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. 19.6.2.1, 9.2, NFPA 90A, 19.5.2.2

This STANDARD is not met as evidenced by:
Based on observations, it was determined the facility failed to maintain the Heating, Ventilating and Air Conditioning System (HVAC).

The findings included:

1. Observations of the soiled linen room located in the laundry area on 6/13/11 at 10:40 AM, revealed the door did not close within the frame, not allowing the room to maintain the required negative air pressure.

2. Observations of the A hall dirty linen room on 6/13/11 at 10:55 AM, revealed the exhaust fan was inoperable.

These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 6/13/11.

NFPA 101 LIFE SAFETY CODE STANDARD

Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 98, 8.6.4.2.

K 067
SS=E

This plan of correction is submitted as required under State and Federal Law and does not constitute an admission on the part of the center that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.

K067
Soiled linen room door was adjusted and door now closes within the frame allowing the room to maintain the required negative air pressure.
Maintenance assessed all doors throughout center to ensure proper door closure.
Maintenance will assess doors weekly x 4 or until substantial compliance is achieved.
Maintenance will report compliance to the QA committee monthly beginning July until substantial compliance is met.
Dirty linen room exhaust fan was repaired.
Maintenance audited all exhaust fans throughout center to ensure all were in operable status.
Maintenance will assess exhaust fans weekly x 4 or until compliance is achieved.
Maintenance will report compliance to the QA committee monthly beginning July until substantial compliance is met.

K 141
SS=D

7/1/11

7/11/11

7/8/11

6/27/11

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days owing 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 141 Continued From page 1
This STANDARD is not met as evidenced by:
Based on observation, it was determined the
facility failed to maintain precautionary signage
where oxygen was being used.
The findings included:
Observation of resident room 122 on 6/13/11 at
10:35 AM, revealed a oxygen concentrator being
used with no precautionary sign posted outside of
the room to indicate oxygen was in use within the
room.
This findings was acknowledged by the
Administrator and verified by the Director of
Maintenance at the exit conference on 6/13/11.

K 147 SS=E
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 observations and testing, it was
determined the facility failed to maintain the
electrical system.
The findings included:
1. Testing of the ground fault circuit interrupter
located in station 2's bathroom on 6/13/11 at
10:05 AM, revealed an open neutral.
2. Observations of the kitchen's electrical room
on 6/13/11 at 10:35 AM, revealed the electrical
panels were blocked with racks.

K 141 Room 122 now has precautionary sign posted
outside of patient room.
Maintenance conducted a center wide audit
to ensure that all appropriate precautionary
signs for the use of oxygen are posted
outside of patient rooms. Administrator will
conduct center wide in-service will be
conducted to ensure continued compliance
as well.
Respiratory therapist (RT) will audit oxygen
precautionary signs weekly x 4 or until
compliance is achieved.
The RT will report compliance to the QA
committee monthly beginning July until
substantial compliance is met.

K 147
1) Station 2 bathroom gfi outlet has been
replaced.
Maintenance conducted a center wide audit
to ensure that all appropriate gfi outlets are
in appropriate working order.
Maintenance will audit weekly x 4 or until
compliance is achieved.
Maintenance will report compliance to the
QA committee monthly beginning July until
substantial compliance is met.
2) Access to electrical room is no longer
blocked by the kitchen.
Maintenance conducted a center wide audit
to ensure that no electrical rooms had access
closed.
Maintenance will audit weekly x 4 or until
compliance is achieved.
Maintenance will report compliance to the
QA committee monthly beginning July until
substantial compliance is met.
K 147 Continued From page 2
3. Observations of the central supply room on 6/13/11 at 10:50 AM, revealed a multiple plug adapter being used.

These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 6/13/11.

K 147 3) Multiple plug outlet has been removed. Maintenance conducted a center wide audit to ensure that no multiple plug outlets were being used in office areas. Maintenance will audit weekly x 4 or until compliance is achieved. Maintenance will report compliance to the QA committee monthly beginning July until substantial compliance is met.

6/17/11