

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

PRINTED: 09/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185395	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 09/04/2014
NAME OF PROVIDER OR SUPPLIER BAPTIST HEALTH TRANSITIONAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 900 HOSPITAL DR. MADISONVILLE, KY 42431		
(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	
F 000	INITIAL COMMENTS A Recertification Survey was conducted on 09/03/14 through 09/04/14 to determine the facility's compliance with Federal requirements. The facility met the minimum requirements for recertification with no deficiencies cited.	F 000			



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Jerry Robinson

TITLE

Administrator

(X6) DATE

9-25-14

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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NAME OF PROVIDER OR SUPPLIER BAPTIST HEALTH TRANSITIONAL CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 900 HOSPITAL DR. MADISONVILLE, KY 42431
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K 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01.</p> <p>PLAN APPROVAL: 1971.</p> <p>SURVEY UNDER: 2000 Existing.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: Six (6) story, Type III (200).</p> <p>SMOKE COMPARTMENTS: Three (3) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 1971, upgraded in 2003 with 300 smoke detectors and 12 heat detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system installed in 1971.</p> <p>GENERATOR: Type I generator installed in 1979. Fuel source is Diesel.</p> <p>A standard Life Safety Code survey was conducted on 09/03/14. The facility was found not in compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for twenty (20) beds with a census of ten (10) on the day of the survey.</p> <p>The findings that follow demonstrate compliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).</p>	K 000		
K 038	NFPA 101 LIFE SAFETY CODE STANDARD	K 038	On 09/15/14 the locks on the office doors	



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

Jerry Robertson

Administrator

9-25-14

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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K 038 SS=D	<p>Continued From page 1</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure egress was maintained at exit doors in accordance with National Fire Protection Association (NFPA) standards. The deficient practice has the potential to affect one (1) of three (3) smoke compartments, residents, staff and visitors. The facility has the capacity for twenty (20) beds and at the time of the survey, the census was ten (10).</p> <p>The findings include:</p> <p>Observation, on 09/03/14 at 2:11 PM with Plant Operations, revealed Room #628 and the Clean Linen Room door had locking arrangements located five (5) feet from the floor.</p> <p>Interview, on 09/03/14 at 2:12 PM with Plant Operations, revealed they were unaware locking arrangements could not be located over four (4) feet from the floor.</p> <p>The census of ten (10) was verified by the Administrator on 09/03/14. The findings were</p>	K 038	<p>628 and the room labeled as the clean linen room were reinstalled to the height of 41 inches.</p> <p>All patients admitted to the unit have the potential to be affected.</p> <p>Listed below are the systemic changes to be put into place to prevent this from recurring:</p> <p>In the future when any lock is placed on any door the height will be not less than 34 inches or more than 48 inches above the finished floor.</p> <p>There will be a monthly preventive maintenance (PM) work order generated by our PM system that will have a maintenance technician inspect the 6th floor (the location of Transitional Care) to ensure that no lock is less than 34 inches or more than 48 inches high.</p> <p>The PM program is electronic and is saved in a database. Monthly, maintenance technicians will enter their findings and electronically sign. If any issues are found they will be documented and the lock will be replaced immediately at the appropriate height. This database information can be retrieved at any time.</p> <p>The results of the inspections will be reported to the QA committee quarterly by the director of support services or the supervising engineer. This data will be used to guide further process improvement.</p>	09/26/14	

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K 038	Continued From page 2 acknowledged by the Administrator and verified by Plant Operations at the exit interview on 09/03/14. Actual NFPA Standard: Reference: NFPA 101 (2000 Edition) 7.2.1.5.4* A latch or other fastening device on a door shall be provided with a releasing device having an obvious method of operation and that is readily operated under all lighting conditions. The releasing mechanism for any latch shall be located not less than 34 in. (86 cm), and not more than 48 in. (122 cm), above the finished floor. Doors shall be operable with not more than one releasing operation. Exception No. 1*: Egress doors from individual living units and guest rooms of residential occupancies shall be permitted to be provided with devices that require not more than one additional releasing operation, provided that such device is operable from the inside without the use of a key or tool and is mounted at a height not exceeding 48 in. (122 cm) above the finished floor. Existing security devices shall be permitted to have two additional releasing operations. Existing security devices other than automatic latching devices shall not be located more than 60 in. (152 cm) above the finished floor. Automatic latching devices shall not be located more than 48 in. (122 cm) above the finished floor. Exception No. 2: The minimum mounting height for the releasing mechanism shall not be applicable to existing installations.	K 038			
K 045	NFPA 101 LIFE SAFETY CODE STANDARD	K 045	A light fixture will be installed outside the		

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K 045 SS=D	<p>Continued From page 3</p> <p>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure egress lighting was maintained in accordance with National Fire Protection Association (NFPA) standards. The deficient practice has the potential to affect two (2) of three (3) smoke compartments, residents, staff and visitors. The facility has the capacity for twenty (20) beds and at the time of the survey, the census was ten (10).</p> <p>The findings include:</p> <p>Observation, on 09/03/14 at 3:17 PM with Plant Operations, revealed the facility failed to provide egress lighting outside of the 6 east Stairwell to illuminate the path of egress to the public way.</p> <p>Interview, on 09/03/14 at 3:18 PM with Plant Operations, revealed he was not aware the exit discharge did not have egress lighting.</p> <p>The census of ten (10) was verified by the Administrator on 09/03/14. The findings were acknowledged by the Administrator and verified by Plant Operations at the exit interview on 09/03/14.</p>	K 045	<p>6 east stairwell to provide egress lighting. The light fixture will have at least 2 bulbs and shall be at least 0.2 ft-candle (2 lux). All patients admitted to the unit have the potential to be affected.</p> <p>Listed below are the systemic changes to be put into place to prevent this from recurring:</p> <p>A light fixture will be installed outside the 6 east stairwell to provide egress lighting. The light fixture will have at least 2 bulbs and shall be at least 0.2 ft-candle (2 lux).</p> <p>The other outside exits were inspected to verify appropriate lighting.</p> <p>A security guard will make weekly rounds to the 6 east stairwell and all campus light fixtures to ensure the installed lights are operational. When one is found to be in need of repair the security guard will generate a report to the lighting contractor and he/she will replace the light by the end of the next business day.</p> <p>The results of the weekly lighting inspection will be reported at the quarterly QA committee by the security manager or the safety director. This data will be used to guide further process improvement.</p>	09/24/14	

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K 045	<p>Continued From page 4 Actual NFPA Standard:</p> <p>Reference: NFPA 101 (2000 Edition) 7.8 ILLUMINATION OF MEANS OF EGRESS 7.8.1 General. 7.8.1.1* Illumination of means of egress shall be provided in accordance with Section 7.8 for every building and structure where required in Chapters 11 through 42. For the purposes of this requirement, exit access shall include only designated stairs, aisles, corridors, ramps, escalators, and passageways leading to an exit. For the purposes of this requirement, exit discharge shall include only designated stairs, aisles, corridors, ramps, escalators, walkways, and exit passageways leading to a public way.</p> <p>7.8.1.2 Illumination of means of egress shall be continuous during the time that the conditions of occupancy require that the means of egress be available for use. Artificial lighting shall be employed at such locations and for such periods of time as required to maintain the illumination to the minimum criteria values herein specified. Exception: Automatic, motion sensor-type lighting switches shall be permitted within the means of egress, provided that the switch controllers are equipped for fail-safe operation, the illumination timers are set for a minimum 15-minute duration, and the motion sensor is activated by any occupant movement in the area served by the lighting units.</p> <p>7.8.1.3* The floors and other walking surfaces within an exit and within the portions of the exit access and exit discharge designated in 7.8.1.1 shall be illuminated to values of at least 1 ft-candle (10 lux) measured at the floor.</p>	K 045		
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K 045	Continued From page 5 Exception No. 1: In assembly occupancies, the illumination of the floors of exit access shall be at least 0.2 ft-candle (2 lux) during periods of performances or projections involving directed light. Exception No. 2*: This requirement shall not apply where operations or processes require low lighting levels. 7.8.1.4* Required illumination shall be arranged so that the failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candle (2 lux) in any designated area.	K 045		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation, and interview, the facility failed to maintain the generator set by National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect three (3) of three (3) smoke compartments, twenty (20) residents, staff and visitors. The facility has the capacity for twenty (20) beds with a census of ten (10) on the day of the survey.	K 144	On 09/03/14 the mechanical room technician removed and cleaned the battery cables and posts on all generators. The mechanical room technician received education on proper inspection and cleaning of the battery cables and posts. This education was given by the supervising engineer. All patients admitted to the unit have the potential to be affected. Listed below are the systemic changes to be put into place to prevent this from recurring: A weekly preventive maintenance plan (PM) has been developed to inspect and clean all battery terminals to ensure the batteries are free of corrosion. This weekly inspection and cleaning will be completed by a mechanical room technician.	

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K 144	<p>Continued From page 6</p> <p>The findings include:</p> <p>Observation, on 09/03/14 at 3:10 PM with Plant Operations, revealed there was corrosion on the battery terminals that were connected to the facilities generators.</p> <p>Interview, on 09/03/14 at 3:11 PM with Plant Operations, revealed he was not aware of the corrosion.</p> <p>The census of ten (10) was verified by the Administrator on 09/03/14. The findings were acknowledged by the Administrator and verified by Plant Operations at the exit interview on 09/03/14.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 99 (1999 Edition) 3-4.1.1.15 + Alarm Annunciator. A remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station (see NFPA 70, National Electrical Code, Section 700-12.)</p> <p>The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>a. Individual visual signals shall indicate the following:</p> <ol style="list-style-type: none"> 1. When the emergency or auxiliary power source is operating to supply power to load 2. When the battery charger is malfunctioning <p>b. Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate the following:</p> <ol style="list-style-type: none"> 1. Low lubricating oil pressure 2. Low water temperature (below those required 	K 144	<p>The PM program is electronic and will be saved in a database. The mechanical room technician will enter their inspection and cleaning and sign electronically that the work was completed. The supervising engineer or director of support services will verify the inspection/cleaning takes place weekly.</p> <p>The results of the weekly inspections/cleanings will be reported at the quarterly QA committee by the supervising engineer or the director of support services. This data will be used to guide further process improvement.</p>	09/10/14

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K 144	<p>Continued From page 7 In 3-4.1.1.9)</p> <p>3. Excessive water temperature 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply 5. Overcrank (failed to start) 6. Overspeed</p> <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur, but need not display these conditions individually. [110: 3-5.5.2]</p> <p>Reference: NFPA 110 (1999 Edition) 5-3.1 The Level 1 or Level 2 EPS equipment location shall be provided with battery-powered emergency lighting. The emergency lighting charging system and the normal service room lighting shall be supplied from the load side of the transfer switch.</p> <p>Reference: NFPA 99 (1999 Edition) 3-5.4.1.1 Maintenance and Testing of Alternate Power Source and Transfer Switches. (a) Maintenance of Alternate Power Source. The generator set or other alternate power source and associated equipment, including all appurtenant parts, shall be so maintained as to be capable of supplying service within the shortest time practicable and within the 10-second interval specified in 3-4.1.1.8 and 3-5.3.1.</p>	K 144		
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K 144	<p>Continued From page 8</p> <p>(b) Inspection and Testing. Generator sets shall be inspected and tested in accordance with 3-4.4.1.1(b).</p> <p>Actual Standard: NFPA 110, 6-4.5 Level 1 and Level 2 transfer switches shall be operated monthly. The monthly test of a transfer switch shall consist of electrically operating the transfer switch from the standard position to the alternate position and then a return to the standard position.</p> <p>Actual Standard: NFPA 99, 3-4.4.1.1 Maintenance and Testing of Alternate Power Source and Transfer Switches.</p> <p>(a) Maintenance of Alternate Power Source. The generator set or other alternate power source and associated equipment, including all appurtenant parts, shall be so maintained as to be capable of supplying service within the shortest time practicable and within the 10-second interval specified in 3-4.1.1.8 and 3-4.3.1. Maintenance shall be performed in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Chapter 6.</p> <p>(b) Inspection and Testing.</p> <p>1. Test Criteria. Generator sets shall be tested twelve (12) times a year with testing intervals between not less than 20 days or exceeding 40 days. Generator sets serving emergency and equipment systems shall be in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Chapter 6.</p> <p>2. Test Conditions. The scheduled test under load conditions shall include a complete simulated cold start and appropriate automatic and manual transfer of all essential electrical system loads.</p> <p>3. Test Personnel. The scheduled tests shall</p>	K 144		
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K 144	<p>Continued From page 9</p> <p>be conducted by competent personnel. The tests are needed to keep the machines ready to function and, in addition, serve to detect causes of malfunction and to train personnel in operating procedures.</p> <p>Actual Standard: NFPA 99, 3- 3-4.4.2. A written record of inspection, performance, exercising period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction.</p> <p>Reference: NFPA 99 (1999 Edition) 6-1.1* The routine maintenance and operational testing program shall be based on the manufacturer's recommendations, instruction manuals, and the minimum requirements of this chapter and the authority having jurisdiction</p> <p>Reference: NFPA 99 (1999 Edition) 6-3.3 A written schedule for routine maintenance and operational testing of the EPSS shall be established</p> <p>Reference: NFPA 99 (1999 Edition) 6-4.1* Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly and shall be exercised under load at least monthly.</p> <p>Reference: NFPA 99 (1999 Edition) 6-4.5 Level 1 and Level 2 transfer switches shall be operated monthly. The monthly test of a transfer switch shall consist of electrically operating the transfer switch from the standard position to the alternate position and then a return to the standard position.</p> <p>Reference: NFPA 101 (2000 edition) 7.9.1.2 Where maintenance of illumination depends on</p>	K 144		
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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185395	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/03/2014
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NAME OF PROVIDER OR SUPPLIER BAPTIST HEALTH TRANSITIONAL CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 900 HOSPITAL DR. MADISONVILLE, KY 42431
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(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
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K 144	<p>Continued From page 10</p> <p>changing from one energy source to another, a delay of not more than 10 seconds shall be permitted. Reference: NFPA 110 (1999 ed.) 5-7 Heating, Cooling, and Ventilating. 5-7.1* Consideration shall be given to properly sizing the ventilation or air-conditioning systems to remove all the heat rejected to the EPS equipment room by the energy converter, uninsulated or insulated exhaust pipes, and other heat-producing equipment. 5-7.2 Adequate ventilation shall be provided to prevent temperatures or temperature rises in the EPS and related accessory equipment that exceed the recommendations of the manufacturer. 5-7.3 For the EPS equipment room, the ventilation or cooling equipment, or both, shall be sized so that the ambient temperature shall not exceed the EPS equipment manufacturer ' s criteria or allowable maximum temperatures.</p> <p>Reference: NFPA 110 (1999 Edition) 5-2.1 The EPS shall be installed in a separate room for Level 1 installations. EPSS equipment shall be permitted to be installed in this room. The room shall have a minimum 2-hour fire rating or shall be located in an adequate enclosure located</p>	K 144		
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K 144	Continued From page 11 outside the building capable of resisting the entrance of snow or rain at a maximum wind velocity required by local building codes. No other equipment, including architectural appurtenances, except those that serve this space, shall be permitted in this room. Reference: NFPA 110 (1999 Edition) 5-12.6 The starting battery units shall be located as close as practicable to the prime mover starter to minimize voltage drop. Battery cables shall be sized to minimize voltage drop in accordance with the manufacturers' recommendations and accepted engineering practices. Battery charger output wiring shall be permanently connected. Connections shall not be made at the battery terminals.	K 144		
K 147 SS=E	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 interview, it was determined the facility failed to ensure electrical wiring was maintained in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect two (2) of three (3) smoke compartments, residents, staff and visitors. The facility has the capacity for twenty (20) beds and at the time of	K 147	On the day of the survey 09/03/14, the power strips in office 625 were removed and the microwave and coffee maker were plugged directly into the wall outlet. The power strips were removed from office 626 and the computer uninterruptible power supply was plugged directly into the wall outlet. The refrigerator from office 627 was unplugged from the power strip and plugged directly into the wall outlet. The staff of these offices was educated by the supervising engineer on the improper use of power strips at that time.	

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K 147	<p>Continued From page 12 the survey, the census was ten (10).</p> <p>The findings include:</p> <p>Observations, on 09/03/14 at 2:04 PM with Plant Operations, revealed a power strip was plugged into another power strip located in the Administrative Secretaries/Safety Office (room#625). Further observation in the same room revealed a microwave and a coffee maker plugged into another power strip.</p> <p>Interview, on 09/03/14 at 2:05 PM with Plant Operations, revealed he was not aware the power strips had been misused.</p> <p>Observations, on 09/03/14 at 2:08 PM with Plant Operations, revealed a power strip was plugged into another power strip located in the Computer Support Office (room #626).</p> <p>Interview, on 09/03/14 at 2:09 PM with Plant Operations, revealed he was not aware the power strips had been misused.</p> <p>Observations, on 09/03/14 at 2:10 PM with Plant Operations, revealed a refrigerator was plugged into a power strip located in the Infection Control Office (room #627).</p> <p>Interview, on 09/03/14 at 2:11 PM with Plant Operations, revealed he was not aware the power strips had been misused.</p> <p>The census of ten (10) was verified by the Administrator on 09/03/14. The findings were acknowledged by the Administrator and verified by Plant Operations at the exit interview on 09/03/14.</p>	K 147	<p>All patients admitted to the unit have the potential to be affected.</p> <p>Listed below are the systemic changes to be put into place to prevent this from recurring:</p> <p>Power strips will not be used for any medical equipment. High energy devices like coffee pots, refrigerators, and microwaves will not be plugged into power strips in any offices. Power strips will never be plugged into other power strips.</p> <p>Office staff has been educated on proper use of power strips.</p> <p>The security manager will assign a security guard to complete monthly inspections of the offices located on the 6 floor. He/she will monitor for the misuse of power strips and remove them if any misuse is found. This inspection will be done as the security guard completes our monthly fire drill and he/she will document the results with the fire drill results.</p> <p>The results of the monthly inspections will be reported at the quarterly QA committee by the safety director or the security manager. This data will be used to guide further process improvement.</p>	09/10/14
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K 147	Continued From page 13 Actual NFPA Standard: Reference: NFPA 101 (2000 Edition) 9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction. Reference: NFPA 70 (1999 Edition) 400-8 (Extensions Cords) Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces Reference: NFPA 99 (1999 edition) 3-3.2.1.2 (D) Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters.	K 147			