K 050: NFPA 101 LIFE SAFETY CODE STANDARD
SS=D: Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2

This STANDARD is not met as evidenced by: Based on observation and review of fire drill procedures, it was determined the staff failed to perform their assigned duties according to the policies and procedures manual.

The findings included:

Observations of the fire drill conducted on 4/28/13 at 3:45 PM, revealed the staff aide could not speak above a whisper. She ask another staff person to announce “Code Red” but she did not. There were 3 other staff members standing around, but no one announced “Code Red” until directed by the maintenance director to do so.

Review of the fire drill procedures documented that staff are to announce “Code Red” when a fire is found.

K 073: NFPA 101 LIFE SAFETY CODE STANDARD
SS=E: No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4

The Facility will adhere to the rule of reporting all allegations of abuse to the State Department of Health.

B. This resident was not harmed by the situation that the situation that was reported as the arm that she was referring to was due to a rotator cuff issue.

B. All residents have the potential to be harmed if there is ongoing abuse in the facility not being investigated and reported. No others have been found to have been harmed.

C. 1. Any allegation of abuse will have the investigation started immediately with notification to the Abuse Coordinator which will give direction to the staff on duty to proper procedure and per company policy. The resident will be assessed for harm and the employee accused will be suspended until the investigation is complete. The Administrator, Abuse Coordinator and/or designee will come to the facility to assist in the investigation at the earliest possible time and ensure that it is being completed correctly and that statements are obtained and that policy is being followed. The Abuse Policy and the Resident Rights were both inserviced to the entire staff on Friday April 19, 2013.

2. All allegations of abuse will be reported within 5 days from the date of notification through the Incident Reporting Service.
K 050: NFPA 101 LIFE SAFETY CODE STANDARD SS=D:

Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2

This STANDARD is not met as evidenced by:
Based on observation and review of fire drill procedures, it was determined the staff failed to perform their assigned duties according to the policies and procedures manual.

The findings included:

Observations of the fire drill conducted on 4/28/13 at 3:45 PM, revealed the staff aide could not speak above a whisper. She asks another staff person to announce "Code Red" but she did not. There were 3 other staff members standing around, but no one announced "Code Red" until directed by the maintenance director to do so.

Review of the fire drill procedures documented that staff are to announce "Code Red" when a fire is found.

K 073: NFPA 101 LIFE SAFETY CODE STANDARD SS=E:

- No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4

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.
K 073 Continued From page 1

This STANDARD is not met as evidenced by:
Based on observation and interview, it was determined the facility failed to provide flame spread information sheets for the shower curtains on 3 of 5 (100, 400 and 500 halls) halls.
The findings included:
Observations during a tour of the facility on 4/28/13 from 11:50 AM until 2:30 PM, revealed the shower curtains in the shower rooms had been replaced. The 100 shower room had 2 new shower curtains, the 400 hall had 6 new shower curtains and the 500 hall had 3 new shower curtains.
During an interview in the shower room on the 100 hall on 4/28/13 at 11:50 AM, the maintenance director was asked if he had the flame spread information sheets for the new shower curtains. The maintenance director stated, "No."

K 073

The Facility will adhere to proper standards in fire safety and provide flame spread documentation sheets for all shower curtains.
A. There were no residents harmed by these practices.
B. Residents on halls 100, 400 and 500 halls could have been affected by this practice if there had been a fire in these areas.
C. The facility purchased fire resistant shower curtains for showers on 100, 400 and 500 halls on 5/7/13.
D. I. The Maintenance Supervisor will maintain documentation on these curtains in the Maintenance office. The Maintenance Supervisor will report to the QA/QI committee (consisting of medical Director, Director of Nursing, Administrator, Nursing supervisors, Social services and other Department Supervisors) on a semi-annual basis to verify adherence or failure of this policy.

RECEIVED

MAY 14 2013