occupant notification is provided by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of fire. The fire alarm automatically activates required control functions. System records are maintained and readily available. 18.3.4, 19.3.4, 9.6</p> <p>Based on observation and interview, the facility failed to maintain and secure 1 of 1 fire alarm systems in accordance with the requirements of NFPA 101 - 2000 edition, Sections 19.3.4, 9.6 and 9.6.1.4, as well as, NFPA 72 - 1999 edition,</p>	K 0051	K-051 SS F- NFPA 101 Life Safety Code It is the practice of this center to comply with K-051: NFPA 101 Life Safety Code <u>What corrective actions(s) will be accomplished for those residents found to have been</u>	08/19/2016			

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	<p>Section 1-5.2.5.2. The fire alarm control panel requires primary power from a dedicated branch circuit. The circuit breaker and connection shall be mechanically protected. The breaker shall be labeled "Fire Alarm Circuit Control." This deficient practice affects all residents.</p> <p>Findings include:</p> <p>Based on observation during a tour of the facility with the Maintenance Director on 07/28/16 at 10:15 a.m., the electrical panel containing the breaker for the fire alarm control panel could not be located. No label stating "Fire Alarm Circuit Control" could be found. Also, it was unknown if the breaker was locked and secured. This condition could allow an untrained staff member, visitor, or resident access to the power of the fire alarm control panel. Based on interview at the time of observation, the Maintenance Director stated he could not locate the breaker that controlled the fire alarm control panel. During exit conference with the Administrator and the Maintenance Director on 07/28/16 at 12:15 p.m., the Administrator stated the Maintenance Director was new and did not receive the proper training for all of the facility's systems due to a lack of a trainer.</p>		<p><u>affected by the deficient practice?</u> An audit was completed and center identified Electrical Panel containing the Breaker for the Fire Alarm Control Panel. Electrical Panel and Breaker were Labeled "Fire Alarm Circuit Control." <u>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</u> All residents have the potential to be affected by this deficient practice. <u>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</u> Maintenance Director will be educated on the Maintenance Department Manual focusing on to Maintenance and Inspections of Fire Safety System & Environmental Maintenance-Mechanical Areas. Nursing Staff will be educated on the location of the Electric Panel containing the Fire Alarm Circuit. Center Emergency Response Manuals will be update with Picture of Electrical Box Location & Fire Alarm Circuit. <u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place?</u> Maintenance Director or Designee will audit Electrical</p>		

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K 0144 SS=C Bldg. 03	<p>3.1-19(b)</p> <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 ensure the load testing for the past 12 of 12 months indicated a load test was conducted under operating temperature conditions, minimum exhaust gas temperatures or not less than 30 percent of the nameplate rating for the diesel powered emergency generator set. 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, the Standard for Emergency and Standby Powers Systems, chapter</p>	K 0144	<p>Panel 3 days per week x 4 weeks, then 1x monthly x 3 Months to ensure both Electrical Box containing Fire Alarm Circuit are labeled. Audit findings will be presented to the QAA Committee weekly for 4 weeks and monthly thereafter. Ongoing monitoring will continue for a minimum of 3 months. The QAA Committee will review findings and determine the need for further monitoring and/or education per the QAA process.</p> <p><u>By what date the systemic changes will be completed?</u> _8/19/2016</p> <p>K-144 SS C- NFPA 101 Life Safety Code</p> <p>It is the practice of this center to comply with K-144: NFPA 101 Life Safety Code</p> <p><u>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</u></p> <p>- Center Inspected & exercised Generator under load for 30 minutes with a 5 minute cool down period after load test. Data from test was recorded (8/12/16).</p>	08/19/2016	

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	<p>6-4.2. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised under operating temperature conditions, maintains the minimum exhaust gas temperatures or not less than 30 percent of the EPS nameplate rating at least monthly, for a minimum of 30 minutes. 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 resident in the facility.</p> <p>Findings include:</p> <p>Based on review of the facility's emergency generator monthly testing log with the Maintenance Director on 07/28/16 at 10:20 a.m., the generator test log showed a monthly load test for the past twelve months but the log did not indicate if the diesel generator was exercised under operating conditions, maintains the minimum exhaust gas temperatures or not less than thirty percent of the EPS nameplate rating at least monthly, for a minimum of thirty minutes. Based on an interview at the time of record review, the Maintenance Director was not aware the generator log</p>		<p><u>How other residents having the potential to be affected by the same deficient practice will be identified and what corrective action(s) will be taken?</u></p> <p>- All Residents have the potential to be affected by this deficient practice.</p> <p><u>What measures will be put into place or what systemic changes will be made to ensure that the deficient practice does not recur?</u></p> <p>- Maintenance Director will be educated on the Maintenance Department Manual in regards to Maintenance and Inspections of Electrical Systems & Preventive Maintenance Program/TELS-Generator.</p> <p><u>How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put in place?</u></p> <p>- Maintenance Director or Designee will inspect/Audit Generator weekly x 52 weeks.</p> <p>Maintenance Director or Designee will audit generator exercised under no less than a 30% load for 30 minutes with a 5 minute cooldown monthly x 12 months.</p>	

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	<p>required load percentage of the generator to be recorded. However, there was an annual load bank completed on 09/17/15 by Crosspoint.</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 ran under load for 30 minutes and was allowed a 5 minute cool down period after a load test. 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, the Standard for Emergency and Standby Powers Systems, chapter 6-4.2. Chapter 6-4.2 of NFPA 110 requires generator sets in Level 1 and Level 2 service to be exercised under operating conditions or not less than 30 percent of the EPS nameplate rating, whichever is greater, at least monthly, for a minimum of 30 minutes. 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</p>		<p>Audit findings will be presented to the QAA Committee weekly for 4 weeks and monthly thereafter. Ongoing monitoring will continue for a minimum of 3 months. The QAA Committee will review findings and determine the need for further monitoring and/or education per the QAA process.</p> <p><u>By what date the systemic changes will be completed</u></p> <p>- 8/19/2016</p>	

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	<p>Emergency Power Supply (EPS) prior to shut down. 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> <p>Findings include:</p> <p>Based on review of the facility's emergency generator monthly testing log with the Maintenance Director on 07/28/16 at 10:20 a.m., the generator log form documented the generator was tested under load monthly and ran for at least 30 minutes. However, the form did not indicate the generator had a cool down time following its load test. Based on interview at the time of record review, the Maintenance Director acknowledged the aforementioned condition.</p> <p>3.1-19(b)</p>			