STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535049	A. BUILDING **01** B. WING _____	**08/30/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF CASPER	**4041 SOUTH POPLAR STREET** **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
E 000	Initial Comments An Emergency Preparedness survey was conducted by Healthcare Licensing and Surveys on 08/30/2023. The findings that follow demonstrate noncompliance with 42 CFR 483.73.	E 000		
E 041 SS=F	Hospital CAH and LTC Emergency Power CFR(s): 483.73(e) §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1)(i) and (ii) of this section. §483.73(e), §485.625(e), §485.542(e) (e) Emergency and standby power systems. The [LTC facility CAH and REH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section. §482.15(e)(1), §483.73(e)(1), §485.542(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated. 482.15(e)(2), §483.73(e)(2), §485.625(e)(2), §485.542(e)(2)	E 041		9/18/23

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

Electronically Signed | 09/15/2023

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E 041	Continued From page 1 Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code. 482.15(e)(3), §483.73(e)(3), §485.625(e)(3),§485.542(e)(2) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates. *[For hospitals at §482.15(h), LTC at §483.73(g), REHs at §485.542(g), and and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html. If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes. (1) National Fire Protection Association, 1	E 041		

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E 041	Continued From page 2 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000. (i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011. (ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011. (iii) TIA 12-3 to NFPA 99, issued August 9, 2012. (iv) TIA 12-4 to NFPA 99, issued March 7, 2013. (v) TIA 12-5 to NFPA 99, issued August 1, 2013. (vi) TIA 12-6 to NFPA 99, issued March 3, 2014. (vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011. (viii) TIA 12-1 to NFPA 101, issued August 11, 2011. (ix) TIA 12-2 to NFPA 101, issued October 30, 2012. (x) TIA 12-3 to NFPA 101, issued October 22, 2013. (xi) TIA 12-4 to NFPA 101, issued October 22, 2013. (xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009.. This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to record monthly generator battery tests in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. Failure to perform monthly generator battery tests as required could result in power loss during an emergency. The deficiency affected facility-wide reliability of the emergency power system. The findings were: Document review and interview with the maintenance manager on 8/30/2023 starting at 2:30 PM revealed that no record of monthly	E 041	1. Problem statement- Facility failed to record monthly generator battery tests in accordance with the NFPA 110, Standard for Emergency and Standby Power Systems. Failure to perform monthly generator battery testing test as required. 2. Corrective actions- Education provided to Maintenance Director and Maintenance Assistant on 9/12/2023 on completing monthly generator test in accordance with NFPA 110, Standard for Emergency and Standby Power Systems.	

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E 041	Continued From page 3 generator battery specific gravity or conductance tests was available for the period beginning in January of 2023. Interview with the maintenance manager at the time of the observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections 19.5.1.1, 9.1, 9.1.3.1 2010 NFPA 110, Sections 8.2.4, 8.2.4,1, 8.3.7.1	E 041	3. Identification of others- The Deficiency affected facility wide reliability of the emergency power system, and facility could have lost power during an emergency. 4. Systemic changes- Maintenance Director will have equipment needed to do battery specific or conductive test on battery and will document on TELS monthly by 9/12/2023. 5. Ongoing monitoring- The Maintenance Director/designee will ensure the monthly generator tests are completed and in accordance with the NFPA 110, Standard for Emergency and Standby Power Systems. Audit of TELS will be brought to QAPI meeting for 3 months or until substantial compliance achieved.	
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Licensing and Surveys on 08/30/2023. Requirements for Long Term Care Facilities Section 42 CFR 483.90 (a) except as otherwise provided in the Section, the facility must meet the applicable provisions of the 2012 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 built in 1992. The building was equipped with a supervised automatic wet sprinkler system with a dry branch, and an addressable fire alarm system. The facility	K 000		

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K 000	Continued From page 4 had a capacity of 120 certified Medicare and Medicaid beds with a census of 74 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000		
K 100 SS=E	General Requirements - Other CFR(s): NFPA 101 General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain ceiling systems in accordance with the 2012 NFPA 101, Life Safety Code. The failure to maintain ceiling systems as required could result in injury or death during an emergency. The deficiency affected two (2) of numerous rooms. The findings were: Observation on 08/30/2023 at 10:10 AM in the environmental office found a ceiling tile missing. Interview with maintenance manager revealed that the tile had been removed for maintenance and inspection for the sprinkler system. Further observations found an additional ceiling tile missing in the dining room closet. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility administrator at the time	K 100	1. Problem statement- Facility failed to maintain ceiling system in accordance with the 2012 NFPA 101, Life Safety Code. The failure to maintain ceiling systems as required. 2. Corrective action- In-service/education provided to Maintenance Assistant and Maintenance Director on the failure to maintain ceiling systems in accordance with the 2012 NFPA 101, Life Safety Code by 9/15/2023. 3. Identification of others- The deficiency affected facility wide reliability of the ceiling systems could result in injury or death. 4. Systemic changes- Maintenance Director/designee will do weekly audits for 3 months to make sure ceiling tiles are in place paying close attention if Vendors are	9/15/23

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K 100	Continued From page 5 of exit acknowledged the deficiency. Ref: 2012 NFPA 101: Section 19.1.1.1.3, 4.6.12.1	K 100	completing work in ceiling that tiles are replaced when Vendors are finished. Walking rounds to begin 9/15/2023. 5. Ongoing monitoring- The Maintenance Director/designee will ensure ceiling tiles are in place by completing weekly walking rounds in accordance with the 2012 NFPA 101 Life Safety Code. Audit will be brought to QAPI Meeting, reviewed for 3 months or until substantial compliance is achieved.	
K 223 SS=E	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain doors with self-closing devices in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain doors with self-closing devices as required could delay egress resulting in injury or death during an	K 223	1. Problem statement- facility failed to maintain self-closing devices in accordance with the 2012 NFPA 101 Life Safety Code. 2. Corrective action- Education to dietary	9/15/23

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K 223	Continued From page 6 emergency. The deficiency affected two (2) of numerous doors with self closing devices in the facility. The findings were: Observation on 08/30/2023 at 8:55 AM at the doors separating the dining room and kitchen revealed a cart placed in front of the southeast door. Further observation on 08/30/2023 at 10:59 AM at activities storage revealed that when dropped the door failed to latch. Interview with maintenance manager at the time of observation acknowledged the deficiency, and indicated awareness of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101: Section 19.2.2.2.1, 7.2.1.4.5	K 223	staff to not leave cart or any other object blocking self-closing door. Education to Maintenance Director/assistant to evaluate all self-closing doors to make sure they are closing properly and record in TEL in accordance with the 2012 NFPA 101 Life Safety Code. 3. Identification of others- Failure to provide a latching self-closing door as required could delay egress resulting in injury or death in an emergency. 4. Systemic changes- Dietary manager/designee to audit daily x 2 weeks then weekly audits x 3 months that no objects or carts are blocking the self-closing door. Maintenance is to have latch fixed in activities storage by 9/15/2023. 5. Ongoing monitoring- Maintenance Director will put monthly task in TELS for Maintenance Director/designee to look at all self-closing doors, and Dietary Manager/Designees will bring audits to monthly QAPI meetings, reviewed x 3 months or until substantial compliance is achieved.	
K 271 SS=D	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall	K 271		10/15/23

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K 271	Continued From page 7 be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide a level means of egress in accordance with the 2012 NFPA 101, Life Safety Code. Failure to provide a level means of egress as required could delay egress resulting in injury or death during an emergency. The deficiency affected one (1) of numerous means of egress in the facility. The findings were: Observation on 08/30/2023 at 9:25 AM at the exit pathway to the public way on the north exit near the medical records office found that the concrete walkway had uplifted from soil expansion and tree roots causing two portions of the walkway to be at different heights. It was found that the height difference between the walkway portions was a maximum measurement of approximately 1.5" at the joint. Interview with the maintenance manager at time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the administrator at the time of exit acknowledged the deficiency. Ref: 2012 NFPA 101, Sections 19.2.1, 7.1.6.2	K 271	1. Problem statement- Facility failed to provide level means of egress in accordance with the 2012 NFPA 101, Life Safety Code. 2. Corrective actions- Education to Maintenance Director to monitor all means of egress in accordance with the 2012 NFPA 101, Life Safety Code and have corrected by 10/15/2023. 3. Identification of others- Failure to provide a level means of egress as required by 2012 NFPA 101, Life Safety Code could delay egress resulting in injury or death during an emergency. 4. Systemic changes- Maintenance Director/designee will complete monthly audits on all means of egress monthly x 3 months then in accordance with the 2012 NFPA 101, Life Safety Code. 5. On-going monitoring- Maintenance Director or designee will complete audits to monitor means egress, audits will be brought to QAPI meeting reviewed x 3 months or until substantial compliance is achieved.	
K 324 SS=E	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance	K 324		9/15/23

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K 324	Continued From page 8 with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This REQUIREMENT is not met as evidenced by: 1. Based on observation and staff interview, the facility failed to protect cooking equipment in accordance with the 2012 NFPA 101, Life Safety Code, and the 2011 NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Failure to properly protect cooking equipment could lead to equipment damage or improper protection by fire suppression systems, resulting in injury or death during an emergency. The deficiency affected the kitchen and all staff within. The findings were: Observation on 08/30/2023 at 9:03 AM in the	K 324	1. Problem statement- Facility failed to protect cooking equipment in accordance with the 2012 NFPA 101, Life Safety Code and the 2011 NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. 2. Corrective action- In-service education for maintenance department and dietary department to be completed by 9/15/2023. 3. Identification of others- Failure to	

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K 324	Continued From page 9 kitchen revealed a wheeled gas-fired cooktop located beneath the grease hood and fire suppression system. Further observation revealed that no means was provided to ensure that the cooktop is returned to the approved location beneath the fire suppression system after being moved for service or cleaning. Interview with facility maintenance staff at the time of the observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections 19.3.2.5.5 and 9.2.3 2011 NFPA 96, Section 12.1.2.3 2. Based on observation and staff interview, the facility failed to have the kitchen hood inspected for grease buildup in accordance with the 2012 NFPA 101, Life Safety Code and the 2011 NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Failure to have the kitchen hood inspected as required could result in an increased risk of fire, which may result in injury or death during an emergency. The deficiency affected one (1) of one (1) kitchens in the facility. The findings were: Document review and staff interview on 08/30/2023 starting at 2:30 PM revealed that no documentation demonstrating two inspections of the kitchen hood had been completed in the previous 12 months. Interview with maintenance manager at the time	K 324	properly protect cooking equipment could lead to equipment damage or improper protection by fire suppression system resulting in injury or death during an emergency. 4. Systemic changes- Maintenance Director/designee has marked the floor for the proper alignments with the ventilation system and will continue to watch the placement of the stove and make sure the area is properly marked to be in compliance with 2012 NFPA 101 Life Safety Code, and the NFPA 96 standard for ventilation control and fire protections of commercial cooking operations. Maintenance director/designee will also ensure kitchen hood is inspected as required per 2012 NFPA 101, Life Safety Code and the 2011 NFPA 96, Standard for Ventilation Control and fire Protection of Commercial Cooking Operations. 5. Ongoing monitoring- Maintenance Director/designee will put monthly task in TELS to monitor placement of the cooktop beneath the fire suppression systems after being moved for service or cleaning, and kitchen hood inspected for grease buildup in accordance with 2012 NFPA 101, Life Safety Code and the 2011 NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. Audits will be brought to monthly QAPI meeting, reviewed, and continued x 3 months or until substantial compliance is achieved.	

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K 324	Continued From page 10 of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.3.2.5.1, 9.2.3 2011 NFPA 96, Section: 11.4; Table 11.4	K 324		
K 345 SS=E	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: 1. Based on observation and staff interview, the facility failed to maintain fire alarm systems in accordance with the 2012 NFPA 101, Life Safety Code and the 2010 NFPA 72, National Fire Alarm Code. Failure to maintain fire detection systems as required could result in injury or death during an emergency. The deficiency affected one (1) of numerous requirements for the fire alarm system. The findings were: Observation on 08/30/2023 at 12:10 PM at the fire annunciator panel revealed that the Underwriter's Laboratory (UL) certification for the fire alarm was expired. Interview with the maintenance manager at the	K 345	1. Problem Statement- Facility failed to maintain fire alarm system in accordance with the 2012 NFPA 101, Life Safety Code and the 2010 NFPA 72, National Fire Alarm Code. 2. Corrective Action- In-service/education to Maintenance Assistant and Maintenance Director on failure to maintain fire detection in accordance with the 2012 NFPA 101, Life Safety Code and the 2010 NFPA 72, National Fire Alarm Code completed 9/30/2023. 3. Identification of other- The deficiency	9/30/23

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K 345	Continued From page 11 time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA Sections 19.3.4.1; 9.6.1.3 2010 NFPA 72 Section 26.3.4.3 2. Based on observation and staff interview, the facility failed to maintain fire alarm systems in accordance with the 2012 NFPA 101, Life Safety Code and the 2010 NFPA 72, National Fire Alarm Code. Failure to maintain fire detection systems as required could result in injury or death during an emergency. The deficiency affected one (1) of numerous requirements for the fire alarm system. The findings were: Document review on 08/30/2023 starting at 2:30 PM revealed that the alarm notification devices had been tested in the previous year but did not have a location pass fail break down. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA Sections 19.3.4.1; 9.6.1.3 2010 NFPA 72 Section Table 14.4.5(20); 14.6.2.4	K 345	affected facility wide reliability by the fire annunciator panel revealed that the Underwriters Laboratory (UL) certification for the fire alarm was expired, and the alarm had been tested in the last year but did not have a location pass/fail breakdown. Failure to maintain fire detection system could result in injury or death in an emergency. 4. Systemic changes- Maintenance will place new Underwriters Laboratory certification for the fire alarm system by 9/30/2023. Maintenance director will have a location pass/fail breakdown by 9/30/2023, and will be added into TELS by 9/30/2023, in accordance with 2012 NFPA 101 Life Safety Code and the 2010 NFPA 72, National Fire Code. 5. Ongoing Monitoring- The maintenance director will ensure the Underwriters Laboratory (UL) certification, and pass/fail breakdown is updated now and in accordance with 2012 NFPA 101, Life Safety Code and the 2010 NFPA 72, National Fire Alarm Code. Monthly audits will be brought to QAPI meeting, reviewed, and continued x 3 months or until substantial compliance is achieved.	
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101	K 351		9/15/23

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535049	A. BUILDING **01** B. WING _____	**08/30/2023**

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K 351	Continued From page 12 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain sprinkler systems in accordance with the 2012 NFPA 101, Life Safety Code and the 2011 NFPA 25, Standard for the Inspection, Testing and Maintenance of Water Based Fire Protection Systems. The failure to maintain sprinkler systems as required could result in injury or death during an emergency. The deficiency affected one of numerous storage areas throughout the facility. The findings were: Observation on 08/30/2023 at 11:14 AM in the med room revealed there was storage stacked within the 18" height clearance to the sprinkler head, which results in an obstruction to the dispersion pattern of the affected sprinkler.	K 351	1. Problem statement- Facility failed to maintain sprinkler system in accordance with the 2012 NFPA 101 Life Safety Code and the 2011 NFPA 25, Standard for the Inspection, Testing and Maintenance of Water Based Fire Protection Systems. 2. Corrective action- In-service/education to all staff regarding keeping all stored items below 18 inches of sprinkler heads, by 9/15/2023. 3. Identification of others- The failure to maintain sprinkler systems as required by 2012 NFPA 101, Life Safety Code and the 2011 NFPA 25, Standard for the inspection, Testing and Maintenance of	

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K 351	Continued From page 13 Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.3.5.1; 9.7.5 2011 NFPA 25, Section 5.2.1.2	K 351	Water Based Fire Protection Systems could result in injury or death during an emergency. 4. Systemic changes- Maintenance director/designee will complete weekly audits x 4 weeks then monthly x 90 days of sprinkler heads, to ensure that there is 18 inches of clearance with each sprinkler head. 5. On-going monitoring- Maintenance director/designee will complete audits to monitor sprinkler heads for 18 inches of clearance with stored items, audits will be brought to QAPI meeting, reviewed and continued x 3 months or until substantial compliance is achieved.	
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to protect gas-fired equipment in accordance with the 2012 NFPA 101, Life Safety	K 511	1. Problem statement- Facility failed to protect gas-fired cooking appliance in accordance with 2012 NFPA 101, Life	9/15/23

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K 511	Continued From page 14 Code, and the 2012 NFPA 54, National Fuel Gas Code. Failure to maintain gas-fired equipment could lead to system damage and failure, resulting in injuries to staff or residents. The deficiency affected the kitchen, and all staff working within. The findings were: Observation on 08/30/2023 at 9:03 AM in the kitchen revealed gas-fired cooking appliances. Further observation revealed that the appliances were on casters, and were provided with the required restraint to protect the flexible gas piping when the appliances are moved for service or cleaning. However, the restraint was not attached to the appliance. Interview with facility maintenance staff at the time of the observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections 19.5.1.1; 9.1.1 2012 NFPA 54, Section 9.6.1.2	K 511	Safety Code, and the 2012 NFPA 54 National Fuel Gas Code. 2. Corrective action- In-service/education to Maintenance director and maintenance assistant on 9/15/2023 for failure to maintain gas fired equipment in accordance with 2012 NFPA 101, Life Safety Code, and the 2012 NFPA 54, National Fuel Gas Code. 3. Identification of others- Appliance was on casters, and were provided with the required restraint to protect the flexible gas piping when the appliance are moved for service or cleaning, however restraint was not attached to the appliance as required which could result in system damage and failure resulting in injuries to staff or residents. 4. Systemic changes- Maintenance director/designee will complete weekly audits x 4 weeks then monthly audits x 90 days to ensure safety restraint is attached to flexible gas piping in accordance 2012 NFPA 101, Life Safety Code, and the 2012 NFPA 54. 5. On-going monitoring- Maintenance Director/designee will complete audits to monitor restraint attached to flexible gas tubing, audits will be brought to QAPI meeting, reviewed and continued for 3 months or until substantial compliance is achieved.	
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101	K 761		9/15/23

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K 761	Continued From page 15 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to perform annual inspections of fire doors in accordance with the 2012 NFPA 101, Life Safety Code and 2010 NFPA 80, Standard for Fire Doors and Other Opening Protectives. The failure to perform annual inspections of fire doors as required could result in injury or death due to in increased risk of fire. The deficiency affected the entire facility. The findings were: Document review and staff interview on 08/30/2023 starting at 2:30 PM revealed that the facility had not performed the annual inspection of all fire doors. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the facility administrator at the time	K 761	1. Problem Statement- Facility failed to perform annual inspections of fire doors in accordance with the 2012 NFPA 101, Life Safety Code 2010 NFPA 80, Standard for Fire Doors and Other Opening Protectives. The failure to perform annual inspections of fire doors as required. 2. Corrective actions- In-service/education to Maintenance Director and Maintenance assistant on completing annual inspections of fire doors in accordance with the 2012 NFPA 101, Life Safety Code 2010 NFPA 80 Standard for Fire Doors and Other Opening Protectives by 9/15/2023. 3. Identification of others- The failure to perform annual inspections on fire doors in accordance with 2012 NFPA 101, Life Safety Code and 2010 NFPA 80, Standard	

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K 761	Continued From page 16 of exit acknowledged the deficiency. Ref: 2012 NFPA 101, Sections: 19.7.6; 8.3.3.1 2010 NFPA 80, Sections: 5.2; 5.2.3	K 761	for Fire Doors and Other Opening Protectives could result in injury or death during an emergency. 4. Systemic changes- Maintenance Director will have fire doors inspected by 9/15/2023 in accordance with the 2012 NFPA 101, Life Safety Code and 2010 NFPA 80, Standard for Fire Doors and Other Opening Protectives. Maintenance director will attain certification to inspect fire doors 9/15/2023. 5. On-going monitoring- Maintenance director/designee will have inspection of Fire doors done annually and will discuss findings at QAPI meeting, reviewed and continued x 3 months or until substantial compliance is achieved.	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete	K 918		9/15/23

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K 918	Continued From page 17 simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on document review and staff interview, the facility failed to record monthly generator battery tests in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. Failure to perform monthly generator battery tests as required could result in power loss during an emergency. The deficiency affected facility-wide reliability of the emergency power system. The findings were: Document review and interview with the maintenance manager on 8/30/2023 starting at 2:30 PM revealed that no record of monthly generator battery specific gravity or conductance tests was available for the period beginning in January of 2023. Interview with the maintenance manager at the time of the observation acknowledged the	K 918	1. Problem statement- Facility failed to record monthly generator battery tests in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. 2. Corrective action- In-service/education to Maintenance Director/Maintenance Assistant regarding monthly generator battery test in accordance with NFPA 110, Standard for emergency Standby Power Systems. 3. Identification of others-the failure to maintain monthly generator battery test could affect facility wide reliability of the emergency power system and could result in power loss during an emergency. 4. Systemic changes- Maintenance	

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K 918	Continued From page 18 deficiency, and indicated they were aware of the requirement. Interview with the facility administrator at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections 19.5.1.1, 9.1, 9.1.3.1 2010 NFPA 110, Sections 8.2.4, 8.2.4,1, 8.3.7.1	K 918	Director/designee will get equipment needed to do battery specific gravity or conductive test on battery in accordance with the NFPA 110, Standard for Emergency and Standby Power Systems, and will be documented on TELS monthly. 5. On-going monitoring- Maintenance Director/designee will complete monthly generator battery test results In accordance with NFPA 110, Standard for Emergency and Standby Power Systems and will be brought to QAPI meeting, reviewed and continued x 3 months or until substantial compliance is achieved.	