K 144 SS-F  
NFPA 101 LIFE SAFETY CODE STANDARD 
Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99, 3.4.4.1. 

This STANDARD is not met as evidenced by: 
Based on observation and record review, it was determined the facility failed to properly maintain and test the emergency generator power supplies. 

The findings included: 

Observations during the initial tour on 2/3/14 beginning at 10:57 AM revealed the following: 

a. The generator transfer switch for generator #2 (in mechanical room #1 by resident room 118) did not have a battery powered task illumination light. 
b. The battery powered task illumination light for generator #2 failed to test. 
c. The generator transfer switch for generator #3 in the basement mechanical room did not have a battery powered task illumination light. 

Review of the facility's generator test records, in the maintenance director's office, on 2/3/14 at 12:41 PM, revealed the facility failed to perform weekly battery water level checks on the two generators for one week in June 2013 and two weeks in September 2013. 

a. The battery powered task illuminator light was installed for Generator #2. 
b. The battery powered task illumination light was repaired, to test. 
c. The battery powered task illumination light for Generator #3 was installed. 

The failure to perform weekly battery water level checks were resolved with the installation of true maintence Free Batteries. 

Maintenance Director will QA a,b and c weekly times 4 then monthly until compliance is met and results will be reported to QA committee. 

2/21/2014 
2/21/2014 
2/21/2014 
2/5/2014 
beginning 
2/27/2014 

RECEIVED 
FEB 24 2014 

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that for safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are discloseable 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 discloseable 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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These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 2/3/14.