STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	185145	A. BUILDING **02 - CEDAR RIDGE HEALTH CAMPUS** B. WING _____	**03/14/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CEDAR RIDGE HEALTH CAMPUS	**1217 US HIGHWAY 62 E CYNTHIANA, KY 41031**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS K 000 42 CFR 483.90(a) K3 BUILDING: 0101 K6 PLAN APPROVAL: 2005 K7 SURVEY UNDER: 2012 Existing K8 SNF/NF Type of Structure: A one (1) story, 2005, Type V (111), protected combustible construction, with a total of seven (7) smoke compartments and a complete automatic (dry) sprinkler system. A Comparative Federal Monitoring Survey was conducted on 3/14/24, following a State Agency Annual Survey on 2/8/24, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Cedar Ridge Health was found to not be in compliance with the Requirements for Participation in Medicare and Medicaid. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.90 (a) et seq. (Life Safety from Fire).	K 000		
K 351 SS=F	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation	K 351		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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.

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K 351	Continued From page 1 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to install a complete sprinkler system in accordance with the code. The deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all residents. The facility had a capacity for 53 beds with a census of 42 on the day of the survey. The findings include: Observation during a tour of the building, on 3/14/24, at 2:07 p.m., revealed four (4) skylights located in the residents Dining Room ceiling and two (2) skylights located installed in the Administrative Entrance to the facility. Additional observation revealed each of the skylights were not sprinkler protected, and the depth of each of the unprotected ceiling pockets exceeded 36	K 351		

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K 351	Continued From page 2 inches as prohibited by section, 8.5.7.2(2) of NFPA 13. An interview with the Administrator and Maintenance Director, on 3/14/24, at 2:07 p.m., revealed the facility was aware of the skylight sprinkler issue due to their recent state survey. The census of 42 was verified by the Administrator on 3/14/24, at 10:30 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/14/24, at 5:00 p.m. Actual NFPA Standard: NFPA 101 (2012) Life Safety Code 19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5. 9.7 Automatic Sprinklers and Other Extinguishing Equipment 9.7.1 Automatic Sprinklers. 9.7.1.1* Each automatic sprinkler system required by another section of this Code shall be in accordance with one of the following: (1) NFPA 13, Standard for the Installation of Sprinkler Systems Actual NFPA Standard: NFPA 13, Standard for the Installation of Sprinkler Systems (2010) 8.5.7 Skylights 8.5.7.1 Sprinklers shall be permitted to be omitted form skylights not exceeding 32 ft2 (3 m2) in area, regardless of hazard classification, that are separated by at least 10 ft (3 m) horizontally from any other unprotected skylight or unprotected ceiling pocket.	K 351		

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K 351	Continued From page 3 8.5.7.2 Skylights not exceeding 32 ft2 (3 m2) shall be permitted to have a plastic cover. 8.6.7 Ceiling Pockets (Standard Pendent and Upright Spray Sprinklers). 8.6.7.1* Except as provided in 8.6.7.2 and 8.6.7.3, sprinklers shall be required in all ceiling pockets. 8.6.7.2 Sprinklers shall not be required in ceiling pockets where all of the following are met: (1) The total volume of the unprotected ceiling pocket does not exceed 1000 ft3 (28.3 m3). (2) The depth of the unprotected ceiling pocket does not exceed 36 in. (914 mm). (3) The entire floor under the unprotected ceiling pocket is protected by sprinklers at the lower ceiling elevation. (4) * The total size of all unprotected ceiling pockets in the same compartment within 10 ft (3 m) of each other does not exceed 1000 ft3 (28.3 m3). (5) The unprotected ceiling pocket has noncombustible or limited-combustible finishes. (6) Quick-response sprinklers are utilized throughout the compartment. 8.6.7.3 Sprinklers shall not be required in skylights and similar pockets in accordance with 8.5.7.	K 351		
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and 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	K 712		

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K 712	Continued From page 4 established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Based on records review and interview, the facility failed to conduct all required fire drills. The deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all residents. The facility had a capacity for 53 beds with a census of 42 on the day of the survey. The findings include: Records review, on 3/14/24, at 10:47 a.m., of the fire drill reports from the 12 months preceding the survey revealed the facility failed to conduct a simulation of emergency fire conditions for the fourth quarter first shift, as required by sections 19.7.1.4 and 19.7.1.6 of NFPA 101, Life Safety Code. An interview with the Maintenance Director, on 3/14/24, at 10:47 a.m., revealed the facility believed reviewing the fire pump operation with staff would count as a fire drill. The census of 42 was verified by the Administrator on 3/14/24, at 10:30 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/14/24, at 5:00 p.m. Actual NFPA Standard: NFPA 101 (2012) Life Safety Code 19.7.1.4* Fire drills in health care occupancies shall include the transmission of a fire alarm	K 712		

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K 712	Continued From page 5 signal and simulation of emergency fire conditions. 19.7.1.5 Infirm, or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building. 19.7.1.6 Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. 19.7.1.7 When drills are conducted between 9:00 p.m. and 6:00 a.m. (2100 hours and 0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.	K 712		
K 921 SS=F	Electrical Equipment - Testing and Maintenanc CFR(s): NFPA 101 Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed	K 921		

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K 921	Continued From page 6 operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 This REQUIREMENT is not met as evidenced by: Based on records review, observation, and interview, the facility failed to maintain documentation of inspections on the Patient-Care Related Electrical Equipment (PCREE). The deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all residents. The facility had a capacity for 53 beds with a census of 42 on the day of the survey. The findings include: Records review, on 3/14/24, at 10:47 a.m., revealed there was no documentation of testing of the PCREE in use throughout the facility, as required by section 10.5.6.2 of NFPA 99, Health Care Facilities Code. An interview, on 3/12/24, at 10:47 a.m., with the Maintenance Director revealed the facility was not aware of the PCREE testing requirements. Observations during the building inspection tour, on 3/14/24, from 2:00 p.m., to 4:55 p.m., revealed that the facility provided electric beds for approximately 42 residents and that PCREE such as vital sign monitors, portable suction units, air pumps for air mattresses, and other medical	K 921		

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K 921	Continued From page 7 equipment was present at the facility. The census of 42 was verified by the Administrator on 3/14/24, at 10:30 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/14/24, at 5:00 p.m. Actual NFPA Standard: NFPA 99, Health Care Facilities Code (2012) 3.3.137 Patient-Care-Related Electrical Equipment. Electrical equipment appliance that is intended to be used for diagnostic, therapeutic, or monitoring purposes in a patient care vicinity. 10.3 Testing Requirements - Fixed and Portable. 10.3.1* Physical Integrity. The physical integrity of the power cord assembly composed of the power cord, attachment plug, and cord-strain relief shall be confirmed by visual inspection. 10.3.2* Resistance. 10.3.2.1 For appliances that are used in the patient care vicinity, the resistance between the appliance chassis, or any exposed conductive surface of the appliance, and the ground pin of the attachment plug shall be less than 0.50 ohm under the following conditions: (1) The cord shall be flexed at its connection to the attachment plug or connector. (2) The cord shall be flexed at its connection to the strain relief on the chassis. 10.3.2.2 The requirement of 10.3.2.1 shall not apply to accessible metal parts that achieve separation from main parts by double insulation or metallic screening or that are unlikely to become energized (e.g., escutcheons or nameplates, small screws). 10.3.3* Leakage Current Tests. 10.3.3.1 General.	K 921		

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K 921	Continued From page 8 10.3.3.1.1 The requirements in 10.3.3.2 through 10.3.3.4 shall apply to all tests. 10.3.3.1.2 Tests shall be performed with the power switch ON and OFF. 10.3.3.2 Resistance Test. The resistance tests of 10.3.3.3 shall be conducted before undertaking any leakage current measurements. 10.3.3.3* Techniques of Measurement. The test shall not be made on the load side of an isolated power system or separable isolation transformer. 10.3.3.4* Leakage Current Limits. The leakage current limits in 10.3.4 and 10.3.5 shall be followed. 10.3.4 Leakage Current - Fixed Equipment. 10.3.4.1 Permanently wired appliances in the patient care vicinity shall be tested prior to installation while the equipment is temporarily insulated from ground. 10.3.4.2 The leakage current flowing through the ground conductor of the power supply connection to ground of permanently wired appliances installed in general or critical care areas shall not exceed 10.0 mA (ac or dc) with all grounds lifted. 10.3.5 Touch Current - Portable Equipment. 10.3.5.1* Touch Current Limits. The touch current for cord connected equipment shall not exceed 100 ?A with the ground wire intact (if a ground wire is provided) with normal polarity and shall not exceed 500 ?A with the ground wire disconnected. 10.3.5.2 If multiple devices are connected together and one power cord supplies power, the leakage current shall be measured as an assembly. 10.3.5.3 When multiple devices are connected together and more than one power cord supplies power, the devices shall be separated into groups according to their power supply cord, and the	K 921		

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K 921	Continued From page 9 leakage current shall be measured independently for each group as an assembly. 10.3.5.4 Touch Leakage Test Procedure. Measurements shall be made using the circuit, as illustrated in Figure 10.3.5.4, with the appliance ground broken in two modes of appliance operation as follows: (1) Power plug connected normally with the appliance on (2) Power plug connected normally with the appliance off (if equipped with an on/off switch) 10.3.5.4.1 If the appliance has fixed redundant grounding (e.g., permanently fastened to the grounding system), the touch leakage current test shall be conducted with the redundant grounding intact. 10.3.5.4.2 Test shall be made with Switch A in Figure 10.3.5.4 closed. 10.3.6* Lead Leakage Current Tests and Limits - Portable Equipment. 10.3.6.1 The leakage current between all patient leads connected together and ground shall be measured with the power plug connected normally and the device on. 10.3.6.2 An acceptable test configuration shall be as illustrated in Figure 10.3.5.4. 10.3.6.3 The leakage current shall not exceed 100 ?A for ground wire closed and 500 ?A ac for ground wire open. 10.5.2.1 Testing Intervals. 10.5.2.1.1 The facility shall establish policies and protocols for the type of test and intervals of testing for patient care-related electrical equipment. 10.5.2.1.2 All patient care-related electrical equipment used in patient care rooms shall be tested in accordance with 10.3.5.4 or 10.3.6 before being put into service for the first time and after any repair or modification that might have	K 921		

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K 921	Continued From page 10 compromised electrical safety. 10.5.2.5* System Demonstration. Any system consisting of several electric appliances shall be demonstrated to comply with this code as a complete system. 10.5.3 Servicing and Maintenance of Equipment. 10.5.3.1 The manufacturer of the appliance shall furnish documents containing at least a technical description, instructions for use, and a means of contacting the manufacturer. 10.5.3.1.1 The documents specified in 10.5.3.1 shall include the following, where applicable: (1) Illustrations that show the location of controls (2) Explanation of the function of each control (3) Illustrations of proper connection to the patient or other equipment, or both (4) Step-by-step procedures for testing and proper use of the appliance (5) Safety considerations in use and servicing of the appliance (6) Precautions to be taken if the appliance is used on a patient simultaneously with other electric appliances (7) Schematics, wiring diagrams, mechanical layouts, parts lists, and other pertinent data for the appliance (8) Instructions for cleaning, disinfection, or sterilization (9) Utility supply requirements (electrical, gas, ventilation, heating, cooling, and so forth) (10) Explanation of figures, symbols, and abbreviations on the appliance (11) Technical performance specifications (12) Instructions for unpacking, inspection, installation, adjustment, and alignment (13) Preventive and corrective maintenance and repair	K 921		

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K 921	Continued From page 11 procedures 10.5.3.1.2 Service manuals, instructions, and procedures provided by the manufacturer shall be considered in the development of a program for maintenance of equipment. 10.5.6 Record Keeping - Patient Care Appliances. 10.5.6.1 Instruction Manuals. 10.5.6.1.1 A permanent file of instruction and maintenance manuals shall be maintained and be accessible. 10.5.6.1.2 The file of manuals shall be in the custody of the engineering group responsible for the maintenance of the appliance. 10.5.6.1.3 Duplicate instruction and maintenance manuals shall be available to the user. 10.5.6.1.4 Any safety labels and condensed operating instructions on an appliance shall be maintained in legible condition. 10.5.6.2* Documentation. 10.5.6.2.1 A record shall be maintained of the tests required by this chapter and associated repairs or modifications. 10.5.6.2.2 At a minimum, the record shall contain all of the following: (1) Date (2) Unique identification of the equipment tested (3) Indication of which items have met or have failed to meet the performance requirements of 10.5.6.2 10.5.6.3 Test Logs. A log of test results and repairs shall be maintained and kept for a period of time in accordance with a health care facility's record retention policy. 10.5.8 Qualification and Training of Personnel. 10.5.8.1* Personnel concerned for the application or maintenance of electric appliances shall be trained on the risks associated with their use. 10.5.8.1.1 The health care facilities shall provide programs of continuing education for its	K 921		

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K 921	Continued From page 12 personnel. 10.5.8.1.2 Continuing education programs shall include periodic review of manufacturers' safety guidelines and usage requirements for electrosurgical units and similar appliances. 10.5.8.2 Personnel involved in the use of energy-delivering devices including, but not limited to, electrosurgical, surgical laser, and fiberoptic devices shall receive periodic training in fire suppression. 10.5.8.3 Equipment shall be serviced by qualified personnel only.	K 921		

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CEDAR RIDGE HEALTH CAMPUS	1217 US HIGHWAY 62 E CYNTHIANA, KY 41031

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments 42 CFR 483.73 K6 PLAN APPROVAL: 2005 K7 SURVEY UNDER: 2012 Existing K8 SNF/NF Type of Structure: A one (1) story, 2005, Type V (111), protected combustible construction, with a total of seven (7) smoke compartments and a complete automatic (dry) sprinkler system. A Comparative Federal Monitoring Survey was conducted on 3/14/24, following a State Agency Annual Survey on 2/8/24, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Cedar Ridge Health Campus was found to be in compliance with the Requirements for Participation in Medicare and Medicaid.	E 000		
E9999	Final Observations Cedar Ridge Health Campus was found to be in compliance with Title 42, Code of Federal Regulations, 483.73 et seq. (Emergency Preparedness).	E9999		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

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K 000	INITIAL COMMENTS K 000 42 CFR 483.90(a) K3 BUILDING: 0101 K6 PLAN APPROVAL: 2005 K7 SURVEY UNDER: 2012 Existing K8 SNF/NF Type of Structure: A one (1) story, 2005, Type V (111), protected combustible construction, with a total of seven (7) smoke compartments and a complete automatic (dry) sprinkler system. A Comparative Federal Monitoring Survey was conducted on 3/14/24, following a State Agency Annual Survey on 2/8/24, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Cedar Ridge Health was found to not be in compliance with the Requirements for Participation in Medicare and Medicaid. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.90 (a) et seq. (Life Safety from Fire).	K 000		
K 351 SS=F	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by	K 351		

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K 351	Continued From page 1 construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to install a complete sprinkler system in accordance with the code. The deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all residents. The facility had a capacity for 53 beds with a census of 42 on the day of the survey. The findings include: Observation during a tour of the building, on 3/14/24, at 2:07 p.m., revealed four (4) skylights located in the residents Dining Room ceiling and two (2) skylights located installed in the Administrative Entrance to the facility. Additional observation revealed each of the skylights were not sprinkler protected, and the depth of each of the unprotected ceiling pockets exceeded 36 inches as prohibited by section, 8.5.7.2(2) of NFPA 13. An interview with the Administrator and	K 351		

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K 351	Continued From page 2 Maintenance Director, on 3/14/24, at 2:07 p.m., revealed the facility was aware of the skylight sprinkler issue due to their recent state survey. The census of 42 was verified by the Administrator on 3/14/24, at 10:30 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/14/24, at 5:00 p.m. Actual NFPA Standard: NFPA 101 (2012) Life Safety Code 19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5. 9.7 Automatic Sprinklers and Other Extinguishing Equipment 9.7.1 Automatic Sprinklers. 9.7.1.1* Each automatic sprinkler system required by another section of this Code shall be in accordance with one of the following: (1) NFPA 13, Standard for the Installation of Sprinkler Systems Actual NFPA Standard: NFPA 13, Standard for the Installation of Sprinkler Systems (2010) 8.5.7 Skylights 8.5.7.1 Sprinklers shall be permitted to be omitted form skylights not exceeding 32 ft2 (3 m2) in area, regardless of hazard classification, that are separated by at least 10 ft (3 m) horizontally from any other unprotected skylight or unprotected ceiling pocket. 8.5.7.2 Skylights not exceeding 32 ft2 (3 m2) shall be permitted to have a plastic cover. 8.6.7 Ceiling Pockets (Standard Pendent and Upright Spray Sprinklers).	K 351		

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K 351	Continued From page 3 8.6.7.1* Except as provided in 8.6.7.2 and 8.6.7.3, sprinklers shall be required in all ceiling pockets. 8.6.7.2 Sprinklers shall not be required in ceiling pockets where all of the following are met: (1) The total volume of the unprotected ceiling pocket does not exceed 1000 ft3 (28.3 m3). (2) The depth of the unprotected ceiling pocket does not exceed 36 in. (914 mm). (3) The entire floor under the unprotected ceiling pocket is protected by sprinklers at the lower ceiling elevation. (4) * The total size of all unprotected ceiling pockets in the same compartment within 10 ft (3 m) of each other does not exceed 1000 ft3 (28.3 m3). (5) The unprotected ceiling pocket has noncombustible or limited-combustible finishes. (6) Quick-response sprinklers are utilized throughout the compartment. 8.6.7.3 Sprinklers shall not be required in skylights and similar pockets in accordance with 8.5.7.	K 351		
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and 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. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by:	K 712		

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K 712	Continued From page 4 Based on records review and interview, the facility failed to conduct all required fire drills. The deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all residents. The facility had a capacity for 53 beds with a census of 42 on the day of the survey. The findings include: Records review, on 3/14/24, at 10:47 a.m., of the fire drill reports from the 12 months preceding the survey revealed the facility failed to conduct a simulation of emergency fire conditions for the fourth quarter first shift, as required by sections 19.7.1.4 and 19.7.1.6 of NFPA 101, Life Safety Code. An interview with the Maintenance Director, on 3/14/24, at 10:47 a.m., revealed the facility believed reviewing the fire pump operation with staff would count as a fire drill. The census of 42 was verified by the Administrator on 3/14/24, at 10:30 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/14/24, at 5:00 p.m. Actual NFPA Standard: NFPA 101 (2012) Life Safety Code 19.7.1.4* Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. 19.7.1.5 Infirm, or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building. 19.7.1.6 Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and	K 712		

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K 712	Continued From page 5 administrative staff) with the signals and emergency action required under varied conditions. 19.7.1.7 When drills are conducted between 9:00 p.m. and 6:00 a.m. (2100 hours and 0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.	K 712		
K 921 SS=F	Electrical Equipment - Testing and Maintenanc CFR(s): NFPA 101 Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8	K 921		

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K 921	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on records review, observation, and interview, the facility failed to maintain documentation of inspections on the Patient-Care Related Electrical Equipment (PCREE). The deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all residents. The facility had a capacity for 53 beds with a census of 42 on the day of the survey. The findings include: Records review, on 3/14/24, at 10:47 a.m., revealed there was no documentation of testing of the PCREE in use throughout the facility, as required by section 10.5.6.2 of NFPA 99, Health Care Facilities Code. An interview, on 3/12/24, at 10:47 a.m., with the Maintenance Director revealed the facility was not aware of the PCREE testing requirements. Observations during the building inspection tour, on 3/14/24, from 2:00 p.m., to 4:55 p.m., revealed that the facility provided electric beds for approximately 42 residents and that PCREE such as vital sign monitors, portable suction units, air pumps for air mattresses, and other medical equipment was present at the facility. The census of 42 was verified by the Administrator on 3/14/24, at 10:30 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/14/24, at 5:00 p.m. Actual NFPA Standard: NFPA 99, Health Care Facilities Code (2012) 3.3.137 Patient-Care-Related Electrical	K 921		

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K 921	Continued From page 7 Equipment. Electrical equipment appliance that is intended to be used for diagnostic, therapeutic, or monitoring purposes in a patient care vicinity. 10.3 Testing Requirements - Fixed and Portable. 10.3.1* Physical Integrity. The physical integrity of the power cord assembly composed of the power cord, attachment plug, and cord-strain relief shall be confirmed by visual inspection. 10.3.2* Resistance. 10.3.2.1 For appliances that are used in the patient care vicinity, the resistance between the appliance chassis, or any exposed conductive surface of the appliance, and the ground pin of the attachment plug shall be less than 0.50 ohm under the following conditions: (1) The cord shall be flexed at its connection to the attachment plug or connector. (2) The cord shall be flexed at its connection to the strain relief on the chassis. 10.3.2.2 The requirement of 10.3.2.1 shall not apply to accessible metal parts that achieve separation from main parts by double insulation or metallic screening or that are unlikely to become energized (e.g., escutcheons or nameplates, small screws). 10.3.3* Leakage Current Tests. 10.3.3.1 General. 10.3.3.1.1 The requirements in 10.3.3.2 through 10.3.3.4 shall apply to all tests. 10.3.3.1.2 Tests shall be performed with the power switch ON and OFF. 10.3.3.2 Resistance Test. The resistance tests of 10.3.3.3 shall be conducted before undertaking any leakage current measurements. 10.3.3.3* Techniques of Measurement. The test shall not be made on the load side of an isolated power system or separable isolation transformer. 10.3.3.4* Leakage Current Limits. The leakage current limits in 10.3.4 and 10.3.5 shall be	K 921		

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K 921	Continued From page 8 followed. 10.3.4 Leakage Current - Fixed Equipment. 10.3.4.1 Permanently wired appliances in the patient care vicinity shall be tested prior to installation while the equipment is temporarily insulated from ground. 10.3.4.2 The leakage current flowing through the ground conductor of the power supply connection to ground of permanently wired appliances installed in general or critical care areas shall not exceed 10.0 mA (ac or dc) with all grounds lifted. 10.3.5 Touch Current - Portable Equipment. 10.3.5.1* Touch Current Limits. The touch current for cord connected equipment shall not exceed 100 ?A with the ground wire intact (if a ground wire is provided) with normal polarity and shall not exceed 500 ?A with the ground wire disconnected. 10.3.5.2 If multiple devices are connected together and one power cord supplies power, the leakage current shall be measured as an assembly. 10.3.5.3 When multiple devices are connected together and more than one power cord supplies power, the devices shall be separated into groups according to their power supply cord, and the leakage current shall be measured independently for each group as an assembly. 10.3.5.4 Touch Leakage Test Procedure. Measurements shall be made using the circuit, as illustrated in Figure 10.3.5.4, with the appliance ground broken in two modes of appliance operation as follows: (1) Power plug connected normally with the appliance on (2) Power plug connected normally with the appliance off (if equipped with an on/off switch) 10.3.5.4.1 If the appliance has fixed redundant grounding (e.g., permanently fastened to the	K 921		

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K 921	Continued From page 9 grounding system), the touch leakage current test shall be conducted with the redundant grounding intact. 10.3.5.4.2 Test shall be made with Switch A in Figure 10.3.5.4 closed. 10.3.6* Lead Leakage Current Tests and Limits - Portable Equipment. 10.3.6.1 The leakage current between all patient leads connected together and ground shall be measured with the power plug connected normally and the device on. 10.3.6.2 An acceptable test configuration shall be as illustrated in Figure 10.3.5.4. 10.3.6.3 The leakage current shall not exceed 100 ?A for ground wire closed and 500 ?A ac for ground wire open. 10.5.2.1 Testing Intervals. 10.5.2.1.1 The facility shall establish policies and protocols for the type of test and intervals of testing for patient care-related electrical equipment. 10.5.2.1.2 All patient care-related electrical equipment used in patient care rooms shall be tested in accordance with 10.3.5.4 or 10.3.6 before being put into service for the first time and after any repair or modification that might have compromised electrical safety. 10.5.2.5* System Demonstration. Any system consisting of several electric appliances shall be demonstrated to comply with this code as a complete system. 10.5.3 Servicing and Maintenance of Equipment. 10.5.3.1 The manufacturer of the appliance shall furnish documents containing at least a technical description, instructions for use, and a means of contacting the manufacturer. 10.5.3.1.1 The documents specified in 10.5.3.1 shall include the following, where applicable: (1) Illustrations that show the location of controls (2) Explanation of the function of each control	K 921		

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	185145	A. BUILDING 02 - CEDAR RIDGE HEALTH CAMPUS B. WING _____	03/14/2024

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K 921	Continued From page 10 (3) Illustrations of proper connection to the patient or other equipment, or both (4) Step-by-step procedures for testing and proper use of the appliance (5) Safety considerations in use and servicing of the appliance (6) Precautions to be taken if the appliance is used on a patient simultaneously with other electric appliances (7) Schematics, wiring diagrams, mechanical layouts, parts lists, and other pertinent data for the appliance (8) Instructions for cleaning, disinfection, or sterilization (9) Utility supply requirements (electrical, gas, ventilation, heating, cooling, and so forth) (10) Explanation of figures, symbols, and abbreviations on the appliance (11) Technical performance specifications (12) Instructions for unpacking, inspection, installation, adjustment, and alignment (13) Preventive and corrective maintenance and repair procedures 10.5.3.1.2 Service manuals, instructions, and procedures provided by the manufacturer shall be considered in the development of a program for maintenance of equipment. 10.5.6 Record Keeping - Patient Care Appliances. 10.5.6.1 Instruction Manuals. 10.5.6.1.1 A permanent file of instruction and maintenance manuals shall be maintained and be accessible. 10.5.6.1.2 The file of manuals shall be in the custody of the engineering group responsible for the maintenance of the appliance. 10.5.6.1.3 Duplicate instruction and maintenance manuals shall be available to the user.	K 921		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 921	Continued From page 11 10.5.6.1.4 Any safety labels and condensed operating instructions on an appliance shall be maintained in legible condition. 10.5.6.2* Documentation. 10.5.6.2.1 A record shall be maintained of the tests required by this chapter and associated repairs or modifications. 10.5.6.2.2 At a minimum, the record shall contain all of the following: (1) Date (2) Unique identification of the equipment tested (3) Indication of which items have met or have failed to meet the performance requirements of 10.5.6.2 10.5.6.3 Test Logs. A log of test results and repairs shall be maintained and kept for a period of time in accordance with a health care facility's record retention policy. 10.5.8 Qualification and Training of Personnel. 10.5.8.1* Personnel concerned for the application or maintenance of electric appliances shall be trained on the risks associated with their use. 10.5.8.1.1 The health care facilities shall provide programs of continuing education for its personnel. 10.5.8.1.2 Continuing education programs shall include periodic review of manufacturers' safety guidelines and usage requirements for electrosurgical units and similar appliances. 10.5.8.2 Personnel involved in the use of energy-delivering devices including, but not limited to, electrosurgical, surgical laser, and fiberoptic devices shall receive periodic training in fire suppression. 10.5.8.3 Equipment shall be serviced by qualified personnel only.	K 921		

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K 000	INITIAL COMMENTS Reviewed by Nathan Johns Ascellon Corporation 4/26/24 Acceptable K 000 42 CFR 483.90(a) K3 BUILDING: 0101 K6 PLAN APPROVAL: 2005 K7 SURVEY UNDER: 2012 Existing K8 SNF/NF Type of Structure: A one (1) story, 2005, Type V (111), protected combustible construction, with a total of seven (7) smoke compartments and a complete automatic (dry) sprinkler system. A Comparative Federal Monitoring Survey was conducted on 3/14/24, following a State Agency Annual Survey on 2/8/24, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Cedar Ridge Health was found to not be in compliance with the Requirements for Participation in Medicare and Medicaid. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.90 (a) et seq. (Life Safety from Fire).	K 000	The submission of this plan of correction does not indicate an admission by Cedar Ridge Health Campus that the findings and allegations contained herein are accurate, true representation of the quality of care provided, and the living environment provided to the residents of Cedar Ridge Health Campus. The facility recognizes its obligation to provide legally and medically necessary care and services to its residents in an economic and efficient manner. The facility hereby maintains it is in substantial compliance with all state and federal requirements governing the management of this facility. It is thus submitted as a matter of statute only.	
K 351 SS=F	Sprinkler System - Installation CFR(s): NFPA 101 Sprinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by	K 351	K351 - Sprinkler System – Installation Compliance Date: 03/21/2024 **Immediate Intervention** The Director of Plant Operations has contacted Central Kentucky Sprinkler to install sprinklers four (4) skylights located in the residents Dining Room ceiling and two (2) skylights located installed in the administrative entrance to the facility. The Installation of the of the sprinkler	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

[signature], LNHA — Executive Director — 4/26/24

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.

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K 351	Continued From page 1 construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to install a complete sprinkler system in accordance with the code. The deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all residents. The facility had a capacity for 53 beds with a census of 42 on the day of the survey. The findings include: Observation during a tour of the building, on 3/14/24, at 2:07 p.m., revealed four (4) skylights located in the residents Dining Room ceiling and two (2) skylights located installed in the Administrative Entrance to the facility. Additional observation revealed each of the skylights were not sprinkler protected, and the depth of each of the unprotected ceiling pockets exceeded 36 inches as prohibited by section, 8.5.7.2(2) of NFPA 13. An interview with the Administrator and	K 351	have an expected completion date of 3/21/24. The Director of Plant Operation was educated by the Executive Director on K351 – Sprinkler System – Installation, NFPA 101, 2012 Edition, NFPA 13, Standard for Installation of Sprinkler Systems.19.3.5.1,19.3.5.2, 19.3.5.3,19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1). The Director of Plant will complete a one-time inspection of the skylights in the LTC facility verifying that these areas are protected by an approved sprinkler system. This inspection will be followed by a semi-annual visual inspection of the skylights. The semi-annual inspection will be uploaded as a task for the facility into the TELS work order system. The results of this inspection will be presented by the Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved.	

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K 351	Continued From page 2 Maintenance Director, on 3/14/24, at 2:07 p.m., revealed the facility was aware of the skylight sprinkler issue due to their recent state survey. The census of 42 was verified by the Administrator on 3/14/24, at 10:30 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/14/24, at 5:00 p.m. Actual NFPA Standard: NFPA 101 (2012) Life Safety Code 19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5. 9.7 Automatic Sprinklers and Other Extinguishing Equipment 9.7.1 Automatic Sprinklers. 9.7.1.1* Each automatic sprinkler system required by another section of this Code shall be in accordance with one of the following: (1) NFPA 13, Standard for the Installation of Sprinkler Systems Actual NFPA Standard: NFPA 13, Standard for the Installation of Sprinkler Systems (2010) 8.5.7 Skylights 8.5.7.1 Sprinklers shall be permitted to be omitted form skylights not exceeding 32 ft2 (3 m2) in area, regardless of hazard classification, that are separated by at least 10 ft (3 m) horizontally from any other unprotected skylight or unprotected ceiling pocket. 8.5.7.2 Skylights not exceeding 32 ft2 (3 m2) shall be permitted to have a plastic cover. 8.6.7 Ceiling Pockets (Standard Pendent and Upright Spray Sprinklers).	K 351	The deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all residents. K712 – Fire Drills Compliance Date: 04/12/2024 **Immediate Intervention** The Director of Plant Operations has completed a first shift fire drill with simulation of the emergency fire conditions as required by sections 19.7.1.4 and 19.7.1.6 of NFPA 101, Life Safety Code. The Director of Plant Operation was educated by the Executive Director on K712 – Fire Drills, NFPA 101, 2012 Edition, Section 19.7.1.4 - Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. The Executive Director will review written records and TELS for fire drills conducted quarterly for each shift. 1 x Monthly X 6 months Results of this review will be presented by the Executive Director to the QAPI committee for further recommendations	

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K 351	Continued From page 3 8.6.7.1* Except as provided in 8.6.7.2 and 8.6.7.3, sprinklers shall be required in all ceiling pockets. 8.6.7.2 Sprinklers shall not be required in ceiling pockets where all of the following are met: (1) The total volume of the unprotected ceiling pocket does not exceed 1000 ft3 (28.3 m3). (2) The depth of the unprotected ceiling pocket does not exceed 36 in. (914 mm). (3) The entire floor under the unprotected ceiling pocket is protected by sprinklers at the lower ceiling elevation. (4) * The total size of all unprotected ceiling pockets in the same compartment within 10 ft (3 m) of each other does not exceed 1000 ft3 (28.3 m3). (5) The unprotected ceiling pocket has noncombustible or limited-combustible finishes. (6) Quick-response sprinklers are utilized throughout the compartment. 8.6.7.3 Sprinklers shall not be required in skylights and similar pockets in accordance with 8.5.7.	K 351	and continue until the Quality Assurance Team determines substantial compliance has been achieved. The deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all residents. K921 - Electrical Equipment - Testing and Maintenance Requirements Compliance Date: 04/12/2024 **Immediate Intervention** The Director of Plant Operations has inspected, tested and documented the physical integrity, resistance, leakage current test for fixed and portable patient-care related electrical equipment (PCREE).	
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and 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. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by:	K 712	The Director of Plant Operation was educated by the Facilities Management Support on K921 - Equipment - Testing and Maintenance Requirements, NFPA 101, 2012 Edition, All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99	

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K 712	Continued From page 4 Based on records review and interview, the facility failed to conduct all required fire drills. The deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all residents. The facility had a capacity for 63 beds with a census of 42 on the day of the survey. The findings include: Records review, on 3/14/24, at 10:47 a.m., of the fire drill reports from the 12 months preceding the survey revealed the facility failed to conduct a simulation of emergency fire conditions for the fourth quarter first shift, as required by sections 19.7.1.4 and 19.7.1.6 of NFPA 101, Life Safety Code. An interview with the Maintenance Director, on 3/14/24, at 10:47 a.m., revealed the facility believed reviewing the fire pump operation with staff would count as a fire drill. The census of 42 was verified by the Administrator on 3/14/24, at 10:30 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/14/24, at 5:00 p.m. Actual NFPA Standard: NFPA 101 (2012) Life Safety Code 19.7.1.4* Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. 19.7.1.5 Infirm, or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building. 19.7.1.6 Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and	K 712	as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical. equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8. The Director of Plant Operations will complete a one-time inspection of all PCREE devices in the facility. This one-time inspection will be followed with daily audits of newly introduced PCREE devices for inspection. Prior to initial use, following any major repair or upgrade, as well as annually per rolling calendar year from date of last inspection, of a fixed or	

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K 712	Continued From page 5 administrative staff) with the signals and emergency action required under varied conditions. 19.7.1.7 When drills are conducted between 9:00 p.m. and 6:00 a.m. (2100 hours and 0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.	K 712	portable medical device an electrical safety test is performed by the Director of Plant Operations in accordance with NFPA 99 -2012: 10.3 Testing Requirements. Additionally, an operational or functional test is performed to ensure that the device performs as per manufacturer specifications, in accordance with test procedures in the manufacturer's instructions for use. Results of this inspection and daily audits will be presented by the Executive Director to the QAPI committee for further recommendations and continue until the Quality Assurance Team determines substantial compliance has been achieved. The deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all residents.	
K 921 SS=F	Electrical Equipment - Testing and Maintenanc CFR(s): NFPA 101 Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8	K 921		

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K 921	Continued From page 6 This REQUIREMENT is not met as evidenced by: Based on records review, observation, and interview, the facility failed to maintain documentation of inspections on the Patient-Care Related Electrical Equipment (PCREE). The deficient practice affected seven (7) of seven (7) smoke compartments, staff, and all residents. The facility had a capacity for 53 beds with a census of 42 on the day of the survey. The findings include: Records review, on 3/14/24, at 10:47 a.m., revealed there was no documentation of testing of the PCREE in use throughout the facility, as required by section 10.5.6.2 of NFPA 99, Health Care Facilities Code. An interview, on 3/12/24, at 10:47 a.m., with the Maintenance Director revealed the facility was not aware of the PCREE testing requirements. Observations during the building inspection tour, on 3/14/24, from 2:00 p.m., to 4:55 p.m., revealed that the facility provided electric beds for approximately 42 residents and that PCREE such as vital sign monitors, portable suction units, air pumps for air mattresses, and other medical equipment was present at the facility. The census of 42 was verified by the Administrator on 3/14/24, at 10:30 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/14/24, at 5:00 p.m. Actual NFPA Standard: NFPA 99, Health Care Facilities Code (2012) 3.3.137 Patient-Care-Related Electrical	K 921		

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K 921	Continued From page 7 Equipment. Electrical equipment appliance that is intended to be used for diagnostic, therapeutic, or monitoring purposes in a patient care vicinity. 10.3 Testing Requirements - Fixed and Portable. 10.3.1* Physical Integrity. The physical integrity of the power cord assembly composed of the power cord, attachment plug, and cord-strain relief shall be confirmed by visual inspection. 10.3.2* Resistance. 10.3.2.1 For appliances that are used in the patient care vicinity, the resistance between the appliance chassis, or any exposed conductive surface of the appliance, and the ground pin of the attachment plug shall be less than 0.50 ohm under the following conditions: (1) The cord shall be flexed at its connection to the attachment plug or connector. (2) The cord shall be flexed at its connection to the strain relief on the chassis. 10.3.2.2 The requirement of 10.3.2.1 shall not apply to accessible metal parts that achieve separation from main parts by double insulation or metallic screening or that are unlikely to become energized (e.g., escutcheons or nameplates, small screws). 10.3.3* Leakage Current Tests. 10.3.3.1 General. 10.3.3.1.1 The requirements in 10.3.3.2 through 10.3.3.4 shall apply to all tests. 10.3.3.1.2 Tests shall be performed with the power switch ON and OFF. 10.3.3.2 Resistance Test. The resistance tests of 10.3.3.3 shall be conducted before undertaking any leakage current measurements. 10.3.3.3* Techniques of Measurement. The test shall not be made on the load side of an isolated power system or separable isolation transformer. 10.3.3.4* Leakage Current Limits. The leakage current limits in 10.3.4 and 10.3.5 shall be	K 921		

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	185145	A. BUILDING 02 - CEDAR RIDGE HEALTH CAMPUS B. WING _____	03/14/2024

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K 921	Continued From page 8 followed. 10.3.4 Leakage Current - Fixed Equipment. 10.3.4.1 Permanently wired appliances in the patient care vicinity shall be tested prior to installation while the equipment is temporarily insulated from ground. 10.3.4.2 The leakage current flowing through the ground conductor of the power supply connection to ground of permanently wired appliances installed in general or critical care areas shall not exceed 10.0 mA (ac or dc) with all grounds lifted. 10.3.5 Touch Current - Portable Equipment. 10.3.5.1* Touch Current Limits. The touch current for cord connected equipment shall not exceed 100 ?A with the ground wire intact (if a ground wire is provided) with normal polarity and shall not exceed 500 ?A with the ground wire disconnected. 10.3.5.2 If multiple devices are connected together and one power cord supplies power, the leakage current shall be measured as an assembly. 10.3.5.3 When multiple devices are connected together and more than one power cord supplies power, the devices shall be separated into groups according to their power supply cord, and the leakage current shall be measured independently for each group as an assembly. 10.3.5.4 Touch Leakage Test Procedure. Measurements shall be made using the circuit, as illustrated in Figure 10.3.5.4, with the appliance ground broken in two modes of appliance operation as follows: (1) Power plug connected normally with the appliance on (2) Power plug connected normally with the appliance off (if equipped with an on/off switch) 10.3.5.4.1 If the appliance has fixed redundant grounding (e.g., permanently fastened to the	K 921		

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K 921	Continued From page 9 grounding system), the touch leakage current test shall be conducted with the redundant grounding intact. 10.3.5.4.2 Test shall be made with Switch A in Figure 10.3.5.4 closed. 10.3.6* Lead Leakage Current Tests and Limits - Portable Equipment. 10.3.6.1 The leakage current between all patient leads connected together and ground shall be measured with the power plug connected normally and the device on. 10.3.6.2 An acceptable test configuration shall be as illustrated in Figure 10.3.5.4. 10.3.6.3 The leakage current shall not exceed 100 ?A for ground wire closed and 500 ?A ac for ground wire open. 10.5.2.1 Testing Intervals. 10.5.2.1.1 The facility shall establish policies and protocols for the type of test and intervals of testing for patient care-related electrical equipment. 10.5.2.1.2 All patient care-related electrical equipment used in patient care rooms shall be tested in accordance with 10.3.5.4 or 10.3.6 before being put into service for the first time and after any repair or modification that might have compromised electrical safety. 10.5.2.5* System Demonstration. Any system consisting of several electric appliances shall be demonstrated to comply with this code as a complete system. 10.5.3 Servicing and Maintenance of Equipment. 10.5.3.1 The manufacturer of the appliance shall furnish documents containing at least a technical description, instructions for use, and a means of contacting the manufacturer. 10.5.3.1.1 The documents specified in 10.5.3.1 shall include the following, where applicable: (1) Illustrations that show the location of controls (2) Explanation of the function of each control	K 921		

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K 921	Continued From page 10 (3) Illustrations of proper connection to the patient or other equipment, or both (4) Step-by-step procedures for testing and proper use of the appliance (5) Safety considerations in use and servicing of the appliance (6) Precautions to be taken if the appliance is used on a patient simultaneously with other electric appliances (7) Schematics, wiring diagrams, mechanical layouts, parts lists, and other pertinent data for the appliance (8) Instructions for cleaning, disinfection, or sterilization (9) Utility supply requirements (electrical, gas, ventilation, heating, cooling, and so forth) (10) Explanation of figures, symbols, and abbreviations on the appliance (11) Technical performance specifications (12) Instructions for unpacking, inspection, installation, adjustment, and alignment (13) Preventive and corrective maintenance and repair procedures 10.5.3.1.2 Service manuals, instructions, and procedures provided by the manufacturer shall be considered in the development of a program for maintenance of equipment. 10.5.6 Record Keeping - Patient Care Appliances. 10.5.6.1 Instruction Manuals. 10.5.6.1.1 A permanent file of instruction and maintenance manuals shall be maintained and be accessible. 10.5.6.1.2 The file of manuals shall be in the custody of the engineering group responsible for the maintenance of the appliance. 10.5.6.1.3 Duplicate instruction and maintenance manuals shall be available to the user.	K 921		

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K 921	Continued From page 11 10.5.6.1.4 Any safety labels and condensed operating instructions on an appliance shall be maintained in legible condition. 10.5.6.2* Documentation. 10.5.6.2.1 A record shall be maintained of the tests required by this chapter and associated repairs or modifications. 10.5.6.2.2 At a minimum, the record shall contain all of the following: (1) Date (2) Unique identification of the equipment tested (3) Indication of which items have met or have failed to meet the performance requirements of 10.5.6.2 10.5.6.3 Test Logs. A log of test results and repairs shall be maintained and kept for a period of time in accordance with a health care facility's record retention policy. 10.5.8 Qualification and Training of Personnel. 10.5.8.1* Personnel concerned for the application or maintenance of electric appliances shall be trained on the risks associated with their use. 10.5.8.1.1 The health care facilities shall provide programs of continuing education for its personnel. 10.5.8.1.2 Continuing education programs shall include periodic review of manufacturers' safety guidelines and usage requirements for electrosurgical units and similar appliances. 10.5.8.2 Personnel involved in the use of energy-delivering devices including, but not limited to, electrosurgical, surgical laser, and fiberoptic devices shall receive periodic training in fire suppression. 10.5.8.3 Equipment shall be serviced by qualified personnel only.	K 921		