K 104: NFPA 101 LIFE SAFETY CODE STANDARD SS=D

Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to maintain all rated assemblies.

The findings included:
1. Observations of the airhandler room located outside the kitchen on 12/3/12 at 9:00 AM, revealed 2 penetrations in the ceiling.
2. Observations of the attic on 12/3/12 at 1:40 PM, revealed 3 penetrations to the fire barrier above the 500 hallway.

The census of 85 was verified by the Administrator on 12/3/12. These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 12/3/12.

K 130: NFPA 101 MISCELLANEOUS SS=D

OTHER LSC DEFICIENCY NOT ON 2786

This STANDARD is not met as evidenced by:
Fire Protection 1 6-1.5

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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Extension cords shall not be used as a substitute for permanent wiring.

Based on observation, it was determined the facility failed to prevent the use of extension cords.

The findings included:

Observations of the therapy department on 12/3/12 at 10:30 AM, revealed 3 extension cords in use. One extension cord was connected to the Christmas tree, a second cord was connected to a television, and a third cord was connected to a computer.

The census of 86 was verified by the Administrator on 12/3/12. The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 12/3/12.

K 130

as a substitute for permanent wiring.

The extension cords observed during the survey on 12/3/12 were immediately removed.

An audit will be completed by the Administrator and/or maintenance staff by 12/17/12 to determine whether extension cords are in use. If found, they will be immediately removed from service.

Staff and residents will be re-educated by the SDC, Maintenance Director or Social Service Director by 12/21/12 regarding extension cord use.

Maintenance staff will audit facility areas weekly to determine if extension cords are in use. If found, they will be immediately removed with re-education as applicable.

The QA&A Committee will review the audits monthly for 3 months with revision to the plan as determined necessary by the QA&A Committee.