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Healthcare Licensing and Surveys

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

PRINTED: 05/13/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535024	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	04/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR LIVING CENTER	4305 S POPLAR CASPER, WY 82601

(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 Requirements for Long Term Care Facilities Section 42 CFR 483.70 (a) except as otherwise provided in the section, the facility must meet the applicable provisions of the 2000 Edition of the Life Safety Code, Existing Health Care, of the National Fire Protection Association. The facility was a fully sprinklered, single story building of Type V (111) construction with plan approval in 1967 and 1973. The building was equipped with a supervised, automatic wet sprinkler system with an anti-freeze branch and an addressable fire alarm system. The facility had a capacity of 120 certified Medicare and Medicaid beds with a census of 95 residents.	K 000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.	
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure 2 of 8 smoke barrier walls were smoke resistant. The findings were:	K 025	**K 025: NFPA 101 LIFE SAFETY CODE STANDARD** **Corrective Action:** The smoke barriers in Hallway #1 and #2 have had the 2 inch unsealed penetration sealed. **Identification of others:** The Facility Maintenance Director has inspected the facility smoke barrier walls in the facility for unsealed penetrations. No other unsealed penetrations found. **System Changes:** The Facility Maintenance Director will round the facility to inspect the smoke barrier walls for penetrations that are unsealed monthly for 3 months then once quarterly thereafter.	6/10/15

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

admin 5/22/15

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.

Modified POC Accepted via phone call with Tony Juenger administrator on 6-11-15 @ 10:58 Am

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K 025	Continued From page 1 1. Observation of Hallway #1 smoke barrier wall on 04/29/15 at 12:00 PM revealed one 2 inch unsealed penetration. At the time of the observation, the Facility Maintenance Manager acknowledged the unsealed penetration. 2. Observation of Hallway #2 smoke barrier wall on 04/29/15 at 12:10 PM revealed two 2 inch unsealed penetrations. At the time of the observation, the Facility Maintenance Manager acknowledged the unsealed penetrations. Ref: 2000 NFPA 101, Sections 8.3 and 19.3.7.3	K 025	**Monitoring:** The Facility Maintenance Director will inspect all work completed in the facility that requires smoke barrier wall penetration for sealing per NFPA 101 Life Safety Code Standards. Unsealed penetrations will be sealed timely and reported to the Safety Committee for review and corrective actions taken when necessary. A monthly report will be presented at the facility monthly QAPI meeting.	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure hazardous areas were protected from the corridor with self-closing doors in 1 of 8 smoke compartments. The findings were:	K 029	**K 029: NFPA 101 LIFE SAFETY CODE STANDARD** **Corrective Action:** The Housekeeping Supply Storage Room door has had a self-closing device affixed in accordance with NFPA 101 code. **Identification of others:** The Facility Maintenance Director has checked the facility's rooms that are greater than 50 square feet for self-closing doors. The Housekeeping Supply Storage Room in the facility's secured unit was fitted with a self-closing device in accordance with NFPA 101 code.	6/10/15

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K 029	Continued From page 2 Observation of the Housekeeping Supply Storage Room on 04/29/15 at 9:30 AM revealed the room was greater than 50 sq feet and was not supplied with a self-closing door. At the time of the observation, the Facility Maintenance Manager acknowledged the room was not provided with a self-closing door. Ref: 2000 NFPA 101, Section 19.3.2.1	K 029	**Systemic Changes:** The Facility Maintenance Director will check the facility's self-closing devices for proper function on a monthly basis. **Monitoring:** The Facility Maintenance Director will report any non-compliant self-closing doors and time remedied to the facility's Safety Committee for review.	
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to arrange exit access to exits that were readily accessible at all times. The findings were: 1. Observation of the doors to the secured unit on the #5 Hallway on 04/29/15 at 8:20 AM revealed that the doors were provided with delayed egress locks with no signage and a key pad to unlock the doors. Further observation revealed that the path of egress from the dining room through the double doors to the secured unit revealed the doors were 1 of 2 delayed egress locks in the egress path in lieu of the required maximum of 1 delayed egress lock in the egress path. At the time of the observation, the Facility Maintenance Manager acknowledged	K 038	**K 038: NFPA 101, LIFE SAFETY CODE** 6/10/15 **Corrective Action:** ~~The doors to the secured unit on the hallway # 5 have had signage on the egress locks to conform to NFPA 101 Life Safety Code Standard.~~ 95 ~~The double doors from the dining room to the secured unit where 1 of 2 delayed egress locks in the egress path in lieu of the required maximum of 1 delayed egress lock in the egress path has been remedied to meet NFPA 101 Life Safety Code Standard.~~ The doors to the secured unit on the #3 5 hallway was fitted wit a sensor and push to exit button for the controlled access door.	

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K 038	Continued From page 3 the lack of signage for delayed egress to the secured unit, and that the delayed egress doors were 1 of 2 delayed egress doors in the path of egress. Ref: 2000 NFPA 101, Sections 7.2.1.6.1 (d) and 19.2.2.2.4 (exception #2) 2. Observation of the doors to the secured unit on the #3 Hallway on 04/29/15 at 11:45 AM revealed that the doors were controlled access doors and unlocked with a key pad located adjacent to the door on the egress side. Further observation revealed a sensor and push to exit button was not provided for the controlled access door. At the time of the observation, the Facility Maintenance Manager acknowledged the door was a controlled access door on the unsecured side in the path of egress. He also acknowledged that a sensor and push to exit button was not provided for the door. Ref: 2000 NFPA 101, Sections 7.2.1.6.2 and 19.2.2.2.4 (exception #3) 3. Observation of the South Gate located in the fenced in area off the secured unit on 04/29/15 at 9:45 AM revealed the gate was provided with two locks, required more than 30lbf of force to set the gate in motion and more than 15lbf to open the gate to the minimum required width. At the time of the observation, the Facility Maintenance Manager acknowledged the two locks on the gate and the difficulty in opening the gate. 4. Observation of the North Gate located in the fenced in area off the non-secured unit on	K 038	The south and north gates located in the fenced in area off the secured unit has been repaired and adjusted to require no more than 30 lb of force to set the gate in motion and more than 15 lb to open the gate to the minimum required width. **Identification of Others:** There were no further doors that did not meet the standard. **Systemic Changes:** The Facility Maintenance Director has read the NFPA 101, Life Safety Code Standard regarding egress access and accessibility and signage. The Facility Maintenance Director will check /the egress doors to the secured unit and others with a controlled exit for compliance to NFPA 101, Life Safety Code Standard. **Monitoring:** The Facility Maintenance Director will round monthly with the Administrator or designee to ensure compliance with NFPA 101, Life Safety Code Standard regarding egress access and a accessibility. Non-compliance will be reported to the Safety Committee monthly meeting for review and corrective action taken when necessary.	

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K 038	Continued From page 4 04/29/15 at 9:50 AM revealed the gate required more than 30lbf of force to set the gate in motion and more than 15lbf to open the gate to the minimum required width. At the time of the observation, the Facility Maintenance Manager acknowledged the difficulty in opening the gate. Ref: 2000 NFPA 101, Sections 7.2.1.4.5 and 19.2.2.2.5	K 038		
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This STANDARD is not met as evidenced by: Based on record review, and staff interview the facility failed to test battery powered lights as required. The finding were: Record review on 04/29/15 from 8:30 AM to 9:15 AM revealed that the required monthly 30 second and the annual 90 minute test of battery powered emergency lights had not been performed in 2014 or 2015. At the time of the record review, the Facility Maintenance Manager acknowledged the lack of testing. This deficiency affected two rooms in the facility. Ref: 2000 NFPA 101, Sections 19.2.9.1 and 7.9.3	K 046	**K 046: NFPA 101 LIFE SAFETY CODE** **Corrective Action:** The Facility Maintenance Director has completed a 90 minute annual test of battery powered emergency lighting. **Systemic Changes:** The Facility Maintenance Director has read the NFPA 101 requirements on battery powered emergency lighting tests. The Facility Maintenance Director will complete monthly 30 minute and an annual 90 minute test of battery powered emergency lighting per NFPA requirements. **Monitoring:**	6/10/15
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift.	K 050	The results of the tests will be reported to the Safety Committee for review and submitted to the monthly QAPI for any necessary actions.	

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K 050	Continued From page 5 The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to provide fire drills held at unexpected times and at least quarterly on each shift. The findings were: Document review on 04/29/15 from 8:30 AM to 9:15 AM revealed that record of fire drills was not available for 2014 or 2015. A fire drill was conducted on 04/29/15 from 1:50 PM to 1:57 PM. All staff and residents performed the drill appropriately. Total drill time to all clear was 7 minutes. Interview with the Facility Maintenance Manager verified that documentation was not available. The Facility Maintenance Manager also stated that he had only been in this position for 9 days and had not been trained on all the requirements as of yet. This deficiency affected the entire facility Ref: 2000 NFPA 101, Section 19.7.1.2	K 050	**K 050: NFPA 101, LIFE SAFETY CODE** **Corrective Actions:** The Facility Maintenance Director has established a method of documenting fire drills per NFPA 101, Life Safety Code. A drill was run and documented. **System Changes:** The Facility Maintenance Director has read the NFPA 101, Life Safety Code Standard regarding documentation of fire drills. The Facility Maintenance Director will conduct at least one fire drill per shift quarterly and document per NFPA 101, Life Safety Code Standard. **Monitoring:** The Facility Maintenance Director will report the results of the fire drills to the Safety Committee for review and presented to the QAPI committee for any necessary actions.	6/10/15
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance	K 052		

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K 052	Continued From page 6 with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on documentation review, observation, and staff interview, the facility failed to ensure that the fire alarm systems were tested and maintained. The findings were: Document review of the service and testing logs of the fire alarm system on 04/29/15 from 8:30 AM to 9:15 AM revealed that the system had not been tested in since 2013. A fire drill was conducted on 04/29/15 at 1:50 PM to test the system. At that time it was observed audible notification devices on the #6 Hallway and in the secured unit were not functioning. At the time of the document review and the fire drill, the Facility Maintenance Manager stated he had only been in this position 9 days and had not been trained on all the requirements as of yet. He also acknowledged the fire alarm system had not been tested and the the noted audible alarms were not functioning. The deficiency affected the entire facility. Ref: 2000 NFPA 101, sections 19.3.4.1 and 9.6.1.4	K 052	**K 052: NFPA 101, LIFE SAFETY CODE** **Corrective Actions:** The Fire Alarm System has been tested on ?. A waiver has been submitted to repair the audible notification devices on hallway #6. **Identification of Others:** The test on the Fire Alarm System noted that there are ? other hallways that have audible notification devices that are not functioning. A waiver has been submitted to repair these devices. **System Changes:** The Facility Maintenance Director has read the NFPA 101, Life Safety Code Standards regarding Fire Alarm System checks. The facility has contracted with ? to conduct Fire Alarm System testing and maintenance of the facility fire alarm systems per NFPA 70 and 72. **Monitoring.** The Facility Maintenance Director will keep a record of the tests and maintenance and report the findings to the Safety Committee and submit the minutes to the QAPI for any necessary actions.	6/10/15

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K 052	Continued From page 7 1999 NFPA 72, Table 7-3.2	K 052	**K 062: NFPA 101, LIFE SAFETY CODE**	6/10/15
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, document review and staff interview, the facility failed to ensure that automatic sprinkler systems were continuously maintained per the requirements of NFPA 13 and NFPA 25. The finding were: 1. Observation of the Sprinkler Riser on 04/29/15 at 11:00 AM revealed hydraulics were not posted at or near the riser. At the time of the observation, the Facility Maintenance Manager acknowledged the hydraulics were not posted. Ref: 2000 NFPA 101, Sections 19.3.5.1, 19.1.6.2, and 9.7.1.1 1999 NFPA 13, Section 10-5 2. Document review and staff interview of the sprinkler system on 04/29/15 from 8:30 AM to 9:15 AM revealed the last quarterly testing of the waterflow alarms and the supervisory signals was September 2014. At the time of review, the Facility Maintenance Manager acknowledged the quarterly testing had not been done. 2000 NFPA 101, Sections 19.7.6 and 4.6.12.1	K 062	**Corrective Actions:** The hydraulics have been posted near the Sprinkler Riser by the Facility Maintenance Director. The facility has had a quarterly testing of the water flow alarms and the supervisory signals A waiver has been submitted to install the two missing escutcheon rings in room #106. **Identification of Others:** The Facility Maintenance Director has checked the sprinkler heads in the facility for missing escutcheon rings. No missing rings noted. **Systems Change:** The facility has contracted with Western? to test the water flow alarms and the supervisory signals per NFPA 101, Life Safety Code Standards. The Facility Maintenance Director will maintain a record of the tests. **Monitoring:** The Facility Maintenance Director will report the results of the tests to the	

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K 062	Continued From page 8 1998 NFPA 25, Section 9.2.7 1999 NFPA 72, Table 7-3.2 (15) 3. Observation of resident room #106 on 04/29/15 at 11:05 AM revealed two missing escutcheon rings with a resulting gap around the sprinkler piping penetrating the ceiling. The Facility Maintenance Manager at the time of the observations acknowledged the missing escutcheon rings. Ref: 2000 NFPA 101, Sections 19.7.6 and 4.6.12.1 1998 NFPA 25, Section 2-2.1.1	K 062	Safety Committee and submit the minutes to the Monthly QAPI for review and corrective actions if necessary.	
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on document review, observation, and staff interview, the facility failed to provide documentation indicating that portable fire extinguishers throughout the facility were inspected monthly in accordance with NFPA 10. The findings were: Document review of fire extinguishers on 04/29/15 from 8:30 AM to 9:15 AM revealed documentation was not available for the monthly inspection of facility fire extinguishers. Observation of the tags on the fire extinguishers throughout the facility revealed the monthly	K 064	**K 064: NFPA 101, LIFE SAFETY CODE** **Corrective Actions:** The fire extinguishers throughout the facility have been inspected and are up to date and documented per NFPA 101, Life Safety Code Standards. **Systematic Changes:** The Facility Maintenance Director has read the NFPA 101, Life Safety Code Standards regarding portable fire extinguishers The Facility Maintenance Director will conduct monthly inspections of the facility fire extinguishers and record the inspections per NFPA 101, Life Safety Code Standards.	6/10/15

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K 064	Continued From page 9 inspections had not been filled out. Interview with the Facility Maintenance Manager at the time of the document review and the observation of the fire extinguisher tags confirmed the documentation was not available. Ref: 2000 NFPA 101, Sections 19.3.5.1 and 9.7.4.1 1998 NFPA 10, Section 4-3.1	K 064	**Monitoring;** The results of the monthly inspections will be reported to the monthly Safety Committee and the minutes submitted to the monthly QAPI for review and corrective actions when necessary.	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure that medical gas storage areas are protected in accordance to NFPA 99 in 2 of 8 smoke compartments. The findings were: Observation of the Oxygen Storage Room on #6 Hallway on 04/29/15 at 10:05 AM revealed 7 41 liter liquid oxygen tanks, and 20 E cylinders of compressed gas. The total cubic feet of oxygen located in the room was approximately 9,200	K 076	**K 076: NFPA 101, LIFE SAFETY CODE** **Corrective Actions;** Plans for an external Medical gas storage and administration area and a waiver including timeframe for completion will be submitted to the State Engineers for approval and completion. **Identification of Others:** None found **Systemic Actions:** The Facility Maintenance Director or designee will maintain an a medical gas storage and administration area incompliance with NFPA 101, Life Safety Code Standard. **Monitoring:** A report on compliance for the facility's medical gas storage and administration will be submitted to the monthly Safety	6/10/15

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K 076	Continued From page 10 cubic feet. The room was not provided with no upper or lower ventilation to the outside of the building. At the time of the observation, the Facility Maintenance Manager acknowledged the amount of oxygen stored in the room and the lack of ventilation to the outside. Ref: 2000 NFPA 101, Section 19.3.2.4 1999 NFPA 99, Sections 8-3.1.11.1 and 4-3.1.1.2 (b1)	K 076	Committee meeting with the minutes reviewed at the monthly QAPI committee meeting for review and corrective actions taken where necessary.	
K 106 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Hospitals, and nursing homes and hospices with life support equipment, have a Type I Essential Electrical System powered by a generator with a transfer switch and separate power supply. The EES is in accordance with NFPA 99, 3.4.2.2, 3.4.2.1.4. This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to install, inspect, and perform acceptance testing of the essential electrical system per NFPA 110. The findings were: Document review of the generator installation on 04/29/15 from 8:30 AM to 9:15 AM revealed documentation of installation acceptance was not available for review. Interview by phone with the Facility Administrator on 05/13/15 at 9:40 AM revealed that the generator had been installed sometime in the month of November 2014 and would not run the coolers in the kitchen area. The	K 106	**K 106: NFPA 101, LIFE SAFETY CODE** **Corrective Actions:** Plans will be submitted for installation of a Type I Essential Electrical Support generator to include a transfer switch and separate power supply and a waiver including timeframe of completion to comply with NFPA 99. **Identification of Others:** None Identified. **Systemic Changes:** The Facility Maintenance Director has read the NFPA 101, Life Safety Code Standard regarding Type I Essential Electrical System powered by a generator with a transfer switch and separate power supply.	6/10/15

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	535024	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	04/29/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
POPLAR LIVING CENTER	4305 S POPLAR CASPER, WY 82601

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K 106	Continued From page 11 Facility Administrator acknowledged that installation acceptance testing had not been completed and the authority having jurisdiction had not been notified. Ref: 1999 NFPA 99, Section 3-4.1.1.4 1999 NFPA 110, Section 5-13.1	K 106	**Monitoring:** The Facility Maintenance Director or designee will report monthly the status of the generator installation and load tests to the Safety Committee and the minutes presented to the monthly QAPI committee meeting for review and corrective actions taken when necessary.	
K 141 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide adequate medical gas storage signs per NFPA 99. The findings were: Observation of the Oxygen Storage Rooms on Hallways #1 and #6 on 04/29/15 at 10:05 AM and 10:55 AM revealed signage posted on the outside of the doors that did not include the minimum wording per NFPA 99. At the time of the observation, the Facility Maintenance Manager acknowledged the current signage on the doors. Ref: 2000 NFPA 101, Section 19.3.2.4 1999 NFPA 99, Section 8-3.1.11.3	K 141	**K 141: NFPA 101, LIFE SAFETY CODE** **Corrective Actions:** Hallway #6 and #1 have had signage posted on the outside doors of the Oxygen Storage Rooms to meet the minimum wording per NFPA 99. **Identification of Others:** There were no other Oxygen Storage Rooms requiring signs per NFPA 99. **Systemic Changes:** The Facility Maintenance Director has read the NFPA 99 regarding the proper signs and wording required for Oxygen Storage Rooms.	6/10/15
K 143 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is: (a) separated from any portion of a facility wherein patients are housed, examined, or	K 143	The Facility Maintenance Director will check for proper signage on the Oxygen Storage Rooms monthly during Safety Rounds.	

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K 143	Continued From page 12 treated by a separation of a fire barrier of 1-hour fire-resistive construction; (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a space per NFPA 99 for the transfilling of liquid oxygen. The findings were: 1. Observation of the Oxygen Storage Room and staff interview with Facility Maintenance Manager on #6 hallway on 04/29/15 at 10:05 AM revealed that the transferring of liquid oxygen from one container to another was occurring. Further observation revealed the area was not mechanically ventilated and signage on the door did not indicate transferring was occurring in the space. 2. Observation of the Oxygen Storage Room and staff interview with Facility Maintenance Manager on #1 hallway on 04/29/15 at 10:55 AM revealed that the transferring of liquid oxygen from one container to another was occurring. Further observation revealed the area was mechanically	K 143	**Monitoring:** The Facility Maintenance Director will report any noncompliant signs and the remedy to the Monthly Safety Committee Meeting and the minutes submitted to the monthly QAPI meeting for review and corrective actions when necessary. **K 143: NFPA 101, LIFE SAFETY CODE** **Corrective Actions;** Plans for an external Medical gas storage and transfer area and a waiver including timeframe for completion will be submitted to the State Engineers for approval and completion. **Identification of Others:** None found **Systemic Actions:** The Facility Maintenance Director or designee will maintain an a medical gas storage and transfer area incompliance with NFPA 101, Life Safety Code Standard. **Monitoring:** A report on compliance for the facility's medical gas storage and transfer will be submitted to the monthly Safety	6/10/15

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K 143	Continued From page 13 ventilated, but did not have signage on the door indicating transferring was occurring in the space. Ref: 1999 NFPA 99, Section 8-6.2.5.2	K 143	Committee meeting with the minutes reviewed at the monthly QAPI committee meeting for review and corrective actions taken where necessary.	
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to provide documentation on weekly inspections, and monthly load tests on the generator in compliance with the requirements of NFPA 110. The findings were: Document review and interview on 04/29/15 from 8:30 AM to 9:15 AM revealed the absence of documentation of the weekly inspections and monthly load tests for the generator for 2014 and 2015. Interview with the Facility Maintenance Manager at the time of the review acknowledged the lack of documentation and testing of the generator. Ref: 1999 NFPA 99, Section 3-4.4.1.1 1999 NFPA 110, Sections 6-4.1 and 6-4.2	K 144	**K 144: NFPA 101, LIFE SAFETY CODE** **Corrective Actions:** Load test of the facilities current portable generator has been conducted and documented per NFPA 101, Life Safety Code Standards. **Systemic Changes:** The Facility Maintenance Director has read the NFPA 101, Life Safety Code Standards regarding generator load testing. The Facility Maintenance Director will conduct weekly inspections and monthly load tests on the facility generator and record the results per NFPA 101, Life Safety Code Standards. **Monitoring:** The Facility Maintenance Director will report the results of the weekly inspections and monthly load tests to the Safety Committee monthly and submit the minutes to the monthly QAPI meeting for review and corrective actions when necessary.	6/10/15

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