K 065
SS=D

NFPA 101 LIFE SAFETY CODE STANDARD

Smoking regulations are adopted and include no less than the following provisions:

(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.

(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.

(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.

(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted.

19.7.4

This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to provide metal containers with self-closing lids in all areas where smoking was taking place.

The findings included:

Observations on 2/19/13 beginning at 9:00 AM, there were cigarette butts on the entrance button.

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The facility provides metal containers with self closing lids in all designated smoking areas.

1. The cigarette butts were disposed of appropriately prior to the end of the survey, 2/19/2013
2. The Housekeeping Director inspected the courtyard to ensure that all cigarette butts were disposed of properly, 2/19/2013
3. Facility staff were re-inspected on the designated smoking area and acceptable receptacles to dispose of their cigarette butts.

4. The Housekeeping Director and the Administrator will walk the courtyard daily to ensure compliance.

All results will be reported to the Performance Improvement Committee monthly. 03/15/2013

Vickie City, Executive Director

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 disclosed 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 disclosed 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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outside to re-enter the building from the courtyard across the hall at room 131.

The findings were acknowledged by the Administrator at the exit conference on 2/19/13.

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The filing of this plan of correction does not constitute an admission that the deficiencies alleged did in fact exist. The plan is filed as evidence of the facility’s desire to comply with the requirements and continue to provide high quality of care.