

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

PRINTED: 06/20/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185382	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 06/06/2013
NAME OF PROVIDER OR SUPPLIER COUNTRYSIDE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 47 MARGO AVENUE BARDWELL, KY 42023		
(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 06/04/13 through 06/06/13 to determine the facility's compliance with Federal requirements. The facility met the minimum requirements for recertification with no regulatory violations identified.	F 000			

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

TITLE

(X6) DATE

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 000	<p>INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01.</p> <p>PLAN APPROVAL: 1992.</p> <p>SURVEY UNDER: 2000 Existing.</p> <p>FACILITY TYPE: SNF/NF.</p> <p>TYPE OF STRUCTURE: One (1) story, Type III (200).</p> <p>SMOKE COMPARTMENTS: Three (3) smoke compartments.</p> <p>FIRE ALARM: Complete fire alarm system installed in 1993, with 25 smoke detectors and no heat detectors.</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system installed in 1993.</p> <p>GENERATOR: Type II generator installed in 1993. Fuel source is Diesel.</p> <p>A standard Life Safety Code survey was conducted on 06/05/13. Countryside Center was found in non-compliance with the requirements for participation in Medicare and Medicaid. The facility is certified for Fifty-Three (53) beds with a census of Fifty-One (51) on the day of the survey.</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from Fire).</p>	K 000	<p><u>PLAN OF CORRECTION</u></p> <p>This plan of correction is prepared and submitted as required by law. By submitting this Plan of Correction, Countryside Center does not admit that the deficiency listed on this form exist nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts and conclusions that form the basis for the deficiency.</p> <p><small>To remain in compliance with all Federal and State regulations the center has taken or will take the actions set forth in the following plan of correction.</small></p>	



LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: D. Baron Cagle TITLE: Administrator (X6) DATE: 6/27/13

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 000	Continued From page 1	K 000		
K 018 SS=E	<p>Deficiencies were cited with the highest deficiency identified at "F" level.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure there were no impediments to the closing of corridor doors to resist the passage of smoke, in accordance with NFPA standards. The deficiency had the potential to affect two (2) of three (3) smoke compartments, forty (40) residents, staff and visitors. The facility is certified for Fifty-Three</p>	K 018	<p>Corridor Doors to Resident Rooms</p> <p>On 6/18/13, the Maintenance Director adjusted the doors to resident rooms #306, 311, 309, 303, 202 and 208 so that the gap around the door jamb is less than 1/2 inch. On 6/5/13, the caution signs and the chairs were removed from in front of rooms 301, 302, 203 and 204.</p> <p>The Maintenance Director reviewed current resident corridor doors to verify gap around the door jamb is less than 1/2 inch on 6/20/13.</p> <p>Regional Property Manager re-educated the Maintenance Director on the correct size of gap around resident room doors to prevent passage of smoke, doors closing with a single motion and the monthly audit tool for monitoring and repairing the doors on 6/11/13. Staff was re-educated on 6/12/13 that nothing could block a corridor door to resident rooms. Residents were educated during a Residents' Council meeting on the hazards of a chair blocking a resident's door from opening or shutting.</p> <p>The Maintenance Director, or designee, will conduct an audit a week for 4 weeks then monthly for an additional 2 months to monitor gap is not greater than 1/2 inch around resident room corridor doors and assurance that doors to residents can close with a single motion. The results will be reported to the Safety Committee and Performance Improvement Committee monthly for 3 months for further recommendations.</p> <p>Completion Date:</p>	7/10/13

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K 018	<p>Continued From page 2</p> <p>(53) beds with a census of Fifty-One (51) on the day of the survey. The facility failed to ensure four (4) resident doors could be closed with a single motion and six (6) doors had over the allowable gap around the door jamb.</p> <p>The findings include:</p> <p>Observations, on 06/05/13 between 1:35 PM and 3:30 PM with the Director of Maintenance, revealed the corridor doors to the resident rooms were blocked from closing. The rooms affected by this were rooms #301 with a caution sign blocking the door, 302 with a caution sign blocking the door, 203 chair blocking the door, and 204 chair blocking door.</p> <p>Interviews, on 06/05/13 between 1:35 PM and 3:30 PM with the Director of Maintenance, revealed he was unaware the items were blocking the doors from closing.</p> <p>Observations, on 06/05/13 between 1:35 PM and 3:30 PM with the Director of Maintenance, revealed the corridor doors to rooms 306, 311, 309, 303, 202, and 208 had a gap larger than 1/4 inch around the jamb.</p> <p>Interview, on 06/05/13 between 1:35 PM and 3:30 PM with the Director of Maintenance, revealed he was unaware of the acceptable gap around the doors.</p> <p>Reference: NFPA 101 (2000 edition)</p> <p>19.3.6.3.1* Doors protecting corridor openings in other than required enclosures of vertical</p>	K 018			

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K 018	Continued From page 3 openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4-in. (4.4-cm) thick, solid-bonded core wood or of construction that resists fire for not less than 20 minutes and shall be constructed to resist the passage of smoke. Compliance with NFPA 80, Standard for Fire Doors and Fire Windows, shall not be required. Clearance between the bottom of the door and the floor covering not exceeding 1 in. (2.5 cm) shall be permitted for corridor doors. Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials. Exception No. 2: In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, the door construction requirements of 19.3.6.3.1 shall not be mandatory, but the doors shall be constructed to resist the passage of smoke. 19.3.6.3.2* Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door. Roller latches shall be prohibited on corridor doors in buildings not fully protected by an approved automatic sprinkler system in accordance with 19.3.6.3.3* Hold-open devices that release when the door is pushed or pulled shall be permitted.	K 018		

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K 018	Continued From page 4 A.19.3.6.3.3 Doors should not be blocked open by furniture, door stops, chocks, tie-backs, drop-down or plunger-type devices, or other devices that necessitate manual unlatching or releasing action to close. Examples of hold-open devices that release when the door is pushed or pulled are friction catches or magnetic catches.	K 018		
K 066 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by:	K 066	Smoking Regulations A fire extinguisher and a fire blanket will be placed in the courtyard and employee smoking area by 7/2/13 by the Maintenance Director. The Maintenance Director reviewed current smoking areas in the facility on 6/6/13 with additional fire safety equipment added. The Maintenance Director was re-educated on the requirement to have a fire extinguisher or a fire blanket readily available at a smoking area on 6/11/13. Staff was re-educated on 6/25/13 and the protection/location of the fire extinguisher and fire blankets at each smoking location. The Maintenance Director, or designee, will monitor that the equipment is in place and in good working order 1 time a week for 4 weeks and then monthly for 2 additional months. The results shall be reported to the Safety Committee and the Performance Improvement Committee for further recommendations. Completion Date:	7/10/13

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K 066	<p>Continued From page 5</p> <p>Based on observation and interview, it was determined the facility failed to ensure the protection in the designated smoking area, in accordance with NFPA standards. The deficiency had the potential to affect two (2) of three (3) smoke compartments, residents, staff and visitors. The facility is certified for Fifty-Three (53) beds with a census of Fifty-One (51) on the day of the survey. The facility failed to ensure the two (2) smoking areas at the facility were equipped with a fire extinguisher or a smoke blanket.</p> <p>The findings include:</p> <p>Observation, on 06/05/13 at 11:45 PM with the Director of Maintenance, revealed the smoking areas at the courtyard and the employee smoking area did not have a fire extinguisher or a fire blanket readily available.</p> <p>Interview, on 06/05/13 at 11:45 PM with the Director of Maintenance, revealed he was unaware of the requirement to have a fire extinguisher or a fire blanket readily available at a smoking area.</p> <p>Reference: NFPA Standard 101 (2000 Edition).</p> <p>19.7.4* Smoking. Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other</p>	K 066		

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K 066	Continued From page 6 hazardous location, and such areas shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. Exception: In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (2) Smoking by patients classified as not responsible shall be prohibited. Exception: The requirement of 19.7.4(2) shall not apply where the patient is under direct supervision. (3) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.	K 066			
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than	K 076	Medical gas storage and administration areas The Maintenance Director secured an additional outside storage area for oxygen tanks on 6/7/13. A maximum of twelve oxygen tanks will be stored inside. The facility shall assure that there will not be over 12 oxygen tanks stored in a 300 cubic ft. area.		

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K 076	<p>Continued From page 7 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure oxygen storage areas were protected in accordance with NFPA standards. The deficiency had the potential to affect one (1) of three (3) smoke compartments, twenty-four (24) residents, staff and visitors. The facility is certified for Fifty-Three (53) beds with a census of Fifty-One (51) on the day of the survey. The facilities failed to ensure oxygen storage over 300 cu ft. was stored in a room where ignition sources were located five (5) feet from the floor.</p> <p>The findings include:</p> <p>Observation, on 06/05/13 at 2:20 PM with the Director of Maintenance, revealed twenty-four (24) oxygen tanks in the oxygen storage room. The room contained three (3) light switches and one plug not located over five (5) feet from the floor.</p> <p>Interview, on 06/05/13 at 2:20 PM with the Director of Maintenance, revealed he was unaware oxygen tanks could not be stored within a room where ignition sources are below five (5) feet from the floor when storage equals over 300 cubic feet in a smoke compartment.</p>	K 076	<p>The Maintenance Director was re-educated on the storage of medical gas by 6/11/13. The Maintenance Director shall re-educate Nursing staff on oxygen storage and location with maximum amount of tank placement.</p> <p>An audit will be done weekly for four weeks and then monthly for 2 additional months. The results will be reported to the Safety Committee and the Performance Improvement Committee by the Maintenance Director for further recommendations.</p> <p>Completion Date</p>	7/10/13

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K 076	Continued From page 8 Reference: NFPA 101 (2000 edition) 8-3.1.11.2 Storage for nonflammable gases greater than 8.5 m ³ (300 ft ³) but less than 85 m ³ (3000 ft ³) (a) Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited-combustible construction, with doors (or gates outdoors) that can be secured against unauthorized entry. (b) Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. (c) Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (1) A minimum distance of 6.1 m (20 ft) (2) A minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (3) An enclosed cabinet of noncombustible construction having a minimum fire protection rating of ½ hour. An approved flammable liquid storage cabinet shall be permitted to be used for cylinder storage. (d) Liquefied gas container storage shall comply with 4-3.1.1.2(b)4. (e) Cylinder and container storage locations shall meet 4-3.1.1.2(a)11e with respect to temperature limitations. (f) Electrical fixtures in storage locations shall meet 4-3.1.1.2(a)11d. (g) Cylinder protection from mechanical shock shall meet 4-3.5.2.1(b)13. (h) Cylinder or container restraint shall meet	K 076		

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K 076	Continued From page 9 4-3.5.2.1(b)27. (i) Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 20 ft (6.1 m) of outside storage locations. (j) Cylinder valve protection caps shall meet 4-3.5.2.1(b)14.	K 076			
K 104 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6. This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure fire/smoke dampers were maintained in accordance with NFPA standards. The deficiency had the potential to affect three (3) of three (3) smoke compartments, all residents, staff and visitors. The facility is certified for Fifty-Three (53) beds with a census of Fifty-One (51) on the day of the survey. The facility failed to ensure smoke dampers in the hvac system were being inspected every four (4) years. The findings include: Life Safety Record Review, on 06/05/13 at 11:45 PM with the Director of Maintenance, revealed no documentation for fire/smoke damper testing. Interview, on 06/05/13 at 11:45 PM with the Director of Maintenance, revealed that no	K 104	Penetrations of smoke barriers A contract with a certified vendor has been obtained to test all fire dampers in the facility. The Maintenance Director will ensure that fire damper inspections are tracked and completed every four years when done. The Maintenance Director will complete a 100% audit on all fire dampers to verify all have been inspected. Regional Property Manager re-educated Maintenance Director on timely inspection of fire dampers on 6/11/13. Maintenance Director, or designee, to audit fire dampers for obstructions and interference yearly times two years and report results to Safety Committee and Performance Improvement Committee for further recommendations. Completion Date:	7/10/13	

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K 104	Continued From page 10 maintenance documentation was kept on the fire/smoke dampers. Reference: NFPA 90A (1999 edition) 3-4.7 Maintenance. At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary.	K 104		
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, it was determined the facility failed to ensure the emergency generator was maintained in accordance with NFPA standards. The deficiency had the potential to affect three (3) of three (3) smoke compartments, all residents, staff and visitors. The facility is certified for Fifty-Three (53) beds with a census of Fifty-One (51) on the	K 144	Generator Inspection Maintenance Director scheduled an inspection and repair of the generator charging system with the contractor on 6/27/13. Maintenance Director completed 100% audit of all NFPA required maintenance regulations on 6/11/13. Regional Property Manager re-educated Administrator and Maintenance Director on 6/11/13 on proper charging systems on generators. Maintenance Director, or designee, will audit the charging system for the next three months to verify proper charging connection. Maintenance Director will report findings to the Performance Improvement Committee monthly for the next three months for further recommendations. Completion Date	7/10/13

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K 144	Continued From page 11 day of the survey. The facility failed to ensure the generator battery charger was not hooked directly to the battery. The findings include: Observation, on 06/05/13 at 11:45 PM with the Director of Maintenance, revealed the generator's battery charger was hooked directly to the generator battery. Interview, on 06/05/13 at 11:45 PM with the Director of Maintenance, revealed he was not aware that the battery charger could not be hooked directly to the battery. 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=F	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147		

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K 147	<p>Continued From page 12</p> <p>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 NFPA standards. The deficiency had the potential to affect three (3) of three (3) smoke compartments, all residents, staff and visitors. The facility is certified for Fifty-Three (53) beds with a census of Fifty-One (51) on the day of the survey. The facility failed to ensure electrical panels maintained three (3) feet of clearance around them and power strips were being used properly.</p> <p>The findings include:</p> <p>Observations, on 06/05/13 between 1:35 PM and 3:30 PM with the Director of Maintenance, revealed the electrical panels in the equipment room had storage of tv ' s, a chair, electrical wire, a phone, and boxes within three (3) feet of the electrical panels.</p> <p>Interview, on 06/05/13 between 1:35 PM and 3:30 PM with the Director of Maintenance, revealed he was unaware the storage was placed too close to the electrical panels.</p> <p>Observations, on 06/05/13 between 1:35 PM and 3:30 PM with the Director of Maintenance, revealed:</p> <ol style="list-style-type: none"> 1) A hydro-collator was plugged into a standard outlet in the therapy area. 2) A refrigerator was plugged into a power strip located in room# 203. 3) An oxygen concentrator and a mini nebulizer were plugged into a power strip located in room# 108. 	K 147	<p>Electrical wiring and equipment</p> <p>The TVs, chair, electric wire, phone and boxes were removed from three feet in front of the electric panels in the equipment room. The hydro-collator was plugged directly into a gfci outlet; Oxygen concentrators and mini nebs in rooms 108 and 310 were plugged directly into an outlet, the refrigerators in rooms 203 and 311 was plugged directly into an outlet, the lift chair in room 307 was plugged into an outlet and the lift chargers were plugged directly into an outlet in the supply room by 6/6/13 by the Maintenance Director.</p> <p>The Maintenance Director reviewed the facility to ensure the electrical wiring was maintained per NFPA in relation to outlet usage and electrical access on 6/11/13.</p> <p>The Maintenance Director was re-educated on ensuring the electrical wiring was maintained per NFPA by the Regional Property Manager on 6/11/13. Staff has been re-educated on helping to monitor outlet usage in the resident rooms by 6/25/13.</p> <p>The Maintenance Director, or designee, will audit weekly for four weeks and then monthly for 2 additional months for proper usage. The results will be reported to the Safety Committee and the Performance Improvement Committee by the Maintenance Director for further recommendations.</p> <p>Completion Date:</p>	7/10/13

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K 147	<p>Continued From page 13</p> <p>4) An oxygen concentrator was plugged into a power strip located in room# 105.</p> <p>5) An oxygen concentrator and a mini nebulizer were plugged into a power strip located in room# 310.</p> <p>6) A lift chair was plugged into a power strip located in room# 307.</p> <p>7) A refrigerator was plugged into a multi-plug adapter located in room# 311.</p> <p>8) Lift chargers were plugged into a power strip located in the supply room.</p> <p>Interview, on 06/05/13 between 1:35 PM and 3:30 PM with the Director of Maintenance, revealed he was unaware of the items being improperly plugged into power strips and the requirement on the hydro-coilator to be plugged directly into a gfc outlet.</p> <p>Reference: NFPA 99 (1999 edition) 110-26. Spaces 10.26 Spaces About Electrical Equipment. Sufficient access and working space shall be provided and maintained about all electric equipment to permit ready and safe operation and maintenance of such equipment. Enclosures housing electrical apparatus that are controlled by lock and key shall be considered accessible to qualified persons. (A) Working Space. Working space for equipment operating at 600 volts, nominal, or less to ground and likely to require examination, adjustment, servicing, or maintenance while energized shall comply with the dimensions of 110.26(A)(1), (2), and (3) or as required or permitted elsewhere in this Code. (1) Depth of Working Space. The depth of the working space in the direction of live parts shall</p>	K 147		

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K 147	<p>Continued From page 14</p> <p>not be less than that specified in Table 110.26(A)(1) unless the requirements of 110.26(A)(1)(a), (b), or (c) are met. Distances shall be measured from the exposed live parts or from the enclosure or opening if the live parts are enclosed. Table 110.26(A)(1) Working Spaces</p> <table border="0"> <tr> <td>Nominal Voltage to Ground</td> <td colspan="2">Minimum Clear Distance</td> </tr> <tr> <td>Condition 1</td> <td>Condition 2</td> <td>Condition 3</td> </tr> <tr> <td>0-150 mm (3 ft)</td> <td>900 mm (3 ft)</td> <td>900 mm (3 ft)</td> </tr> <tr> <td>151-600 mm (3 ft)</td> <td>900 mm (3 ft)</td> <td>1 m (3½ ft)</td> </tr> <tr> <td></td> <td></td> <td>1.2 m (4 ft)</td> </tr> </table> <p>Note: Where the conditions are as follows: Condition 1 - Exposed live parts on one side and no live or grounded parts on the other side of the working space, or exposed live parts on both sides effectively guarded by suitable wood or other insulating materials. Insulated wire or insulated busbars operating at not over 300 volts to ground shall not be considered live parts. Condition 2 - Exposed live parts on one side and grounded parts on the other side. Concrete, brick, or tile walls shall be considered as grounded. Condition 3 - Exposed live parts on both sides of the work space (not guarded as provided in Condition 1) with the operator between.</p> <p>(a) Dead-Front Assemblies. Working space shall not be required in the back or sides of assemblies, such as dead-front switchboards or motor control centers, where all connections and all renewable or adjustable parts, such as fuses or switches, are accessible from locations other than the back or sides. Where rear access is required to work on nonelectrical parts on the back of enclosed equipment, a minimum</p>	Nominal Voltage to Ground	Minimum Clear Distance		Condition 1	Condition 2	Condition 3	0-150 mm (3 ft)	900 mm (3 ft)	900 mm (3 ft)	151-600 mm (3 ft)	900 mm (3 ft)	1 m (3½ ft)			1.2 m (4 ft)	K 147		
Nominal Voltage to Ground	Minimum Clear Distance																		
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K 147	Continued From page 15 horizontal working space of 762 mm (30 in.) shall be provided. (b) Low Voltage. By special permission, smaller working spaces shall be permitted where all uninsulated parts operate at not greater than 30 volts rms, 42 volts peak, or 60 volts dc. (c) Existing Buildings. In existing buildings where electrical equipment is being replaced, Condition 2 working clearance shall be permitted between dead-front switchboards, panelboards, or motor control centers located across the aisle from each other where conditions of maintenance and supervision ensure that written procedures have been adopted to prohibit equipment on both sides of the aisle from being open at the same time and qualified persons who are authorized will service the installation. (2) Width of Working Space. The width of the working space in front of the electric equipment shall be the width of the equipment or 750 mm (30 in.), whichever is greater. In all cases, the work space shall permit at least a 90 degree opening of equipment doors or hinged panels. (3) Height of Working Space. The work space shall be clear and extend from the grade, floor, or platform to the height required by 110.26(E). Within the height requirements of this section, other equipment that is associated with the electrical installation and is located above or below the electrical equipment shall be permitted to extend not more than 150 mm (6 in.) beyond the front of the electrical equipment. (B) Clear Spaces. Working space required by this section shall not be used for storage. When normally enclosed live parts are exposed for inspection or servicing, the working space, if in a passageway or general open space, shall be suitably guarded.	K 147		

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K 147	Continued From page 16 (C) Entrance to Working Space. (1) Minimum Required. At least one entrance of sufficient area shall be provided to give access to working space about electrical equipment. (2) Large Equipment. For equipment rated 1200 amperes or more and over 1.8 m (6 ft) wide that contains overcurrent devices, switching devices, or control devices, there shall be one entrance to the required working space not less than 610 mm (24 in.) wide and 2.0 m (6½ ft) high at each end of the working space. Where the entrance has a personnel door(s), the door(s) shall open in the direction of egress and be equipped with panic bars, pressure plates, or other devices that are normally latched but open under simple pressure. A single entrance to the required working space shall be permitted where either of the conditions in 110.26(C)(2)(a) or (b) is met. (a) Unobstructed Exit. Where the location permits a continuous and unobstructed way of exit travel, a single entrance to the working space shall be permitted. (b) Extra Working Space. Where the depth of the working space is twice that required by 110.26(A)(1), a single entrance shall be permitted. It shall be located so that the distance from the equipment to the nearest edge of the entrance is not less than the minimum clear distance specified in Table 110.26(A)(1) for equipment operating at that voltage and in that condition. (D) Illumination. Illumination shall be provided for all working spaces about service equipment, switchboards, panelboards, or motor control centers installed indoors. Additional lighting outlets shall not be required where the work space is illuminated by an adjacent light source or as permitted by 210.70(A)(1), Exception No. 1, for switched receptacles. In electrical equipment	K 147		

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K 147	<p>Continued From page 17 rooms, the illumination shall not be controlled by automatic means only.</p> <p>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.</p> <p>Reference: NFPA 70 (1999 Edition). 400-8. Uses Not Permitted</p> <p>Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following:</p> <ol style="list-style-type: none"> 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 Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8. 5. Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors 6. Where installed in raceways, except as otherwise permitted in this Code. <p>Actual NFPA Standard: NFPA 70, Article 400-8. Unless specifically permitted in Section 400-7,</p>	K 147		

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K 147	Continued From page 18 flexible cords and cables shall not be used as a substitute for the fixed wiring of a structure. CMS Manual System, Pub. 100-07 State Operations, Provider Certification; August 17, 2007. Power strips may not be used as a substitute for adequate electrical outlets in a facility. Power strips may be used for a computer, monitor, and printer. Power strips are not designed to be used with medical devices in patient care areas. Precautions needed if power strips are used include: installing internal ground fault and over-current protection devices; preventing cords from becoming tripping hazards; and using power strips that are adequate for the number and types of devices used. Overload on any circuit can potentially cause overheating and fire. The use of ground fault circuit interruption (GFCIs) may be required in locations near water sources to prevent electrocution of staff or residents.	K 147			