K 061   NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valve is closed. NFPA 72, 9.7.2.1

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to have valves supervised so that at least a local alarm will sound when the valve is closed.

The finding included:

Observation on 7/23/12 at 11:53 AM revealed there was no supervision on the Post Indicator Valve that would sound a local alarm at the fire alarm control panel.

This finding was acknowledged by the facility administrator and the maintenance director during the exit interview on 7/23/12.

K 062   NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 25, 9.7.5

This STANDARD is not met as evidenced by:
Based on observations, interviews, and records

K 061
This plan of correction is submitted as required under state and federal law. The facility's submission of this Plan of Correction does not constitute any admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct. Because the facility makes no such admissions, the statements made in the plan of correction cannot be used against the facility in any subsequent administrative or civil proceedings.

K 061
A Post Indicator Valve Tamper Switch was installed by sprinkler contractor on 7/26/12. Fire alarm contractor completed installation of fire alarm module and hard wiring of Post Indicator Valve Tamper Switch to alarm panel on 8/1/12.

This is the only Post Indicator Valve Tamper Switch for the facility.

The Administrator in-serviced the Maintenance Director on 8/1/12 regarding the Post Indicator Valve Tamper Switch usage.
K 062 Continued From page 1
review, it was determined the facility failed to maintain the automatic sprinkler system in a reliable operating condition and are inspected and tested periodically.

The findings included:

1. Observation on 7/23/12 at 10:31 AM revealed corroded sprinklers in the following locations:
   a. Boiler room in B hall
   b. Mechanical room in C hall

2. Observation on 7/23/12 at 11:41 AM revealed sprinklers covered with debris in the following areas:
   a. Room 204
   b. In corridor by dining room
   c. Dining room

3. Review of records on 7/23/12 at 12:11 PM revealed that the facility failed to conduct the five year obstruction investigation. During the exit interview with the administrator, it was revealed that the sprinkler company told him that a five year obstruction investigation is not required because the piping is PVC.

These findings were acknowledged by the facility administrator and the maintenance director during the exit interview on 7/23/12.

K 130
NFPA 101 MISCELLANEOUS
SS=D
OTHER LSC DEFICIENCY NOT ON 2786

This STANDARD is not met as evidenced by:

K 062
The Maintenance Director will audit that the Post Indicator Valve Switch is in place and working properly daily x 1 week, weekly x 3 weeks, monthly x 2 months and/or until 100% compliance. The Maintenance Director will monitor for compliance and report any non-compliance to the Quality Assurance Committee. The Quality Assurance Committee consists of the Administrator, Business Office Manager, Director of Nursing, Assistant Director of Nursing, Quality Assurance Nurse, MDS Coordinator, Care Plan Coordinator, Maintenance Director, Dietary Manager, Social Services Director, Activity Director, Therapy Program Manager and Medical Director.

K062
The sprinkler head in the boiler room on B-hall was replaced on 7/26/12 by the Maintenance Director. The sprinkler head in the mechanical room on C-hall was replaced on 7/26/12 by the Maintenance Director. The sprinkler head in room 204 was cleaned 7/24/12 by the Maintenance Director. The sprinkler head in corridor by dining room was cleaned on 7/24/12 by the Maintenance Director. All sprinkler heads in the dining room were cleaned on 7/24/12 by the Maintenance Director. The five year sprinkler obstruction investigation was completed by sprinkler contractor on 7/26/12. Sprinkler gauges for air and water pressures were also replaced on 7/26/12 by sprinkler contractor. Copies of inspection reports are attached.
**Woodburn Health Center**

**K-062**

All sprinkler heads were checked for corrosion and debris on 7/26/12 by the Maintenance Director. This is the only obstruction test required every five years. No other sprinkler heads were found to be corroded or covered in debris.

The Administrator in-serviced the Maintenance Director on 7/26/12 regarding maintaining reliable operating condition and conducting periodic inspection and testing of the automatic sprinkler system.

The Maintenance Director will audit that the sprinkler heads are free of corrosion and or debris daily x 1 week, weekly x 3 weeks, monthly x 2 months and/or until 100% compliance. The Maintenance Director will audit the five year sprinkler obstruction test daily x 1 week, weekly x 3 weeks, monthly x 2 months and/or until 100% compliance.

The Maintenance Director will monitor for compliance and report any non-compliance to the Quality Assurance Committee. The Quality Assurance Committee consists of the Administrator, Business Office Manager, Director of Nursing, Assistant Director of Nursing, Quality Assurance Nurse, MDS Coordinator, Care Plan Coordinator, Maintenance Director, Dietary Manager, Social Services Director, Activity Director, Therapy Program Manager and Medical Director.

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**Additional Information**

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 disseminated 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 disseminated 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.
K 130 Continued From page 2

Based on observation, it was determined the facility failed to comply with the Life Safety Code.

The finding included:

Observation on 7/23/12 at 10:37 AM revealed the escutcheon plates on sprinklers in the following locations were not properly attached to the ceiling:
1. In corridor by room 110 in B hall
2. In corridor outside conference room

This finding was acknowledged by the facility administrator and the maintenance director during the exit interview on 7/23/12.

K 147 NFPA 101 LIFE SAFETY CODE STANDARD

SS&D Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2

This STANDARD is not met as evidenced by:

Based on observations, it was determined the facility failed to comply with NFPA 70, National Electric Code.

The findings included:

1. Observation on 7/23/12 at 10:13 AM revealed power strips being used and not secured in the following locations:
   a. Therapy office
   b. Room 103
   c. Med Room at nurse's station in A Hall
   d. Time clock at employee entrance

2. Observation on 7/23/12 at 11:24 AM revealed: The Escutcheon plate in corridor by room 110 in B-hall was properly attached and positioned to the ceiling on 7/23/12 by the Maintenance Director. A new ceiling tile was installed in the corridor outside of the conference room to eliminate penetration area around edge of sprinkler escutcheon plate on 7/23/12 by the Maintenance Director.

All of the escutcheon plates were examined to ensure that they were properly attached to the ceiling on 7/23/12 by the Maintenance Director. No other plates were found to be affected.

The Administrator in-serviced the Maintenance Director on 7/23/12 regarding the proper attachment of the escutcheon plates.

The Maintenance Director will audit that the escutcheon plates are properly attached to the ceiling tile daily x 1 week, weekly x 3 weeks, monthly x 2 months and/or until 100% compliance. The Maintenance Director will monitor for compliance and report any non-compliance to the Quality Assurance Committee. The Quality Assurance Committee consists of the Administrator, Business Office Manager, Director of Nursing, Assistant Director of Nursing, Quality Assurance Nurse, MDS Coordinator, Care Plan Coordinator, Maintenance Director, Dietary Manager, Social Services Director, Activity Director, Therapy Program Manager and Medical Director.
K 147. Continued From page 3

1. A broken cover plate on electric cutout in room 20 in A Hall.

2. Observation on 7/23/12 at 11:52 AM revealed the protective cover missing for the electric outlet on the outside of the facility at the employee entrance by the Fire Department Connection.

These findings were acknowledged by the facility administrator and the maintenance director during the exit interview on 7/23/12.

K 211

Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor:
- The dispenser is at least 6 feet wide
- The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms)
- The dispensers have a minimum spacing of 4 ft from each other
- Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet
- Dispensers are not installed over or adjacent to an ignition source
- If the floor is carpeted, the building is fully sprinklered

This STANDARD is not met as evidenced by:
- Based on observation, it was determined the facility failed to ensure that Alcohol Based Hand Rub dispensers were not installed over or...
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K147</td>
<td></td>
<td>The Administrator in-serviced the Maintenance Director on 7/24/12 regarding the power strips being mounted to the wall. The Administrator in-serviced the Maintenance Director on 7/25/12 regarding the electric outlet covers. The Administrator in-serviced the Maintenance Director on 7/23/12 regarding Weatherproof GFI protective covers. The Maintenance Director will audit that the power strips are properly mounted to the wall daily x 1 week, weekly x 3 weeks, monthly x 2 months and/or until 100% compliance. The Maintenance Director will audit the electric outlets to see if they are broken daily x 1 week, weekly x 3 weeks, monthly x 2 months and/or until 100% compliance. The Maintenance Director will audit that the Weatherproof GFI Protective Covers are in place daily x 1 week, weekly x 3 weeks, monthly x 2 months and/or until 100% compliance. The Maintenance Director will monitor for compliance and report any non-compliance to the Quality Assurance Committee. The Quality Assurance Committee consists of the Administrator, Business Office Manager, Director of Nursing, Assistant Director of Nursing, Quality Assurance Nurse, MDS Coordinator, Care Plan Coordinator, Maintenance Director, Dietary Manager, Social Services Director, Activity Director, Therapy Program Manager and Medical Director.</td>
<td>7/28/12</td>
<td></td>
</tr>
</tbody>
</table>
K211 Continued From page 4 adjacent to an ignition source.

The finding included:

Observation on 7/23/12 at 10:59 AM revealed an Alcohol Based Hand Rub dispenser installed over a power strip on the wall adjacent to the employee time clock.

This finding was acknowledged by the facility administrator and the maintenance director during the exit interview on 7/23/12.

K211

The electrical power strip on the wall adjacent to the employee time clock was relocated and mounted securely to wall to provide the proper clearance between the hand sanitizer dispenser and the electrical power strip on 7/24/12 by the Maintenance Director.

All Alcohol Based Hand Rub dispensers were examined to ensure they were not installed over or adjacent to an ignition source on 7/24/12 by the Maintenance Director.

The Administrator in-serviced the Maintenance Director on 7/24/12 regarding Alcohol Based Hand Rub dispenser proper placement.

The Maintenance Director will audit the Alcohol Based Hand Rub dispensers to ensure that they are properly placed daily x 1 week, weekly x 3 weeks and monthly x 2 months and/or until 100% compliance. The Maintenance Director will monitor for compliance and report any non-compliance to the Quality Assurance Committee. The Quality Assurance Committee consists of the Administrator, Business Office Manager, Director of Nursing, Assistant Director of Nursing, Quality Assurance Nurse, MDS Coordinator, Care Plan Coordinator, Maintenance Director, Dietary Manager, Social Services Director, Activity Director, Therapy Program Manager and Medical Director.