

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

PRINTED: 03/16/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185171	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 02/28/2012
NAME OF PROVIDER OR SUPPLIER PARKVIEW NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 544 LONE OAK RD. PADUCAH, KY 42003		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 045	Continued From page 11	K 045			
K 054 SS=F	<p>Reference: NFPA 101 (2000 edition) Reference: NFPA 101 (2000 edition) 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.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the facility failed to ensure smoke detectors were inspected and tested in accordance with NFPA Standards. The deficiency had the potential to affect twelve (12) of twelve (12) smoke compartments, residents, staff and visitors. The facility is licensed for two-hundred twenty-eight (228) beds and the census was two-hundred three (203) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 02/28/12 at 8:00 AM, with the Director of Maintenance revealed no documentation of a Smoke Detector Sensitivity Test being performed on the fire alarm smoke detectors within the last two years. Smoke detectors must be tested according to NFPA 72</p>	K 054	<p>K 054</p> <ol style="list-style-type: none"> 1. A Smoke Detector Sensitivity test was performed on the system on 3/15/12 by the contracted service. 2. All residents benefit from having a smoke detector system tested per code. 3. The Maintenance Dept. was inserviced by the Administrator on 3/23/12 on the need to conduct sensitivity tests on the fire alarm smoke detectors. 4. The Maintenance Dept will conduct an annual smoke detection system audit, to ensure a fire alarm sensitivity test on the system is completed every two years. 5. Date completed: 	3/2312	

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K 054	<p>Continued From page 12 (1999 edition) to ensure their reliability.</p> <p>Interview, on 02/28/12 at 8:00 AM, with the Director of Maintenance, revealed he was unaware the facility did not have a current sensitivity test on the fire alarm smoke detectors.</p> <p>Reference: NFPA 72 (1999 edition)</p> <p>7-3.2.1* Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods:</p>	K 054		

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K 054	Continued From page 13 (1) Calibrated test method (2) Manufacturer ' s calibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range (5) Other calibrated sensitivity test methods approved by the authority having jurisdiction Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. Exception No. 1: Detectors listed as field adjustable shall be permitted to be either adjusted within the listed and marked sensitivity range and cleaned and recalibrated, or they shall be replaced. Exception No. 2: This requirement shall not apply to single station detectors referenced in 7-3.3 and Table 7-2.2. The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector. NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is	K 054			
K 056 SS=D		K 056	K 056 1. A sprinkler will be installed in the Director of Environment Office closet by 5/23/12.		

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K 056	<p>Continued From page 14</p> <p>installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure the building had a complete sprinkler system in accordance with NFPA Standards. The deficiencies had the potential to affect one (1) of twelve (12) smoke compartments, residents, staff and visitors. The facility is licensed for two-hundred twenty-eight (228) beds with a census of two-hundred three (203) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 02/28/12 at 12:24 PM, with the Director of Maintenance revealed that the closet in the Director of Environmental Office does not have sprinkler coverage.</p> <p>Interview, on 02/28/12 at 12:24 PM, with the Director of Maintenance revealed he was not aware there was no sprinkler head in the closet.</p>	K 056	<ol style="list-style-type: none"> 2. A 100% facility inspection of sprinkler coverage for the building was completed by 3/23/12 by the Maintenance Dept. 3. The Maintenance Dept was inserviced on 3/23/12 by the Administrator to ensure the building maintained proper sprinkler coverage for all portions of the facility. 4. The Maintenance Dept will audit to ensure the facility has proper sprinkler coverage on a monthly basis for 3 months. The results of the audits will be reviewed by the QA committee to determine the need for further monitoring. 5. Date Completed: 	5/23/12

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K 056	Continued From page 15 Reference: NFPA 13 (1999 Edition) 5-13 8.1 Sprinklers shall be installed under exterior roofs or canopies exceeding 4 Ft. (1.2 m) in width. Exception: Sprinklers are permitted to be omitted where the canopy or roof is of noncombustible or limited combustible construction. Reference: NFPA 101 (2000 edition) 19.1.6.2 Health care occupancies shall be limited to the types of building construction shown in Table 19.1.6.2. (See 8.2.1.) Exception:* Any building of Type I(443), Type I(332), Type II(222), or Type II(111) construction shall be permitted to include roofing systems involving combustible supports, decking, or roofing, provided that the following criteria are met: (a) The roof covering meets Class C requirements in accordance with NFPA 256, Standard Methods of Fire Tests of Roof Coverings. (b) The roof is separated from all occupied portions of the building by a noncombustible floor assembly that includes not less than 2 1/2 in. (6.4 cm) of concrete or gypsum fill. (c) The attic or other space is either unoccupied or protected throughout by an approved automatic sprinkler system.	K 056		
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested	K 062	K 062 1. The sprinkler wrench was replaced with the spare	

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K 062	<p>Continued From page 16</p> <p>periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on record review and interview, it was determined the facility failed to have a full flow trip test performed on the fire sprinkler system in accordance with NFPA standards. The deficiency had the potential to affect twelve (12) of twelve (12) smoke compartments, residents, staff, and visitors. The facility is licensed for two-hundred twenty-eight (228) beds with a census of two-hundred three (203) on the day of the survey.</p> <p>The findings include:</p> <p>Record review, on 02/28/12 at 8:10 AM, with the Director of Maintenance revealed the facility did not have documentation for a full flow trip test performed on the sprinkler system. This test is to be performed once every three years according to NFPA requirements and the records for the inspection made available for the authority having jurisdiction.</p> <p>Interview, on 02/28/12 at 8:10 AM, with the Director of Maintenance revealed he thought the sprinkler company would perform the inspections as required by NFPA standards.</p> <p>Observation, on 2/28/12 at 1:16 PM, with the Director of Maintenance revealed the facility did not have a sprinkler wrench located with the spare sprinkler heads.</p> <p>Interview, on 02/28/12 at 1:16 PM, with the</p>	K 062	<p>sprinkler heads on 3/22/12.</p> <p>The facility verified with Jeremy Taylor that since we had a wet system, no full flow trip test was needed on 3/20/12.</p> <ol style="list-style-type: none"> 2. The wrench was replaced in the one box the facility has and all residents benefit from this standard. 3. The Maintenance Dept was inserviced on the requirement to have the sprinkler head wrench in the box with the spare sprinkler heads on 3/23/12 by the Administrator. 4. The Assistant Administrator will audit the boxes to ensure it contains a wrench weekly times 4 then monthly times 2. Results of the audits will be brought to the QA committee to determine the need for further monitoring. 5. Date completed: 	3/23/12

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K 062	<p>Continued From page 17</p> <p>Director of Maintenance revealed he was unaware that a sprinkler head wrench was required to be in the box with the spare sprinkler heads.</p> <p>Reference: NFPA 25 (1998 Edition).</p> <p>2-1 General. This chapter provides the minimum requirements for the routine inspection, testing, and maintenance of sprinkler systems. Table 2-1 shall be used to determine the minimum required frequencies for inspection, testing, and maintenance.</p> <p>Exception: Valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 9.</p> <p>Table 2-1 Summary of Sprinkler System Inspection, Testing, and Maintenance</p> <table border="1"> <thead> <tr> <th>Item</th> <th>Activity</th> <th>Frequency</th> <th>Reference</th> </tr> </thead> <tbody> <tr> <td>Gauges (dry, preaction deluge systems)</td> <td>Inspection</td> <td>Weekly/monthly</td> <td>2-2.4.2</td> </tr> <tr> <td>Control valves</td> <td>Inspection</td> <td>Weekly/monthly</td> <td>Table 9-1</td> </tr> <tr> <td>Alarm devices</td> <td>Inspection</td> <td>Quarterly</td> <td>2-2.6</td> </tr> <tr> <td>Gauges (wet pipe systems)</td> <td>Inspection</td> <td>Monthly</td> <td>2-2.4.1</td> </tr> <tr> <td>Hydraulic nameplate</td> <td>Inspection</td> <td>Quarterly</td> <td>2-2.7</td> </tr> <tr> <td>Buildings</td> <td>Inspection</td> <td>Annually (prior to freezing weather)</td> <td>2-2.5</td> </tr> <tr> <td>Hanger/seismic bracing</td> <td>Inspection</td> <td>Annually</td> <td>2-2.3</td> </tr> <tr> <td>Pipe and fittings</td> <td>Inspection</td> <td>Annually</td> <td>2-2.2</td> </tr> <tr> <td>Sprinklers</td> <td>Inspection</td> <td>Annually</td> <td>2-2.1.1</td> </tr> </tbody> </table>	Item	Activity	Frequency	Reference	Gauges (dry, preaction deluge systems)	Inspection	Weekly/monthly	2-2.4.2	Control valves	Inspection	Weekly/monthly	Table 9-1	Alarm devices	Inspection	Quarterly	2-2.6	Gauges (wet pipe systems)	Inspection	Monthly	2-2.4.1	Hydraulic nameplate	Inspection	Quarterly	2-2.7	Buildings	Inspection	Annually (prior to freezing weather)	2-2.5	Hanger/seismic bracing	Inspection	Annually	2-2.3	Pipe and fittings	Inspection	Annually	2-2.2	Sprinklers	Inspection	Annually	2-2.1.1	K 062		
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K 062	Continued From page 18 Spare sprinklers Inspection Annually 2-2.1.3 Fire department connections Inspection Table 9-1 Valves (all types) Inspection Table 9-1 Alarm devices Test Quarterly 2-3.3 Main drain Test Annually Table 9-1 Antifreeze solution Test Annually 2-3.4 Gauges Test 5 years 2-3.2 Sprinklers - extra-high temp. Test 5 years 2-3.1.1 Exception No. 3 Sprinklers - fast response Test At 20 years and every 10 years thereafter 2-3.1.1 Exception No. 2 Sprinklers Test At 50 years and every 10 years thereafter 2-3.1.1 Valves (all types) Maintenance Annually or as needed Table 9-1 Obstruction investigation Maintenance 5 years or as needed Chapter 10 NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observation and interview it was determined the facility failed to ensure that fire extinguishers were maintained in accordance with NFPA standards. The deficiency had the potential to affect one (1) of twelve (12) smoke compartments, residents, staff, and visitors. The facility is licensed for two-hundred twenty-eight	K 062	K064 1. A fire extinguisher was installed by the maintenance dept in the vending hall on 3/2/12. 2. All residents benefit from fire extinguishers being maintained. 3. The Maintenance Dept was inserviced on proper fire extinguisher maintenance by the Administrator on 3/23/12.	

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K 064	<p>Continued From page 19 (228) beds with a census of two-hundred three (203) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 02/28/12 at 9:26 AM, with the Director of Maintenance revealed there was no visible fire extinguisher in the vending hall. The fire extinguisher was in a room with no signage.</p> <p>Interview, on 02/28/12 at 9:26 AM, with the Director of Maintenance revealed he was unaware that there needed to be an extinguisher for the corridor.</p> <p>Reference: NFPA 10 1999</p> <p>4-3.2* Procedures. Periodic inspection of fire extinguishers shall include a check of at least the following items: (a) Location in designated place (b) No obstruction to access or visibility (c) Operating instructions on nameplate legible and facing outward (d)* Safety seals and tamper indicators not broken or missing (e) Fullness determined by weighing or "hefting" (f) Examination for obvious physical damage, corrosion, leakage, or clogged nozzle (g) Pressure gauge reading or indicator in the operable range or position (h) Condition of tires, wheels, carriage, hose, and nozzle checked (for wheeled units) (i) HMIS label in place</p> <p>4-3.3 Corrective Action. When an inspection of any fire extinguisher reveals a deficiency in any of the conditions listed</p>	K 064	<p>4. The Assistant Administrator will audit for proper fire extinguisher maintenance weekly times 4 and then monthly times 2. The results of the audits will be reviewed by the QA committee to determine the need for further monitoring.</p> <p>5. Date Completed:</p>	3/23/12

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K 070	<p>Continued From page 21 Business Office, Director of Nursing Office, and the Director of Nutritional Services Office.</p> <p>Interview, on 02/28/12 between 12:30 PM and 1:30 PM, with the Director of Maintenance revealed they were not aware the heaters could not exceed 212°F in non-sleeping, staff, and employee areas.</p> <p>Reference: NFPA 101 (2000 edition) 19.7.8 Portable Space-Heating Devices. Portable space-heating devices shall be prohibited in all health care occupancies. Exception: Portable space-heating devices shall be permitted to be used in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212°F (100°C).</p> <p>Reference: NFPA 13 (1999 edition) 4-2.5.2 Valve rooms shall be lighted and heated. The source of heat shall be of a permanently installed type. Heat tape shall not be used in lieu of heated valve enclosures to protect the dry pipe valve and supply pipe against freezing.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD 7.1.10 Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits.</p>	K 070	<p>determine the need for further monitoring.</p> <p>5. Date completed:</p>	3/23/12
K 072 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD 7.1.10 Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits.</p>	K 072	<p>K 072</p> <p>1. Items were removed or stored appropriately to maintain exit access in corridors throughout the facility by 3/23/12.</p>	

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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
K 072	<p>Continued From page 22</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to maintain exit access in accordance with NFPA standards. The deficiency had the potential to affect seven (7) of twelve (12) smoke compartments, residents, staff, and visitors. The facility is licensed for two-hundred twenty-eight (228) beds with a census of two-hundred three (203) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 02/28/12 between 9:00 AM and 3:30 PM, with the Director of Maintenance revealed there was storage in the corridors throughout the facility. Some items being stored in corridors were boxes, kitchen carts, lift carts, lockers not attached to the wall, cooler carts, trash cans, linen carts, microwave, cabinets, hazardous storage at the end of 300 hall, and medical equipment.</p> <p>Interview, on 02/28/12 between 9:00 AM and 3:30 PM, with the Director of Maintenance revealed he was unaware he could not use corridors as storage areas.</p> <p>Reference: NFPA 101 (2000 Edition) Means of Egress Reliability 7.1.10.1 Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.</p>	K 072	<ol style="list-style-type: none"> 2. All residents benefit from maintaining exit access. 3. Associates were inserviced to continuously maintain access to corridors in case of emergency or fire by the ADON on 3/23/12. 4. Administration will monitor means of egress to ensure they are free of obstructions or impediments weekly times 4 then monthly times 2. The results of the audits will be reviewed by the QA committee to determine the need for further monitoring. 5. Date completed: 	3/23/12

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K 130 SS=D	<p>NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to secure the gas meter and piping in accordance with NFPA Standards. The deficiency had the potential to affect two (2) of twelve (12) smoke compartments, residents, staff, and visitors. The facility is licensed for two-hundred twenty-eight (228) beds with a census of two-hundred three (203) on the day of the survey.</p> <p>The findings include:</p> <p>Observation, on 02/28/12 at 8:15 AM, with the Director of Maintenance revealed there was no protection against physical damage to the gas main located outside the Kitchen. Further observation showed there was another gas main not protected outside of Laundry.</p> <p>Interview, on 02/28/12 at 8:15 AM, with the Director of Maintenance revealed he was not aware the gas mains needed to have protection in front of them.</p> <p>Reference: NFPA 101 (2000 Edition)</p> <p>Gas meters, regulators and piping must be protected against physical damage in an approved manner when exposed to equipment</p>	K 130	<p>K 130</p> <ol style="list-style-type: none"> 1. Barriers will be installed in front of the gas mains outside of the laundry and kitchen by 5/11/12. 2. All residents benefit from securing gas meters and piping. Those are the only 2 gas mains on the property. 3. The Maintenance Dept was educated on the need to secure gas meters and piping to protect them against physical damage by the Administrator on 3/23/12. 4. The Assistant Director will audit weekly to ensure the gas mains are protected against physical damage weekly times 4 then monthly times 2. The results of the audits will be reviewed by the QA committee to determine the need for further monitoring. 5. Date completed: 	5/11/12

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K 130	Continued From page 24 traffic. The barriers must be designed to the largest piece of equipment that would be typically parked or used in the immediate area. NFPA 54, National Fuel Gas Code	K 130	K 147 1. The space heater was removed from the business office. 2) The Refrigerator was plugged into a receptacle in the Wing 10 office. 3) The nebulizer was plugged into a red receptacle. 4) Additional receptacles will be added to the lab to plug in the refrigerator as of 6/1/12 5) 806, 705 and 906 refrigerators were plugged into the wall receptacles. Quad plex receptacles will be added to rooms 505 and 503 so that the refrigerators could be plugged into those as of 6/1/12 6) Additional receptacles will be added to Nurses Stations 1,3,4 and 5 as of 6/1/12 7)The extension cord was removed and the lamp plugged into the wall receptacle. 8) The refrigerator was plugged into the wall receptacle and the power strip was removed. 9) The multi-plug adapter was removed 10) The tv in 204		
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 NFPA standards. The deficiency had the potential to affect seven (7) of twelve (12) smoke compartments, residents, staff, and visitors. The facility is licensed for two-hundred twenty-eight (228) beds with a census of two-hundred three (203) on the day of the survey. The findings include: Observations, on 02/28/12 between 8:45 AM and 3:30 PM, with the Director of Maintenance revealed: 1) An extension cord leading to a space heater in the Business Office. 2) Refrigerator plugged into a power strip which was plugged into another power strip located in the Unit Manager ' s Office on Hall 10. 3) Mini nebulizer plugged into a power strip in Room 205. 4) Wing 2 Lab had a refrigerator in an extension	K 147			

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K 147	Continued From page 25 cord that was plugged into a power strip. 5) Refrigerator plugged into a power strip in Rooms 806, 705, 505, 503, and 906. 6) Nurses ' station 1, 3, 4, and 5 had a power strip plugged into another power strip. 7) An extension cord was plugged into a lamp in Room 303. 8) A refrigerator was plugged into a power strip in Room 308. 9) Room 309 had a power strip plugged into a multi-plug adapter. 10) An extension cord was plugged into a television in Room 204. 11) Room 210 had a bed and a lift chair plugged into a power strip. 12) Room 212 had a bed plugged into a power strip. 13) A bed and an air mattress were plugged into a power strip in Room 402. 14) Room 408 had an oxygen concentrator plugged into a power strip. 15) Room 409 had a brown extension cord to a television. 16) Room 412 had a bed plugged into a power strip. 17) Room 801 had a lift chair and a battery charger for a wheelchair plugged into a power strip. 18) Room 502 had a bed and refrigerator plugged into a power strip. 19) Room 504 had a chair that was plugged into a power strip. Interview, on 02/28/12 between 8:45 AM and 3:30 PM, with the Director of Maintenance revealed he was not aware the extension cords were only for temporary use, or the power strips were being misused.	K 147	was plugged into a powerstrip 11) The bed and lift chair will be plugged into a new quadplex receptacle as of 6/1/12. 12) The bed was plugged into the wall 13) the bed and air mattress will be plugged into a new quadplex receptacle as of 6/1/12. 14) The oxygen concentrator was plugged into the wall receptacle and the powerstrip was removed 15) The tv was plugged into a powerstrip 16) The bed was plugged into the wall. 17) The lift chair and battery charger will be plugged into a new additional receptacle as of 6/1/12. 18) The bed was plugged into the wall and refrigerator will be plugged into a new quadplex receptacle as of 6/1/12 19) The chair will be plugged into a new quad plex receptacle as of 6/1/12. 2. All resident rooms have the potential to be affected and have been inspected for the proper use of extension cords and powerstrips by 3/23/12. The facility was reassessed between 3/5/12 and 3/23/12	

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K 147	<p>Continued From page 26</p> <p>Reference: NFPA 99 (1999 edition)</p> <p>3-3.2.1.2 D</p> <p>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>110-26. Spaces</p> <p>About Electrical Equipment. Sufficient access and working space shall be provided and maintained around 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.</p> <p>Reference: NFPA 70 (1999 edition)</p> <p>370.28(c) Covers.</p> <p>All pull boxes, junction boxes, and conduit bodies shall be provided with covers compatible with the box or conduit body construction and suitable for the conditions of use. Where metal covers are used, they shall comply with the grounding requirements of Section 250-110. An extension</p>	K 147	<p>for proper use of extension cords and power strips by the maintenance dept.</p> <p>3. The staff were inserviced on 3/23/12 regarding proper use of extension cords and powerstrips by the ADON. A letter was mailed by the facility to residents/responsible parties regarding the use of extension chords and power strips in the facility. The facility will provide education during the admission process regarding the use of extension cords/power strips.</p> <p>4. The Maintenance Dept will audit 5 rooms down each hallway for the proper use of extension cords and power strips weekly times 4 weeks and then monthly times 2. The results of the audits will be reviewed by the QA committee to determine the need for further monitoring.</p> <p>5. Date completed:</p>	6/1/12

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K 147	Continued From page 27 from the cover of an exposed box shall comply with Section 370-22, Exception.	K 147		
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