## Statement of Deficiencies and Plan of Correction

### Name of Provider or Supplier

**NHC HEALTHCARE, SPARTA**

### Summary Statement of Deficiencies

**NFPA 101 LIFE SAFETY CODE STANDARD**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 050</td>
<td>SS=D</td>
<td></td>
<td>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</td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by:

Based on observation it was determined the facility failed the fire drill.

The findings include:

Observation during the fire drill on 8/17/10 at 9:58 AM, revealed the staff did not immediately activate the fire alarm system. National Fire Protection Association (NFPA) 101, 19.7.2.3

This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/17/10.

### Plan of Correction

**NFPA 101 LIFE SAFETY CODE STANDARD**

<table>
<thead>
<tr>
<th>ID</th>
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</thead>
<tbody>
<tr>
<td>K 052</td>
<td>SS=D</td>
<td></td>
<td>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</td>
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</tbody>
</table>

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**K 050 Fire drills**

On 9-6-10 all staff were inserviced by the Administrator on the location of the pull stations and the proper fire procedures. Maintenance Director will perform fire drills as specified in the state regulations (one per shift per month) and also on new hire orientation. Evaluations of the drills will be completed and any issues that arise will be addressed immediately following the drill. Completed 9-6-10

The Maintenance Director will monitor compliance of fire drills through the quality assurance process. The Maintenance Director will monitor all drills monthly to evaluate if all staff are aware of the procedures. Findings will be reported to the Quality Assurance Committee which is made up of the following people: Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse. The monitor will be continued as determined by the Maintenance Director or as directed by the Quality Assurance Committee.

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**Administrator**

9-3-10
K 052 Continued From page 1

This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the fire alarm system.

The findings include:

Observation of the basement corridor on 8/17/10 at 10:15 AM, revealed the 2 pull stations were mounted above the 54-inch rule. National Fire Protection Association (NFPA) 72, 2-8.1

This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/17/10.

NFPA 101 LIFE SAFETY CODE STANDARD

All required smoke detectors, including those activating devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3

This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain the smoke detectors.

The findings include:

Observation of the station 3 dining room revealed a smoke detector was in the direct path of an air diffuser. National Fire Protection Association (NFPA) 72, 2-3.5.1
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 054</td>
<td>Continued From page 2</td>
<td>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/17/10.</td>
<td>K 054</td>
<td></td>
<td>K 64 Portable Fire Extinguishers</td>
<td>9-6-10</td>
</tr>
<tr>
<td>K 064</td>
<td>SS=E</td>
<td>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, 19.3.5.6, NFPA 10</td>
<td>K 064</td>
<td></td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
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<td>This STANDARD is not met as evidenced by: Based observation it was determined the facility failed to maintain the fire extinguishers.</td>
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<td>The findings include:</td>
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<td>Observation of the recreation office on 8/17/10 at 9:45 AM, revealed the fire extinguisher was not mounted on the wall as required. National Fire Protection Association (NFPA) 10, 1.6.7</td>
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<td>Observation of the old boiler room on 8/17/10 at 9:50 AM, revealed the fire extinguisher was mounted above the 60-inch rule. NFPA 10, 1.6.10</td>
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<td>Observation of the health information office and the maintenance shop on 8/17/10 at 10:00 AM, revealed the fire extinguishers were blocked with equipment. NFPA 10, 1.6.3</td>
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<td>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 8/17/10.</td>
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<tr>
<td>K 067</td>
<td>SS=D</td>
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K 067

Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2

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

The findings include:

Observation of the beauty shop storage room on 8/17/10 at 9:38 AM, revealed the exhaust fan vent cover was hanging down. National Fire Protection Association (NFPA) 90A

This finding was acknowledge by the Administrator and verified by the Director of Maintenance at the exit conference on 8/17/10. 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 99, 8.6.4.2.

This STANDARD is not met as evidenced by:
Based on observation it was determined the facility failed to maintain the no smoking signs.

The findings include:

Observation of the hydro therapy bathroom on

K 067 Heating ventilating and air conditioning
On 8-18-10 the Maintenance Director rehung the exhaust fan vent cover. On 9-2-10 all vent covers in the facility were checked to make sure they were properly hung.
Completed on 9-2-10.
The Maintenance Director will monitor heating, ventilating, and air conditioning vents through the quality assurance process.
The Maintenance Director will monitor all vent covers in the building monthly to make sure they are properly hung.
Findings will be reported to the Quality Assurance Committee which is made up of the following people:
Medical Director, Administrator, Director of Nursing, Health Information Manager, Social Services Director, Falls Prevention Nurse, Facility Rehab Coordinator and Wound Care Nurse.
The monitor will be continued as determined by the Maintenance Director or as directed by the Quality Assurance Committee.

K 141 No smoking signs
On 8-18-10 the administrator placed a no smoking sign on the hydro therapy bathroom.
On 9-2-10 the maintenance director reviewed all areas of the building to determine if proper signage is in place.
On 9-6-10 the Administrator inserviced all staff on making sure no smoking signs are in place where oxygen is being stored.
Completed 9-6-10.
The Maintenance Director will monitor compliance of smoking signs through the quality assurance process.
The Maintenance Director will monitor all areas of the building monthly x 3 months to evaluate smoking signs are in place.
K 141 Continued From page 4
8/17/10 at 9:25 AM, revealed oxygen stored in the room and no precautionary sign posted. National
Fire Protection Association (NFPA) 99, 8.6.4.2

This findings was acknowledged by the
Administrator and verified by the Director of
Maintenance at the exit conference on 8/17/10.

K 147

NFPA 101 LIFE SAFETY CODE STANDARD

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 observation it was determined the
facility failed to maintain the electrical system.

The findings include:

Observation of the station 3 clean lining room on
8/17/10 at 9:35 AM, revealed a broken light cover.
National Fire Protection Association (NFPA) 70,
110-12

Observation of the Maintenance shop on 8/17/10
at 10:20 AM, revealed the electrical panels were
blocked with equipment. NFPA 70, 110-26(a)

These finding were Acknowledged by the
Administrator and verified by the Director of
Maintenance at the exit conference on 8/17/10.

K 141 cont.
Findings will be reported to the Quality
Assurance Committee which is made up of
the following people: Medical Director,
Administrator, Director of Nursing, Health
Information Manager, Social Services
Director, Falls Prevention Nurse, Facility
Rehab Coordinator and Wound Care Nurse.

K 147 Electrical Wiring and Equipment

On 8-18-10 the light cover in the clean linen
room was replaced. On 8-18-10 the electrical panels in the Maintenance Shop were cleared
of all items stored in front of them. On 9-2-
10 the Maintenance Director reviewed all
areas in the building to verify that no other
light covers were broken and that all
electrical panels were free from being
blocked. On 9-6-10 the Administrator
inserviced all staff on making sure that
broken items are reported to maintenance
and making sure that all electrical panels
remain unblocked.

Completed 9-6-10

The Maintenance Director will monitor
compliance of electrical wiring and
equipment through the quality assurance
process. The Maintenance Director will
monitor all areas of the building monthly x 3
months for broken light cover and blocked
electrical panels and correct immediately if
found. Findings will be reported to the
Quality Assurance Committee which is made
up of the following people: Medical Director,
Administrator, Director of Nursing, Health
Information Manager, Social Services
Director, Falls Prevention Nurse, Facility
Rehab Coordinator and Wound Care Nurse.
The monitor will be continued as determined
by the Maintenance Director or as directed
by the Quality Assurance Committee.