

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 04/19/2022

FORM APPROVED

OMB NO. 0938-039

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 154020		X2) MULTIPLE CONSTRUCTION A. BUILDING -- B. WING		X3) DATE SURVEY COMPLETED 02/15/2022	
NAME OF PROVIDER OR SUPPLIER REGIONAL MENTAL HEALTH CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 8555 TAFT ST MERRILLVILLE, IN 46410			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCY (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 0000 Bldg. --	<p>An Emergency Preparedness Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 482.15.</p> <p>Survey Date: 02/15/2022</p> <p>Facility Number: 005184 Provider Number: 154020 AIM Number: 100273510A</p> <p>At this Emergency Preparedness survey, Regional Mental Health Center was found not in compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 482.15</p> <p>The facility has 16 certified beds. At the time of the survey, the census was 4.</p> <p>Quality Review completed on 02/21/22</p>			E 0000	N/A		
E 0041 Bldg. --	<p>482.15(e), 483.73(e), 485.625(e) Hospital CAH and LTC Emergency Power §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1) (i) and (ii) of this section.</p> <p>§483.73(e), §485.625(e) (e) Emergency and standby power systems. The [LTC facility and the CAH] must implement emergency and standby power</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 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 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>systems based on the emergency plan set forth in paragraph (a) of this section.</p> <p>§482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>482.15(e)(2), §483.73(e)(2), §485.625(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>*[For hospitals at §482.15(h), LTC at §483.73(g), and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain</p>						

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	<p>the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.</p> <p>(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.</p> <p>(i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011.</p> <p>(ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.</p> <p>(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.</p> <p>(v) TIA 12-5 to NFPA 99, issued August 1, 2013.</p> <p>(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.</p> <p>(vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.</p> <p>(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.</p> <p>(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.</p> <p>(x) TIA 12-3 to NFPA 101, issued October 22, 2013.</p> <p>(xi) TIA 12-4 to NFPA 101, issued October 22, 2013.</p>						

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	<p>(xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..</p> <p>Based on observation, record review and interview; the facility failed to implement the emergency power system inspection, testing, and maintenance requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code in accordance with 42 CFR 483.73(e)(2).</p> <p>Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 1 of 1 generator during 1 of the past 12 months. Chapter 6.4.4.1.1.4(a) of 2012 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 8. Chapter 6.4.4.2 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. Chapter 6-4.4.1.3 of 2012 NFPA 99 requires batteries for on-site generators shall be maintained in accordance with NFPA 110, 2010 Edition, Standard for Emergency and Standby Power Systems. 8.3.7 requires storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. 8.3.7.2 states defective batteries shall be repaired or replaced immediately upon discovery of defects. Chapter 6.5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient</p>			E 0041	<p>How the deficiency will be or has been corrected.</p> <p>Upon further investigation, tests were in fact being done, but were not being documented properly. Documentation forms for weekly and monthly testing will be reviewed, and more importantly, will be assigned to staff whom themselves will be re-trained in appropriate procedures. Documentation will be placed immediately in the Books of Evidence, and an interim filing location (the source of the records issue in this citation) has been eliminated—a staff member was using his own book to document, and will no longer do so.</p> <p>How the deficiency will be prevented from recurring i.e., measures put into place or systematic changes made to insure the deficiency will not recur.</p> <p>General Services Supervisor will audit the documentation books every month and report results to the Safety Committee on at least a quarterly basis.</p> <p>Who is responsible to insure the deficiency will be/has been</p>		03/18/2022

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K 0000 Bldg. 01	<p>practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review on 02/15/2022 between 10:30 a.m. and 1:35 p.m. with the Director of Facilities and General Services Supervisor present, there was no monthly generator load test documentation available for January of 2022. Based on interview at the time of record review, the General Services Supervisor confirmed there was no emergency generator load test documentation for January 2022.</p> <p>This finding was reviewed with the Accreditation & Quality Improvement Director, Director of Facilities, and General Services Supervisor during the exit conference.</p>				<p>corrected and compliance maintained.</p> <p>General Services Supervisor</p>		
	<p>A Life Safety Code Recertification Survey was conducted by the Indiana Department of Health in accordance with 42 CFR 482.41(b).</p> <p>Survey Date: 02/15/2022</p> <p>Facility Number: 005184 Provider Number: 154020 AIM Number: 100273350A</p> <p>At this Life Safety Code survey, Regional Mental Health Center was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 482.41(b), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code (LSC), Chapter 19, Existing Health Care Occupancies.</p>				<p>N/A</p>		

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K 0291 Bldg. 01	<p>This two story facility was determined to be of Type II (111) construction and was fully sprinklered. The facility has a fire alarm system with smoke detection in the corridors, spaces open to the corridors and patient sleeping rooms. The In-Patient Unit is located on the second floor and has a capacity of 16. The census was 4 at the time of this survey.</p> <p>Quality Review completed on 02/21/22</p> <p>NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1</p> <p>1. Based on observation and interview, the facility failed to ensure 1 of 30 battery powered emergency lighting systems was maintained in accordance with LSC 7.9. LSC 7.9.2.6 states battery operated emergency lights shall use only reliable types of rechargeable batteries provided with suitable facilities for maintaining them in properly charged condition. Batteries used in such lights or units shall be approved for their intended use and shall comply with NFPA 70 National Electric Code. This deficient practice could affect all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on observations with the Director of Facilities and General Services Supervisor during a tour of the facility from 1:35 p.m. to 2:40 p.m. on 2/15/22, the battery operated light labeled IP-1 located on the left wall right inside the entry door to the Inpatient area failed to illuminate when its</p>			K 0291	<p>How the deficiency will be or has been corrected.</p> <p>The emergency light was replaced on 2/22/22. As for the documentation issue, a facilities staff member did not change the spreadsheet year to 2022, and as a result it did not appear that we were doing monthly tests, when in fact all monthly tests have been completed. The staff member has been retrained and we have created the proper 2022 spreadsheet for further documentation.</p> <p>How the deficiency will be prevented from recurring i.e., measures put into place or</p>		03/18/2022

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	<p>respective test button was pushed multiple times. Based on interview at the time of the observation, the General Services Supervisor stated the lights are tested on a monthly basis but agreed the aforementioned battery powered emergency light failed to illuminate when its respective test button was pushed multiple times.</p> <p>2. Based on record review, observation and interview; the facility failed to document monthly testing for 30 of 30 battery backup lights in accordance with LSC 7.9. Section 7.9.3.1.1 states testing of emergency lighting systems shall be permitted to be conducted as follows:</p> <p>(1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds, except as otherwise permitted by 7.9.3.1.1(2).</p> <p>(2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction.</p> <p>(3) Functional testing shall be conducted annually for a minimum of 1 1/2 hours if the emergency lighting system is battery powered.</p> <p>(4) The emergency lighting equipment shall be fully operational for the tests required by 7.9.3.1.1(1) and (3).</p> <p>(5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.</p> <p>This deficient practice could affect all residents, staff and visitors if needing to exit the facility.</p> <p>Findings include:</p> <p>Based on review of Emergency Lighting documentation for the most recent twelve month period with the Director of Facilities and General Services Supervisor during record review from</p>				<p>systematic changes made to insure the deficiency will not recur.</p> <p>The General Services Supervisor will audit the documentation book monthly and report results to the Safety Committee on at least a quarterly basis.</p> <p>Who is responsible to insure the deficiency will be/has been corrected and compliance maintained.</p> <p>Supervisor of General Services</p>		

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K 0346 Bldg. 01	<p>10:30 a.m. to 2:40 p.m. on 02/15/22, monthly functional testing documentation for 30 of 30 battery operated emergency lights for January and February 2022 was not available for review. Based on interview at the time of record review, the General Services Supervisor confirmed that 30 second monthly functional test for January and February 2022 was not available for review at the time of the survey.</p> <p>These findings were reviewed with the Accreditation & Quality Improvement Director, Director of Facilities and General Services Supervisor during the exit conference.</p> <p>NFPA 101 Fire Alarm System - Out of Service Fire Alarm - Out of Service Where required fire alarm system is out of services for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service.</p> <p>9.6.1.6 Based on record review and interview, the facility failed to provide a complete 1 of 1 written policy for the protection of residents indicating procedures to be followed in the event the fire alarm system has to be placed out of service for four hours or more in a twenty four hour period in accordance with LSC, Section 9.6.1.6. This deficient practice affects all occupants.</p> <p>Findings include:</p> <p>Based on records review with the Director of Facilities and General Services Supervisor on</p>		K 0346	<p>How the deficiency will be or has been corrected. We will amend our Fire Watch Procedure to include the IDOH link and email.</p> <p>How the deficiency will be prevented from recurring i.e., measures put into place or systematic changes made to insure the deficiency will not recur. We utilize "Policy Tech," an</p>		03/18/2022	

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K 0353 Bldg. 01	<p>02/15/22 at 12:50 p.m., the fire watch plan failed to include contacting the Indiana Department of Health (IDOH) via the IDOH Gateway link at https://gateway.isdh.in.gov as the primary method or by the secondary method when the IDOH Gateway is nonoperational by completing the Incident Reporting form and e-mailing it to incidents@isdh.in.gov. Based on interview during the record review, the General Services Supervisor confirmed the fire watch documentation provided did not include information to contact IDOH via the IDOH Gateway link or at the e-mail address listed above.</p> <p>This finding was reviewed with the Accreditation & Quality Improvement Director, Director of Facilities and General Services Director during the exit conference.</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on</p>				<p>electronic document management software program, to manage our policies and procedures. Each document in Policy Tech, including our "Fire Watch Procedure," automatically comes up for review on an annual basis, requiring input from the document's writer and a team of assigned reviewers and approvers. In this way, we can ensure that contact information is sufficient and accurate in case the IDOH link or email ever change in the future.</p> <p>Who is responsible to insure the deficiency will be/has been corrected and compliance maintained. Director of Facilities</p>		

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	<p>coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>Based on record review and interview, the facility failed to maintain automatic sprinkler systems in accordance with NFPA 25. LSC 9.7.5 requires all 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, 2011 Edition, Section 4.1.4.1 states the property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test and maintenance required by this standard. Corrections and repairs shall be performed by qualified maintenance personnel or a qualified contractor. NFPA 25, 4.3.1 requires records shall be made for all inspections, tests, and maintenance of the system components and shall be made available to the authority having jurisdiction upon request. This deficient practice could affect all residents, staff, and visitors in the facility.</p> <p>Findings include:</p> <p>Based on review of "System Inspection Certificate" documentation dated 10/19/21 during record review with the General Services Supervisor from 10:30 a.m. to 1:35 p.m. on 02/15/22, the Fire Hydrant located at Ground Southeast parking was in need of repair. The inspection report stated the fire hydrant failed the annual test with problem listed 'will not self drain'. Based on interview at the time of record review, the General Services Supervisor stated he was not aware there was a problem with the fire hydrant and documentation of the repair or replacement of the aforementioned fire hydrant on or after 10/19/21 was not available for review.</p>			K 0353	<p>How the deficiency will be or has been corrected.</p> <p>We sent a copy of the finding to the company who inspects our hydrants. The hydrant works, but the automatic drain needs repair. It turns out that the company is unable to acquire the necessary parts to replace the drain, so they will instead need to replace the whole hydrant. A purchasing order has been submitted and our contractor hopes to complete the replacement by 3/11/22. However, since we cannot guarantee that work will be completed by that date, we will use the 90-day date of 5/17/22, with the understanding that we expect the work to be completed much sooner than that.</p> <p>How the deficiency will be prevented from recurring i.e., measures put into place or systematic changes made to insure the deficiency will not recur. We will register on our local Inspector's site so we can download reports after each inspection. We did not have timely access to the reports in the past, and this change will allow us to monitor deficiencies without delay and be more proactive. This part of the response will be completed by 3/18/22.</p>		05/17/2022

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K 0712 Bldg. 01	<p>This finding was reviewed with the Accreditation & Quality Improvement Director, Director of Facilities and General Services Supervisor at the exit conference.</p> <p>NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7 Based on record review and interview, the facility failed to conduct fire drills or documented orientation training on each shift for 4 of 4 quarters. LSC 19.7.1.6 states drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. QSO-20-31 1135 temporary waiver states in lieu of a physical fire drill, a documented orientation training program related to the current fire plan, which considers current facility conditions, is acceptable. The training will instruct employees, including existing, new or temporary employees, on their current duties, life safety procedures and the fire protection devices in their assigned area. This deficient practice affects all staff and residents.</p>			K 0712	<p>Who is responsible to insure the deficiency will be/has been corrected and compliance maintained. Director of Facilities</p> <p>How the deficiency will be or has been corrected.</p> <p>The fire drill schedule for 2022 has been re-developed and documented to make sure that once-per-shift-per-quarter drills are laid out with proper intervals. Staff who oversee fire drills are being trained on the calendar. We will conduct the remainder of fire drills for 2022 as "stay in place" drills for the safety of staff and clients until restrictions due to COVID-19 are no longer necessary. Staff who participate will be oriented to the contents of our fire safety plan and will be expected to know their means of egress and how to</p>		03/18/2022

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER 154020		X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		X3) DATE SURVEY COMPLETED 02/15/2022	
NAME OF PROVIDER OR SUPPLIER REGIONAL MENTAL HEALTH CENTER				STREET ADDRESS, CITY, STATE, ZIP COD 8555 TAFT ST MERRILLVILLE, IN 46410			
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K 0918 Bldg. 01	<p>Findings include:</p> <p>Based on record review on 02/15/22 with the General Services Supervisor at 1:10 p.m., the only completed fire drill within the last twelve months was conducted 04/20/2021 at 9:52 a.m. There were no other fire drills or documented orientation training related to the current fire plan to review for the past twelve month period. Based on interview at the time of record review, the General Services Supervisor stated the facility decided not to conduct fire drills due to the COVID19 Public Health Emergency, and the facility has discussed resuming fire drills in the near future. The General Services Supervisor confirmed there were no fire drill documentation or orientation training to review at the time of the survey.</p> <p>This finding was reviewed with the Accreditation & Quality Improvement Director, Director of Facilities and General Services Supervisor at the exit conference.</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to</p>				<p>access those means of egress. Finally, we have switched to a new fire drill documentation form recommended by The Joint Commission. This new critique sheet will allow us to better evaluate our drills and provide timely follow-up education.</p> <p>How the deficiency will be prevented from recurring i.e., measures put into place or systematic changes made to insure the deficiency will not recur.</p> <p>Drill results will be reported to the Safety Committee on a quarterly basis. The Safety Committee will also approve the annual fire drill calendars to ensure they follow all applicable standards and regulations.</p> <p>Who is responsible to insure the deficiency will be/has been corrected and compliance maintained. General Services Supervisor</p>		

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	<p>annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>1. Based on record review and interview, the facility failed to maintain a complete written record of monthly generator load testing for 1 of 1 generator during 1 of the past 12 months. Chapter 6.4.4.1.1.4(a) of 2012 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 8. Chapter 6.4.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs for the</p>			K 0918	<p>How the deficiency will be or has been corrected.</p> <p>Upon further investigation, tests were in fact being done, but were not being documented properly. Documentation forms for weekly and monthly testing will be reviewed, and more importantly, will be assigned to staff whom themselves will be re-trained in</p>		03/18/2022

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	<p>generator to be regularly maintained and available for inspection by the authority having jurisdiction. Chapter 6-4.4.1.3 of 2012 NFPA 99 requires batteries for on-site generators shall be maintained in accordance with NFPA 110, 2010 Edition, Standard for Emergency and Standby Power Systems. 8.3.7 requires storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. 8.3.7.2 states defective batteries shall be repaired or replaced immediately upon discovery of defects. Chapter 6.5.4.2 of NFPA 99 requires a written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction. This deficient practice could affect all occupants.</p> <p>Findings include:</p> <p>Based on record review on 02/15/2022 between 10:30 a.m. and 1:35 p.m. with the Director of Facilities and General Services Supervisor present, there was no monthly generator load test documentation available for January of 2022. Based on interview at the time of record review, the General Services Supervisor confirmed there was no emergency generator load test documentation for January 2022.</p> <p>2. Based on record review and interview, the facility failed to ensure a written record of weekly inspections for the generator was maintained for 14 of 52 weeks. NFPA 99, 6.4.4.1.3 requires onsite generators shall be maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, 8.4.1 requires an Emergency Power Supply System (EPSS)</p>				<p>appropriate procedures. Documentation will be placed immediately in the Books of Evidence, and an interim filing location (the source of the records issue in this citation) has been eliminated—a staff member was using his own book to document, and will no longer do so.</p> <p>How the deficiency will be prevented from recurring i.e., measures put into place or systematic changes made to insure the deficiency will not recur.</p> <p>General Services Supervisor will audit the documentation books every month and report results to the Safety Committee on at least a quarterly basis.</p> <p>Who is responsible to insure the deficiency will be/has been corrected and compliance maintained. General Services Supervisor</p>		

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	<p>including all appurtenant components, shall be inspected weekly and exercised monthly. NFPA 99, 6.4.4.2 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 record review with the General Services Supervisor on 02/15/22 from 10:30 a.m. to 1:35 p.m., documentation for the weeks of: January 3rd, 10th, 31st, December 20th & 27th, November 1st, October 11th, August 2nd & 23rd, July 19th, June 14th & 21st, May 24th and April 26th weekly generator testing was not available for review. Based on an interview at the time of record review, the General Services Supervisor confirmed weekly generator testing documentation for the aforementioned weeks was not available for review at the time of the survey.</p> <p>These findings were reviewed with the Accreditation & Quality Improvement Director, Director of Facilities, and General Services Supervisor during the exit conference.</p>						