**K 025**

**NFPA 101 LIFE SAFETY CODE STANDARD**

**SS-D**

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 observation, the facility failed to assure smoke barrier fire ratings are maintained.
The findings include:

Observation on July 2, 2012 at 12:10 p.m. revealed one (1) penetration in the corridor wall above the ceiling at patient room 208.

This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on July 2, 2012.

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.
Continued From page 1

This STANDARD is not met as evidenced by:
Based on observation, the facility failed to assure the automatic fire sprinkler system is maintained to ensure the safety of the residents. The findings include:
Observation on July 2, 2012 at 11:15 a.m. revealed numerous low voltage wiring attached to or supported by the automatic sprinkler system above the ceiling at patient room 906.

This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on July 2, 2012.

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, the facility failed to assure electrical wiring is installed in accordance with NFPA 70.
The findings include:
Observation on July 2, 2012 11:25 a.m. revealed the wiring and cables were laying on ceiling tiles and not left in a neat and workmanlike manner above the ceiling at patient room 920 (NFPA 70, 110-12).

Based on observation, the facility failed to assure electrical panels had the required clear space in front of them (NFPA 70, 110-16 (d)).

and the maintenance assistants assessed and reattached wires attached to or supported by the automatic sprinkler system, to the structure of the rest of the facility by 7/18/12.

3. The Maintenance Director was in-serviced on 7/2/12 by the administrator on proper attachment of wiring above the ceiling.

4. The maintenance director will audit monthly to ensure that wiring is properly attached to the structure of the building for 3 months and ongoing during monthly preventative maintenance rounds. All findings will be reviewed by the administrator or Maintenance Director in the Quality Assurance Performance Improvement Committee for 3 months and/or until one hundred percent compliance is achieved.

Quality Assurance Committee consists of the Administrator, Director of Nursing, Staff Development Coordinator, Environmental Services, Dietary, Social Services Director, Business Office Manager, MDS Coordinator, Rehabilitation Department, Medical Records and Environmental Department.

1. No residents were identified as having been affected. The maintenance director moved the storage container in front of the electrical panel on 7/2/12.

2. There are no other electrical panels in the facility.

3. All dietary staff was in-serviced by 7/13/12 by the dietary manager/or assistant dietary manager on proper storage in front of the electrical panel in the food service areas.
K 147  Continued From page 2
The findings include:
Observation on July 2, 2012 at 10:45 a.m. revealed one (1) storage container placed in front of the electrical panels in food serving room.

These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on July 2, 2012.

K 147
4. The dietary manager/assistant dietary manager or head cook will check that the electrical panel in the food serving room is unobstructed daily times 1 month and then weekly for 2 months. The maintenance director will check that the electrical panel in the food serving room is unobstructed weekly times 3 months. All findings will be reviewed in the Quality Assurance Performance Improvement Committee for 3 months and/or until one hundred percent compliance is achieved. The Quality Assurance Performance Improvement Committee consists of the Administrator, Medical Director, Director of Nursing, Staff Development Coordinator, Environmental Services, Dietary, Social Services Director, Business Office Manager, MDS Coordinator, Rehabilitation Department, Medical Records and Environmental Department.