K 025
SS-D
NFPA 101 LIFE SAFETY CODE STANDARD
Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems.
19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4

This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the fire barriers as required by National Fire Protection Association (101, 8.3.6.1).

The findings included:

Observations of the north corridor on 12/7/09 at 7:45 AM, revealed a penetration in the corridor/fire wall.

The facility/maintenance director verified there was a penetration in the corridor/fire wall.

K 027
SS-D
NFPA 101 LIFE SAFETY CODE STANDARD
Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1%-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14.
Doors are self-closing or automatic closing in

K 025 NFPA Life Safety Code Standard
Corrective Action for Resident Cited
The penetration in the corridor fire wall will be repaired.

Identification Other Residents

All residents have the potential to be affected by this deficient practice. A comprehensive physical plant audit will be conducted by the directors of maintenance and environmental services (or their designees) to identify fire wall penetrations and other repair needs. The needed repairs will be addressed and completed as identified in the audit by 01-09-2010.

Measure Put in Place or System Changes

The Directors of the Maintenance department and the Housekeeping department will be educated and instructed by the administrator, to conduct a monthly comprehensive facility audit to identify areas needing repair. These audits will be conducted and the needs identified by the audit will be addressed and completed as indicated by 01-09-2010.

In addition, all facility personnel will also be educated by 01-09-2010 to identify and document identified needs on a daily basis as they move from room to room carrying out their assignments and to submit work orders to the maintenance department for identified repairs needed. Repairs will be carried out as indicated. This education will be done by the Maintenance and/or Environmental Department Directors by 01-09-2010.
**Statement of Deficiencies and Plan of Correction**

<table>
<thead>
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<th>(X1) Provider/Supplier/CLA Identification Number:</th>
<th>(X2) Multiple Construction</th>
<th>(X3) Date Survey Completed</th>
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<tbody>
<tr>
<td>445409</td>
<td>A. Building 01 - Main Building 01</td>
<td>12/07/2009</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Name of Provider or Supplier:</th>
<th>Street Address, City, State, Zip Code</th>
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</thead>
<tbody>
<tr>
<td>CRESTVIEW HEALTH AND REHABILITATION</td>
<td>2030 25TH AVE N NASHVILLE, TN 37208</td>
</tr>
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<table>
<thead>
<tr>
<th>Summary Statement of Deficiencies</th>
</tr>
</thead>
</table>

Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems.

19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4

This STANDARD is not met as evidenced by; based on observations, it was determined the facility failed to maintain the fire barriers as required by National Fire Protection Association (101, 8.3.6.1).

The findings included:

Observations of the north corridor on 12/7/09 at 7:45 AM, revealed a penetration in the corridor fire wall.

The facility maintenance director verified there was a penetration in the corridor fire wall.

|-----------------------------------|
| Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 13/4-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in

**Laboratory Director's or Provider/Supplier's Representative's Signature**

Administrator 12-28-09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the 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.
**K027** Continued From page 1

“accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7

This **STANDARD** is not met as evidenced by:

Based on observation, it was determined the facility failed to maintain the smoke barrier doors as required by National Fire Protection Association (NFPA) 80, 15.1.3; 101, 3.6.3.1.

The findings included:

Observations in the dining room on 12/7/09 at 9:25 AM, revealed the entry fire doors had penetrations on the meeting edge.

The facility maintenance director verified the entry fire doors had penetrations on the meeting edge.

**K052**

**SS=D**

A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4

This **STANDARD** is not met as evidenced by:

**K027 D NFPA Life Safety Code Standard**

**Corrective Action for Resident Cited**

The smoke barrier doors in the first floor dining room have been repaired to assure no penetrations on the meeting edge of the door.

**Identification Other Residents**

All residents have the potential to be effected by this deficient practice. A comprehensive physical plant audit will be conducted by the directors of maintenance and environmental services (or their designees) to identify unsanitary conditions and repair needs. The needed cleaning and repairs will be addressed and completed as identified in the audit by 01-09-2010.

The above audit will include smoke barrier doors, to assure the absence of penetrations or anything else that may impair proper functioning of the doors.

**Measure Put in Place or System Changes**

The Directors of the Maintenance department and the Housekeeping department will be educated and instructed by the administrator to conduct a monthly comprehensive facility audit to identify areas needing repair. These audits will be conducted and the needs identified by the audit will be addressed and completed as indicated by 01-09-2010.
The members of the safety committee team will be educated and instructed by the administrator to conduct monthly comprehensive facility fire safety audit to identify areas of concern regarding the health and safety of facility residents and staff. These audits will be conducted monthly and the items identified by the audit will be addressed and remedied as indicated.

In addition, housekeeping personnel will also be educated by 01-09-2010 to identify and document identified needs on a daily basis as they move from room to room carrying out their cleaning assignments and to submit work orders to the maintenance department for identified repairs needed. Repairs will be carried out as indicated. This education will be done by their respective department directors by 01-09-2010.

Monitoring Corrective Action

The Directors of the Maintenance and Housekeeping departments will submit monthly comprehensive facility plant audits along with the corrective actions to the Quality Improvement Committee on a monthly basis for review. The administrator will be responsible for reviewing these reports. Findings will be analyzed and QI Committee will evaluate the effectiveness of present plan and will recommend revisions as needed.

QI committee members include but are not limited to Administrator, DON, Medical Director, Medical Records, Social Services, Activities, and Unit managers.
**Statement of Deficiencies and Plan of Correction**

<table>
<thead>
<tr>
<th>ID</th>
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<th>Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction</th>
</tr>
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<tr>
<td>K052</td>
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<td></td>
<td>Continued From page 2</td>
<td>K052</td>
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<td></td>
<td>K052 D NFPA Life Safety Code Standard</td>
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<tr>
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<td>Based on observation, it was determined the facility failed to maintain the alarm system as required by National Fire Protection Association (72; 101, 9.6.1.3).</td>
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<td>Corrective Action for Resident Cited</td>
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<tr>
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<td>The findings included:</td>
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<td></td>
<td>The loose magnetic block holder located on the second floor fire door next to the north hall has been repaired.</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Observations of the north hall on 12/7/09 at approximately 8:00 AM, revealed the second floor fire door next to the north hall had a loose magnetic block holder.</td>
<td></td>
<td></td>
<td></td>
<td>Identification Other Residents</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>The facility maintenance director verified the second floor fire door next to the north hall had a loose magnetic block holder.</td>
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<td>All residents have the potential to be effected by this deficient practice. A comprehensive physical plant audit will be conducted by the directors of maintenance and environmental services (or their designees) to identify repair needs. The needed repairs will be addressed and completed as identified in the audit by 01-09-2010.</td>
</tr>
<tr>
<td>K057</td>
<td></td>
<td>S0D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K067</td>
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<td>Measure Put in Place or System Changes</td>
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<td>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</td>
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<td>The Directors of the Maintenance department and the Housekeeping department will be educated and instructed by the administrator to conduct a monthly comprehensive facility audit to identify areas needing repair or deep cleaning. These audits will be conducted and the needs identified by the audit will be addressed and completed as indicated by 01-09-2010.</td>
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<td></td>
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<td>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the heating ventilation and the air-conditioning system as required by the National Fire Protection Association (NFPA) 90A; 90B-4; 101, 19.5.2.1.</td>
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<td>The members of the safety committee team will be educated and instructed by the administrator to conduct monthly comprehensive facility fire safety audit to identify areas of concern regarding the health and safety of facility residents and staff. These audits will be conducted monthly and the items identified by the audit will be addressed and remedied as indicated.</td>
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<td></td>
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<td>The findings included:</td>
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<td>Observations of the second floor shower rooms on 12/7/09 at 11:00 AM, revealed there was no heat supply to the area.</td>
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</tbody>
</table>
In addition, all facility personnel will also be educated by 01-09-2010 to identify and document identified repair needs on a daily basis as they move from room to room carrying out their assignments and to submit work orders to the maintenance department for identified repairs needed. Repairs will be carried out as indicated. This education will be done by the Maintenance and/or Environmental Department Directors by 01-09-2010.

**Monitoring Corrective Action**

The Directors of the Maintenance and Housekeeping departments will submit monthly comprehensive facility plant audits along with the corrective actions to the Quality Improvement committee on a monthly basis for review. The administrator will be responsible for reviewing these reports. Findings will be analyzed and QI Committee will evaluate the effectiveness of present plan and will recommend revisions as needed.

QI committee members include but are not limited to Administrator, DON, Medical Director, Medical Records, Social Services, Activities, and Unit managers.

01-09-2010
**K 052** Continued From page 2

Based on observation, it was determined the facility failed to maintain the alarm system as required by National Fire Protection Association (72; 101, 9.6.1.3).

The findings included:

Observations of the north hall on 12/7/09 at approximately 8:00 AM, revealed the second floor fire door next to the north hall had a loose magnetic block holder.

The facility maintenance director verified the second floor fire door next to the north hall had a loose magnetic block holder.

**K 067** NFPA 101 LIFE SAFETY CODE STANDARD

Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer’s specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2

This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to maintain the heating ventilation and the air-conditioning system as required by the National Fire Protection Association (NFPA) 90A; 90B-4; 101, 19.5.2.1.

The findings included:

Observations of the second floor shower rooms on 12/7/09 at 11:00 AM, revealed there was no heat supply to the area.

**K067 D NFPA Life Safety Code Standard**

Corrective Action for Resident Cited

The thermostat controls for the second floor shower room were located and the controls were switched from cooling to heat. The shower room was heated.

Identification Other Residents

All residents have the potential to be effected by this deficient practice. The facility's four shower rooms will be audited by the Maintenance Director or designee weekly to identify any inappropriate temperatures or repair needs for the heating and air conditioning units. Any needed repairs will be completed.

The facility residents will be asked by the Social Services Director and/or the Activity Director if the shower room temperatures are comfortable during monthly resident council meetings. The information gathered will be used when adjusting room temperatures to assure a comfortable bathing/showering atmosphere.

**Measure Put in Place or System Changes**

The Director of the Maintenance department will audit the facility at the changing of the seasons (the first week of March, June, Sept, Dec) to assure that all air conditioning units have been switched to heat or Air conditioning as appropriate to maintain a comfortable temperature both in the shower rooms and the entire facility.
<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETE DATE</th>
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</table>

The facility's four shower rooms will be audited by the Maintenance Director or designee weekly to identify any inappropriate temperatures or repair needs for the heating and air conditioning units. Any needed repairs will be completed.

In addition, housekeeping personnel will also be educated by their department directors to identify and document identified needs (including any temperatures that may be inappropriate) on a daily basis as they move from room to room carrying out their cleaning assignments and to submit work orders or relay information to the maintenance department for identified repairs needed or inappropriate temperatures. Repairs or temperature adjustments will be carried out as indicated.

Monitoring Corrective Action

The Director of Maintenance will submit a comprehensive facility plant audit (including shower room temperatures) along with the corrective actions to the Quality Improvement committee on a monthly basis for review. The administrator will be responsible for reviewing these reports. Findings will be analyzed and QI Committee will evaluate the effectiveness of present plan and will recommend revisions as needed.

QI committee members include but are not limited to Administrator, DON, Medical Director, Medical Records, Social Services, Activities, and Unit managers.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(X1) PROVIDER/SUPPLIER/CALQ IDENTIFICATION NUMBER:**

445409

**(X2) MULTIPLE CONSTRUCTION**

A. BUILDING 01 - MAIN BUILDING 01

B. WING

**(X3) DATE SURVEY COMPLETED**

12/07/2009

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX TAG</th>
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<tr>
<td>K 104</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
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This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to maintain the fire barriers as required by National Fire Protection Association (101, 8.3.6.1)

The findings included:

1. Observations of the second floor janitor / manager's office on 12/7/09 at 7:55 AM, revealed there was a penetration around the vertical shaft in the concrete floor.
2. Observations of the laundry room area on 12/7/09 at 10:15 AM, revealed a penetration around an exhaust duct.
3. Observations of the mechanical room on 12/7/09 at 10:20 AM, revealed a penetration around the sprinkler supply pipe.

The facility maintenance director verified the deficiencies as noted above.

**(X4) ID PREFIX TAG**

**ID PREFIX TAG**

**PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)**

K 067

K104 D NFPA Life Safety Code Standard

K 104

Corrective Action for Resident Cited

Second floor janitor's closet - The penetration in the concrete floor around the vertical shaft will be repaired.

The penetration around the exhaust duct in the laundry room area will be repaired.

The penetration around the sprinkler pipe in the mechanical room will be repaired.

**Identification Other Residents**

All residents have the potential to be effected by this deficient practice. A comprehensive physical plant audit will be conducted by the directors of maintenance and environmental services (or their designees) to identify repair needs. The needed repairs will be addressed and completed as identified in the audit by 01-09-2010.

**Measure Put in Place or System Changes**

The Directors of the Maintenance department and the Housekeeping department will be educated and instructed by the administrator to conduct a monthly comprehensive facility audit to identify areas needing repair. These audits will be conducted and the needs identified by the audit will be addressed and completed as indicated by 01-09-2010.
The members of the safety committee team will be educated and instructed by the administrator to conduct a monthly comprehensive facility fire safety audit to identify areas of concern regarding the health and safety of facility residents and staff. These audits will be conducted monthly and the items identified by the audit will be addressed and remedied as indicated.

In addition, all facility personnel will also be educated by 01-09-2010 to identify and document identified repair needs on a daily basis as they move from room to room carrying out their assignments and to submit work orders to the maintenance department for identified repairs needed. Repairs will be carried out as indicated. This education will be done by the Maintenance and/or Environmental Department Directors by 01-09-2010.

**Monitoring Corrective Action**

The Directors of the Maintenance and Housekeeping departments will submit monthly comprehensive facility plant audits along with the corrective actions to the Quality Improvement committee on a monthly basis for review. The administrator will be responsible for reviewing these reports. Findings will be analyzed and QI Committee will evaluate the effectiveness of present plan and will recommend revisions as needed.

QI committee members include but are not limited to Administrator, DON, Medical Director, Medical Records, Social Services, Activities, and Unit managers.

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**Continued From Page**

The members of the safety committee team will be educated and instructed by the administrator to conduct a monthly comprehensive facility fire safety audit to identify areas of concern regarding the health and safety of facility residents and staff. These audits will be conducted monthly and the items identified by the audit will be addressed and remedied as indicated.

In addition, all facility personnel will also be educated by 01-09-2010 to identify and document identified repair needs on a daily basis as they move from room to room carrying out their assignments and to submit work orders to the maintenance department for identified repairs needed. Repairs will be carried out as indicated. This education will be done by the Maintenance and/or Environmental Department Directors by 01-09-2010.

**Monitoring Corrective Action**

The Directors of the Maintenance and Housekeeping departments will submit monthly comprehensive facility plant audits along with the corrective actions to the Quality Improvement committee on a monthly basis for review. The administrator will be responsible for reviewing these reports. Findings will be analyzed and QI Committee will evaluate the effectiveness of present plan and will recommend revisions as needed.

QI committee members include but are not limited to Administrator, DON, Medical Director, Medical Records, Social Services, Activities, and Unit managers.

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The members of the safety committee team will be educated and instructed by the administrator to conduct a monthly comprehensive facility fire safety audit to identify areas of concern regarding the health and safety of facility residents and staff. These audits will be conducted monthly and the items identified by the audit will be addressed and remedied as indicated.

In addition, all facility personnel will also be educated by 01-09-2010 to identify and document identified repair needs on a daily basis as they move from room to room carrying out their assignments and to submit work orders to the maintenance department for identified repairs needed. Repairs will be carried out as indicated. This education will be done by the Maintenance and/or Environmental Department Directors by 01-09-2010.

**Monitoring Corrective Action**

The Directors of the Maintenance and Housekeeping departments will submit monthly comprehensive facility plant audits along with the corrective actions to the Quality Improvement committee on a monthly basis for review. The administrator will be responsible for reviewing these reports. Findings will be analyzed and QI Committee will evaluate the effectiveness of present plan and will recommend revisions as needed.

QI committee members include but are not limited to Administrator, DON, Medical Director, Medical Records, Social Services, Activities, and Unit managers.
K 130 Continued From page 4

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to maintain the pressurized cylinders as required by National Fire Protection Association 55, 5.6.

The findings included:

Observations of the first floor oxygen storage area on 12/7/09 at 8:40 AM, revealed an oxygen cylinder was not chained or supported from falling.

The facility maintenance director verified an oxygen cylinder was not chained or supported from falling.

K 147

NFPA 101' LIFE SAFETY CODE STANDARD

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 observation, it was determined the facility failed to maintain the electrical system as required by National Fire Protection Association (NFPA) 70, 110-13(a); 70, 240-4; 70, 210-8(a)(6).

The findings included:

1. Observations of the second floor janitor room on 12/7/09 at 7:50 AM, revealed the panel had a loose front cover.

2. Observations in the 200 hall assisted shower

K 130


The pressurized Oxygen tanks in the first floor Oxygen storage room have been secured/supported to prevent the tanks from falling.

Identification Other Residents

All residents have the potential to be affected by this deficient practice. The physical plant (with focus on Oxygen storage areas) will be audited by safety committee members to identify this and any other areas of concern regarding the health and safety of the residents and staff. This audit will be completed by 01-09-2010.

Measure Put in Place or System Changes

The members of the safety committee team will be educated and instructed by the administrator to conduct monthly comprehensive facility safety audit to identify areas of concern regarding the health and safety of facility residents and staff (with emphasis on Oxygen storage areas). These audits will be conducted monthly and the items identified by the audit will be addressed and remedied as indicated.

In addition, all facility personnel will also be educated by 01-09-2010 to identify areas of concern in regards to health and safety on a daily basis as they move from room to room carrying out their assignments and to submit this information to the Safety committee/maintenance department for repair/remedy of identified concerns. Remedies will be carried out as indicated. This education will be done by the Maintenance and/or Environmental Department Directors by 01-09-2010.
### Monitoring Corrective Action

The Chairperson of the Safety Committee will submit the results of the monthly facility safety audits along with the corrective actions to the Quality Improvement committee on a monthly basis for review. The administrator will be responsible for reviewing these reports. Findings will be analyzed and QI Committee will evaluate the effectiveness of present plan and will recommend revisions as needed.

QI committee members include but are not limited to Administrator, DON, Medical Director, Medical Records, Social Services, Activities, and Unit managers.

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**01-07-2010**

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### Division of Health Care Facilities

**STATE FORM**

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**WU2E11**
**K 130** Continued From page 4

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to maintain the pressurized cylinders as required by National Fire Protection Association 55, 6.6.

The findings included:

Observations of the first floor oxygen storage area on 12/7/09 at 8:40 AM, revealed an oxygen cylinder was not chained or supported from falling.

The facility maintenance director verified an oxygen cylinder was not chained or supported from falling.

**K 147**

**NFPA 101 LIFE SAFETY CODE STANDARD**

Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 3.1.2

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to maintain the electrical system as required by National Fire Protection Association (NFPA) 70, 110-13(a); 70, 240-4; 70, 210-8(a)(6).

The findings included:

1. Observations of the second floor janitor room on 12/7/09 at 7:50 AM, revealed the panel had a loose front cover.
2. Observations in the 200 hall assisted shower

**K 147 D NFPA Life Safety Code Standard**

**Corrective Action for Resident Cited**

The electrical panel cover in the second floor janitor closet has been tightened.

A cover plate has been installed on the switch outlet in the 200 hall assisted shower room on the east side.

All electrical outlets in the Dietary area have been replaced with Ground Fault Circuit Interrupter receptacles.

The extension cord that was in use in the dining room has been removed.

**Identification Other Residents**

All residents have the potential to be effected by this deficient practice. A comprehensive physical plant audit will be conducted by the directors of maintenance and environmental services (or their designees) to identify repair needs (with emphasis on electrical wiring). The needed repairs will be addressed and completed as identified in the audit by 01-09-2010.

The members of the safety committee team will be educated and instructed by the administrator to conduct monthly comprehensive facility fire/safety audit to identify areas of concern regarding the health and safety of facility residents and staff (emphasis on electrical wiring). These audits will be conducted monthly and the items identified by the audit will be addressed and remedied as indicated.
Measure Put In Place or System Changes

The Directors of the Maintenance department and the Housekeeping department will be educated and instructed by the administrator to conduct a monthly comprehensive facility audit to identify areas needing repair. These audits will be conducted and the needs identified by the audit will be addressed and completed as indicated by 01-09-2010.

In addition, all facility personnel will also be educated by 01-09-2010 to identify areas of concern (emphasis on electrical wiring) in regards to health and safety on a daily basis as they move from room to room carrying out their assignments and to submit this information to the Safety committee/maintenance department for repair/remedy of identified concerns. Remedies will be carried out as indicated. This education will be done by the Maintenance and/or Environmental Department Directors by 01-09-2010.
**Monitoring Corrective Action**

The Directors of the Maintenance and Housekeeping departments and the Safety Committee Chair person will submit monthly comprehensive facility plant audits along with the corrective actions to the Quality Improvement committee on a monthly basis for review. The administrator will be responsible for reviewing these reports. Findings will be analyzed and QI Committee will evaluate the effectiveness of present plan and will recommend revisions as needed.

QI committee members include but are not limited to Administrator, DON, Medical Director, Medical Records, Social Services, Activities, and Unit managers.

01-09-2010