STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	355077	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**06/04/2019**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
SHEYENNE CARE CENTER	**979 CENTRAL AVE N** **VALLEY CITY, ND 58072**

(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 This survey used the 2012 edition of NFPA 101, Life Safety Code, Chapter 19-Existing Health Care Occupancies and the 2012 edition of NFPA 99, Health Care Facilities Code in compliance with 42 CFR 483.70(a)(b). The findings that follow demonstrate noncompliance with these standards. The original 1957 four-story building was of Type II (222) construction with a wet automatic sprinkler system designed to meet the requirements of NFPA 13, Standard for the Installation of Sprinkler Systems. Attached to the east side of the original four-story building was a three-story addition which was constructed in 1988. The three-story structure was of Type III (211) construction equipped with an automatic sprinkler system designed to meet the requirements of NFPA 13. This addition had a wood roof which was separated with 4 layers of 5/8-inch gypsum board. Attached to the north side of the original four-story building was a one-story building of Type II (111) construction with a wet automatic sprinkler system designed to meet the requirements of NFPA 13. The two buildings were separated by a wall having a two-hour fire resistance rating. Attached to the north end of the one-story building was a one-story addition built in 2006 of Type V (111) construction with an automatic sprinkler system designed to meet the requirements of NFPA 13. The buildings were separated by a wall having a two-hour fire resistance rating.	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Electronically Signed		06/14/2019

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 000	Continued From page 1 Attached to the east side of the one-story building was a one-story addition built in 2016 of Type II (111) construction with a wet automatic sprinkler system designed to meet the requirements of NFPA 13. The two buildings were separated by a wall having a two-hour fire resistance rating.	K 000		
K 211 SS=F	Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this code. 8.3.3.1. Fire-rated door assemblies shall be inspected and tested in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. 7.2.1.15.2 The facility failed to inspect and test all fire rated	K 211	K-211 1.Inspections and testing of the fire rated doors assemblies will be inspected and documented. 2.All fire rated door assemblies will be inspected and documented 3.Q.A. will be completed annually on all fire rated door assemblies by maintenance and signed off on by ESC and submitted to CEO 4.All changes to fire rated door assemblies will be approved by the ESC. 5.7/19/2019	7/19/19

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K 211	Continued From page 2 door assemblies throughout the facility. Review of documentation and interview with staff determined not all fire rated door assemblies had been inspected in the past year. Failure to inspect and test fire rated door assemblies increases the risk of injury or death due to fire. The deficiency affected numerous fire rated door assemblies throughout the facility.	K 211		
K 222 SS=E	Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release	K 222		7/19/19

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K 222	Continued From page 3 upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: The facility failed to ensure exit access was readily accessible at all times.	K 222	K-222	

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K 222	Continued From page 4 A latch or other fastening device on a door leaf shall be provided with a releasing device that has an obvious method of operation and that is readily operated under all lighting conditions. The releasing mechanism for any latch shall be located not less than 34 in. (865 mm) above the finished floor and not more than 48 in. (1220 mm) above the finished floor. 19.2.2.2.1, 7.2.1.5.10, 7.2.1.5.10.1, 7.2.1.5.10.1(1), 7.2.1.5.10.1(2) Observation determined the releasing mechanism for the latch on the following doors were located more than 48 inches above the finished floor: 1) The door to the Special Care Unit Kitchen. 2) The north door to the North Tub Room on the 2nd Floor. 3) The west door to the North Tub Room on the 2nd Floor. 4) The south door to the South Tub Room on the 2nd Floor. 5) The north door to the North Tub Room on the 3rd Floor. 6) The west door to the North Tub Room on the 3rd Floor. 7) The south door to the South Tub Room on the 3rd Floor. Failure to maintain the means of egress available at all times increases the risk of death or injury	K 222	1.Doors that were identified on report under K-222 locking mechanisms will be corrected and lowered to meet the stand of less than 48 inches. 2.Maintenance will do a survey of all latching mechanism in the facility and will correct all latching mechanism to the standard requirements of not less than 34 inches above finished floor and not higher than 48 inches. 3.Q.A. will be completed of all latching mechanism throughout the facility on a quarterly basis and will be approved by the ESC and submitted to the CEO. 4.All additions of latching mechanism will be approved by ESC. 5.7/19/2019	

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K 222	Continued From page 5 due to fire. The deficiency affected egress from five (5) of numerous rooms in the facility.	K 222		
K 271 SS=D	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7, unless otherwise modified by 19.2.2 through 19.2.11. 19.2.1 The facility failed to maintain the means of egress as required. Walking surfaces in the means of egress shall comply with the following: 1) Walking surfaces shall be nominally level. 2) The slope of a walking surface in the direction of travel shall not exceed 1 in 20, unless the ramp requirements of 7.2.5 are met. 3) The slope perpendicular to the direction of travel shall not exceed 1 in 48. Every ramp used as a component in a means of egress shall conform to the general requirements of Section 7.1 and to the special requirements of 7.2.5. 7.1.6.3	K 271	K-271 1.The internal fire exit signs will be changed to reroute emergency exit into building and direct flow towards the closest smoke barrier door. 2.This is one of 15 emergency exits that did not meet the standard. 3.Any changes to this emergency exit will need to be approved by CEO. 4.7/19/2019.	7/19/19

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K 271	Continued From page 6 Existing ramps shall be in accordance with the following: 1) Minimum width of 30 in. (760 mm). 2) Maximum slope of 1 in 8. 3) Maximum height between landings 12 ft. (3660 mm). Approved existing ramps with slopes not steeper than 1 in 6 shall be permitted to remain in use. Existing ramps with slopes not steeper than 1 in 10 shall not be required to be provided with landings. 7.2.5.1, 7.2.5.2(2), Table 7.2.5.2(b) Ramp landings shall be as follows: 1) Ramps shall have landings located at the top, at the bottom, and at door leaves opening onto the ramp. 2) The slope of the landing shall be not steeper than 1 in 48. 3) Every landing shall have a width not less than the width of the ramp. 4) Every landing shall be not less than 60 in. (1525 mm) long in the direction of travel, unless the landing is an approved existing landing. 5) Where the ramp is not part of an accessible route, the ramp landings shall not be required to exceed 48 in. (1220 mm) in the direction of travel, provided that the ramp has a straight run. 6) Any changes in travel direction shall be made only at landings. 7) Ramps and intermediate landings shall continue with no decrease in width along the direction of egress travel. 7.2.5.3.2	K 271		

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K 271	Continued From page 7 Handrails complying with 7.2.2.4 shall be provided along both sides of a ramp run with a rise greater than 6 in. (150 mm). 7.2.5.4.2 Existing ramps shall be permitted to have a handrail on one side only. 7.2.2.4.1.6 Observation determined the concrete sidewalk near the east exterior exit from the northeast stair enclosure to the public way had a slope of approximately 1 in 2.25 exceeding the maximum walking surface slope of 1 in 20 and did not met the following requirements for ramps: 1) The sidewalk exceeded the maximum ramp slope of 1 in 6. 2) The sidewalk run had a rise greater than 6 in. and did not have a handrail along one side. Failure to maintain the means of egress as required increases the risk of death or injury due to fire. The deficiency affected exit discharge from one (1) of fifteen (15) exterior exits from the facility.	K 271		
K 291 SS=F	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Testing of required emergency lighting systems shall be permitted to be conducted as follows: 1) Functional testing shall be conducted monthly,	K 291	K-291 1.Emergency lighting records will be maintained to indicate 30-second monthly test of emergency battery back-up is	7/19/19

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K 291	Continued From page 8 with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds. 2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. 3) Functional testing shall be conducted annually for a minimum of 1½ hours if the emergency lighting system is battery powered. 4) The emergency lighting equipment shall be fully operational for the duration of the tests. 5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. 7.9.3.1.1 The facility failed to ensure the emergency lighting was in proper operating condition to provide 1½ hours of emergency illumination in the event of failure of normal lighting. Review of records indicated the facility failed to conduct a 30-second monthly test of the emergency battery back-up lights during the month of May 2019. Failure to provide emergency lighting as required increases the risk of death or injury due to fire. The deficiency affected all emergency battery back-up lights throughout the building.	K 291	completed. 2.Records of documentation will be reported to the QA committee on a quarterly basis showing that monthly test/records are completed. 3.All test reports will be signed off on by ESC and CEO 4.7/19/2019	
K 311 SS=F	Vertical Openings - Enclosure CFR(s): NFPA 101 Vertical Openings - Enclosure 2012 EXISTING Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings	K 311		7/19/19

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K 311	Continued From page 9 between floors are enclosed with construction having a fire resistance rating of at least 1 hour. An atrium may be used in accordance with 8.6. 19.3.1.1 through 19.3.1.6 If all vertical openings are properly enclosed with construction providing at least a 2-hour fire resistance rating, also check this box. This REQUIREMENT is not met as evidenced by: Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors must be enclosed with construction having a fire resistance of at least one hour. 19.3.1 The facility failed to maintain the two-hour fire resistive rating of stair enclosures throughout the building. Observation determined: 1) The 90-minute fire rated door and frame to the center stair enclosure from the corridor on 1st Floor had multiple unsealed penetrations. 2) The 90-minute fire rated door and frame to the north stair enclosure from the corridor on 2nd Floor had multiple unsealed penetrations. 3) The 90-minute fire rated door and frame to the northeast stair enclosure from the corridor on 2nd Floor had multiple unsealed penetrations. 4) The 90-minute fire rated door and frame to the south stair enclosure from the corridor on 2nd Floor had multiple unsealed penetrations.	K 311	K-311 1.All doors and frames of stair enclosures listed in this report will be corrected by filling all penetrations. 2.Inspection of all stair enclosures doors and frames will be inspected and corrected. 3.QA of stair enclosure doors will be conducted and approved by the ESC and CEO. 4.Any and all door replacements to stair enclosure will need to be approved by the ESC and CEO prior to installation. 5.7/19/2019	

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K 311	Continued From page 10 5) The 90-minute fire rated door and frame to the southeast stair enclosure from the corridor on 2nd Floor had multiple unsealed penetrations. 6) The 90-minute fire rated door and frame to the north stair enclosure from the corridor on 3rd Floor had multiple unsealed penetrations. 7) The 90-minute fire rated door and frame to the northeast stair enclosure from the corridor on 3rd Floor had multiple unsealed penetrations. 8) The 90-minute fire rated door and frame to the south stair enclosure from the corridor on 3rd Floor had multiple unsealed penetrations. 9) The 90-minute fire rated door and frame to the southeast stair enclosure from the corridor on 3rd Floor had multiple unsealed penetrations. 10) The 90-minute fire rated door to the center stair enclosure from the corridor on 2nd Floor was equipped with panic hardware that had a dogging feature, which allows the latches to be held retracted to create a push/pull function. Fire exit hardware is required on fire rated doors. 11) The 90-minute fire rated door to the center stair enclosure from the corridor on 3rd Floor was equipped with panic hardware that had a dogging feature, which allows the latches to be held retracted to create a push/pull function. Fire exit hardware is required on fire rated doors. Failure to maintain the two-hour fire resistive rating of shaft enclosures increases the risk of death or injury due to fire.	K 311		

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K 311	Continued From page 11 The deficiency affected five (5) of five (5) stair enclosures in the facility.	K 311		
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 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: Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system. 19.3.5.1, 9.7.1.1(1) The facility failed to install the automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems to provide adequate coverage for all portions of the building. Sprinklers in the high-temperature zone shall be	K 351	K-351 1.The (2) automatic sprinkler system heads in the laundry room will be replaced with the appropriate required sprinkler heads. 2.ESC will inspect intermediate-temperature rated on all automatic sprinkler heads that are located between 7 ft and 20 ft on all discharge side of horizontal discharge unit heaters. 3.QA will be completed and reviewed	7/19/19

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K 351	Continued From page 12 of the high-temperature classification, and sprinklers in the intermediate-temperature zone shall be of the intermediate-temperature classification. NFPA 13 8.3.2, 8.3.2.5(1), Table 8.3.2.5(a)(2) NFPA 13 requires intermediate-temperature-rated sprinklers within a 7 ft. to 20 ft. radius pie-shaped cylinder extending 7 ft. above and 2 ft. below horizontal discharge heaters on the discharge side; also a 7 ft. radius cylinder more than 7 ft. above horizontal discharge unit heaters. Observation determined two (2) sprinklers in the Laundry Room installed between 7 ft. and 20 ft. on the discharge side of horizontal discharge unit heaters were not intermediate-temperature-rated. The deficiency affected one (1) of numerous areas in the facility. The automatic sprinkler system serves the entire facility.	K 351	quarterly with QA committee. 4.Inspection reports will be reviewed and signed off on by ESC and CEO. 5.7/19/2019	
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____	K 353		7/19/19

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	355077	A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	**06/04/2019**

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K 353	Continued From page 13 c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. The property owner or designated representative shall correct or repair deficiencies or impairments that are found during the inspection, test, and maintenance required by NFPA 25, Standard for the Inspection, Testing and Maintenance of Water-based Fire Protection Systems. 19.7.6, 4.6.12, NFPA 25 4.1.4.1 The facility failed to ensure the automatic sprinkler system was continuously maintained in a reliable operating condition as required by NFPA 25. Record review and observation determined: 1) The control valves and the gauges of the automatic sprinkler system had not been inspected monthly. 2) The Computer Equipment Room on the 2nd Floor was missing ceiling tiles that could delay the activation of the sprinkler system. 3) The North Lift Storage Room on the 2nd Floor was missing a ceiling tile that could delay the activation of the sprinkler system.	K 353	K-353 1.The control valves and the automatic sprinkler system will be checked monthly and documented. Ceiling tiles will be replaced in computer room on 2nd, north lift storage room on 2nd floor, area-B laundry room will be replaced. 2.Monthly documentation will be completed on Control valves, automatic sprinkler system. Facility inspection will be completed and all ceiling tiles found missing will be replaced.. 3.QA will be completed on control valves and automatic sprinkler system on a monthly basis and reviewed at the monthly QA meetings. Ceiling tiles will be added to the Safety QA inspection walkthrough report and reviewed at the quarterly safety walk through committee meetings. 4.The control valves and the automatic sprinkler system documentation will be reviewed by the ESC and CEO each time a quarterly review is completed. 5.7/19/2019	

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K 353	Continued From page 14 4) The Area-B Laundry Room was missing a ceiling tile that could delay the activation of the sprinkler system. Failure to inspect, test and maintain the automatic sprinkler system in accordance with NFPA 25 increases the risk of death or injury due to fire. The deficiency affected the complete automatic sprinkler system, which serves the entire facility.	K 353		
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Portable fire extinguishers shall be provided in all health care occupancies. Extinguishers shall be selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 19.3.5.12, 9.7.4.1 The facility failed to install and maintain fire extinguishers in accordance with NFPA 10. Fire extinguishers having a gross weight not exceeding 40 lb. (18.14 kg) shall be installed so that the top of the fire extinguisher is not more than 5 ft (1.53 m) above the floor. Fire extinguishers having a gross weight greater than 40 lb. (18.14 kg) (except wheeled types) shall be installed so that the top of the fire extinguisher is	K 355	K-355 1.Portable fire extinguisher will be removed from the Area □ B Mechanical room. 2.Maintenance will inspect all portable fire extinguishers to ensure that they are above 4 inches from the floor and all are pinned and sealed. 3.QA will be completed on a monthly basis of portable fire extinguishers on a quarterly basis and reported to the QA committee monthly meeting. 4.Quarterly QA reports will be reviewed by the ESC and CEO Quarterly. 5.6/14/2019	6/14/19

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K 355	Continued From page 15 not more than 31?2 ft (1.07 m) above the floor. In no case shall the clearance between the bottom of the hand portable fire extinguisher and the floor be less than 4 in. (102 mm). NFPA 10 6.1.3.8.1, 6.1.3.8.2, 6.1.3.8.3 Observation determined the portable fire extinguisher in the Area-B Mechanical Room was installed with the bottom of the extinguisher less than 4 in. above the floor and was missing the pin seal. Failure to install fire extinguishers in accordance with NFPA 10 increases the risk of death or injury due to fire. The deficiency affected one (1) of numerous portable fire extinguishers in the facility.	K 355		
K 511 SS=F	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Ground-fault circuit-interruption for personnel shall be provided as required. The ground-fault circuit-interrupter shall be installed in a readily	K 511	K-511 1.All electrical receptacles within 6 ft of a sink or floor sink will be replaced with a	7/19/19

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K 511	Continued From page 16 accessible location. All 125-volt, single-phase, 15- and 20-ampere receptacles located in bathrooms, kitchens and where receptacles are installed within 6 ft. of the outside edge of the sink shall have ground-fault circuit-interrupter protection for personnel. 19.5.1.1, 9.1.2, NFPA 70, 210.8, 210.8(B)(1), 210.8(B)(2), 210.8(B)(5) The facility failed to ensure electrical wiring and electrical equipment met the requirements of NFPA 70, National Electrical Code. Observation determined: 1) Numerous electrical receptacles throughout the facility within 6 ft. of a sink or floor sink were not ground-fault circuit-interrupter protected. 2) Numerous electrical receptacles in the Kitchen were not ground-fault circuit-interrupter protected. Failure to provide electrical wiring and equipment in accordance with NFPA 70 increases the risk of injury or death due to fire. The deficiency affected numerous electrical receptacles in the facility.	K 511	GFI circuit interrupted breaker. 2.A facility wide inspection of all electrical receptacles where sinks and floor sink are located will be surveyed to ensure compliance and replaced with GFI receptacles. 3.QA will be completed on a monthly basis for the first 3 quarters and then annually thereof and reported to the QA committee monthly meeting. 4.All new installation of receptacles will be approved by an electrician and will follow the requirements NFPA 54. 5.7/19/2019	
K 712 SS=E	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	K 712		7/19/19

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K 712	Continued From page 17 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: The facility failed to conduct fire drills as required. Fire drill records review determined: 1) No fire drills were conducted on the PM Shift during the third and fourth quarter of 2018. 2) No fire drills were conducted on the Night Shift during the fourth quarter of 2018. Failure to conduct fire drills as required increases the risk of death or injury due to fire. The deficiency affected three (3) of twelve (12) drills in the past year.	K 712	K- 712 1.Fire drills will be conducted monthly on each shift and documented on the state supplied form. 2.Education and training on fire drills will be completed with all maintenances staff to ensure monthly fire drills are completed correctly in a timely manner and documented that drills were done at varying time frames. 3.E.S.C. will conduct Q.A. checks quarterly for the next year to ensure compliance. 4.E.S.C. will monitor fire drills and reported to the Q.A. Committee and CEO. 5.7/19/2019.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised	K 918		7/19/19

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K 918	Continued From page 18 under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer. (2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating. Diesel-powered EPS installations that do not	K 918	K918 1.Diesel generator shall be exercised weekly and documented weekly for a minimum of 30 minutes. Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating. 2.Facility will monitor both emergency generators on required supplemental load. 3.Will conduct on both diesel generators weekly visual inspection and documentation will be completed. QA report will be checked monthly and	

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K 918	Continued From page 19 meet the requirements shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. NFPA 99 6.4.4.1.1.4, NFPA 110 8.4.1, 8.4.2, 8.4.2.3 The facility failed to ensure the emergency generators were in compliance with NFPA 99 and NFPA 110. Review of generator test records did not indicate: 1) The weekly inspections of the emergency generators were not conducted for all weeks during the past year. 2) The minimum exhaust temperature provided by the manufacturer was achieved or the monthly exercise of the Katolite diesel generator loaded the generator to at least 30% (75 kW) of the nameplate rating. The nameplate rating of the generator was 250 kW. 3) The minimum exhaust temperature provided by the manufacturer was achieved or the monthly exercise of the Kohler diesel generator loaded the generator to at least 30% (37.5 kW) of the nameplate rating. The nameplate rating of the generator was 125 kW. The facility did not perform annual supplemental load exercises as required when diesel generators are not loaded to 30% of nameplate	K 918	annually on supplemental load exercise. 4.QA reports will be review at QA meetings monthly and reviewed by ESC and CEO monthly and annually. 5.7/19/2019	

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K 918	Continued From page 20 rating or manufacturer's recommended minimum exhaust gas temperatures were achieved during the required monthly exercises. Failure to inspect and maintain emergency generators in accordance with NFPA 99 and NFPA 110 increases the risk of death or injury due to fire. The deficiency affected two (2) of two (2) emergency generators which provides all emergency power to the facility.	K 918		