POC accepted 9/21/11 Kay Allison

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535021	A. BUILDING 01 B. WING	08/24/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	890 US HWY 20 SOUTH BASIN, WY 82410

(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 this 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 (NFPA). The facility was a fully sprinkled single story building with a basement of Type II (000) construction with plan approval in 1981. The building was equipped with a supervised automatic wet sprinkler system with anti-freeze loops in the generator room and under the front gazebo and an addressable fire alarm system. The facility had a capacity of 90 certified Medicare and Medicaid beds with a census of 64 residents.	K 000		
K 011 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a two-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors. 19.1.1.4.1, 19.1.1.4.2 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure the fire barrier was continuous from floor to ceiling. The findings were: Observation of the Gottsche fire barrier on	K 011	**This Plan of Correction constitutes our allegation of compliance** K011 The facility will ensure that fire barriers are continuous from ceiling to floor. This will be accomplished by: 1) The unsealed gap of the Gottsche fire barrier was sealed. 9/13/11 2) Maintenance staff will be in serviced on ensuring that fire barriers are continuous from ceiling to floor. 11/1/11 3) Environmental Services Manager to audit for compliance and will report results to the Quality Improvement Committee for review and recommendations. 11/1/11	

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

Britt Cook-mill | RN Facility Administrator | 9/16/11

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

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	535021	A. BUILDING 01 B. WING _____	08/24/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	890 US HWY 20 SOUTH BASIN, WY 82410

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K 011	Continued From page 1 8/24/11 at 10:50 AM showed there was a 1/2 inch unsealed gap. At the time of observation, maintenance staff member #1 reported he was aware of the separation requirement. He also reported all barriers were inspected on an annual basis, but could not explain why this gap had not been noticed and repaired.	~~K 011~~		
K 017 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure corridor ceilings were smoke resistant in 1 of 8 smoke compartments. The findings were: Observation of the North C pod on 8/24/11 at 10:03 AM showed a ceiling tile was missing from	K 017	K017 The facility will ensure corridor ceilings are smoke resistant. This will be accomplished by: 1) The ceiling tile in North C pod was replaced. *9/13/11* 2) Maintenance staff will be in serviced on ensuring that ceiling tiles are not missing. *11/1/11* 3) Environmental Services Manager to audit for compliance and will report results to the Quality Improvement Committee for review and recommendations. *11/1/11*	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES
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	536021	A. BUILDING 01 B. WING _____	08/24/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	880 US HWY 20 SOUTH BASIN, WY 82410

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K 017	Continued From page 2 the exit vestibule measuring 8 inches by 30 inches. At the time of observation, maintenance staff member #1 could not explain why the tile was missing or where the original tile was currently located. He also reported the tile should have been noticed during the quarterly inspection and replaced.	~~K 017~~	K018 The facility will ensure corridor doors are smoke resistant. This will be accomplished by:	
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	1) The gap between the double corridor doors to the training room has been fixed.	*9/13/11*
			2) Maintenance staff will be in serviced on ensuring that corridor doors are smoke resistant.	11/1/11
			3) Environmental Services Manager to audit for compliance and will report results to the Quality Improvement Committee for review and recommendations.	11/1/11
	This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure corridor doors were smoke resistant in 1 of 8 smoke compartments. The findings were:			

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K 018	Continued From page 3 Observation of the training room on 8/23/11 at 4:31 PM showed the gap between the double corridor doors was 1/2 inches wide. At the time of observation, maintenance staff member #1 reported he was aware corridor doors were required to be smoke resistant. He could not explain why the door had not been noticed during the quarterly inspection and repaired.	~~K 018~~	K020 The facility will ensure vertical access doors are closed to separate floors. This will be accomplished by: 1) The vertical access doors above the south nurses' lounge, staff dining room, and north nurses' lounge are closed. Signs reminding staff have been posted.	9/13/11
K 020 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1. This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure vertical access doors were closed to separate floors in 3 of 8 smoke compartments. The findings were: Observation of the three penthouse mechanical rooms on 8/23/11 between 6 PM and 7 PM showed the access doors above the south nurses' lounge, staff dining room, and north nurses' lounge were held open. At 6:08 PM maintenance staff member #1 reported he was unaware doors separating floors were not allowed to be held open.	K 020	2) Maintenance staff will be in serviced on ensuring vertical access doors are closed to separate floors. 3) Environmental Services Manager to audit for compliance and will report results to the Quality Improvement Committee for review and recommendations.	1/11/11 11/1/11
K 029 SS=E	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	~~K 029~~		

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	539021	A. BUILDING 01 B. WING _____	08/24/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	890 US HWY 20 SOUTH BASIN, WY 82410

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K 018	Continued From page 3 Observation of the training room on 8/23/11 at 4:31 PM showed the gap between the double corridor doors was 1/2 inches wide. At the time of observation, maintenance staff member #1 reported he was aware corridor doors were required to be smoke resistant. He could not explain why the door had not been noticed during the quarterly inspection and repaired.	~~K 018~~	K020 The facility will ensure vertical access doors are closed to separate floors. This will be accomplished by:	
K 020 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1.	K 020	1) The vertical access doors above the south nurses' lounge, staff dining room, and north nurses' lounge are closed. And signs reminding staff have been posted.	9/13/11
	This STANDARD is not met as evidenced by: Based on observation and staff interview the facility failed to ensure vertical access doors were closed to separate floors in 3 of 8 smoke compartments. The findings were: Observation of the three penthouse mechanical rooms on 8/23/11 between 6 PM and 7 PM showed the access doors above the south nurses' lounge, staff dining room, and north nurses' lounge were held open. At 6:08 PM maintenance staff member #1 reported he was unaware doors separating floors were not allowed to be held open.		2) Maintenance staff will be in serviced on ensuring vertical access doors are closed to separate floors.	1/11/11
			3) Environmental Services Manager to audit for compliance and will report results to the Quality Improvement Committee for review and recommendations.	11/1/11
K 029 SS=E	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	~~K 029~~		

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	536021	A. BUILDING 01 B. WING	08/24/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	850 US HWY 20 SOUTH BASIN, WY 82410

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K 029	Continued From page 4 and/or 19.3.6.4 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 separated from use areas in 1 of 8 smoke compartments. The findings were: Observation of the basement electrical room on 8/23/11 at 4:43 PM showed there was a 1 inch unsealed cable penetration. At the time of observation, maintenance staff member #1 reported he was aware of the separation requirement. He could not explain why the hole had not been identified during the quarterly inspection and repaired.	K 029	K 029 The facility will ensure hazardous areas are separated from use areas. This will be accomplished by: 1) The unsealed cable penetration in the basement electrical room has been sealed. 2) Maintenance staff will be in serviced on ensuring hazardous areas are separated from use areas. 3) Environmental Services Manager to audit for compliance and will report results to the Quality Improvement Committee for review and recommendations.	9/13/11 11/1/11 11/1/11
K 038 SS=F	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	~~K 038~~		

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K 038	Continued From page 8 facility failed to ensure egress components had adequate headroom in 3 of 8 smoke compartment. The findings were: Observation of the egress system on 8/23/11 between 4:30 PM and 5:30 PM showed the magnetic locks attached to the basement shipping double doors, garage exterior double doors, and two sets of dining room exit doors did not have the required 6 foot 8 inches headroom. The bottom of the aforementioned locks were only 6 feet 5 inches above the floor. At 4:41 PM maintenance staff member #1 reported he was not aware of the headroom requirement. Reference: NFPA 101, 2000 Edition, 19.2.1; 7.1.5* Headroom. Means of egress shall be designed and maintained to provide headroom as provided in other sections of this Code and shall be not less than 7 ft 6 in. (2.3 m) with projections from the ceiling not less than 6 ft 8 in. (2 m) nominal height above the finished floor. The minimum ceiling height shall be maintained for not less than two-thirds of the ceiling area of any room or space, provided the ceiling height of remaining ceiling area is not less than 6 ft 8 in. (2 m). Headroom on stairs shall be not less than 6 ft 8 in. (2 m) and shall be measured vertically above a plane parallel to and tangent with the most forward projection of the stair tread.	K 038	The facility will ensure egress components have adequate headroom in a smoke compartment. This will be accomplished by: 1) The magnetic locks attached to the basement shipping doors, garage exterior double doors, and the two sets of dining room exit doors will be moved to allow for the required 6 foot 8 inches headroom. 2) Maintenance staff will be in serviced on ensuring egress components have adequate headroom in a smoke compartment. 3) Environmental Services Manager to audit for compliance and will report results to the Quality Improvement Committee for review and recommendations.	11/1/11 11/1/11 11/1/11
K 046 SS=F	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.	~~K 046~~		

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K 048	Continued From page 6 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure a manual emergency stop button was provided on the newly installed emergency generator. The findings were: Observation of the emergency generator on 8/23/11 at 5:15 PM showed it was not equipped with a manual remote stop button outside of the room where the prime mover is located. At the time of observation, maintenance staff member #1 stated he was unaware of the aforementioned requirement. Reference: NFPA 101, 2000 Edition, 19.2.9.1, 7.9.2.3, NFPA 110, 1999 Edition; 3-5.5.6 All Level 1 and Level 2 installations shall have a remote manual stop station of a type similar to the break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building.	K 046	K046 The facility will ensure a manual emergency stop button is installed in a separate room from where the generator is currently located. This will be accomplished by: 1) The emergency stop button to the generator will be moved to an adjacent room.	11/1/11
K 048 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 This STANDARD is not met as evidenced by: Based on policy review and staff interview the facility failed to ensure 2 of 8 emergency policies addressed the required action needed during an emergency. The findings were:	~~K 048~~	2) Maintenance staff will be in serviced on ensuring that emergency stop buttons to generators are located in another area other than where the generator is placed. 3) Environmental Services Manager to audit for compliance and will report results to the Quality Improvement Committee for review and recommendations.	11/1/11 11/1/11

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K 048	Continued From page 7 Review of the facility fire drill policy showed the evacuation of the residents from the smoke compartment or preparation of floors and building for full evacuation were not addressed. The facility did not have a full facility evacuation policy to review. On 8/24/11 at 12:30 PM the administrator confirmed the facility did not have an evacuation plan and the fire plan did not address the aforementioned areas. Reference: NFPA 101, 2000 edition; 19.7.2.2 A written health care occupancy fire safety plan shall provide for the following: (1) Use of alarms (2) Transmission of alarm to fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire	~~K 048~~	K048 The facility will ensure that emergency policies address all eight of required action needed in an emergency. This will be accomplished by: 1) The facility emergency policies will be updated to include evacuation of residents from a smoke compartment and preparation of floors and building for full evacuation. 2) Environmental Services Manager and designee will be in serviced on ensuring that fire drill policies are kept updated. 3) Environmental Services Manager to audit for compliance and will report results to the Quality Improvement Committee for review and recommendations.	11/1/11 11/1/11 11/1/11
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance 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	~~K 052~~		

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K 052	Continued From page 8 This STANDARD is not met as evidenced by: Based on observation, record review, and staff interview, the facility failed to ensure smoke detectors were installed properly in 2 of 8 smoke compartments. In addition, the facility failed to ensure 2 of 7 fire alarm system components were tested. The findings were: 1. Observation of the fire alarm system on 8/23/11 at 6:36 PM showed the smoke detector in the corridor above the time clock was located 16 inches from the ventilation diffuser. At the time of observation the maintenance staff member #1 stated he was not aware smoke detectors are required to be located more than 36 inches from diffuser to prevent false activation. On 8/24/11 at 9:15 AM the smoke detector in the corridor near the beauty shop was observed to be 18 inches from a ventilation diffuser. 2. Review of the fire alarm system testing records showed 93 smoke detectors were tested on 2/09/10, but only 84 detectors were tested on 2/15/11. Further review showed 86 alarm notification appliances (bells/horns/strobes) were tested on 2/09/10, but only 73 appliances were tested on 2/16/2011. On 8/24/11 at 12:20 PM the maintenance manager could not explain why the number of tested devices were different for the aforementioned dates. Reference: NFPA 101, 2000 Edition, 19.3.4.1, 9.6.1.4, NFPA 72, 1999 Edition; 5-2.2.3.1.1 Fire alarm systems providing services	K 052	K052 The facility will ensure that smoke detectors are installed properly and fire alarm system components are tested. This will be accomplished by: 1) The smoke detector in the corridor above the time clock and in the corridor by the beauty shop will be moved so that they are more than 36 inches from each diffuser. 11/1/11 2) All of the facility smoke detectors will be tested. Maintenance staff will be in serviced on ensuring that smoke detectors are installed properly and that all fire alarm system components are tested. 11/1/11	

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K 052	Continued From page 9 that complies with all the requirements of this code shall be certified by the organization that has listed the central station, and a document attesting to this certification shall be located on or within 36 in. of the fire alarm system control unit or, if no control unit exists, on or within 36 in. of a fire alarm system component. Table 7-3.2 Testing Frequencies. 16. Initiating Devices h. All Smoke Detectors, ...annually 19. Alarm Notification Appliances a. Audible Devices,.....annually c. Visible Devices,.....annually	K 052	3) Environmental Services Manager to audit for compliance and will report results to the Quality Improvement Committee for review and recommendations.	11/1/11
K 062 SS=F	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 and staff interview, the facility failed to ensure the sprinkler system hydraulic calculation was posted on the sprinkler risers. In addition, the facility failed to ensure sprinkler heads were unobstructed in 3 of 8 smoke compartments. The findings were: 1. Observation of the three sprinkler risers on 8/23/11 at 4:22 PM showed the hydraulic calculations were not affixed to each riser. At the time of observation, maintenance staff member #1 reported he was not aware of the aforementioned requirement.	K 062	K062 The facility will ensure the sprinkler system hydraulic calculation is posted on the sprinkler risers and that sprinkler heads are not obstructed. This will be accomplished by: 1) The three sprinkler risers will have the hydraulic calculations affixed to them.	11/1/11

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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	535021	A. BUILDING 01 B. WING _____	08/24/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WYOMING RETIREMENT CENTER	990 US HWY 20 SOUTH BASIN, WY 82410

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K 082	Continued From page 10 2. Observation of the sprinkler system on 8/23/11 between 4:30 PM and 6 PM showed the sprinkler head in the still water room, laundry dryer room, south nurses' station, and seven in the south pod commons area were obstructed. The sprinkler heads were obstructed by ceiling mounted lights, architectural beams, and a concrete staggered pylon in the laundry room. On 8/24/11 between 9:30 AM and 10:30 AM showed the sprinkler heads in the north nurses' station, and the north pod commons areas, were obstructed by ceiling mounted lights and architectural beams, respectively. On 8/23/11 at 4:45 PM maintenance staff member #1 reported he was not aware of the spacing requirement. He also confirmed the facility's sprinkler system was tested and maintained by the maintenance staff, and an annual inspection to ensure sprinkler heads were not obstructed, corroded, painted, or damaged was not conducted. Reference: NFPA 101, 2000 Edition, 19.3.5.1, 9.7.1.1, NFPA 13, 1999 Edition; Distance from sprinkler to side of obstruction — Maximum allowable distance from deflector above bottom of obstruction Less than 1 ft ... 0 1 ft to less than 1 ft 6 in. ... 2 ½ 1 ft 6 in. to less than 2 ft ... 3 ½ 2 ft to less than 2 ft 6 in. ... 5 ½ 2 ft 6 in. to less than 3 ft ... 7 ½ 3 ft to less than 3 ft 6 in ... 9 ½ 3 ft 6 in. to less than 4 ft ... 12 NFPA 101, 2000 Edition, 19.3.5.1, 9.7.5, NFPA	K 082	2) The obstructed sprinkler heads in the still water room, laundry room, north nurses' station, north pod commons area, south nurses' station and the seven in the south pod commons area will be moved. 3) Maintenance staff will be in serviced on ensuring that sprinkler system hydraulic calculations are posted on the sprinkler risers and that sprinkler heads are not obstructed. 4) Environmental Services Manager to audit for compliance and will report results to the Quality Improvement Committee for review and recommendations.	11/1/11 11/1/11 11/1/11

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K 062	Continued From page 11 25, 1998 Edition; 2-2.1.1* Sprinklers shall be visually inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged or loaded, or in the improper orientation.	~~K 062~~	K147 The facility will ensure that damaged electrical equipment is replaced. This will be accomplished by:	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure damaged electrical equipment was replaced in 1 of 8 smoke compartments. The findings were: Observation of the electrical system on 8/23/11 at 6:20 PM showed the power cord for the kitchen ice machine was missing the outer sheath and had exposed inner wires at the plug. Further review showed the entire cord was cracked. At the time of observation, maintenance staff member #1 reported he was aware damaged electrical equipment was required to be replaced. He could not explain why the cord had not been observed and replaced during the quarterly electrical inspection. NFPA 101, 2000 Edition, 19.5.1, 9.1.2, NFPA 70, 1999 Edition; 90-7 Examination of Equipment for Safety. ...It is the intent of this Code that factory-installed	K 147	1) Electrical power cord to the ice machine has been replaced. — 9/13/11 2) Maintenance department staff will be in-serviced regarding ensuring that damaged electrical equipment is replaced. — 11/1/11 3) Environmental Services Manager to audit for compliance and report results to the Quality Improvement Committee for review and recommendations. — 11/1/11	

TOTAL P.06

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K 147	Continued From page 12 Internal wiring or the construction of equipment need not be inspected at the time of installation of the equipment, except to detect alterations of damage ...	K 147		