

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 155280	X2) MULTIPLE CONSTRUCTION A. BUILDING <u>02</u> B. WING _____	X3) DATE SURVEY COMPLETED 10/02/2017
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NAME OF PROVIDER OR SUPPLIER WATERS OF DILLSBORO-ROSS MANOR, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 12803 LENOVER ST DILLSBORO, IN 47018
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K 0000 Bldg. 02	<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: 10/02/17</p> <p>Facility Number: 000178 Provider Number: 155280 AIM Number: 100273840</p> <p>At this Life Safety Code survey, The Waters of Dillsboro-Ross Manor was found not in compliance with Requirements for Participation in Medicare/Medicaid, 42 CFR Subpart 483.70(a), Life Safety from Fire and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19, Existing Health Care Occupancies and 410 IAC 16.2.</p> <p>The Waters of Dillsboro-Ross Manor consisted of two separate buildings. The Waters of Dillsboro, a two story facility was determined to be of Type V (000) construction with a basement and fully sprinkled. Ross Manor, a one story facility was determined to be Type V (111) construction and fully sprinkled. Both facilities have a fire alarm system</p>	K 0000	<p>K-161 and K-000 1.FP&C Consultants, Inc. were retained to evaluate the building through the Fire Safety Evaluation System (FSSES). Dennis Bradshaw conducted building survey on October 17, 2017. The FSSES has determined that the level of fire safety is at least equivalent to that prescribed by NFPA 101, Life Safety Code, for existing health care facilities.</p> <p>2. There were no residents affected by this allegation.</p> <p>3. No further</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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	<p>with smoke detection on all levels of the Waters of Dillsboro building and Ross Manor building including the corridors, spaces open to the corridors, and battery operated smoke detectors in all resident sleeping rooms in the Waters of Dillsboro building and the Ross Manor building. The Waters of Dillsboro-Ross Manor has a capacity of 123 and had a census of 80 at the time of this visit.</p> <p>All areas where residents have customary access were sprinkled and all areas providing facility services were sprinkled.</p> <p>Quality Review completed on 10/10/17 - DA</p>		<p>recommendations.</p> <p>4.1. The Maintenance supervisor/designee will continue to monitor life safety in the facility as required by regulations. 2. Any changes to the structure or the building will be reported to life safety for review to stay within the required standards of the building.</p> <p>5. This plan of correction constitutes our credible allegation of compliance with regulatory requirements. An annual waiver is requested.</p>	

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K 0161 SS=F Bldg. 02	<p>NFPA 101 Building Construction Type and Height Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5</p> <p>Construction Type</p> <p>1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered</p> <p>2 II (111) One story non-sprinklered Maximum 3 stories sprinklered</p> <p>3 II (000) Not allowed non-sprinklered</p> <p>4 III (211) Maximum 2 stories sprinklered</p> <p>5 IV (2HH)</p> <p>6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.</p>			
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	<p>Based on observation and interview, the facility failed to ensure 1 of 2 floors was constructed with a 1 hour rated floor structure. The minimum building construction classification allowed for the two story building is Type V (111), requiring the floor/ceiling assembly between the floors to have a one hour fire resistive rating. The wood joists of the first floor construction is exposed to the basement space and does not provide a one hour fire rating. This deficient practice affects all residents who reside in the Waters of Dillsboro building.</p> <p>Findings include:</p> <p>Based on a tour of the Waters of Dillsboro building basement on 10/02/17 from 9:55 a.m. to 1:20 p.m. with the maintenance supervisor, the basement to first floor was separated with exposed wood floor joists in the east basement storage room, the southwest basement boiler room and the northwest basement maintenance workshop room which classifies the construction type of the building as V (000). Based on an interview with the maintenance supervisor on 10/02/17 at 10:30 a.m., the first floor is constructed of one half inch plywood with vinyl flooring throughout the first floor with no fire rated material. The basement ceiling lacking one hour</p>	K 0161	<p>1.FP&C Consultants, Inc. were retained to evaluate the building through the Fire Safety Evaluation System (FSES). Dennis Bradshaw conducted building survey on October 17, 2017. The FSES has determined that the level of fire safety is at least equivalent to that prescribed by NFPA 101, Life Safety Code, for existing health care facilities.</p> <p>2. There were no residents affected by this allegation.</p> <p>3. No further recommendations.</p> <p>4.1. The Maintenance</p>	11/01/2017

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	<p>Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6.</p> <p>19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box.</p> <p>Based on observation and interview, the facility failed to ensure the protection of 1 of 4 stairways in accordance of 19.3.1. LSC 19.3.1 requires vertical opening shall be enclosed or protected in accordance with Section 8.6. LSC 8.6.1 requires every floor that separates stories in a building shall be constructed as a smoke barrier. LSC 8.7.1.3 requires doors in barriers required to have a fire resistive rating shall have a minimum $\frac{3}{4}$ hour fire protection rating and be self-closing or automatic closing. This deficient practice could affect 38 residents who reside on the second floor of the Waters of Dillsboro building.</p> <p>Findings include:</p> <p>Based on observation on 10/02/17 at 11:40 a.m. with the maintenance supervisor, the Waters of Dillsboro building second floor top of stairs door by resident room 24 did not have a fire resistive rating tag provided on the door</p>	K 0311	<p>1. Door Company has been contacted to inspect doors by room 24, and to apply fire rating label. They are scheduled to be in the Dillsboro building on November 7, 2017. The fire rating label has been inadvertently removed not affecting the effectiveness of the fire door</p> <p>B. There were no residents affected by this</p>	11/07/2017

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K 0331 SS=E Bldg. 02	<p>frame. Based on interview at the time of observation, the maintenance supervisor confirmed the second floor stairway door at the top of the stairs near resident room 24 was not provided with a fire resistive rating tag.</p> <p>3.1-19(b)</p> <p>NFPA 101 Interior Wall and Ceiling Finish Interior Wall and Ceiling Finish 2012 EXISTING Interior wall and ceiling finishes, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and have a flame spread rating of Class A or Class B. The reduction in class of interior finish for a sprinkler system as prescribed in 10.2.8.1 is permitted. 10.2, 19.3.3.1, 19.3.3.2 Indicate flame spread rating(s).</p> <p>Based on observation and interview, the facility failed to ensure interior finish materials in 11 of over 100 rooms in the Waters of Dillsboro building had a flame spread rating of Class A or Class B in</p>	K 0331	<p>allegation</p> <p>C. Measures taken: Maintenance or his designee will continue to monitor that fire rating labels remain on every fire door. Our date of compliance is November 7, 2017</p> <p>1. Wood paneling in the resident rooms will be painted to meet required fire</p>	11/01/2017

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	<p>accordance with 19.3.3.1. LSC 10.2.3.4 states products required to be tested in accordance with ASTM E 84, Standard Test Method for Surface Burning Characteristics of Building Materials or ANSI/UL 723, Standard for Test for Surface Burning Characteristics of Building Materials shall be grouped in the following classes in accordance with their flame spread and smoke development.</p> <p>(a) Class A Interior Wall and Ceiling Finish. Flame spread 0-25; smoke development 0-450. Includes any material classified at 25 or less on the flame spread test scale and 450 or less on the smoke test scale. Any element thereof, when so tested, shall not continue to propagate fire.</p> <p>(b) Class B Interior Wall and Ceiling Finish. Flame spread 26-75; smoke development 0-450. Includes any material classified at more than 25 but not more than 75 on the flame spread test scale and 450 or less on the smoke test scale.</p> <p>(c) Class C Interior Wall and Ceiling Finish. Flame spread 76-200; smoke development 0-450. Includes any material classified at more than 75 but not more than 200 on the flame spread test scale and 450 or less on the smoke test scale. This deficient practice could affect up to 37 residents who use the</p>		<p>rating for each resident room as noted.</p> <p>2. There were no residents affected by this allegation.</p> <p>3. Paneling will no longer be used for room renovations only drywall will be utilized.</p> <p>4. Maintenance Supervisor and/or designee will monitor the completion of the painting of patient rooms. Completion date: November 1, 2017.</p>	

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	<p>main dining room located adjacent to the kitchen stand up cooler room, 17 residents who reside on the Station 3 Hall, and staff who work in the basement.</p> <p>Findings include:</p> <p>Based on observations on 10/02/17 during a tour of the Waters of Dillsboro building with the maintenance supervisor from 9:55 a.m. to 1:30 p.m., the following non-rated interior finishes were noted; the basement maintenance office walls were covered in wood paneling, the first floor women's locker room walls were covered in wood paneling, the kitchen walk-in cooler storage room wall had a two foot by two foot area on the west wall covered in plywood, resident room 34 south wall was covered in wood paneling, resident room 44 west wall was covered in wood paneling, resident room 47 west wall was covered in wood paneling, resident room 48 west wall was covered in wood paneling, resident room 50 south and east walls were covered in wood paneling, the Station 3 Hall office #1 north wall was covered in wood paneling, the Station 3 Hall activity room south wall was covered in wood paneling, the Station 3 Hall classroom west and south walls were covered in wood paneling. Based on an interview with the maintenance supervisor at the</p>			

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K 0345 SS=F Bldg. 02	<p>time of observations, it was stated the facility does not have documentation of the flame spread rating of the wood paneling and plywood located in the above listed room walls.</p> <p>3.1-19(b)</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 Based on record review and interview, the facility failed to ensure 1 of 2 fire alarm systems and 70 of 70 photoelectric smoke detectors in the Waters of Dillsboro building were maintained in accordance with 9.6.1.3. LSC 9.6.1.3 requires a fire alarm system to be installed, tested, and maintained in accordance with NFPA 70, National Electrical Code and NFPA 72, National Fire Alarm Code. NFPA 72, 2010 Edition, Section 14.4.5 requires testing shall be performed in accordance with Table 14.4.5 Testing Frequencies. Section 14.4.5.3.1 states sensitivity shall</p>	K 0345	1.Safe Care was retained to evaluate and test the Fire Alarm System at both Dillsboro and Ross buildings. The sensitivity test on the fire alarm system in both the Ross and Dillsboro buildings was completed on	10/03/2017

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	<p>be checked within 1 year after installation. Section 14.4.5.3.2 states sensitivity shall be checked every alternate year thereafter unless otherwise permitted by compliance with 14.4.5.3.3. 14.4.5.3.5 states smoke detectors or smoke alarms found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. Section 14.6.2.4 states a record of all inspections, testing and maintenance shall be provided that includes all applicable information requested in Figure 14.6.2.4. This deficient practice could affect all residents, staff and visitors in the Waters of Dillsboro building.</p> <p>Findings include:</p> <p>Based on record review on 10/02/17 at 10:20 a.m. with the maintenance supervisor, the Safecare Sensitivity Test and Inspection Report provided for review to indicate the most recent Sensitivity test conducted on the seventy photoelectric smoke detectors in the Waters of Dillsboro building was dated 03/04/15, which is a period exceeding the two year testing requirement. Based on an interview with the maintenance supervisor at the time of record review, it was stated the Safecare Sensitivity Test and Inspection Report dated 03/04/15 for</p>		<p>October 3, 2017.</p> <p>2. There were no residents affected by this allegation.</p> <p>3. The evaluation and testing of the Fire Alarm System will be inspected as indicated in the NFPA 101, Life Safety Code.</p> <p>4. The Maintenance supervisor/designee will continue to monitor life safety in the facility as required by testing the sensitivity on the fire alarm system every two years. Our date of compliance was October 3, 2017.</p>				

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K 0346 SS=F Bldg. 02	<p>the Waters of Dillsboro building is the most current sensitivity test conducted.</p> <p>3.1-19(b)</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 record review with the maintenance supervisor on 10/02/17 at 10:00 a.m., the facility provided Fire Watch Policy and Procedure documentation but it was incomplete. The Fire Watch Policy and Procedure</p>	K 0346	<p>1.Fire Watch policy has been updated with all required contact information, including ISDH Gateway email address, property owner, insurance company, monitoring company and local Fire Department. In-services will be held to inform staff of required duties and responsibilities</p>	11/01/2017

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K 0354 SS=F Bldg. 02	<p>plan failed to include contacting the Indiana State Department of Health via the ISDH Gateway link at https://gateway.isdh.in.gov as the primary method or by the secondary method when the ISDH Gateway is nonoperational by completing the Incident Reporting form and e-mailing it to incidents@isdh.in.gov. and lacked a properly trained staff member who was to perform the fire watch. Based on interview during the record review, the maintenance supervisor confirmed the fire watch documentation provided labeled Fire Watch Policy and Procedure stated to contact the Indiana State Department of Health at a phone number, and not via the ISDH Gateway link or at the e-mail address listed above and lacked a properly trained staff member who was to perform the fire watch.</p> <p>3.1-19(b)</p> <p>NFPA 101 Sprinkler System - Out of Service Sprinkler System - Out of Service Where the sprinkler system is impaired, the extent and duration of the impairment has been determined, areas or buildings</p>		<p>during a fire watch.</p> <p>2.there were no residents affected by this allegation.</p> <p>3.In-services are scheduled October 24-26 to insure the compliance of a Fire Watch.</p> <p>4.The Maintenance Director/Designee, Director of Nursing/Designee, Administrator/Designee will continue to monitor that all staff have been educated on the Fire Watch.</p> <p>5.Date of Completion will be November 1, 2017</p>				

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	<p>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.</p> <p>18.3.5.1, 19.3.5.1, 9.7.5, 15.5.2 (NFPA 25)</p> <p>Based on record review and interview, the facility failed to provide a written policy containing procedures to be followed for the protection of 80 of 80 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.</p> <p>Findings include:</p> <p>Based on record review with the maintenance supervisor on 10/02/17 at</p>	K 0354	<p>1.Fire Watch policy has been updated with all required contact information, including I.S.D.H. Gateway e-mail address, property owner, insurance company, monitoring company and local Fire Department. In-services will be held to inform staff of required duties and responsibilities during a fire watch.None</p> <p>B.There were no</p>	11/01/2017

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K 0521 SS=E Bldg. 02	<p>10:00 a.m., the facility provided Fire Watch Policy and Procedure documentation but it was incomplete. The Fire Watch Policy and Procedure plan failed to include contacting the Indiana State Department of Health via the ISDH Gateway link at https://gateway.isdh.in.gov as the primary method or by the secondary method when the ISDH Gateway is nonoperational by completing the Incident Reporting form and e-mailing it to incidents@isdh.in.gov and lacked a properly trained staff member who was to perform the fire watch. Based on interview during the record review, the maintenance supervisor confirmed the fire watch documentation provided labeled Fire Watch Policy and Procedure stated to contact the Indiana State Department of Health at a phone number, and not via the ISDH Gateway link or at the e-mail address listed above and lacked a properly trained staff member who was to perform the fire watch.</p> <p>3.1-19(b)</p> <p>NFPA 101 HVAC HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2</p>		<p>residents affected by this allegation.</p> <p>C.In-services are scheduled October 24-26 to insure the compliance of a Fire Watch.</p> <p>1.The Maintenance Director/Designee, Director of Nursing/Designee, Administrator/Designee will continue to monitor that all staff have been educated on the Fire Watch.</p> <p>2.Date of Completion will be November 1, 2017</p>				

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	Based on record review, observation and interview; the facility failed to ensure 1 of 1 fire damper in the Waters of Dillsboro building was inspected and provided necessary maintenance at least every four years in accordance with NFPA 90A. LSC 9.2.1 requires heating, ventilating and air conditioning (HVAC) ductwork and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems. NFPA 90A, 2012 Edition, Section 5.4.8.1 states fire dampers shall be maintained in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. NFPA 80, 2010 Edition, Section 19.4.1 states each damper shall be tested and inspected 1 year after installation. The test and inspection frequency shall be every 4 years. If the damper is equipped with a fusible link, the link shall be removed for testing to ensure full closure and lock-in-place if so equipped. The damper shall not be blocked from closure in any way. All inspections and testing shall be documented, indicating the location of the fire damper, date of inspection, name of inspector and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected. This deficient practice could affect 38 residents who reside on	K 0521	<p>1.Safe Care has completed the inspection on October 12, 2017 of the smoke damper for elevator mechanical room in the Dillsboro building.</p> <p>2.there were no residents affected by this allegation.</p> <p>3.Fire Dampers inspections and testing shall be every 2 years, documentations will included the location of the fire damper, date of inspection, same of inspector and any deficiencies discovered. Any deficiencies will have a space to indicate when and how the</p>	10/12/2017

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K 0712 SS=C Bldg. 02	<p>the second floor of the Waters of Dillsboro building.</p> <p>Findings include:</p> <p>Based on record review on 10/02/17 at 10:30 a.m. with the maintenance supervisor, the Fire/Smoke Damper Maintenance Record indicated one fire damper located on the second floor new elevator room and was dated 06/17/13, which is a period exceeding the four year maintenance requirement. The lack of four year maintenance conducted on the one second floor new elevator room fire damper was confirmed by the maintenance supervisor at the time of record review.</p> <p>3.1-19(b)</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 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 conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p>		<p>deficiencies were corrected.</p> <p>Maintenance and/or his designee will monitor the time frame of the inspection dates and schedule the inspection.</p> <p>D. The completion date was October 12, 2017</p>	
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	<p>18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7</p> <p>Based on record review and interview, the facility failed to ensure 2 of 3 shift fire drills were held at varying times. LSC 19.7.1.4 requires fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. This deficient practice affects all residents, staff and visitors.</p> <p>Findings include:</p> <p>Based on review of Fire Drill Reports with the maintenance supervisor on 10/02/17 at 10:45 a.m., the following second and third shift fire drills over the past year were held at similar times:</p> <p>a. The second shift fire drills over the past year were held on 02/22/17 at 2:00 p.m., 05/25/17 at 3:00 p.m., 08/23/17 at 4:00 p.m., and 11/25/16 at 2:00 p.m.</p> <p>b. The third shift fire drills over the past year were held on 03/21/17 at 10:00 p.m., 06/20/17 at 11:00 p.m., 09/26/17 at 5:00 a.m., and 12/20/16 at 10:30 p.m. Based on an interview at the time of record review, the maintenance supervisor stated second shift time runs from 2:00 p.m. to 10:00 p.m., and third shift time runs from 10:00 p.m. to 6:00 a.m. The similar timed fire drills on second and third shift over the past year were confirmed by the</p>	K 0712	<p>1. Monthly Fire Drills will be scheduled at random times during each of the three shifts. Although, we are in compliance with the fire drills being performed it was indicated that the times were similar.</p> <p>B. There were no residents affected by this allegation.</p> <p>C. Fire Drills will continue to be conducted on each shift, 6 am - 2pm. 2pm-10pm and 10pm-6am but the times will be staggered as not to be similar times.</p> <p>D. Maintenance</p>	11/01/2017	

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K 0916 SS=F Bldg. 02	<p>maintenance supervisor at the time of record review.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) Based on observation and interview, the facility failed to ensure 1 of 2 emergency generators was provided with an alarm annunciator in a location readily observed by operating personnel at a regular work station such as a nurses' station. NFPA 99, 2012 Edition, Health Care Facilities Code, at 6.4.1.1.17 requires a remote annunciator that is storage battery powered shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The</p>	K 0916	<p>Supervisor and/or his Designee an Administrator will monitor times of the fire drills.</p> <p>1.The generator annunciator in The Dillsboro building is located on the first floor that is currently not continuously monitored . 2.there were no residents affected by this allegation.</p>	11/15/2017

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	<p>annunciator shall be hard-wired to indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(1) Individual visual signals shall indicate:</p> <p>a. When the emergency or auxiliary power source is operating to supply power to load.</p> <p>b. When the battery charger is malfunctioning.</p> <p>(2) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate:</p> <p>a. Low lubricating oil pressure.</p> <p>b. Low water temperature.</p> <p>c. Excessive water temperature.</p> <p>d. Low fuel when the main fuel storage tank contains less than a 4-hour operating supply.</p> <p>e. Overcrank (failed to start).</p> <p>f. Overspeed.</p> <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 6.4.1.1.17(1) and (2) occur but need not display these conditions individually. This deficient practice could affect all residents, as well as visitors and staff in the facility.</p>		<p>3.The generator annunciator will be relocated to Hope Springs nursing station, an area that is staffed 24 hours per day.</p> <p>4.The maintenance supervisor will oversee the relocation of the generator annunciator.</p> <p>5.Completion date will be on or around November 15, 2017</p>	

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K 0920 SS=E Bldg. 02	<p>Findings include:</p> <p>Based on observation on 10/02/17 at 1:15 p.m. with the maintenance supervisor, the Waters of Dillsboro building emergency generator remote annunciator, which was located at the main entrance receptionist desk, was not located in a location which was continuously monitored. Based on an interview with the maintenance supervisor at the time of observation, it was stated the main entrance receptionist desk is not staffed during all hours of operation. Furthermore, the emergency generator remote annunciator was equipped with an audible alarm in the event the emergency generator was running and the maintenance supervisor indicated it probably couldn't be heard by staff based on the location of the emergency generator remote annunciator in relation to the location of twenty four hour staffing locations. This was confirmed by the maintenance supervisor at the time of observation and interview.</p> <p>3.1-19(b)</p> <p>NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are</p>			
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	<p>only used for components of movable patient-care-related electrical equipment (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</p> <p>Based on observation and interview, it could not be assured 9 of 59 resident rooms patient care vicinities in the Waters of Dillsboro building and 5 of 22 resident rooms patient care vicinities in the Ross Manor building met UL UL60601-1 requirements. NFPA 99, Standard for Health Care Facilities, 2012 edition, defines patient care areas as any portion of a health care facility wherein patients are intended to be examined or treated. Patient care vicinity is defined as a space, within a location intended for the examination and treatment of patients, extending 6 ft (1.8 m) beyond the normal</p>	K 0920	<p>1.Power strips were observed in the patient care rooms for their personal use.</p> <p>2.There were no residents affected by this allegation.</p> <p>3.All unapproved power strips that do not meet the NFPA Life Safety Code will</p>	11/01/2017

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	<p>location of the bed, chair, table, treadmill, or other device that supports the patient during examination and treatment. A patient care vicinity extends vertically to 7 ft 6 in. (2.3 m) above the floor. This deficient practice could affect 18 residents in the Waters of Dillsboro who reside in rooms who reside in rooms 9, 33, 34, 35, 36, 40, 43, 50 and 51 and 10 residents in the Ross Manor building who reside in rooms 12, 16, 17, 21, and 24.</p> <p>Findings include:</p> <p>Based on observations with the maintenance supervisor during a tour of the Waters of Dillsboro building and Ross Manor building on 10/02/17 from 9:55 a.m. to 3:10 p.m., resident rooms 29, 33, 35, 34, 36, 40, 43, 50 and 51 in the Waters of Dillsboro building and resident rooms 12, 16, 17, 21, and 24 in the Ross Manor building each had a power strip in use to power television sets, floor fans, telephone chargers, and bedside lights within six feet of the beds and lacked a UL60601-1 listing on each power strip used. This was confirmed by the maintenance supervisor at the time of observations.</p> <p>3.1-19(b)</p>		<p>be removed from the patient rooms.</p> <p>4.Additional outlets will be installed, where possible to enable the removal of power strips. The required power strips that meet the NFPA Life Safety Code will be purchased for those areas where it is not feasible to add additional outlets.</p> <p>5.Maintenance and housekeepers will monitor rooms for unauthorized power strips.</p> <p>6.Date of Completion: November 1, 2017</p>				