

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155685	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 10/30/2012
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NAME OF PROVIDER OR SUPPLIER GOLDEN LIVING CENTER-ELKHART	STREET ADDRESS, CITY, STATE, ZIP CODE 1001 W HIVELY AVE ELKHART, IN 46517
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K0000	<p>A Life Safety Code Recertification, State Licensure and Quality Assurance Walk-thru Survey were conducted by the Indiana State Department of Health in accordance with 42 CFR 483.70(a).</p> <p>Survey Date: 10/30/12</p> <p>Facility Number: 000039 Provider Number: 155685 AIM Number: 100275130</p> <p>Surveyors: Mark Caraher, Life Safety Code Specialist, Robert Sutton, Life Safety Code Specialist Trainee</p> <p>At this Life Safety Code survey, Golden Living Center-Elkhart 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.</p> <p>This one story facility was determined to be of Type V (111) construction and was fully sprinklered except for the ambulance entrance vestibule. The original building (North, East and South wings) was constructed in 1968 with an addition</p>	K0000	<p>1. The ambulance entrance vestibule have had sprinklers installed and there were no residents affected by this alleged deficient practice.</p> <p>2. Residents residing at the facility have the potential to be affected by the alleged deficient practice</p> <p>3. The sprinkler testing company have been informed to the life safety code requirement and will perform inspections every 6 months. * Inspections will be documented and reviewed by the Maintenance Director every 6 months.</p> <p>4. Sprinkler inspection reports will be forwarded to the QA&A committee for review The results of these audits will be reported by the Director of Maintenance every 6 months and then the QAA team will determine the need for additional auditing.</p> <p>5. Date of Compliance 11/29/12</p>	

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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	<p>(Primrose and Southwest wings) built in 1975. The facility has a fire alarm system with smoke detection in the corridors and in all areas open to the corridor. The facility has battery operated smoke detectors in all resident sleeping rooms. The facility has a capacity of 175 and had a census of 165 at the time of this survey. The facility was found not in compliance with state law in regard to sprinkler coverage. The facility was found in compliance with state law in regard to smoke detector coverage.</p> <p>All areas where residents have customary access were sprinklered, except for the ambulance entrance vestibule. All areas providing facility services were sprinklered, except for the detached garage providing facility storage.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 11/02/12.</p> <p>The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by the following:</p>			

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K0038 SS=E	<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 the means of egress through 6 of 27 exits were readily accessible for residents without a clinical diagnosis requiring specialized security measures. LSC 19.2.2.2.4 requires doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side. Exception No. 1 states door locking arrangements without delayed egress shall be permitted in health care occupancies, or portions of health care occupancies, where the clinical needs of the patients require specialized security measures for their safety, provided staff can readily unlock such doors at all times. This deficient practice could affect 120 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 11:10 a.m. to 2:20 p.m. on 10/30/12, the following exit door locations were each marked as a facility exit and each exit door was magnetically locked and could be opened by entering a four digit code, but the code was not</p>	K0038	<p>K-38</p> <p>1. The four digit code was posted on the doors identified: Main entrance, Ambulance Entrance, Exit door North Wing, Southwest wing and Primrose entrance.</p> <p>2. Residents' residing at the facility have to potential to be affected by the alleged deficient practice.</p> <p>3. The Maintenance Director and support staff has been in-serviced on the Life Safety code regarding code posting at entrances and exits</p> <p>* The Maintenance Supervisor will check codes weekly during preventative maintenance rounds and correct any finding immediately.</p> <p>4. The Maintenance Supervisor will conduct Code Posting Audits monthly for 6 months and then the QA&A committee will determine the need for additional Audits until compliance is achieved .</p> <p>5. Date of Compliance: 11/2912</p>	11/29/2012			

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	<p>posted:</p> <ul style="list-style-type: none"> a. main entrance. b. ambulance entrance vestibule. c. exit door to the North Wing. d. by the Candlelight Dining Room. e. by the Day Room in the Southwest Wing. f. by the Living Room in the Primrose Wing. <p>Based on interview with the Maintenance Supervisor at the time of the observations and with the Administrator during the exit conference at 2:30 p.m. on 10/30/12, approximately 50 % or more of the residents utilizing the aforementioned exit locations do not have a clinical diagnosis to be in a secure building and acknowledged the exit code was not posted. During the tour, the Maintenance Supervisor did not know the exit code at each of the aforementioned exits. Only the South and East Wings of the building house residents with a clinical diagnosis to be in a secure building and none of the aforementioned exit locations are in the South and East Wings. A resident without the clinical diagnosis requiring specialized security measures would have to ask a staff member to let them out if they did not know the code.</p> <p>3.1-19(b)</p>						

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K0046 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9.19.2.9.1.</p> <p>Based on record review, observation and interview; the facility failed to document testing of emergency lighting in accordance with LSC 7.9 for 2 of 2 battery powered lights for 12 months. LSC 7.9.3, Periodic Testing of Emergency Lighting Equipment, requires a functional test be conducted at 30 day intervals and an annual test be conducted on every required battery powered emergency lighting system for not less than 1 ½ hour duration. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors in the facility.</p> <p>Findings include:</p> <p>Based on record review with Maintenance Supervisor from 9:30 a.m. to 11:10 a.m. on 10/30/12, documentation of annual ninety minute testing and functional testing at 30 day intervals for battery powered lights was not available for review. Based on observations with the Maintenance Supervisor during a tour of</p>	K0046	<p>K-46</p> <p>1.The Battery operated lights have been tested to meet this requirement. There were no residents directly affected by the alleged deficient practice.</p> <p>2. Residents residing at the facility have the potential to be affected by the alleged deficient practice.</p> <p>3. The Director of Maintenance has been in-serviced by the Executive Director on the Life Safety Requirement related to Testing on Battery operated lights and documentation by 11/29/12</p> <p>4. The Director of Maintenance will perform audits on Battery operated lights monthly for 6 months. The results of those audits will be forwarded to the QA&A committee monthly for 6 months and then the QA&A committee will determine the need for additional auditing until compliance is achieved.</p> <p>5. Date of Compliance 11/29/12</p>	11/29/2012			

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	<p>the facility from 11:10 a.m. to 2:20 p.m. on 10/30/12, a battery powered emergency light was located at each of the two emergency generator locations inside the building. Each light was tested and was observed to function during the tour. Based on interview at the time of record review and at the time of the observations, the Maintenance Supervisor stated there are two battery powered lights located in the facility and acknowledged documentation of annual ninety minute testing and functional testing at 30 day intervals for the two battery powered lights was not available for review.</p> <p>3.1-19(b)</p>			

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K0052 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 Based on observation and interview, the facility failed to maintain 2 of 89 smoke detectors in accordance with NFPA 72. NFPA 72, 2-3.5.1 requires in spaces served by air handling systems, smoke detectors shall not be located where airflow prevents operation of the detectors. NFPA 72, A-2-3.5.1 explains smoke detectors should not be located in a direct airflow nor closer than 3 feet from an air supply diffuser or return air opening. This deficient practice could affect 32 residents, staff and visitors in the vicinity of Room 208 and Room 217.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 11:10 a.m. to 2:20 p.m. on 10/30/12, the smoke detector in the corridor near Room 208 and the smoke detector in the corridor near Room 217 were each located on the ceiling within six inches of an air supply vent. Based on interview at the time of observations, the Maintenance Supervisor acknowledged</p>	K0052	<p>K-52</p> <p>1. The two smoke detectors were re-located to meet this requirement. There were no residents affected by the alleged deficient practice.</p> <p>2. Residents residing at the facility have the potential to be affected by the alleged deficient practice</p> <p>3. The Director of Maintenance has been in-serviced by the Executive Director on the life safety requirement of smoke detectors being with in 3 feet of an air vent by 11/29/12</p> <p>4. The Director of Maintenance will perform audits on the Battery operated smoke detectors monthly for 6 months. Results of those audits will be forwarded to the QA&A committee monthly for 6 months and then the QA&A team will determine the need for additional auditing until compliance is achieved.</p> <p>5. Date of Compliance 11/29/12</p>	11/29/2012			

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	<p>the aforementioned smoke detectors were each located less than three feet from an air supply vent.</p> <p>3.1-19(b)</p>			

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K0056 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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>Based on observation and interview, the facility failed to ensure a complete automatic sprinkler system was installed in accordance with NFPA 13, 1999 Edition, Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. In addition, NFPA 13, Section 5-6.3.1, "Maximum Distance between Sprinklers," states the maximum distance permitted between sprinklers shall be 15 feet in accordance with Tables 5-6.2.2(a) through (d). This deficient practice could affect one resident, staff or visitors using the ambulance entrance vestibule and staff and visitors in the kitchen pantry storage room.</p> <p>Findings include:</p>	K0056	<p>K-56</p> <p>1. The automatic Sprinkler was installed in the ambulance vestibule area and an additional sprinkler was installed in the kitchen pantry. There were no residents directly affected by the alleged deficient practice.</p> <p>2. Residents residing at the facility have the potential to be affected by the alleged deficient practice.</p> <p>3. The Director of Maintenance has been in-serviced on sprinkler coverage areas which will include the maximum distance between sprinklers by 11/29/12.</p> <p>4. The Director of Maintenance will perform monthly audits of the sprinklers monthly for 6 months. The results of those audits will be forwarded to the QA&A committee monthly for 6 months and then the QA&A committee will determine the need for additional auditing until compliance is achieved.</p> <p>5. Date of Compliance 11/29/12</p>	11/29/2012			

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	<p>Based on observations with the Maintenance Supervisor during a tour of the facility from 11:10 a.m. to 2:20 p.m. on 10/30/12, the following was noted:</p> <ul style="list-style-type: none"> a. the ambulance entrance vestibule was not provided with an automatic sprinkler. b. the two automatic sprinklers were installed 36 feet apart from one another in the kitchen pantry storage room. <p>Based on interview at the time of the observations, the Maintenance Supervisor acknowledged the ambulance entrance vestibule was not provided with an automatic sprinkler and the two kitchen pantry storage room automatic sprinklers were installed 36 feet apart from one another.</p> <p>3.1-19(b) 3.1-19(ff)</p>				

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K0062 SS=E	<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 ensure a clearance of at least 18 inches was maintained below the level of the sprinkler deflectors in 2 of 2 shower rooms in the East Wing. NFPA 25, 2-2.1.2 requires unacceptable obstructions to spray patterns shall be corrected. Further NFPA 13, 1999 edition, at 5-5.5.1 says a continuous or noncontinuous obstruction less than or equal to 18 inches below the sprinkler deflector prevents the spray pattern from fully developing. This deficient practice affects six residents and staff in the East Wing shower rooms.</p> <p>Finding includes:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 11:10 a.m. to 2:20 p.m. on 10/30/12, the two shower rooms in the East Wing were utilizing shower curtains hung from the ceiling which had no mesh openings at the top of the curtains to provide a minimum 18 inch clearance below the sprinkler head deflectors. Based on interview at the time of the</p>	K0062	<p>K-62 1. The Shower room curtains have been replaced with mesh style tops to ensure adequate sprinkler coverage. The two sprinkler heads located in the kitchen pantry were replaced. There were no residents directly affected by the alleged deficient practice 2. Residents residing at the facility have the potential to be affected by the alleged deficient practice. 3. The Director of Maintenance & Director of Housekeeping serviced have been in-serviced on the life safety requirement related to adequate sprinkler coverage and the types of shower curtains needed by 11/29/12 4. The Director of Maintenance will perform monthly audits of the shower curtains for 6 months. The results of those audits will be forwarded to the QA&A committee monthly for 6 months and then the QA&A team will determine the need for additional auditing until compliance is achieved. 5. Date of Compliance 11/29/12</p>	11/29/2012			

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	<p>observations, the Maintenance Supervisor acknowledged at least 18 inches of clearance was not provided for sprinklers installed in the East Wing shower rooms due to the use of shower curtains hung from the ceiling with no openings provided in the curtains.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to replace 2 of 2 sprinklers in the kitchen pantry storage room 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 staff and visitors in the kitchen pantry storage room.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 11:10 a.m. to 2:20 p.m. on 10/30/12, the two automatic sprinklers in the kitchen pantry storage room had</p>			

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	<p>paint on the deflector. Based on interview at the time of the observations, the Maintenance Supervisor acknowledged each of the two automatic sprinklers in the kitchen pantry storage room had paint on the deflector.</p> <p>3.1-19(b)</p>			

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K0144 SS=F	<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 record review and interview, the facility failed to ensure a monthly load test for the two emergency generators was conducted for 10 of 12 months using one of the three following methods: under operating temperature conditions, at not less than 30% of the Emergency Power Supply (EPS) nameplate rating, or loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. Chapter 3-4.4.1.1 of NFPA 99 requires monthly testing of generators serving the emergency electrical system to be in accordance with NFPA 110. 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 by the authority having jurisdiction. 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</p>	K0144	<p>K-144 1. The facility generator has been tested to ensure it is functioning correctly and the load test has been performed and is with in operational order and documentation is on file. Two remote alarm annunciators has been installed on the generators. There were no residents directly affected by the alleged deficient practice. 2. Residents residing at the facility have the potential to be affected by the alleged deficient practice.3. The Director of Maintenance has been in-serviced by the Executive Director on the life safety requirement related to generator inspection reports by 11/29/12 * Staff have been in-service by the director of Maintenance on the remote alarm annunciator by 11/29/12 4. The Director of Maintenance will perform audits on the documentation reports for generator load tests, these will be presented to QA&A committee monthly for 6 months and the quarterly there after. 5. Date of Compliance 11/29/12</p>	11/29/2012			

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	<p>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 having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Historical Meter Readings - Golden Living Center - Elkhart" monthly generator load test documentation with the Maintenance Supervisor during record review from 9:30 a.m. to 11:10 a.m. on 10/30/12, documentation of monthly load testing for October, November and December 2011 and March through September 2012 for each of the two emergency generators identified as Emergency Generator #1 (Onan) and Emergency Generator #2 (Winco) was not available for review. Based on interview at the time of record review, the Maintenance Supervisor stated monthly emergency generator records are kept on computer, his password access only allowed access to</p>						

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	<p>January and February 2012 emergency generator testing records and acknowledged documentation of monthly testing records for the aforementioned ten month period was not available for review. Based on interview with the Administrator during the exit conference at 2:30 p.m. on 10/30/12, the facility could not access monthly load testing computer records for the aforementioned monthly periods.</p> <p>3.1-19(b)</p> <p>2. Based on record review and interview, the facility failed to ensure a complete written record of weekly inspections of the starting batteries for the two emergency generators was maintained for 44 of 52 weeks. Chapter 3-4.4.1.3 of NFPA 99 requires storage batteries used in connection with essential electrical systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Furthermore, NFPA 110, 6-3.6 requires checking storage batteries, including electrolyte levels, at intervals of not more than 7 days. Chapter 3-5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and</p>						

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	<p>repairs for the generator to be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Historical Meter Readings - Golden Living Center - Elkhart" monthly generator load test documentation with the Maintenance Supervisor during record review from 9:30 a.m. to 11:10 a.m. on 10/30/12, documentation of emergency generator starting battery inspection records for the 44 week period of October, November and December 2011 and March through September 2012 for each of the two emergency generators identified as Emergency Generator #1 (Onan) and Emergency Generator #2 (Winco) was not available for review. Based on interview at the time of record review, the Maintenance Supervisor stated emergency generator starting battery inspection records are kept on computer, his password access only allowed access to January and February 2012 emergency generator testing records and acknowledged documentation of emergency generator starting battery inspection records for the aforementioned 44 week period was not available for</p>			

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	<p>review. Based on interview with the Administrator during the exit conference at 2:30 p.m. on 10/30/12, the facility could not access emergency generator starting battery inspection computer records for the aforementioned weekly periods.</p> <p>3.1-19(b)</p> <p>3. Based on record review and interview, the facility failed to ensure emergency power would be transferred to the two emergency generators within 10 seconds of building power loss for 10 of 12 months. NFPA 99, 3-4.1.1.8 states generator set(s) shall have sufficient capacity to pick up the load and meet the minimum frequency and voltage stability requirements of the emergency system within 10 seconds after loss of normal power. 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 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of "Historical Meter Readings - Golden Living Center -</p>						

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	<p>Elkhart" monthly generator load test documentation with the Maintenance Supervisor during record review from 9:30 a.m. to 11:10 a.m. on 10/30/12, documentation of monthly load testing of emergency power transfer time for October, November and December 2011 and March through September 2012 for each of the two emergency generators identified as Emergency Generator #1 (Onan) and Emergency Generator #2 (Winco) was not available for review. Based on interview at the time of record review, the Maintenance Supervisor stated monthly emergency generator power transfer time records are kept on computer, his password access only allowed access to January and February 2012 emergency generator testing records and acknowledged documentation of emergency generator power transfer time records for the aforementioned ten month period was not available for review. Based on interview with the Administrator during the exit conference at 2:30 p.m. on 10/30/12, the facility could not access emergency generator power transfer time records for the aforementioned monthly periods.</p> <p>3.1-19(b)</p> <p>4. Based on observation and interview, the facility failed to ensure 2 of 2</p>				

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	<p>emergency generators were provided with an alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, Health Care Facilities, 3-4.1.1.15 requires a remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate:</p> <ol style="list-style-type: none"> 1. When the emergency or auxiliary power source is operating to supply power to load. 2. When the battery charger is malfunctioning. <p>(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <ol style="list-style-type: none"> 1. Low lubricating oil pressure. 2. Low water temperature. 3. Excessive water temperature. 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply. 5. Overcrank (failed to start). 6. Overspeed. <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately</p>			

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	<p>labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur but need not display these conditions individually. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 11:10 a.m. to 2:20 p.m. on 10/30/12, a remote alarm annunciator for each of the two emergency generators identified as Emergency Generator #1 (Onan) and Emergency Generator #2 (Winco) was not provided in a location readily observed by operating personnel at a regular work station such as a nurses' station. Based on interview at the time of observation, the Maintenance Supervisor acknowledged each emergency generator was not provided with an alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station.</p> <p>3.1-19(b)</p>				

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K0147 SS=E	<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 4 of 4 extension cords including power strips were not used as a substitute for fixed wiring. 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 32 residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Maintenance Supervisor during a tour of the facility from 11:10 a.m. to 2:20 p.m. on 10/30/12, the following was noted:</p> <ul style="list-style-type: none"> a. a microwave oven was plugged into a power strip in the Activities Room. b. a refrigerator was plugged into a power strip in resident Room 313, and in the Restorative Nursing Office. c. a wall mounted air conditioner was plugged into an extension cord in the Assistant Manager's Office by the Kitchen Pantry. <p>Based on interview at the time of the observations, the Maintenance Supervisor stated up to 30 residents may utilize the Activities Room at any one time and</p>	K0147	<p>K-147</p> <ol style="list-style-type: none"> 1. The power strip was removed and an outlet installed in the activity room/ The power strip was removed in room 313 and in the restorative office. The refrigerator for both locations are plugged into the wall directly. The wall mounted A/C in the kitchen pantry is now plugged directly into the wall. There were no residents affected by the alleged deficient practice. 2. Residents residing at the facility have the potential to be affected by the alleged deficient practice. 3. Staff have been in-serviced by the Director of Clinical education on the use of power strips and the life safety requirement by 11/29/12 *Guardian Angels will monitor residents rooms 5 x per week to ensure no power cords are being utilized. Any areas found will be corrected immediately. 4. The Director of Maintenance will perform rounds on a monthly basis to audit power strip usage. The results of those rounds will be forwarded to the QA&A committee monthly for 6 months and then the QA&A committee will determine the need for additional auditing until compliance is achieved. Date of Compliance: 11/29/12 	11/29/2012			

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	<p>acknowledged an extension cord and power strips were used as a substitute for fixed wiring at the aforementioned locations.</p> <p>3.1-19(b)</p>			