| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 155766 | A. BUILDING -- B. WING | 11/20/2017 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP COD |
|---|---|
| MAPLE MANOR CHRISTIAN HOME INC | 643 W UTICA ST SELLERSBURG, IN 47172 |

| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIE (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 |
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| E 0000<br><br>Bldg. -- | .<br>An Emergency Preparedness Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.73.<br><br>Survey Date: 11/20/17<br><br>Facility Number: 000563<br>Provider Number: 155766<br>AIM Number: 100267610<br><br>At this Emergency Preparedness survey, Maple Manor Christian Home Inc. was found in substantial compliance with Emergency Preparedness Requirements for Medicare and Medicaid Participating Providers and Suppliers, 42 CFR 483.73<br><br>The facility has 57 certified beds. At the time of the survey, the census was 50.<br><br>Quality Review completed on 11/28/17 - DA<br><br>The requirement at 42 CFR, Subpart 483.73 is NOT MET as evidenced by: | E 0000 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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| E 0041 SS=C Bldg. -- | 1. Based on record review and interview, the facility failed to ensure a complete written record of weekly inspections for 1 of 1 generator was maintained for 52 of 52 weeks. 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 patients, staff and visitors.<br><br>Findings include:<br><br>Based on review of the "Generator Weekly Checklist" on 11/20/17 at 12:25 p.m. with the Administrator present, all 52 weeks of the generator inspection/test documentation | E 0041 | The deficient practice of not meeting the requirements for generator testing will by corrected by having the maintenance department filling out the Emergency Generator Monthly Test Log. The Administrator or his designee will oversee this process to make sure that it is completely on a monthly basis. This corrective action will be taken by December 20, 2017.<br>Addendum #1: The deficient practice of not meeting the requirements for documenting the battery voltage of our emergency generator has been corrected on 12/21/2017. The battery for our emergency generator is a maintenance free battery. Our maintenance department will record the battery voltage weekly on the form that has been attached with this report. The Administrator or his designee will oversee this process to make sure that it is completed on a weekly basis. | 12/20/2017 |

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| | during the past 12 months was not complete. The weekly checklist only included the date of the inspection/test plus the initials of the person conducting the inspection/test. It did not include an itemized list of each item being tested or inspected. Based on interview at the time of record review, the Administrator agreed the Generator Weekly Checklist only included the date and the initials of the person conducting the inspection/test.<br><br>3.1-19(b)<br><br>2. Based on record review and interview, the facility failed to ensure documentation for 1 of 1 emergency generators included a 5 minute cool down period after a load test. 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. NFPA 110, 6.4.2.1.5.9 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown. This delay provides additional engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. This | | | |

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| | deficient practice could affect all residents, as well as staff and visitors in the facility.<br><br>Findings include:<br><br>Based on record review on 11/20/17 at 12:25 p.m. with the Administrator present, the "Monthly Load Test Log QA" (generator log) only had documentation of a transfer time and amperage readings on a monthly basis. There was no information on the monthly load test log to show the generator had a cool down time following its load test, furthermore, the monthly load test log did not include information for a stop and start time and a percentage of load tested. Based on interview at the time of record review, the Administrator said the generator does have a cool down time of at least five minutes after each monthly load, but acknowledged it was not documented on the monthly generator load test form, plus the stop and start time and the percentage of load were not documented.<br><br>3.1-19(b)<br><br>3. Based on record review and interview, the facility failed to document the generator was load tested for a minimum of 30 minutes during 12 of the past 12 months to meet the requirements of NFPA 110, 2010 Edition, | | | |

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| | the Standard for Emergency and Standby Powers Systems at 8.4.2.4, which states spark-ignited generator sets shall be exercised at least once a month with the available EPSS load for 30 minutes or until the water temperature and the oil pressure have stabilized. This deficient practice could affect all residents, as well as staff and visitors.<br><br>Findings include:<br><br>Based on record review on 11/20/17 at 12:25 p.m. with the Administrator present, the "Monthly Load Test Log QA" did not include a time frame or total time the generator runs under load on a monthly basis. Based on interview at the time of interview, the Administrator said the generator runs for at least 30 minutes under load each month, but agreed there was no documentation on the monthly load test form to prove it.<br><br>3.1-19(b) | | | |
| K 0000<br><br>Bldg. 01 | A Life Safety Code Recertification and State Licensure Survey was conducted by the Indiana State Department of Health in accordance with 42 CFR 483.90(a). | K 0000 | | |

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Survey Date: 11/20/17

Facility Number: 000563
Provider Number: 155766
AIM Number: 100267610

At this Life Safety Code survey, Maple Manor Christian Home Inc was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.90(a), 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 and 410 IAC 16.2.

This one story facility with a basement was determined to be of Type V (111) construction and fully sprinkled. The facility has a fire alarm system with smoke detection on all levels including the basement, the corridors, spaces open to the corridors, hard wired smoke detectors in resident rooms 300, 301, 302, 303, 304, 305, 306, 307, 308, plus battery operated smoke alarms in the remaining resident sleeping rooms. The facility has a capacity of 57 and had a census of 50 at the time of this visit.

All areas where residents have customary

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| | access were sprinkled and all areas providing facility services were sprinkled.<br><br>Quality Review completed on 11/28/17 - DA | | | |
| K 0346<br>SS=C<br>Bldg. 01 | NFPA 101<br>Fire Alarm System - Out of Service<br>Fire Alarm - Out of Service<br>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.<br>9.6.1.6<br>Based on record review and interview, the facility failed to provide a complete written policy for the protection of 50 of 50 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 in the facility.<br><br>Findings include:<br><br>Based on record review on 11/20/17 at 10:35 a.m. with the Administrator present, the facility provided fire watch | K 0346 | The deficient practice of not having the Indiana State Department of Health Gateway as part of the Fire Watch Policy has been corrected. The updated copy is attached along with this form 2567. | 12/20/2017 |

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| | documentation, however, it was incomplete. The plan failed to include the web link for contacting the Incident Reporting System located on the Indiana State Department of Health Gateway. Based on an interview at the time of record review, the Administrator agreed the fire watch policy lacked the previously mentioned information and said he was not aware the Gateway web link needed to be included in the fire watch policy.<br><br>3.1-19(b) | | | |
| K 0353<br>SS=C<br>Bldg. 01 | NFPA 101<br>Sprinkler System - Maintenance and Testing<br>Sprinkler System - Maintenance and Testing<br>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.<br>a) Date sprinkler system last checked<br>_____<br>b) Who provided system test<br>_____<br>c) Water system supply source<br>_____<br>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.<br>9.7.5, 9.7.7, 9.7.8, and NFPA 25<br>1. Based on record review, observation | K 0353 | The deficient practice of not having proper documentation for the | 12/20/2017 |

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| | and interview; the facility failed to document sprinkler system inspections in accordance with NFPA 25 for 1 of 1 sprinkler system. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.2.4.2 states gauges on dry pipe sprinkler systems shall be inspected weekly to ensure that normal air and water pressures are being maintained. Section 5.1.2 states valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 13. Section 13.1.1.2 states Table 13.1.1.2 shall be utilized for inspection, testing and maintenance of valves, valve components and trim. Section 4.3.1 states records shall be made for all inspections, tests, and maintenance of the system and its 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.<br><br>Findings include:<br><br>Based on record review on 11/20/17 at 12:25 p.m. with the Administrator present, there was documentation available from Kron's Fire Protection and Koorsen that quarterly sprinkler inspections were performed on 02/03/17, 05/01/17, | | sprinkler system and the four gauges not being updated has been corrected. Three new gauges were installed on 12/7/2017 updating those gauges that were out of compliance. The fourth one will be installed by 12/20/2017.<br>The maintenance department will make weekly inspections for the sprinkler system gauges. The system control value will be checked on a monthly basis. The Administrator or his designee will see that these inspections are done weekly and monthly as indicated | |

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| | 07/06/17 and 10/10/17. Weekly dry sprinkler system gauge inspection documentation for 48 weeks of the most recent 52 week period was not available for review. Furthermore, monthly inspection documentation for all sprinkler system control valves for 8 months of the most recent 12 month period was also not available for review. Based on interview at the time of record review, the Administrator indicated the Maintenance Supervisor performs regular visual sprinkler system gauge and system control valve inspections, however, there was no documentation available. Based on observations with the Maintenance Supervisor during a tour of the facility from 12:45 p.m. to 2:30 p.m. the facility had four pressure gauges at the sprinkler riser.<br><br>3.1-19(b)<br><br>2. Based on observation and interview, the facility failed to ensure 1 of 4 sprinkler system gauges on 1 of 1 sprinkler system riser was replaced every 5 years or documented as tested every 5 years by comparison with a calibrated gauge. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.3.2.1 states gauges shall be replaced | | | |

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| | every 5 years or tested every 5 years by comparison with a calibrated gauge. Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced. This deficient practice could affect all residents, staff, and visitors in the facility.<br><br>Findings include:<br><br>Based on observation on 11/20/17 at 1:35 p.m. during a tour of the facility with the Maintenance Supervisor, the facility had four air and water pressure gauges. The manufacture date of 2011 was listed on the face of one of the four sprinkler system gauges at the sprinkler system riser. No recalibration date information was affixed to the sprinkler system gauge. Based on interview at the time of the observation, the Maintenance Supervisor stated he did not believe the sprinkler system gauge had been recalibrated within the most recent five year period and acknowledged the sprinkler system gauge did have a date of 2011.<br><br>3.1-19(b) | | | |
| K 0354<br>SS=C<br>Bldg. 01 | NFPA 101<br>Sprinkler System - Out of Service<br>Sprinkler System - Out of Service<br>Where the sprinkler system is impaired, the extent and duration of the impairment has | | | |

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| | been determined, areas or buildings involved are inspected and risks are determined, recommendations are submitted to management or designated representative, and the fire department and other authorities having jurisdiction have been notified. Where the sprinkler system is out of service for more than 10 hours in a 24-hour period, the building or portion of the building affected are evacuated or an approved fire watch is provided until the sprinkler system has been returned to service.<br>18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25)<br>Based on record review and interview, the facility failed to provide a written policy containing procedures to be followed for the protection of 50 of 50 residents in the event the automatic sprinkler system has to be placed out-of-service for 10 hours or more in a 24-hour period in accordance with LSC, Section 9.7.5. LSC 9.7.5 requires sprinkler impairment procedures comply with NFPA 25, 2011 Edition, the Standard for the Inspection, Testing and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 15.5.2 requires nine procedures that the impairment coordinator shall follow. This deficient practice could affect all occupants in the facility.<br><br>Findings include:<br><br>Based on record review on 11/20/17 at 10:35 a.m. with the Administrator present, the facility provided fire watch | K 0354 | The deficient practice of not having the Indiana State Department of Health Gateway as part of the Fire Watch Policy has been corrected. The updated copy is attached along with this form 2567. | 12/20/2017 |

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| | documentation, however, it was incomplete. The plan failed to include the web link for contacting the Incident Reporting System located on the Indiana State Department of Health Gateway. Based on an interview at the time of record review, the Administrator agreed the fire watch policy lacked the previously mentioned information and said he was not aware the Gateway web link needed to be included in the fire watch policy.<br><br>3.1-19(b) | | | |
| K 0511 SS=C Bldg. 01 | NFPA 101<br>Utilities - Gas and Electric<br>Utilities - Gas and Electric<br>Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life.<br>18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2<br>Based on record review and interview the facility failed to ensure 1 of 1 emergency generator had a current letter from their gas company to ensure a reliable source of fuel in accordance with the requirements of NFPA 101 - 2012 edition, Section 19.5.1.1, 9.1, 9.1.3.1 and NFPA 110, 2010 Edition, 5.1. LSC section 9.1.3.1 states emergency generators shall be installed, tested and maintained in | K 0511 | The deficient practice of not having an updated letter from Vectren gas company has been corrected. I received the letter on December 8, 2017. | 12/08/2017 |

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| | accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition. Section 5.1.1 states the following energy sources shall be permitted to be used for the emergency power supply (EPS):<br>(1) Liquid petroleum products at atmospheric pressure<br>(2) Liquefied petroleum gas (liquid or vapor withdrawal)<br>(3) Natural or synthetic gas<br>Exception: For Level 1 installations in locations where the probability of interruption of off-site fuel supplies is high, on-site storage of an alternate energy source sufficient to allow full output of the EPSS to be delivered for the class specified shall be required, with the provision for automatic transfer from the primary energy source to the alternate energy source.<br>A.5.1.1 states examples of probability of interruption could include the following: earthquake, flood damage, or a demonstrated utility unreliability. This deficient practice could affect all residents, staff and visitors.<br><br>Findings include:<br><br>Based on record review on 11/20/17 at 12:00 p.m. with the Administrator present, the emergency generator log information | | | |

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| | identified the fuel source for the emergency generator was natural gas. Additionally, the facility did have a letter from their natural gas provider indicating the natural gas was from a reliable source, however, the date on the letter was 07/31/12 and was not current within the past twelve months. Based on interview at the time of record review, the Administrator said the gas company was the same as was on the letter, but the letter presented was the most recent letter on file at the facility.<br><br>3.1-19(b) | | | |
| K 0711<br>SS=F<br>Bldg. 01 | NFPA 101<br>Evacuation and Relocation Plan<br>Evacuation and Relocation Plan<br>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency.<br>Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2.<br>18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3<br>Based on record review and interview, the facility failed to provide a complete facility specific written fire safety plan for the protection of 101 of 101 residents to | K 0711 | The deficient practice of not having in writing the staff response to battery operated smoke alarms, the use of the K-class fire extinguisher and the relocation of | 12/20/2017 |

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| | accurately address all life safety systems, plus a system addressing all items required by NFPA 101, 2012 edition, Section 19.7.2.2. LSC 19.7.2.2 requires a written health care occupancy fire safety plan that shall provide for the following:<br>(1) Use of alarms<br>(2) Transmission of alarm to fire department<br>(3) Emergency phone call to fire department<br>(4) Response to alarms<br>(5) Isolation of fire<br>(6) Evacuation of immediate area<br>(7) Evacuation of smoke compartment<br>(8) Preparation of floors and building for evacuation<br>(9) Extinguishment of fire<br>Section 19.2.3.4(4) states any required aisle or corridor shall not be less than 48 inches in clear width where serving as means of egress from patient sleeping rooms. Projections into the required width shall be permitted for wheeled equipment provided the relocation of wheeled equipment during a fire or similar emergency is addressed in the written fire safety plan and training program for the facility. The wheeled equipment is limited to:<br>i. Equipment in use and carts in use<br>ii. Medical emergency equipment not in use<br>iii. Patient lift and transport equipment<br>This deficient practice could affect all occupants in the event of an emergency. | | wheeled equipment during an emergency has bee corrected. The paperwork has been submitted with this 2567. There is planned an all staff meeting on December 19, 2017 in which all of the information will be gone over with the staff present. Those not in attendance will be contacted and the information will be gone over with them. | |

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| | Findings include:<br><br>Based on a review of the facility's fire safety plan on 11/20/17 at 3:50 p.m. with the Administrator present, the fire safety plan did not address issues such as, staff response to battery powered smoke alarms in resident sleeping rooms, the use of the K-class fire extinguisher in the kitchen in relationship with the use of the kitchen overhead extinguishing system, and the relocation of wheeled equipment during a fire or similar emergency. Based on interview at the time of record review, the Administrator acknowledged and agreed that the fire safety plan did not address the previously mentioned items during a fire or similar emergency.<br><br>3.1-19(b) | | | |
| K 0712<br>SS=C<br>Bldg. 01 | NFPA 101<br>Fire Drills<br>Fire Drills<br>Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at 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. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are | | | |

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| | conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.<br>18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7<br>Based on record review and interview, the facility failed to ensure 13 of 13 fire drill reports included complete documentation of the transmission of a fire alarm signal to the monitoring company/fire department during the past twelve months. LSC 19.7.1.4 requires fire drills in health care occupancies shall include the transmission of the fire alarm signal and simulation of emergency conditions. This deficient practice could affect all residents.<br><br>Findings include:<br><br>Based on review of the facility's fire drill reports on 11/20/17 at 12:10 p.m. with the Administrator present, all documented fire drills had the question "Transmission of Fire Signal" with the answer always "Yes", and "By Whom", with the answer always someone's name or an operator number listed, however, all fire drill reports did not include the time the alarm transmission was received. Based on interview at the time of record review, the Administrator agreed there was no documentation on the fire drill reports that included the time the monitoring company received the transmission of the | K 0712 | The deficient practice of not documenting the time of alarm transmission to the monitoring company has been corrected. The time of transmission in now part of our Fire Drill Documentation. The Fire Drill Log has been uploaded and is attached to this 2567. | 12/20/2017 |

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| | alarm.<br><br>3-1.19(b) | | | |
| K 0918<br>SS=F<br>Bldg. 01 | NFPA 101<br>Electrical Systems - Essential Electric Syste<br>Electrical Systems - Essential Electric<br>System Maintenance and Testing<br>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 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.<br>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 and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. | | | |

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| | 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)<br>1. Based on record review and interview, the facility failed to ensure a complete written record of weekly inspections for 1 of 1 generator was maintained for 52 of 52 weeks. 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 patients, staff and visitors.<br><br>Findings include:<br><br>Based on review of the "Generator Weekly Checklist" on 11/20/17 at 12:25 p.m. with the Administrator present, all 52 weeks of the generator inspection/test documentation | K 0918 | The deficient practice of not meeting the requirements for generator testing will by corrected by having the maintenance department filling out the Emergency Generator Monthly Test Log. The Administrator or his designee will oversee this process to make sure that it is completely on a monthly basis. This corrective action will be taken by December 20, 2017.<br>Addendum #1: The deficient practice of not meeting the requirements for documenting the battery voltage of our emergency generator has been corrected on 12/21/2017. The battery for our emergency generator is a maintenance free battery. Our maintenance department will record the battery voltage weekly on the form that has been attached with this report. The Administrator or his designee will oversee this process to make sure that it is completed on a weekly basis. | 12/20/2017 |

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| | during the past 12 months was not complete. The weekly checklist only included the date of the inspection/test plus the initials of the person conducting the inspection/test. It did not include an itemized list of each item being tested or inspected. Based on interview at the time of record review, the Administrator agreed the Generator Weekly Checklist only included the date and the initials of the person conducting the inspection/test.<br><br>3.1-19(b)<br><br>2. Based on record review and interview, the facility failed to ensure documentation for 1 of 1 emergency generators included a 5 minute cool down period after a load test. 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. NFPA 110, 6.4.2.1.5.9 Time Delay on Engine Shutdown requires that a minimum time delay of 5 minutes shall be provided for unloaded running of the Emergency Power Supply (EPS) prior to shutdown. This delay provides additional engine cool down. This time delay shall not be required on small (15 kW or less) air-cooled prime movers. This | | | |

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| | deficient practice could affect all residents, as well as staff and visitors in the facility.<br><br>Findings include:<br><br>Based on record review on 11/20/17 at 12:25 p.m. with the Administrator present, the "Monthly Load Test Log QA" (generator log) only had documentation of a transfer time and amperage readings on a monthly basis. There was no information on the monthly load test log to show the generator had a cool down time following its load test, furthermore, the monthly load test log did not include information for a stop and start time and a percentage of load tested. Based on interview at the time of record review, the Administrator said the generator does have a cool down time of at least five minutes after each monthly load, but acknowledged it was not documented on the monthly generator load test form, plus the stop and start time and the percentage of load were not documented.<br><br>3.1-19(b)<br><br>3. Based on record review and interview, the facility failed to document the generator was load tested for a minimum of 30 minutes during 12 of the past 12 months to meet the requirements of NFPA 110, 2010 Edition, | | | |

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| | the Standard for Emergency and Standby Powers Systems at 8.4.2.4, which states spark-ignited generator sets shall be exercised at least once a month with the available EPSS load for 30 minutes or until the water temperature and the oil pressure have stabilized. This deficient practice could affect all residents, as well as staff and visitors.<br><br>Findings include:<br><br>Based on record review on 11/20/17 at 12:25 p.m. with the Administrator present, the "Monthly Load Test Log QA" did not include a time frame or total time the generator runs under load on a monthly basis. Based on interview at the time of interview, the Administrator said the generator runs for at least 30 minutes under load each month, but agreed there was no documentation on the monthly load test form to prove it.<br><br>3.1-19(b) | | | |
| K 0920 SS=D Bldg. 01 | NFPA 101<br>Electrical Equipment - Power Cords and Extens<br>Electrical Equipment - Power Cords and Extension Cords<br>Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment | | | |

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| | (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5<br>Based on observation and interview, the facility failed to ensure power strips were not used as a substitute for fixed wiring in 2 of 40 resident rooms. LSC 19.5.1.1 requires utilities to comply with Section 9.1. LSC 9.1.2 requires electrical wiring and equipment to comply with NFPA 70, National Electrical Code. 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 2 residents, as well as staff and visitors.<br><br>Findings include: | K 0920 | The deficient practice of not having the required power strips will be corrected. Rooms 113 and 115 will have the required power strips in their rooms according to NFPA codes. | 12/20/2017 |

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| | Based on observations on 11/20/17 between 12:45 p.m. and 2:30 p.m. during a tour of the facility with Maintenance Supervisor, the following was noted:<br>a. Room 113 had a variety of items including an oxygen concentrator plugged into three separate power strips<br>b. Room 115 had a radio and clock plugged into a power strip<br>Furthermore, the UL rating on the power strips did not meet the power strip requirements of UL 1363A or UL 60601-1 for medical equipment, or UL 1363 for resident care rooms.<br>This was acknowledged by the Maintenance Supervisor at the time of each observation, furthermore, the Maintenance Supervisor said he was not aware of the UL standard required for resident room medical equipment and other items.<br><br>3.1-19(b) | | | |