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

PRINTED: 01/25/2016
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 _____	01/12/2016

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 111 residents.	K 000		
18 K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3 This STANDARD is not met as evidenced by:	K 018	**K-018 NFPA 101 Life Safety Code Standard** **Corrective Action:** A contractor will be hired to install a dining pass through door that is in compliance with NFPA 10119.3.6.2. **Identification of Others:** There are no other pass through doors requiring attention. **Systemic Actions:** A door will be provided in the dining room pass through that will prevent the passage of smoke per NFPA 101 19.3.6.3.2. The Maintenance Director or designee will check the doors for compliance on a monthly basis.	2/23/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Admin | (X6) DATE: 2/8/16

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.

POC Accepted VIA Phone Call with Administrator Tony Janusz on 2-18-16 @ 1:56 pm. 34354

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K 018	Continued From page 1 Based on observation and staff interview, the facility failed to provide doors that resisted the passage of smoke in 1 of 8 smoke compartments. The findings were: Observation on 01/11/16 at 4:15 PM revealed a pass through opening between the kitchen and the dining room area, that was open to the corridor. Further observation revealed the pass through opening was equipped with doors, but was not provided with a means suitable for keeping the doors closed. Ref: 2000 NFPA 101, Section 19.3.6.3.2	K 018	**Monitoring:** The QAPI Committee will evaluate effectiveness of the plan based on additional interventions as needed to ensure compliance then reassess the need for continued monitoring based on compliance until resolved. **K-038: NFPA 101 Life Safety Code Standard** **Corrective Actions:** The snow and ice which prevented the exit door in the Secured Unit has been cleared allowing the door to open to its fullest extent. The door knobs on the medication rooms have been lowered to meet NFPA Life Safety Code Standard. The Business office door, the physical therapy bathroom door, and the food pantry door had the locking devices changed to meet NFPA 101 Life Safety Code Standard. The bird room door had had a handle installed that meets NFPA 101 Life Safety Code Standard.	1/27/16
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 so that exits are readily accessible at all times in 5 of 8 smoke compartments. The findings were: 1. Observation of the secured unit exit on 01/11/16 at 2:05 PM revealed snow and ice build up on the walkway in front of the exit door, preventing the door from opening to the full required width. At the time of the observation the Facility Maintenance Manager acknowledged the door would not fully open due to the ice and snow on the walkway. Ref: 2000 NFPA 101, Sections 19.2.1 and 7.1.10.1	K 038		

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K 038	Continued From page 2 2. Observation of both medication room doors in the facility on 01/11/16 at 2:28 PM and 3:50 PM revealed the releasing devices for the doors where located at approximately 58 inches above the finished floor. At the time of the observations the Facility Maintenance Manager acknowledged the location of the releasing devices. 3. Observation on 01/11/16 from 3:00 PM to 4:10 PM of the business office door, physical therapy bathroom door, and the food pantry door revealed door locks that required tight pinching, and more than one releasing operation to make the door operable. At the time of the observations the Facility Maintenance Manager acknowledged the door locks required more than one releasing operation. 4. Observation on 01/11/16 at 3:05 PM of the door from the bird room to the smoking area revealed the handle was missing. A rope approximately 12 inches long was tied to the door and being utilized as a handle to aid in opening the door. Ref: 2000 NFPA 101, Sections 19.2.2.2.1 and 7.2.1.5.4	K 038	**Identification of Others:** The Maintenance Director has done a facility walk through to check the exit doors for clearance of any debris which prevents the door from opening to its fullest extent, facility door knobs for proper locking devices and height requirements per NFPA 101 Life Safety Code. Doors not compliant have been remedied. **Systemic Changes:** The Maintenance Director and/or designee will check the facility exit doors daily to ensure they are clear of snow and/or ice which prevents the door from opening to its fullest extent. The Maintenance Director and/or designee will check the facility door knobs for proper height requirements and locking mechanisms monthly. **Monitoring:** The QAPI Committee will evaluate effectiveness of the plan based on additional interventions as needed to ensure compliance then reassess the need for continued monitoring based on compliance until resolved.	
19K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to provide documentation identifying a maintenance policy of the battery-operated emergency lighting for 1 of 1	K 046		

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K 046	Continued From page 3 emergency lights. The findings were: Document review of the testing and maintenance documentation on 01/12/16 from 9:00 AM to 10:00 AM revealed no documentation was available to indicate that the required 30 second monthly and 90 minute annual testing of the battery operated light located at the automatic transfer switch. Interview with the Facility Maintenance Manager at the time of the review confirmed that the required testing had not been completed. Ref: 2000 NFPA 101, Sections 19.2.9.1 and 7.9.3	K 046	K-046: NFPA 101 Life Safety Code Standard Corrective Action The testing of the battery operated light located at the automatic transfer switch has been completed. Identification of Others: The Maintenance Director has done a facility sweep for any battery operated lighting for documentation of testing. Those not compliant will be tested. Systemic Changes: The Maintenance Director and/or designee will document the annual 30 sec and 90 minute testing on battery operated emergency lighting in the facility. Monitoring: The QAPI Committee will evaluate effectiveness of the plan based on additional interventions as needed to ensure compliance then reassess the need for continued monitoring based on compliance until resolved.	1-13-16 2/23/16
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 18.2.10.1, 19.2.10.1 (Indicate N/A in one story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain exit signage with continuous illumination in 1 of 8 smoke compartments. The findings were: Observation of the facility boiler room on 01/11/16 at 3:15 PM revealed two exits leaving the approximately 500 sqft boiler room. The exit leading to the outside of the building was equipped with an exit sign, however the exit sign was not continuously illuminated. Ref:	K 047	K-047: NFPA Life Safety Code Standard	2-23-16 gs

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K 047	Continued From page 4 2000 NFPA 101, Sections 19.2.10.1 and 7.10.5.2	K 047	Corrective Actions: The Exit sign above the exit door in the boiler room has been removed.	
K 050 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 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 in 4 of 4 quarters. The findings were: Document review on 01/12/16 from 9:00 AM to 10:00 AM revealed that no record of fire drills were available for the entire year of 2015. State Survey Agency document review of the prior survey revealed the facility was cited on 04/29/15 for the same deficiency. Interview with the Facility Maintenance Manager verified that fire drills had not been conducted. Ref: 2000 NFPA 101, Section 19.7.1.2	K 050	**Identification of Others:** The Maintenance Director and/or Designee have checked the Exit and Directional signs above the facility fire exits for continuous illumination. Those out of compliance with 7.10 will be repaired or replaced timely. **Systemic Changes:** The Maintenance Director and/or designee will check exit and directional signs for illumination weekly during their walk through. Non-illuminating exit and directional signs will be repaired or replaced timely. **Monitoring:** The QAPI Committee will evaluate effectiveness of the plan based on additional interventions as needed to ensure compliance then reassess the need for continued monitoring based on compliance until resolved. **K-050: NFPA 101 Life Safety Code Standard** **Corrective Actions:** The Maintenance Director has been	2/23/16
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72	K 052		

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K 052	Continued From page 5 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7, This STANDARD is not met as evidenced by: Based on document review, observation, and staff interview, the facility failed to ensure that the fire alarm system was tested and maintained per the requirements of NFPA 72. The findings were: 1. Observation and document review on 01/11/16 at 4:20 PM revealed the central station fire alarm system UL certificate was posted at the annuciator panel, but expired March 2015. Interview with the Facility Maintenance Manager at the time of the review acknowledged the certificate was expired, and was unaware there was an expiration date. Ref: 2000 NFPA 101, Sections 19.3.4.1 and 9.6.1.4 1999 NFPA 72, Section 1-6.2.3.1.1 2. Document review on 01/12/16 from 9:00 AM to 10:00 AM of the testing and maintenance records for the fire alarm system revealed the last semi-annual battery load voltage test was completed in May 2015. At the time of the document review the Facility Maintenance Manager acknowledged the missing documentation. Ref: 2000 NFPA 101, Sections 19.3.4.1 and 9.6.1.4 1999 NFPA 72, Table 7-3.2 (6)(d)(3)	K 052	educated on the NFPA 101 Life Safety Code Standard pertaining to facility fire drills by the District Maintenance Director. **Identification of others:** No other area has been affected by this. **Systemic Changes:** The Maintenance Director has been educated as to the Facility's policy on Fire Drill documentation and facilitation by the Administrator. The Maintenance Director will conduct fire drills at unexpected times at least quarterly on each shift and document the drills to include education and training to staff after the drill where necessary to ensure safety. **Monitoring:** The QAPI Committee will evaluate effectiveness of the systemic changes based on trends identified and implement additional interventions as needed to ensure compliance until resolved. **K-052: NFPA 101 Life Safety Code Standard**	2/23/16
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 062		

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K 062	Continued From page 6 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 and staff interview, the facility failed to ensure that automatic sprinkler systems are installed, and continuously maintained per the requirements of NFPA 13 and NFPA 25 in 2 of 8 smoke compartments. The finding were: 1. Observation of the sprinkler riser room on 01/11/16 at 3:30 PM revealed the fire riser had been modified from the original installation for the addition of a reduce principle backflow preventer and valves. No hydraulic design information sign was provided. At the time of the observation the Facility Maintenance Manager acknowledged the required information was not present. Ref: 2000 NFPA 101, Sections 19.3.5.1 and 9.7.1.1 1999 NFPA 13, Sections 5-15.4.6.2 and 10-5 2. Observation of the attic sprinkler system adjacent to the boiler room on 01/11/16 at 4:25 PM revealed insulation had fallen from the roof and obstructed an upright sprinkler head. At the time of the observation the Facility Maintenance Manager acknowledged the obstructed sprinkler head. Ref: 2000 NFPA 101, Sections 19.3.5.1 and 9.7.5 1998 NFPA 25, Section 2-2.1.1 3. Document review of the testing and	K 062	**Corrective Action:** The Maintenance Director has ensured the Annual Fire Alarm system has been put in compliance with NFPA 70 and 72 and the UL Certificate has been posted on the Central Station Alarm system with the current expiration date. **Identification of Others:** No other areas have been affected by this. **Systemic Changes:** The Maintenance Director and/or designee will develop a tickler file to trigger an annual UL Certification per NPFA 70 and 72. **Monitoring:** The QAPI Committee will evaluate effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure compliance then reassess the need for continued monitoring based on compliance until resolved. **K-062: NFPA 101 Life Safety Code Standard** **Corrective Action:** The sprinkler riser room has had a	1/23/16

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K 062	Continued From page 7 maintenance of the automatic sprinkler system on 01/12/16 from 9:00 AM to 10:00 AM revealed documentation was not available to demonstrate that the main drain had been tested in the past 12 months. Interview with the Facility Maintenance Manager at the time of the review confirmed no documentation was available. 2000 NFPA 101, Sections 19.3.5.1 and 9.7.5 1998 NFPA 25, Section 9-2.6	K 062	hydraulic design information sign posted per NFPA 13 and 25. The insulation in the attic space adjacent to the boiler room has been repaired to ensure the upright sprinkler head is not obstructed. The main drain for the automatic sprinkler system has been tested to comply with NFPA Code Standard.	
K 064 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers shall be installed, inspected, and maintained in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6, 19.3.5.6 This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to provide documentation indicating that portable fire extinguishers within the facility are inspected in accordance with NFPA 10 in 8 of 8 smoke compartments. The findings were: Document review on 01/12/16 from 9:00 AM to 10:00 AM revealed that the facility failed to demonstrate monthly maintenance and inspections of fire extinguishers throughout the facility for December 2015. Interview with the Facility Maintenance Manager at the time of the review confirmed that inspections had not been completed for December 2015. Ref: 2000 NFPA 101, Sections 19.3.5.6 and 9.7.4.1 1998 NFPA 10, Section 4-3.1	K 064	**Identification of Others:** The Maintenance Director has done a sweep of the facility upright sprinkler heads for obstruction. Those upright sprinkler heads found to be obstructed have been remedied. **Systemic Changes:** The Maintenance Director and/or designee will develop a tickler file to notify him/her when the annual testing of the main drain for the automatic sprinkler system and the hydraulic riser are needed to ensure compliance. **Monitoring:** The QAPI Committee will evaluate effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure	
K 069	NFPA 101 LIFE SAFETY CODE STANDARD	K 069		

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K 069 SS=D	Continued From page 8 Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to ensure that the kitchen hood was maintained in accordance with NFPA 96 for 1 of 1 systems. The findings were: Document review on 01/12/16 from 9:00 AM to 10:00 AM revealed the Ansul Fire Suppression System was last inspected January 2015. Interview with the Facility Maintenance Manager at the time of the document review confirmed no additional documentation was available. Ref: 2000 NFPA 101, Sections 19.3.2.6 and 9.2.3 1998 NFPA 96, Section 8-2	K 069	compliance then reassess the need for continued monitoring based on compliance until resolved. **K-064: NFPA 101 Life Safety Code Standard** **Corrective Action:** The Maintenance Director has done the monthly maintenance and inspections of the fire extinguishers throughout the facility and documented per NFPA 101 Code Standard. **Identification of Others:** There are no other areas affected. **Systemic Changes:** The Maintenance Director and/or designee will do monthly maintenance inspections of the fire extinguishers throughout the facility. **Monitoring:** The QAPI Committee will evaluate effectiveness of the plan based on additional interventions as needed to ensure compliance then reassess the need for continued monitoring based on compliance until resolved.	
K 070 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable space heating devices shall be prohibited in all health care occupancies. Except it shall be permitted to be used in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F (100 degrees C). 18.7.8, 19.7.8 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure portable space heaters were not used in resident sleeping areas in 1 of 8 smoke compartments. The findings were: Observation of room #610 on 01/11/16 at 2:37 PM revealed a space heater located next to the bathroom sink. At the time of the observation the Facility Maintenance Manager acknowledge the	K 070		

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K 070	Continued From page 9 space heater located in the resident sleeping room. Ref: 2000 NFPA 101, Section 19.7.8	K 070	~~K-069: NFPA 101 Life Safety Code Standard~~ **Corrective Action:** The Maintenance Director has had the Ansul Fire Suppression System inspected to meet NFPA 101 compliance.	2/23/16
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard 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. 4-3.1.1.2 (NFPA 99), 8-3.1.11.1 (NFPA 99), 18.3.2.4, 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 with NFPA 99 in 2 of 2 storage locations. The findings were: 1. Observation of the Oxygen Storage Room in the 600 hallway on 01/11/16 at 2:45 PM revealed three 41 liter liquid oxygen tanks, and (11) E cylinders of compressed gas stored within the location. The volume of oxygen located in the room was approximately 4,000 cubic feet. The room was not provided with mechanical ventilation to the outside of the building. In addition combustible materials were located within the space to include plastic bags, concentrators and a card board box. State Survey Agency document review of the prior survey revealed this location was cited for the same deficiencies on 04/29/15, and an approved Time	K 076	**Identification of others:** No other areas have been affected. **Systemic Changes:** The Maintenance Director and/or designee will develop a tickler file to notify him/her when the annual testing of the Ansul Fire Suppression System remains in compliance with NFPA 101 Life Safety Code Standards. **Monitoring:** The QAPI Committee will evaluate effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure compliance then reassess the need for continued monitoring based on compliance until resolved. **K-070: NFPA 101 Life Safety Code Standard.**	2-23-16 99

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	535024	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	01/12/2016

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POPLAR LIVING CENTER	4305 S POPLAR CASPER, WY 82601

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K 076	Continued From page 10 Limited Waiver was provided to the facility on 07/06/15, which expired on 12/31/15. Observation on 01/11/16 at 2:45 PM could not establish that corrective actions had been made to the location. The Facility Maintenance Manager acknowledged on 01/11/16 the room was not provided with functional mechanical ventilation, and combustible materials were located inside the storage location. 2. Observation of the Oxygen Storage Room on the 100 hallway on 01/11/16 at 3:20 PM revealed combustible materials located within the space to include plastic bags and concentrators. The Facility Maintenance manager acknowledged combustible materials were located inside the storage location. Ref: 2000 NFPA 101, Section 19.3.2.4 1999 NFPA 99, Sections 8-3.1.11.1 and 4-3.1.1.2	K 076	**Corrective Actions:** The portable space heater found in room #610 has been removed by the Maintenance Director. **Identification of Others:** The Maintenance Director has done a room to room sweep to ensure there are no portable space heaters in the facility rooms. There were no others found. **Systemic Changes:** The Maintenance Director and/or designee will do weekly checks throughout the facility for portable space heaters. Areas not compliant will have the heaters removed. **Monitoring:** The QAPI Committee will evaluate effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure compliance then reassess the need for continued monitoring based on compliance until resolved.	
K 106 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Hospitals and inpatient hospices with life support equipment have an Type I Essential Electric System, and nursing homes have a Type II ESS that are powered by a generator with a transfer switch and separate power supply in accordance with NFPA 99, 12-3.3.2, 13-3.3.2.1, 16-3.3.2 (NFPA 99) This STANDARD is not met as evidenced by: Based on document review, observation, and staff interview, the facility failed to install, inspect, and perform acceptance testing of the essential electrical system per NFPA 110 for 1 of 1 emergency generators. The findings were: 1. Document review of the testing and	K 106	**K-076: NFPA Life Safety Code Standard** **Corrective Action:** The combustible material located in the 600 and 100 hall oxygen storage areas	

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K 106	Continued From page 11 maintenance records on 01/12/16 from 9:00 AM to 10:00 AM revealed no documentation was available for the installation acceptance testing of the facility generator. Observation of the facility generator on 01/11/16 at 3:18 PM revealed it to be the same generator on-site since approximately November 2014. State Survey Agency document review of the prior survey revealed the generator was cited for the same deficiency on 04/29/15, and an approved Time Limited Waiver was provided to the facility on 07/06/15, which expired on 12/31/15 for the plan submittal and installation of a new generator. Review of plan submittals to the Wyoming Department of Health on 01/13/16 at 9:00 AM revealed no plans have been submitted for review to the department. Observation and document review could not establish that corrective actions had been made to the generator. Ref: 2000 NFPA 101, Sections 19.5.1 and 9.1.3 1999 NFPA 110, Sections 5-13.1, 5-13.2, and 5-13.2.1 2. Observation of the facility emergency generator on 01/11/16 at 3:18 PM revealed the generator was not provided with a remote manual stop station and alarm panel per the requirements of NFPA 110. State Survey Agency document review on 01/13/16 at 9:15 AM revealed the generator was installed approximately in November 2014. Interview with the Facility Maintenance Manager during document review on 01/12/16 from 9:00 AM to 10:00 AM revealed he was unaware of this requirement. Ref:	K 106	has been removed. The outside ventilation fan has been repaired to ensure adequate ventilation to the outside per NFPA requirements. A contractor has been hired to construct an Oxygen Storage Area within the facility that meets current NFPA Life Safety Code Standard. **Identification of Others:** There are no other areas affected. **Systemic Changes:** The Maintenance Director and/or designee will do weekly checks on the 600 and 100 hall oxygen storage areas for combustible material and adequate outside ventilation until such time that the new oxygen storage area is completed. **Monitoring:** The QAPI Committee will evaluate effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure compliance then reassess the need for continued monitoring based on compliance until resolved. **K-106: NFPA 101 Life Safety Code Standard.**	

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K 106	Continued From page 12 2000 NFPA 101, Sections 19.5.1 and 9.1.3 1999 NFPA 110, Sections 3-5.5.6 and 3-5.6.1	K 106	Corrective Actions: A contractor has been hired to install a generator that meets NFPA 101 Life Safety Code Standard to include a remote manual stop station and alarm panel per NFPA 101 Life Safety Code Standard..	
K 143 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of liquid oxygen from one container to another shall be accomplished at a location specifically designated for the transferring that is as follows: (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction; and (b) the area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and (c) in an area that is posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and Compressed Gas Association. 8-6.2.5.2 (NFPA 99) 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 in 2 of 2 transfilling locations. The findings were: 1. Observation of the Oxygen Transfilling Room on the 600 hallway on 01/11/16 at 2:45 PM revealed the location was not mechanically ventilated, and signage on the door did not indicate transfilling was occurring in the space. Further observation revealed no transfilling procedures were posted within the location for personnel to follow when transfilling. State Survey	K 143	**Identification of Others:** No other areas have been affected by this. **Systemic Changes:** A generator that meets NFPA requirement and a remote manual stop station will be installed per the Time Limited Waivers. **Monitoring:** The QAPI Committee will evaluate effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure compliance then reassess the need for continued monitoring based on compliance until resolved. **K-143: NFPA 101 Life Safety Code Standards.** **Corrective Actions:** The mechanical ventilation in the Oxygen Transfilling Room on the 600 hallway has been repaired.Signage to indicate transfilling is occurring and transfilling procedures that meet NFPA 101 Life Safety Code Standard to include the posting that smoking in the immediate area is prohibited have been posted on the 100 and 600 hallways.	2/23/16

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K 143	Continued From page 13 Agency document review of the prior survey revealed this location was cited for the same deficiencies on 04/29/15, and an approved Time Limited Waiver was provided to the facility on 07/06/15, which expired on 12/31/15. Observation on 01/11/16 at 2:45 PM could not establish that corrective actions had been made to the location. The Facility Maintenance Manager acknowledged on 01/11/16 the room was not provided with functional mechanical ventilation, and no transfilling procedures were posted within the location. 2. Observation of the Oxygen Transfilling Room on the 100 hallway on 01/11/16 at 3:20 PM revealed signage on the door did not indicate transfilling was occurring in the space. Further observation revealed no transfilling procedures were posted within the location for personnel to follow when transfilling. State Survey Agency document review of the prior survey revealed this location was cited for the same deficiencies on 04/29/15, and an approved Time Limited Waiver was provided to the facility on 07/06/15, which expired on 12/31/15. Observation on 01/11/16 at 2:45 PM could not establish that corrective actions had been made to the location. The Facility Maintenance Manager acknowledged on 01/11/16 the room was not provided with functional mechanical ventilation, and no transfilling procedures were posted within the location. Ref: 2000 NFPA 101, Section 19.3.2.4 1999 NFPA 99, Section 8-6.2.5.2 1995 CGA Pamphlet P-2.6	K 143	~~Identification of Others:~~ No other areas were affected. **Systemic Changes:** The Maintenance Director and/or designee will check the Oxygen Transfilling Rooms in the 100 and 600 hallways weekly for compliance with NFPA requirements. **Monitoring:** The QAPI Committee will evaluate effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure compliance then reassess the need for continued monitoring based on compliance until resolved.	
K 144	NFPA 101 LIFE SAFETY CODE STANDARD	K 144		

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K 144 SS=F	Continued From page 14 Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to ensure maintenance and testing of the facility generator were being performed per the requirements of NFPA 110 for 1 of 1 generators. The findings were: Document review of the generator maintenance and testing records on 01/12/16 from 9:00 AM to 10:00 AM revealed there was no documentation available for review at the time of the survey. Interview with the Facility Maintenance Manager at the time of the review confirmed that weekly inspections and monthly load test were not being performed. Ref: 2000 NFPA 101, Sections 19.5.1 and 9.1.3 1999 NFPA 110, Section 6-4.1	K 144	~~K-144: NFPA 101 Life Safety Code~~ Standard. **Corrective Actions:** The Maintenance Director has conducted an inspection and a load test for 30 minutes in accordance with NFPA 99 and 110. **Identification of Others:** There were no other areas affected. **Systemic Changes:** The Maintenance Director and/or designee will conduct weekly inspection and exercise under load for 30 minute monthly tests per NFPA 99 and 110. The Maintenance Director will document these results. **Monitoring:** The QAPI Committee will evaluate effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure compliance then reassess the need for continued monitoring based on compliance until resolved.	2/23/16
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to provide electrical wiring and equipment in accordance with NFPA 70 in 1 of 8 smoke compartments. The findings were: Observation of the 500 hall on 01/11/16 at 2:15 PM revealed an electrical receptacle adjacent to	K 147		

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K 147	Continued From page 15 room #504 with a broken face plate. At the time of the observation the Facility Maintenance Manager acknowledged the damaged electrical receptacle. Ref: 2000 NFPA 101, Sections 19.5.1 and 9.1.2 1999 NFPA 70, Article 370-25	K 147	~~K-147: NFPA 101 Life Safety Code~~ Standard. **Corrective Actions:** The electrical outlet cover adjacent to room 504 was replaced. **Identification of Others:** The Maintenance Director and/or designee have done a facility sweep of electrical receptacles and replace any damaged or broken covers. **Systemic Changes:** The Maintenance Director and/or designee will check the facility electrical receptacles monthly and repair any broken covers. **Monitoring:** The QAPI Committee will evaluate effectiveness of the plan based on trends identified and implement additional interventions as needed to ensure compliance then reassess the need for continued monitoring based on compliance until resolved.	2/27/16