

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155177	X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	X3) DATE SURVEY COMPLETED 02/04/2013
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NAME OF PROVIDER OR SUPPLIER WESTMINSTER VILLAGE - WEST LAFAYETTE	STREET ADDRESS, CITY, STATE, ZIP CODE 2741 N SALISBURY ST WEST LAFAYETTE, IN 47906
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K0000	<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: 02/04/13</p> <p>Facility Number: 000093 Provider Number: 155177 AIM Number: NA</p> <p>Surveyor: Bridget Brown, Medical Surveyor, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Westminster Village-West Lafayette 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 Courtyard was surveyed with Chapter 19, Existing Health Care Occupancies.</p> <p>The facility consists of the Courtyard, Pavilion and Terrace in a one story sprinklered building determined to be of Type III (211) construction. The facility has a fire alarm system with hard wired smoke detection in the corridors, resident</p>	K0000		

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>rooms and spaces open to the corridors. The facility has the capacity for 72 residents and had a census of 61 residents.</p> <p>Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 02/08/13.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p>				

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K0021 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:</p> <p>a) the required manual fire alarm system;</p> <p>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</p> <p>c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2</p> <p>Based on observation and interview, the facility failed to ensure smoke barrier doors in 2 of 6 smoke compartments were held open only by a device which caused the door to close automatically upon activation of the fire alarm system. This deficient practice affects visitors, staff and 25 residents in the Courtyard smoke compartments.</p> <p>Findings include:</p> <p>Based on observation with the administrator and plant operations director 02/04/13 at 2:45 p.m., the Courtyard smoke barrier door set was equipped with magnetic devices to hold the doors open. The doors failed to close when the fire alarm was activated and failed when tested a second time. The</p>	K0021	K 0021 - An outside contractor has installed a new remote fire annunciator panel that services the smoke barrier doors in the Courtyard section of the Health Center. - All residents, staff, and visitors in the Courtyard had the potential to be affected. - As part of the Maintenance Quality Performance Improvement Program, the doors will be tested monthly at the time of the fire drill. - The Maintenance Facility Coordinator will be responsible for monitoring compliance with K 0021. - Date of completion: 02/13/13	02/13/2013			

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	<p>plant operations director said at the time of observation, he was unaware the door would not self close upon activation of the fire alarm.</p> <p>3.1-19(b)</p>			

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K0052 SS=F	<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</p> <p>Based on record review and interview, the facility failed to ensure 100 percent of smoke detectors had been sensitivity tested. NFPA 72 at 7-3.2.1 states, Detector sensitivity shall be checked within one year after installation and every alternative year thereafter. After the second required calibration test, if sensitivity tests indicate the detectors have remained within their listed and marked sensitivity ranges, the length of time between calibration tests may be extended to a maximum of five years. If the frequency is extended, records of detector caused nuisance alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.</p> <p>To ensure each smoke detector is within its listed and marked sensitivity range it shall be tested using the following methods:</p> <p>(1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for</p>	K0052	<p>K 0052 - Sensitivity testing was completed on 01/17/13. The contractor had failed to provide a copy of the sensitivity testing to the Director of Maintenance (copy attached). - No residents, staff, or visitors were affected. - The Assistant Director of Maintenance will be responsible for ensuring all report binders are maintained in an organized manner and contracted reports are received timely. - As part of the Quality Performance Improvement Program, the Assistant Director of Maintenance will be responsible for maintaining all report binders in an organized manner and in compliance with Life Safety Standards. - Completion Date: Sensitivity Testing Completed on 01/17/13 Report Received at Facility: 02/11/13</p>	02/11/2013			

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	<p>the purpose.</p> <p>(4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its acceptable sensitivity range.</p> <p>(5) Other calibrated sensitivity test method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or replaced.</p> <p>The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of aerosol into the detector. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on a review of the facility Smoke Detector Inspection Reports with the administrator and plant operations director on 02/04/13 at 3:35 p.m., the last recorded smoke detector sensitivity test was done in October 2010. The plant operations director said at the time of record review, there was no other record and he acknowledged the sensitivity testing was overdue.</p> <p>3.1-19(b)</p>			

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K0062 SS=F	<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>Based on record review and interview, the facility failed to perform weekly sprinkler system fire pump tests. NFPA 25, 5-3.2.1 requires a weekly test of electric motor driven pump assemblies shall be conducted without flowing water. This test shall be conducted by starting the pump automatically. The pump shall run a minimum of 10 minutes. This deficient practice could affect all staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on review of facility sprinkler system preventive maintenance records and contractor reports of Sprinkler System Inspection with the administrator and plant operations director on 02/04/13 at 3:30 p.m., weekly fire pump maintenance testing records were not found. The annual fire pump test by the sprinkler system contractor done 06/21/12 revealed no operating defects. The plant operations director confirmed at the time of record review, the weekly testing was not done.</p>	K0062	<p>K 0062 - Fire pump testing will be completed every seven (7) days and will be run a minimum of ten (10) minutes. - All residents, staff, and visitors had the potential to be affected. - Fire pump testing will be completed every seven (7) days and will be run a minimum of ten (10) minutes. - As part of the Maintenance Quality Performance Improvement Program, fire pump inspection and testing records will be maintained in an organized manner to verify proper functioning of the pump, ensuring the pump starts upon loss of pressure, the pump assembly is in operating condition, and free of any physical damage. The Director of Maintenance will be responsible for monitoring compliance. - Completion Date: 02/22/13</p>	02/22/2013			

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K0000	<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: 02/04/13</p> <p>Facility Number: 000093 Provider Number: 155177 AIM Number: NA</p> <p>Surveyor: Bridget Brown, Life Safety Code Specialist</p> <p>At this Life Safety Code survey, Westminster Village-West Lafayette 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 and 410 IAC 16.2. The Terrace and Pavilion were surveyed with Life Safety Code (LSC), Chapter 18, New Health Care Occupancies and 410 IAC 16.2.</p> <p>The Terrace and Pavilion were located in the one story sprinklered building determined to be of Type III (211) construction. The facility has a fire alarm system with hard wired smoke detection</p>	K0000					

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	<p>in the corridors, resident rooms and spaces open to the corridors. The facility has the capacity for 72 residents and had a census of 61 at the time of this survey.</p> <p>All areas where the residents have customary access were sprinklered and all areas providing facility services were sprinklered.</p>			

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K0018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3</p> <p>1. Based on observation and interview, the facility failed to ensure doors protecting corridor openings in 1 of 2 Terrace smoke compartments could latch into the door frame. This deficient practice affects staff, visitors and 19 residents Terrace.</p> <p>Findings include:</p> <p>Based on observation with the administrator and plant operations director on 02/04/13 between 2:10 p.m. and 2:25 p.m., the double door set providing access to the service kitchen had a manual flush bolt on the inactive door leaf. The doors were closed but were pulled open easily since the manual latch was not secured to hold both doors tightly closed into the door frame. The same locking mechanism was used for double door sets providing access to two storage rooms located outside physical therapy. The plant operations director acknowledged at the time of observations, doors in each door set would not latch independently and automatically into their</p>	K0018	<p>K 0018 - A contractor has been hired to change all manual latches on the inactive door leaf in the service kitchen and the two storage rooms located outside Physical Therapy. The doors will latch independently and automatically into their door frames upon closing of the doors. The kick downs have also been removed from the Therapy doors so the self-closers can operate freely. - Seventeen (17) residents in the Pavilion and residents, staff, and visitors in the Therapy area could potentially be affected. - The Maintenance Facility Coordinator will be responsible for checking all doors in the Health Center weekly to ensure compliance with K 0018. - As part of the Maintenance Quality Performance Improvement Program, the Maintenance Facility Coordinator will check all doors weekly to ensure compliance with K 0018. Completion Date: 03/20/13</p>	03/20/2013			

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	<p>door frames.</p> <p>3.1-19(b)</p> <p>2. Based on observation and interview, the facility failed to ensure there were no impediments to closing doors protecting corridor openings in 1 of 2 Terrace smoke compartments. This deficient practice affects staff, visitors and 19 residents in the Terrace smoke compartment.</p> <p>Findings include:</p> <p>Based on observation with the administrator and plant operations director on 02/04/13 at 2:25 p.m., self closing double doors providing access from the corridor door to physical therapy were prevented from closing by kick down door stops. The plant operations director acknowledged at the time of observation the doors were prevented from closing for the convenience of staff.</p> <p>3.1-19(b)</p>				

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K0022 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4 Based on observation and interview, the facility failed to ensure 2 of 2 paths in the exit means of egress from the Terrace assisted dining room were identified. This deficient practice affects visitors, 4 kitchen staff and any resident in the assisted dining room with seating for 16.</p> <p>Findings include:</p> <p>Based on observation with the administrator and plant operations director on 02/04/13 at 2:00 p.m., a "no exit" sign was posted for a glass door leading directly to the outside for the Terrace assisted dining room because it entered an enclosed courtyard with no direct exit to an emergency evacuation point. Three other doorways were unmarked; one lead to the exit corridor, a second into another dining room, and the third into a service kitchen. The administrator said at the time of observation, two of the other three doorways were to be used to exit the room. She agreed the exit doorways were not marked and anyone unfamiliar with the room could be confused in the event of an emergency.</p>	K0022	<p>K 0022 - A contractor has installed two (2) lighted exit signs in the Terrace Resident Assist Dining Room. In the event of the need for an emergency evacuation, one exit sign leads into the Pavilion corridor and the second exit sign leads into the Terrace Dining Room. A third exit sign already exists in the Service Kitchen above the double doors that leads into the Pavilion corridor which will also provide an emergency evacuation from the building through the Pavilion. - All residents dining in the Terrace Assist Dining Room, staff, and visitors have the potential to be affected. - All exit signs are in place throughout the Health Center to ensure a safe exit to all residents, staff, and visitors in the Health Center. - As part of the Maintenance Quality Performance Improvement Program, the Maintenance Facility Coordinator will complete weekly inspections of all exit signs. Completion Date: 02/19/13</p>	02/19/2013			

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K0025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one-hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels in approved frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 18.3.7.3, 18.3.7.5, 18.1.6.3</p> <p>Based on observation and interview, the facility failed to ensure openings in 1 of 1 mechanical rooms in the Pavilion were sealed to limit the transfer of smoke. LSC 8.2.4.1 requires smoke partitions shall limit the transfer of smoke. This deficient practice could affect visitors, staff, and 17 residents of the Pavilion.</p> <p>Findings include:</p> <p>Based on observation with the administrator and plant operations director on 02/04/13 at 1:30 p.m., the meeting edge between the 21 foot corridor wall and Pavilion mechanical room ceiling was unsealed leaving a gap of one half to one inch. The administrator and plant operations director agreed at the time of observation, the gap should have been sealed.</p> <p>3.1-19(b)</p>	K0025	<p>K 0025 - The ceiling in the Pavilion Mechanical Room has been sealed. All ceiling smoke partitions will be checked to ensure compliance with K 0025. - Seventeen (17) residents in the Pavilion, staff, and visitors could potentially be affected. - As part of the Maintenance Quality Performance Improvement Program, all ceiling smoke partitions will be inspected quarterly and results documented by the Maintenance Facility Coordinator and/or Designee with corrective action taken as indicated. - Ceiling smoke partitions will be inspected quarterly with results documented as part of the Maintenance Quality Performance Improvement program. The Maintenance Facility Coordinator and/or Designee will monitor for compliance. - Date of Completion: 02/14/13</p>	02/14/2013			

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K0029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1 Based on observation and interview, the facility failed to provide a wall constructed to separate 1 of 1 kitchens in the Pavilion from the corridor. LSC 18.3.2.1 refers to 8.4, and 8.4.1.2 requires where hazardous areas are protected by the approved automatic fire extinguishing system, the hazardous area is separated from other spaces by smoke resisting partitions and doors. This deficient practice could affect visitors, staff and 17 residents in the Pavilion.</p> <p>Findings include:</p> <p>Based on observation with the administrator and plant operations director on 02/04/13 at 1:10 p.m., the renovated Pavilion kitchen was open to the exit corridor. There was no wall to separate the cooking area from the exit corridor. The administrator acknowledged the opening and said the construction met the criteria for kitchens under the 2012 edition of the LSC.</p> <p>3.1-19(b)</p>	K0029	<p>K 0029 Standard is met under Life Safety Code 2012 as follows: 1) The portion of the Health Care Facility served by the cooking facility is limited to seventeen (17) beds. 2) The range is equipped with a range hood of a width at least equal to the width of the cooking surface with grease baffles. 3) The hood system has a minimum airflow of 500 cfm (14,000 L/min). 4) The hood system is ducted to the exterior. 5) The range complies with all of the following: a) the range is protected with a fire suppression system listed in accordance with UL 300. b) a manual release of the extinguishing system is provided in accordance with NFPA 96. c) an interlock is provided to turn off gas to the range when the suppression system is activated. 6) No solid fuel is used for cooking. 7) No deep-fat frying equipment is present. 8) Portable fire extinguishers in accordance with NFPA 96 are located in all kitchen areas. 9) A switch meeting all of the following is provided: a) a locked switch is provided within the cooking facility that</p>	02/04/2013			

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			deactivates the range. b) the switch is used to deactivate the range whenever the kitchen is not under staff supervision. c) the switch is on a timer, not exceeding a 120-minute capacity that automatically deactivates the range, independent of staff action. 10) Procedures for use, inspection, testing, and maintenance of the cooking equipment are in accordance with Chapter 11 of NFPA 96 and the manufacturer's instructions and are followed. 11) Heat sensors are located in the cooking area of the kitchen. 12) No smoke detector is located less than 20 feet from the range. Completion Date: 02/04/13 (ISDH approval to occupy kitchen was given on 12/14/12). Waiver Request Attached		

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K0052 SS=F	<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</p> <p>Based on record review and interview, the facility failed to ensure 100 percent of smoke detectors had been sensitivity tested. NFPA 72 at 7-3.2.1 states, Detector sensitivity shall be checked within one year after installation and every alternative year thereafter. After the second required calibration test, if sensitivity tests indicate the detectors have remained within their listed and marked sensitivity ranges, the length of time between calibration tests may be extended to a maximum of five years. If the frequency is extended, records of detector caused nuisance alarms shall be maintained. In zones or areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.</p> <p>To ensure each smoke detector is within its listed and marked sensitivity range it shall be tested using the following methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method. (2) Manufacturer's calibrated sensitivity test instrument. (3) Listed control equipment arranged for 	K0052	<p>K 0052 - Sensitivity testing was completed on 01/17/13. The contractor had failed to provide a copy of the sensitivity testing to the Director of Maintenance (copy attached). - No residents, staff, or visitors were affected. - The Assistant Director of Maintenance will be responsible for ensuring all report binders are maintained in an organized manner and contracted reports are received timely. - As part of the Quality Performance Improvement Program, the Assistant Director of Maintenance will be responsible for maintaining all report binders in an organized manner and in compliance with Life Safety Standards. - Completion Date: Sensitivity Testing Completed on 01/17/13 Report Received at Facility: 02/11/13</p>	02/11/2013			

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	<p>the purpose.</p> <p>(4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its acceptable sensitivity range.</p> <p>(5) Other calibrated sensitivity test method acceptable to the authority having jurisdiction.</p> <p>Detectors found to have sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or replaced.</p> <p>The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of aerosol into the detector. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on a review of the facility Smoke Detector Inspection Reports with the administrator and plant operations director on 02/04/13 at 3:35 p.m., the last recorded smoke detector sensitivity test was done in October 2010. The plant operations director said at the time of record review there was no other record and he acknowledged the sensitivity testing was overdue.</p> <p>3.1-19(b)</p>						

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K0062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>Based on record review and interview, the facility failed to perform weekly sprinkler system fire pump tests. NFPA 25, 5-3.2.1 requires a weekly test of electric motor driven pump assemblies shall be conducted without flowing water. This test shall be conducted by starting the pump automatically. The pump shall run a minimum of 10 minutes. This deficient practice could affect all staff, visitors and residents.</p> <p>Findings include:</p> <p>Based on review of facility sprinkler system preventive maintenance records and contractor reports of Sprinkler System Inspection with the administrator and plant operations director on 02/04/13 at 3:30 p.m., weekly fire pump maintenance testing reports were not found. The annual fire pump test by the sprinkler system contractor done 06/21/12 revealed no operating defects. The plant operations director confirmed at the time of record review, the weekly testing was not done.</p>	K0062	<p>K 0062 - Fire pump testing will be completed every seven (7) days and will be run a minimum of ten (10) minutes. - All residents, staff, and visitors had the potential to be affected. - Fire pump testing will be completed every seven (7) days and will be run a minimum of ten (10) minutes. - As part of the Maintenance Quality Performance Improvement Program, fire pump inspection and testing records will be maintained in an organized manner to verify proper functioning of the pump, ensuring the pump starts upon loss of pressure, the pump assembly is in operating condition, and free of any physical damage. The Director of Maintenance will be responsible for monitoring compliance. - Completion Date: 02/22/13</p>	02/22/2013			

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K0070 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 18.7.8</p> <p>Based on observation and interview, the facility failed to prevent the use of 1 of 1 space heaters in a resident area. This deficient practice affects occupants in the Pavilion with a census of 17 residents.</p> <p>Findings include:</p> <p>Based on observation with the administrator and plant operations director on 02/04/13 at 1:55 p.m., an electric fire place was plugged in and radiating heat in the Pavilion parlor. The portable appliance was not attached to the wall and could be moved and used to heat any area with an electrical outlet. The administrator said at the time of observation, she did not know the fireplace was considered a portable space heater and the use of space heaters was prohibited in the facility.</p> <p>3.1-19(b)</p>	K0070	<p>K 0070 - The electric fireplace has been removed from the Health Center. - Seventeen (17) residents, staff, and visitors have the potential to be affected. - An electric fireplace will not be permitted in the Health Center. - The Director of Maintenance and Administraator will ensure no free-standing electric fireplace will be permitted in the Health Center. - Completion Date: 02/19/13</p>	02/19/2013	

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K0076 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 18.3.2.4</p> <p>Based on observation and interview, the facility failed to ensure 2 of 36 cylinders of nonflammable gases in the Terrace oxygen supply room were properly stored, chained or supported in a cylinder stand or cart. NFPA 99, Health Care Facilities, 8-3.1.11.2(h) requires cylinder or container restraints shall meet NFPA 99, 4-3.5.2.1(b)27 which requires freestanding cylinders be properly chained or supported in a proper cylinder stand or cart. This deficient practice could affect visitors, staff and 19 residents on the Terrace.</p> <p>Findings include:</p> <p>Based on observation with the administrator and plant operations director on 02/04/13 at 2:35 p.m., one oxygen e-cylinder was stored without support on the top shelf of a rolling utility cart with three shelves in the oxygen</p>	K0076	<p>K 0076 - All oxygen cylinders will be properly stored in compliance with K 0076. The oxygen supply company was called immediately to pick-up the unsecured oxygen canisters and reminded not to leave oxygen canisters that are not properly secured. - All residents, staff, and visitors have the potential to be affected by non-compliance with K 0076. - The Oxygen Storage Room will be monitored every shift to ensure all oxygen cylinders are properly stored per K 0076 regulations. The Terrace Charge Nurse will document compliance with properly stored oxygen cylinders on each shift utilizing the "Oxygen Storage Verification Log." Nursing staff will be in-serviced on safe oxygen storage. - As part of the Nursing Quality Improvement Program, the Director of Nursing will be responsible for monitoring overall compliance documentation and report monthly to the Quality</p>	03/01/2013	

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	<p>supply storage room. A second cylinder laid on it's side on the second shelf. A third cylinder rested on it's side with the valve stem projecting out from the edge of the bottom shelf. The administrator said at the time of observation, the cylinders were to be stored in the racks provided as were 33 other cylinders. She acknowledged the valve of the cylinder on the bottom shelf could have become a projectile if the cylinder on the top shelf fell and broke it off.</p> <p>3.1-19(b)</p>		<p>Performance Improvement Committee. - Completion Date: 03/01/13</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 2 of 2 multitap adapters were not used as a substitute for fixed wiring. NFPA 70, the National Electrical Code, 1999 Edition, 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 staff, visitors and 17 residents on the Pavilion.</p> <p>Findings include:</p> <p>Based on observation with the administrator and plant operations director on 02/04/13 at 1:40 p.m., multitap outlet adapters were used to provide power to equipment in the kitchen and dining room food service areas. The plant operations director said at the time of observation, he didn't know these surge protected adapters were not permitted.</p> <p>3.1-19(b)</p>	K0147	<p>K 0147 - The multitap outlet adapter was removed from the food service area. Dining staff were notified not to use adapters. - Seventeen (17) residents in the Pavilion, staff, and visitors have the potential to be affected. - The Director and Assistant Director of Dining Services were reminded that the use of adapters was not permitted. - The Maintenance Facility Coordinator will be responsible for ensuring compliance with K 0147. - Completion Date: 02/08/13</p>	02/08/2013			

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