STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	535040	A. BUILDING **01** B. WING _____	**08/29/2023**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
DOUGLAS CARE CENTER LLC	**1108 BIRCH STREET** **DOUGLAS, WY 82633**

(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 08/29/2023. 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		10/16/23

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

Electronically Signed | 09/17/2023

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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 weekly generator inspections in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. Failure to perform weekly generator inspections 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 8/29/2023 starting at 2:30 PM revealed that no record of weekly	E 041	The facility will ensure weekly generator inspections as required to ensure there is no power loss in an emergency. Weekly generator inspections have been started. Maintenance staff will be educated on E041 Hospital CAH and LTC Emergency Power. Weekly generator inspections will be done by Maintenance or designee. The results of the inspections will be brought to QAPI for 90 days or until resolved.	

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E 041	Continued From page 3 generator inspections were available. Interview with the maintenance manager at the time of the observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the maintenance and dietary managers 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 8.4	E 041		
K 000	INITIAL COMMENTS A Life Safety Code Survey was conducted by Healthcare Licensing and Surveys on 08/29/2023. 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 with a basement of Type V (111) construction built in 1987 and 2010. The building was equipped with a supervised automatic wet sprinkler system with a dry branch, and an addressable fire alarm system. The facility had a capacity of 60 certified Medicare and Medicaid beds with a census of 42 residents. The findings that follow demonstrate noncompliance with 42 CFR 483.90.	K 000		
K 222 SS=E	Egress Doors CFR(s): NFPA 101	K 222		10/16/23

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K 222	Continued From page 4 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and	K 222		

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K 222	Continued From page 5 ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: 1. Based on observation and staff interview, the facility failed to maintain egress doors in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain egress doors as required could result in injury or death during an emergency. The deficiency affected one (1) of numerous exits. The findings were: Observation on 08/29/2023 at 11:13 AM at the outside gate in the secured unit courtyard in the exit pathway revealed the gate was locked with a keyed lock. When requested to unlock the door, it was discovered that the key for the lock was kept in a mixed box of unlabeled keys in the secure unit dining cupboards. Interview with the maintenance manager at the	K 222	1. The facility will ensure egress doors in accordance with the 2012 NFPA 1010, Life Safety Code are maintained. A key to the secure unit has been placed on the inside of the gate to ensure staff can access it the case of an emergency. All staff will be educated that the key needs to be kept at the gate to ensure the gate is able to be unlocked. And audit of the key placement at the gate will be done monthly for 90 days or until resolved. The results of the audit will be taken to QAPI. The audit will be conducted by Maintenance Director or designee. 2. The two egress doors that took excess force to release have been addressed and	

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K 222	Continued From page 6 time of observation acknowledged the locked gate door, and indicated they were not aware of the requirement. Interview with the maintenance manager and dietary manager at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.2.2.2.5.1, 19.2.2.2.6 2. Based on observation and staff interview, the facility failed to maintain egress doors in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain egress doors as required could result in injury or death during an emergency. The deficiency affected exit doors equipped with delayed egress in two (2) of multiple locations in the facility. The findings were: Observation on 08/29/2023 at 11:57 AM at the front doors revealed the delayed egress locking system failed to operate as designed. When tested, the required force to activate an irreversible process to release the door was 25 lbf. Interview with the maintenance manager at the time of observation acknowledged the excess force, and indicated they were not aware of the requirement. Interview with the maintenance and dietary managers at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.2.2.2.4(2); 7.2.1.6.1.1(3)(a)	K 222	are functioning properly.. Maintenance staff will be educated that all doors need to be able to be released with 15 pounds of pressure. Maintenance or designee will conduct monthly audits for 90 days or until resolved. The audits will be brought to QAPI.	

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K 223 SS=D	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 emergency. The deficiency affected one (1) of numerous doors with self-closing devices in the facility. The findings were: Observation on 08/29/2023 at 11:57 AM at the front desk storage room door revealed that, when dropped with no initial motion, it failed to latch and close. Interview with maintenance manager at the time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the maintenance and dietary	K 223	The facility will maintain doors with self-closing devices in accordance with the 2012 NFPA 101, Life Safety Code. The front desk storage room will latch when dropped with no initial motion. All doors with self-closing devices will latch when dropped with no initial motion. Maintenance will be educated that all doors with self-closing devices will latch when dropped with no initial motion. Maintenance or designee will audit all doors with self-closing devices to ensure they will latch when dropped with no initial motion. The audit will be done monthly for 90 days or until resolved and brought to QAPI.	10/16/23

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K 223	Continued From page 8 managers 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		
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to provide emergency lighting as required could result in injury or death during an emergency. The deficiency affected one (1) of four (4) battery back-up lights in the facility. The findings were: Observation on 08/29/2023 at 12:15 PM in the corridor between room 103 and 105 revealed that the battery powered light failed when put into test mode. In an emergency, failure of the battery-powered lighting could delay or prevent egress from the space. Documentation from the facility showed that it had previously passed the monthly inspection on 08/08/23. Facility provided records showing testing was preformed monthly on lights, but no document provided confirmed a 90 minute annual test. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were aware of the	K 291	Based on observation and staff interview, the facility failed to provide emergency lighting in accordance with the 2012 NFPA 101, Life Safety Code. Failure to provide emergency lighting as required could result in injury or death during an emergency. The deficiency affected one (1) of four (4) battery back-up lights in the facility. The findings were: Observation on 08/29/2023 at 12:15 PM in the corridor between room 103 and 105 revealed that the battery powered light failed when put into test mode. In an emergency, failure of the battery-powered lighting could delay or prevent egress from the space. Documentation from the facility showed that it had previously passed the monthly inspection on 08/08/23. Facility provided records showing testing was preformed monthly on lights, but no document provided confirmed a 90 minute annual test.	10/16/23

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K 291	Continued From page 9 requirement. Interview with the maintenance and dietary managers at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Section: 19.2.9.1, 7.9	K 291	Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the maintenance and dietary managers at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Section: 19.2.9.1, 7.9 K291 Emergency Lighting The facility will provide emergency lighting in accordance with the 2012 NFPA 101 Life Safety Code The corridor between room 103 and 105 battery powered light has been fixed and will work when put into test mode. All emergency battery powered lights will have a 90-minute annual test done. Maintenance will be educated that all battery powered emergency lights will have an annual 90-minute test done. An audit for all emergency lighting for 90 minutes will be done; the audit will be done by Maintenance or designee and brought to QAPI.	
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance 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	K 324		10/16/23

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K 324	Continued From page 10 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: Based on observation and staff interview, the facility failed to have the kitchen extinguishing system inspected 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 extinguishing system inspected as required could 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 08/29/2023 starting at 2:30 PM revealed that one (1) of two (2) inspections of the kitchen hood had been completed. Interview with the maintenance manager at the time of observation acknowledged the deficiency,	K 324	The Facility will ensure to have the kitchen extinguishing system inspected 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. The facility will ensure that the two inspections of the kitchen hood are completed. Maintenance and dietary will be educated the importance of ensuring that the kitchen hood inspections are completed thoroughly and timely. Maintenance or designee will audit that the kitchen hood inspection is done, the audit will be done for 90 days and brought to QAPI until resolved.	

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K 324	Continued From page 11 and indicated they were aware of the requirement. Interview with the maintenance and dietary managers at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Section: 19.3.2.5.1, 9.2.3 2011 NFPA 96, Sections: 11.5	K 324		
K 345 SS=D	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: 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 08/29/2023 starting at 2:30 PM revealed that the alarm notification devices had been tested in the previous year, and did have a location pass fail break down. However one device, "Area B Corridor 23 @ South Doors	K 345	The facility will ensure to maintain fire alarm systems in accordance with the 2012 NFPA 101, Life Safety Code and the 2010 NFPA 72 National Fire Alarm Code. Alarm notification device in Area B Corridor 23 @ South Doors outside room 204/206, will be repaired to ensure there is a strobe lighting. All fire detection systems will be maintained and if any devices fail, they will be prepared. Maintenance will be educated to ensure fire detection systems will be maintained at an all pass and if there is a device fail they are repaired.	10/16/23

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K 345	Continued From page 12 Outside Room 204/206," was shown to have failed, via strobe not lighting, with no indication that it was replaced or repaired. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the maintenance and dietary managers 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	Maintenance or designee will review annual pass fail break downs to ensure all devices that fail are repaired and will be brought to QAPI.	
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 Code, and the 2012 NFPA 54, National Fuel Gas Code. Failure to maintain gas-fired equipment	K 511	The facility will ensure to protect gas-fired equipment in accordance with the 20212 NFPA 101, Life Safety Code, and the 2012 NFPA 54 National Fuel Gas Code. The gas-fired stove in the kitchen has had	10/16/23

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K 511	Continued From page 13 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 08/29/2023 at 1:37 PM in the kitchen revealed a gas-fired oven. Further observation revealed that the appliance was on casters, and was 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 maintenance manager at the time of the observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the maintenance and dietary managers 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	the restraint attached to the appliance. The Dietary Manager and Kitchen staff will be educated that the gas fired stove has to have the restraint attached to the appliance at all times. The Dietary Manager or designee will audit that the gas-fired stove has the restraint attached to the appliance on a monthly basis for 90 days or until resolved; the audit results will be brought to QAPI until resolved.	
K 753 SS=D	Combustible Decorations CFR(s): NFPA 101 Combustible Decorations Combustible decorations shall be prohibited unless one of the following is met: o Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product. o Decorations meet NFPA 701. o Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. o Decorations, such as photographs, paintings	K 753		10/16/23

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K 753	Continued From page 14 and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6(4) or 19.7.5.6(4). o The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present. 19.7.5.6 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the facility free of combustible decorations in accordance with the 2012 NFPA 101, Life Safety Code. Failure to maintain the facility free of combustibles as required could result in injury or death during an emergency. The deficiency affected one (1) of numerous rooms in the facility. The findings were: Observation on 08/29/2023 at 1:02 PM in room 215 revealed a plastic Christmas pine tree, whereby the fire protection of which could not be established. Facility reported via interview with maintenance that known combustible decorations are sprayed with a fire-retardant treatment, but records were not kept to demonstrate which items had been treated. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the maintenance and dietary managers at the time of exit acknowledged the deficiency. REF: 2012 NFPA 101, Sections: 19.7.5.6	K 753	The facility will ensure to maintain the facility is free of combustible decorations in accordance with the 2012 NFPA 101, Life Safety Code. The plastic Christmas pine tree in room 215 will be sprayed with a fire-retardant treatment. All combustible decorations will be sprayed with a fire-retardant treatment. Maintenance will educated on the K753, to ensure that all combustibles are sprayed with a fire-retardant treatment, and having the accurate record for it. Maintenance or designee will audit the facility on a monthly basis to ensure that all combustibles are sprayed with fire retardant and records of it are kept. The audit will be brought to QAPI for 90 days or until resolved.	
K 761 SS=F	Maintenance, Inspection & Testing - Doors	K 761		10/16/23

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K 761	Continued From page 15 CFR(s): NFPA 101 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 an increased risk of fire spread. The deficiency affected the entire facility. The findings were: Document review and staff interview on 08/29/2023 starting at 2:30 PM revealed that the facility had not performed a complete annual inspection of all fire doors. Several doors were not present in the documentation provided, with at least the oxygen room and storage on the B hall missing. Interview with the maintenance manager at the	K 761	The facility will perform annual inspections of the fire doors in accordance with the 2012 NFPA 101 Life Safety Cod and the 2010 NFPA 80, Standard for Fire Doors and Other Opening Protectives. The oxygen room and storage on the B hall will have an annual inspection for fired doors done. All fire doors will be annually inspected. Maintenance will be educated that all fire doors including but not limited to the oxygen room and storage on the B hall are done on an annual basis. Maintenance or designee will audit that all fire doors are inspected annually, and proper documentation of the inspection is kept up to date. The audit will be brought to QAPI for 90 days or until resolved.	

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K 761	Continued From page 16 time of observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the maintenance and dietary managers at the time 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		
K 781 SS=D	Portable Space Heaters CFR(s): NFPA 101 Portable Space Heaters Portable space heating devices shall be prohibited in all health care occupancies, except, unless used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 18.7.8, 19.7.8 This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the facility failed to provide portable space heaters in accordance with the 2012 NFPA 101, Life Safety Code. The failure to provide portable space heaters as required could result in injury or death due to an increased risk of fire. The deficiency affected one (1) of multiple areas in the facility. The findings were: Observation on 08/29/2023 at 11:45 AM in the secured unit activities office revealed a portable space heater. The area is a non-sleeping staff area, however no documentation was provided to determine the maximum temperature of the heating elements.	K 781	The facility will ensure to provide portable space heaters in accordance with the 2012 NFPA 101, Life Safety Code. The secured unit activities office where there was a portable space heater, will be removed. If there are portable space heaters in non-sleeping areas, there will be documentation to determine the maximum temperature of the heating elements. Maintenance will be educated that portable space heaters in non-sleeping areas, will have documentation to determine the maximum temperatures of the heating elements. Maintenance or designee will audit that	10/16/23

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K 781	Continued From page 17 Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the maintenance and dietary managers at the time of exit acknowledged the deficiency. Ref: 2012 NFPA 101, Section 19.7.8	K 781	non-sleeping areas that have portable space heaters have documentation to determine the maximum temperatures of the heating elements. The result of the audit will be brought to QAPI for 90 days or until resolved.	
K 914 SS=E	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and staff interview, the	K 914	The facility will perform annual testing of	10/16/23

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K 914	Continued From page 18 facility failed to perform annual testing of non-hospital grade receptacles at patient bed locations in accordance with the 2012 NFPA 99, Health Care Facilities code. Failure to perform annual testing of non-hospital grade receptacles at patient bed locations as required could result in injury or death. The deficiency affected several of many patient bed locations in the facility. The findings were: Observation on 08/29/2023 starting at 10:45 AM revealed that some patient beds had non-hospital grade receptacles intermixed with hospital grade. Document review starting at 2:30 PM revealed that no records were kept for annual receptacle testing. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the maintenance and dietary managers at the time of exit acknowledged the deficiency. REF: 2012 NFPA 99, Sections 6.3.4.1; 6.3.3.2	K 914	non-hospital grade receptacles at patient bed locations in accordance with the 2012 NFPA 99, Health Cre Facilities Code. Non-hospital grade receptacles will be tested annually, and records kept to indicate so. Maintenance will be educated of the annual non-hospital grade receptacles and record keeping. Maintenance or designee will do audit that all non-hospital grade receptacles have been annually inspected, the audit will be brought to QAPI for 90 days or until resolved. A reminder will be placed in outlook to ensure they are not missed again.	
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.	K 918		10/16/23

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K 918	Continued From page 19 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 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 weekly generator inspections in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. Failure to perform weekly generator inspections 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	K 918	The facility will ensure to record weekly generator inspections in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. There will be weekly generator inspections done with proper documentation to indicate so. Maintenance will be educated on the regulation that the generator needs to be inspected weekly and documented as such.	

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K 918	Continued From page 20 maintenance manager on 8/29/2023 starting at 2:30 PM revealed that no record of weekly generator inspections were available. Interview with the maintenance manager at the time of the observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the maintenance and dietary managers 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 8.4	K 918	Maintenance or designee will do weekly audits to ensure the generator is operating properly, and documented and brought to QAPI to for 90 days or until resolved.	
K 923 SS=E	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than	K 923		10/16/23

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K 923	Continued From page 21 or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: 1. Based on observation and staff interview, the facility failed to maintain gas cylinder storage in accordance with the 2012 NFPA 99, Health Care Facilities Code. Failure to maintain gas cylinder storage as required could result in injury or death. The deficiencies affected one (1) of numerous rooms in the facility. The findings were: Observation on 08/29/2023 at 2:17 PM at the oxygen room revealed an oxygen cylinder sitting unsecured on the floor. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were aware of the requirement. Interview with the maintenance and dietary managers at the time of exit acknowledged the deficiency.	K 923	1. The facility will ensure to maintain gas cylinder storage in accordance with the 2012 NFPA 99, Health Care Facilities Code. The oxygen cylinder will that was not secured, is now secured. All oxygen cylinders will be secured at all times. All staff will bed educated that oxygen cylinders need to be secured while stored in the oxygen storage room. Maintenance or designee will do monthly audits that oxygen cylinders are secured at all times. The results of the monthly audit will be brought to QAPI, for 90 days or until resolved. 2. The facility will ensure that the oxygen storage in excess of 3,000 cubic feet in accordance with the 20212 NFPA 99, Health Cre Facilities code; will have the	

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K 923	Continued From page 22 Ref: 2012 NFPA 99 11.6.2.3(11) 2. Based on observation and staff interview, the facility failed to maintain oxygen storage in excess of 3,000 cubic feet in accordance with the 2012 NFPA 99, Health Care Facilities code. Failure to maintain oxygen storage as required could result in injury or death. The deficiency affected one (1) of one (1) storage locations at the facility. The findings were: Observation on 08/29/2023 at 2:18 PM revealed that the door to the oxygen storage had a warning sign which had incorrect wording. Interview with the maintenance manager at the time of observation acknowledged the deficiency, and indicated they were not aware of the requirement. Interview with the maintenance and dietary managers at the time of exit acknowledged the deficiency. REF: 2012 NFPA 99, Sections 11.3.4.1, 11.3.4.2	K 923	correct waring sign. The cylinder oxygen storage room has had the sign replaced; there is only one cylinder oxygen storage room in the facility. Maintenance will be educated on the proper warning sign that is to be placed on the oxygen storage room. Maintenance or designee will conduct an audit that the proper signage is placed and brought to QAPI for 90 days or until resolved.	