
SS=D

Interior finish for rooms and spaces not used for corridors or egressways, including exposed interior surfaces of buildings such as fixed or movable walls, partition columns and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2

This STANDARD is met as evidenced by:

Based on observation and interview, the facility failed to assure interior room surface finishes had a flame spread rating of C or less.

The findings include:

Observation and interview with the Maintenance Director in the kitchen stock room, on October 4, 2010 at 11:05 a.m. confirmed the kitchen stock room walls were covered with painted T-11 exterior siding. Record review of the manufacturer’s MSDS documentation confirmed it as “FLAMMABLE”.


SS=E

One hour fire rated construction (with ½ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur?

The ED will inspect all interior surfaces finishes prior to use. Findings of the Audits will be taken to the PI meetings for the 3 months beginning with the PI meeting set for November 2nd, 2010.

K 029 Corrective Action

10/22/10

K 029 NFPA 101 Life Safety Standard

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What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?

No residents were affected by the deficient practice.

Residents identified as having the potential to be affected by the same deficient practice.

What corrective actions will be taken?

All residents have a potential to be affected.

What measures will be put into place or systematic changes will be made to ensure that the deficient practice does not recur?

Maintenance director was re-educated on ensuring the interior room surfaces have a flame spread rating of C or less.

Maintenance director was re-educated on ensuring the interior room surfaces have a flame spread rating of C or less.

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 discloseable 60 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 discloseable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.
Residents identified as having the potential to be affected by the same deficient practice.

What corrective actions will be taken?
All residents have a potential to be affected.

What measures will be put into place or systematic changes will be made to ensure that the deficient practice does not recur?
Re-educate the maintenance staff on the importance of ensuring penetrations are filled immediately.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur?
The ED will give prior approval before any penetrations are made into the fire wall and will inspect after. Findings of audits will be taken to the PI meeting for the next 3 months. Beginning with the PI meeting set for Nov. 2nd 2010.

K 076 NFPA 101 Life Safety Standard
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What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?
No residents were affected by the deficient practice. Electrical outlet was immediately disconnected and covered over.
Residents identified as having the potential to be affected by the same deficient practice.

What corrective actions will be taken?
All residents have a potential to be affected.
All O2 storage rooms were inspected and smoke detectors were noted to have deficient practice.
What measures will be put into place or systematic changes will be made to ensure that the deficient practice does not recur?

Maintain director was re-educated on ensuring the medical gas storage room has electrical component greater than 5 feet above floor.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur?

Maintenance Director will get prior approval from the ED for any room which the O2 is being stored. Findings will be taken to the PI committee for the next 3 months. Beginning on Nov. 22, 2010.

What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?
Residents in room 109, the power strip was replaced with a 12 gauge.
Residents identified as having the potential to be affected by the same deficient practice.
What corrective actions will be taken?
All residents have a potential to be affected.
All rooms were checked to ensure that no power strips less than 12 gauge were being used.
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The findings include:

Observation and interview with the Maintenance Director, on October 4, 2010 at 1:30 p.m., confirmed the resident room 108 had a 14-gauge power strip that was not rated for use with a 12-gauge refrigerator and an Oxygen concentrator was plugged into it.

K 147

What measures will be put into place or systematic changes will be made to ensure that the deficient practice does not recur?

Maintenance Staff was instructed on ensuring all power strips are 12-gauge.

How the corrective action(s) will be monitored to ensure the deficient practice will not recur?

Rooms will be inspected monthly to ensure 12-gauge power strips are being used. Will be taken to the PI meeting monthly for the next 3 months. Beginning Nov. 2, 2010.

[Signature]

[Note]:

Due to the nature of the observation, corrective actions were taken immediately to ensure the resident's safety and to prevent any future incidents.