

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

PRINTED: 01/05/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 106027	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 04 B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2017
NAME OF PROVIDER OR SUPPLIER AVANTE AT ORLANDO INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807	
(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 000	INITIAL COMMENTS An unannounced recertification survey was conducted on November 14, 2017 at Avante at Orlando, a nursing home in Orlando, Florida. Avante at Orlando is not in compliance with 42 CFR 483 Subpart B, 42 CFR 488.307, and National Fire Protection Association (NFPA) 101 (2012 Edition) requirements for nursing homes. The following is a description of the noncompliance. Initial Plan Review 1964 Existing NFPA Type 220 const type: Type II(111) Number of beds 118 Census 98	K 000		
K 100 SS=D	General Requirements - Other CFR(s): NFPA 101 General Requirements - Other List in the REMARKS section any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This REQUIREMENT is not met as evidenced by: Based on observation and interview during the survey, the facility failed to maintain a water management program that would maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections per NFPA 101 (2012 Edition) Ch 4.6.1.2 and 42 CFR 483.80.	K 100	Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of alleged deficiencies but, is prepared for the sole purpose of compliance with State and Federal regulations. Allegation of compliance 12/16/2017. Tag K100 NFPA 101 General Requirements - Other	12/16/17

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

TITLE

(X6) DATE

Electronically Signed

12/14/2017

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 100	<p>Continued From page 1</p> <p>Findings:</p> <p>During record review on 11/14/2017 at approximately 10:00 a.m. along with the Maintenance Director, a request was made to see the records for their water management program. Interview with the Maintenance Director, at that time, revealed that the facility has not completed policies and procedures for their water management program.</p> <p>These findings were reconfirmed with the Administrator during the exit conference at 2:00 p.m. Code: NFPA 101 (2012 Edition) Ch 4.6.1.2 42 CFR 483.80</p>	K 100	<p>1. How Corrective action will be accomplished for those found to have been affected.</p> <p>No resident was observed or reported to have been harmed by this deficient practice..</p> <p>2. How corrective action will be accomplished for those having potential to be affected by the same practice.</p> <p>The Facility Maintenance has been working on the water management program. The final completed policies and procedures for the water management program will be in place and filed in the water management binder by December 13, 2017.</p> <p>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur.</p> <p>The Facility maintenance will put notifications on TELS to remind us one month before it is due in order to update the program.</p> <p>4. How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>The Facility Maintenance will monitor the water management program on a quarterly basis and information will also be shared at the monthly QA meetings. Findings were reviewed and corrective action was provided as needed.</p>		

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K 711 K 711 SS=D	Continued From page 2 Evacuation and Relocation Plan CFR(s): NFPA 101 Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This REQUIREMENT is not met as evidenced by: Based on record review and observation, the facility failed to keep their required Fire Plan updated annually. NFPA 101 Ch. 19.7.1.1 specifies that, " The administration of every health care occupancy shall have, in effect and available to all supervisory personnel, written copies of a plan for the protection of all persons in the event of a fire, ... " Findings: During the review of records on November 14, 2017 at approximately 9:45 a.m. the approval letter from Orange County Emergency Management for the facilities' Comprehensive Emergency Management Plan was requested. The letter was dated 5/23/16. Interview with the Administrator, at 1:30 p.m., revealed that the plan had been submitted and they were waiting for approval.	K 711 K 711	Tag K711 NFPA 101 Evacuation and Relocation Plan 1. How Corrective action will be accomplished for those found to have been affected. No resident was observed or reported to have been harmed by this deficient practice. 2. How corrective action will be accomplished for those having potential to be affected by the same practice. The Facility Comprehensive Emergency Management Plan has been submitted to the Orange County office of the Emergency Management for review and approval. Still awaiting for approval from the County.	12/16/17

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K 711	Continued From page 3 These findings were reconfirmed with the Administrator during the closing conference at 2:00 p.m. NFPA 19.7.1.1,19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3	K 711	3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur. The Facility Maintenance will follow up with Orange County Office of Emergency Management as it relates to the Facility Comprehensive Emergency Management Plan for Approval by Mid-year for approval. 4. How the facility plans to monitor its performance to make sure that solutions are sustained. The Facility Maintenance will monitor this item on a monthly basis and information will also be shared at the monthly QA meetings. Findings were reviewed and corrective action was provided as needed.		
K 741 SS=D	Smoking Regulations CFR(s): NFPA 101 Smoking Regulations 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 hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) 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. (3) Smoking by patients classified as not	K 741		12/16/17	

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K 741	<p>Continued From page 4</p> <p>responsible shall be prohibited.</p> <p>(4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision.</p> <p>(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to remain in compliance with standards to ensure the safety of the residents, staff and the public from accidental fires caused by smoking. Per NFPA 101 Chapter 19.7.4(6) " Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted." also per CH. A.19.7.4 "The most rigid discipline with regard to prohibition of smoking might not be nearly as effective in reducing incipient fires from surreptitious smoking as the open recognition of smoking, with provision of suitable facilities for smoking..."</p> <p>Findings:</p> <p>During the tour of the building on November 14, 2017, at approximately 10:45 a.m. the smoking areas for employees was observed. The area was near the parking lot and consisted of a single picnic table. A fire extinguisher was provided nearby but was not mounted in a conspicuous location. And there were no metal ashtrays or metal containers provided.</p>	K 741	<p>Tag K741 NFPA 101 Smoking Regulations</p> <p>1. How Corrective action will be accomplished for those found to have been affected.</p> <p>No resident was observed or reported to have been harmed by this deficient practice.</p> <p>2. How corrective action will be accomplished for those having potential to be affected by the same practice.</p> <p>The Facility Maintenance had already placed an order for Ashtrays and cigarette receptacles. The order was received in the afternoon the same day of the survey. Ashtrays were placed on both picnic tables and receptacles placed on the ground and fire extinguisher was mounted on the wall next to the employee smoking area.</p> <p>3. What measures will be put into place</p>	

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K 741	Continued From page 5 These findings were reconfirmed with the Administrator during the exit conference at 2:00 p.m. NFPA Ch 19.7.4	K 741	or systemic changes made to ensure that the deficient practice will not occur. Ashtrays were placed on both picnic tables and receptacles on the ground and fire extinguisher was mounted on the wall next to the employee smoking area. 4. How the facility plans to monitor its performance to make sure that solutions are sustained. The Facility Maintenance will monitor this item on a monthly basis and information will also be shared at the monthly QA meetings. Findings were reviewed and corrective action was provided as needed.		
K 914 SS=D	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated	K 914		12/16/17	

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K 914	<p>Continued From page 6</p> <p>repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to maintain the electrical supply and distribution system in compliance with the requirements of the NFPA 70 (NEC) and NFPA 101 (2012 Edition) Ch. 9.1.2. Also per NFPA 99 Ch. 10.5.2.1.1, "The facility shall establish policies and protocols for the type of test and intervals for testing for patient care-related electrical equipment. Additionally, Ch 10.5.2.1.2 establishes that "All patient care-related electrical equipment used in patient care rooms shall be tested in accordance with 10.3.5.4.."</p> <p>Findings:</p> <p>During the review of records on 11/14 2017 at approximately 10:00 a.m. records were requested that would indicate that patient care electrical equipment was tested for leakage to ground. Records indicated that a testing protocol had been established for all types of electrical patient care equipment except for patient beds.</p> <p>At approximately 11:00 a.m. the electrical panel marked EQ and CR in the electrical vault was observed to have an inaccurate panel board. Circuits marked a spares were in the on position. Interview with the maintenance director, at that time, revealed that circuits were recently added and had not been marked properly.</p> <p>At approximately 11:15 a.m. a non-conforming relocatable power tap was observed in close proximity to patients receiving care.</p>	K 914	<p>Tag K914 NFPA 99 Electrical Systems ☐ Maintenance and Testing</p> <p>1. How Corrective action will be accomplished for those found to have been affected.</p> <p>No resident was observed or reported to have been harmed by this deficient practice.</p> <p>2. How corrective action will be accomplished for those having potential to be affected by the same practice.</p> <p>The Facility Maintenance will make room rounds to inspect which rooms might need additional electrical outlets in order to prevent the use of extension cords for the TVs. Also, The facility Maintenance has inspected the electrical panel board for missing Marks and will properly mark the Circuits as Spares if needed. The facility Maintenance has contacted an Electric vendor Titan Electric Southeast to repair these concerned outlets in the main Hallway. These outlets have been repaired on December 13, 2017.</p> <p>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur.</p> <p>The Facility Maintenance will make room rounds to inspect which rooms might need</p>		

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K 914	Continued From page 7 At approximately 11:30 a.m. a non-conforming power tap was observed to be connected to the wall outlet and supported by a tray table over a patient bed. These findings were reconfirmed with the Administrator during the exit conference at 2:00 p.m. NFPA 101 Ch 9.1.2, NFPA 99 10.5.2.1.1, 10.5.2.1.2, 10.3.5.4	K 914	additional electrical outlets in order to prevent the use of extension cords for the TVs. Also, The facility Maintenance has inspected the electrical panel board for missing Marks and will properly mark the Circuits as Spares if needed. The facility Maintenance has contacted an Electrical vendor Titan Electric Southeast to repair these concerned outlets in the main Hallway. These outlets have been repaired on December 13, 2017. 4. How the facility plans to monitor its performance to make sure that solutions are sustained. The Facility Maintenance will monitor this item on a monthly basis and information will also be shared at the monthly QA meetings. Findings were reviewed and corrective action was provided as needed.		

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 74809	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 04 B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2017
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K 000	<p>INITIAL COMMENTS</p> <p>An unannounced Relicensure survey was conducted on November 14, 2017 at Avante At Orlando, a nursing home in Orlando, Florida in accordance with National Fire Protection Association (NFPA) 1 and 101 (2012 Edition) and applicable requirements of Florida State Fire Marshal's Rules and Regulations, Florida Administrative Code (F.A.C.) 69A-3, F.A.C. 69A-53, F.A.C. 59A-4, and Florida Statutes (F.S.) 400 Part II, and F.S. 633.0215, adopting National Fire Protection Association (NFPA) 1 and 101 (2012 Edition) known as the Florida Fire Prevention Code and all NFPA referenced standards and requirements adopted per NFPA 101, Chapter 2.</p> <p>Avante At Orlando was not in compliance at the time of the visit.</p>	K 000		
K 100 SS=D	<p>NFPA 101 General Requirements - Other</p> <p>General Requirements - Other</p> <p>List in the REMARKS section any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included.</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and interview during the survey, the facility failed to maintain a water management program that would maintain an infection prevention and control program designed to provide a safe, sanitary, and comfortable environment to help prevent the development and transmission of communicable diseases and infections per NFPA 101 (2012 Edition) Ch 4.6.1.2 and 42 CFR 483.80.</p>	K 100	<p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of alleged deficiencies but, is prepared for the sole purpose of compliance with State and Federal regulations. Allegation of compliance 12/16/2017.</p> <p>Tag K100 NFPA 101 General</p>	12/16/17

AHCA Form 3020-0001
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
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K 100	<p>Continued From page 1</p> <p>Findings:</p> <p>During record review on 11/14/2017 at approximately 10:00 a.m. along with the Maintenance Director, a request was made to see the records for their water management program. Interview with the Maintenance Director, at that time, revealed that the facility has not completed policies and procedures for their water management program.</p> <p>These findings were reconfirmed with the Administrator during the exit conference at 2:00 p.m. Code: NFPA 101 (2012 Edition) Ch 4.6.1.2 42 CFR 483.80</p>	K 100	<p>Requirements - Other</p> <p>1. How Corrective action will be accomplished for those found to have been affected.</p> <p>No resident was observed or reported to have been harmed by this deficient practice..</p> <p>2. How corrective action will be accomplished for those having potential to be affected by the same practice.</p> <p>The Facility Maintenance has been working on the water management program. The final completed policies and procedures for the water management program will be in place and filed in the water management binder by December 13, 2017.</p> <p>3. What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur.</p> <p>The Facility maintenance will put notifications on TELS to remind us one month before it is due in order to update the program.</p> <p>4. How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>The Facility Maintenance will monitor the water management program on a quarterly basis and information will also be shared at the monthly QA meetings. Findings were reviewed and corrective action was provided as needed.</p>	

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K 711 K 711 SS=D	<p>Continued From page 2</p> <p>NFPA 101 Evacuation and Relocation Plan</p> <p>Evacuation and Relocation Plan</p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2.18.7.1.1 through 18.7.1.8, 18.7.2.1.2, 18.7.2.2, 18.7.2.3. 19.7.1.1 through 19.7.1.8, 19.7.2.1.2, 19.7.2.2, 19.7.2.3</p> <p>This Statute or Rule is not met as evidenced by: Based on record review and observation, the facility failed to keep their required Fire Plan updated annually. NFPA 101 Ch. 19.7.1.1 specifies that, " The administration of every health care occupancy shall have, in effect and available to all supervisory personnel, written copies of a plan for the protection of all persons in the event of a fire, ... "</p> <p>Findings:</p> <p>During the review of records on November 14, 2017 at approximately 9:45 a.m. the approval letter from Orange County Emergency Management for the facilities' Comprehensive Emergency Management Plan was requested. The letter was dated 5/23/16. Interview with the Administrator, at 1:30 p.m., revealed that the plan had been submitted and they were waiting for approval.</p> <p>These findings were reconfirmed with the</p>	K 711 K 711	<p>Tag K711 NFPA 101 Evacuation and Relocation Plan</p> <ol style="list-style-type: none"> How Corrective action will be accomplished for those found to have been affected. <p>No resident was observed or reported to have been harmed by this deficient practice.</p> <ol style="list-style-type: none"> How corrective action will be accomplished for those having potential to be affected by the same practice. <p>The Facility Comprehensive Emergency Management Plan has been submitted to the Orange County office of the Emergency Management for review and approval. Still awaiting for approval from the County.</p> <ol style="list-style-type: none"> What measures will be put into place 	12/16/17

Agency for Health Care Administration

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 74809	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01, 04 B. WING _____	(X3) DATE SURVEY COMPLETED 11/14/2017
NAME OF PROVIDER OR SUPPLIER AVANTE AT ORLANDO INC		STREET ADDRESS, CITY, STATE, ZIP CODE 2000 NORTH SEMORAN BOULEVARD ORLANDO, FL 32807		
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K 711	Continued From page 3 Administrator during the closing conference at 2:00 p.m. NFPA 19.7.1.1, 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3	K 711	or systemic changes made to ensure that the deficient practice will not occur. The Facility Maintenance will follow up with Orange County Office of Emergency Management as it relates to the Facility Comprehensive Emergency Management Plan for Approval by Mid-year for approval. 4. How the facility plans to monitor its performance to make sure that solutions are sustained. The Facility Maintenance will monitor this item on a monthly basis and information will also be shared at the monthly QA meetings. Findings were reviewed and corrective action was provided as needed.	
K 741 SS=D	NFPA 101 Smoking Regulations Smoking Regulations 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 hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) 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. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe	K 741		12/16/17

Agency for Health Care Administration

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K 741	<p>Continued From page 4</p> <p>design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4 (Note smoking tower disposal receptacles are not ashtrays)</p> <p>This Statute or Rule is not met as evidenced by: Based on observation and interview, the facility failed to remain in compliance with standards to ensure the safety of the residents, staff and the public from accidental fires caused by smoking. Per NFPA 101 Chapter 19.7.4(6) "Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted." also per CH. A.19.7.4 "The most rigid discipline with regard to prohibition of smoking might not be nearly as effective in reducing incipient fires from surreptitious smoking as the open recognition of smoking, with provision of suitable facilities for smoking..."</p> <p>Findings:</p> <p>During the tour of the building on November 14, 2017, at approximately 10:45 a.m. the smoking areas for employees was observed. The area was near the parking lot and consisted of a single picnic table. A fire extinguisher was provided nearby but was not mounted in a conspicuous location. And there were no metal ashtrays or metal containers provided.</p> <p>These findings were reconfirmed with the Administrator during the exit conference at 2:00</p>	K 741	<p>Tag K741 NFPA 101 Smoking Regulations</p> <ol style="list-style-type: none"> How Corrective action will be accomplished for those found to have been affected. <p>No resident was observed or reported to have been harmed by this deficient practice.</p> <ol style="list-style-type: none"> How corrective action will be accomplished for those having potential to be affected by the same practice. <p>The Facility Maintenance had already placed an order for Ashtrays and cigarette receptacles. The order was received in the afternoon the same day of the survey. Ashtrays were placed on both picnic tables and receptacles on the ground and fire extinguisher was mounted on the wall next to the employee smoking area.</p> <ol style="list-style-type: none"> What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur. <p>Ashtrays were placed on both picnic tables and receptacles on the ground and</p>	
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Agency for Health Care Administration

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K 741	Continued From page 5 p.m. NFPA 101 Ch 19.7.1	K 741	fire extinguisher was mounted on the wall next to the employee smoking area. 4. How the facility plans to monitor its performance to make sure that solutions are sustained. The Facility Maintenance will monitor this item on a monthly basis and information will also be shared at the monthly QA meetings. Findings were reviewed and corrective action was provided as needed.	
K 914 SS=D	NFPA 99 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This Statute or Rule is not met as evidenced by:	K 914		12/16/17

Agency for Health Care Administration

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K 914	<p>Continued From page 6</p> <p>Based on observation and interview during the survey, the facility failed to maintain the electrical supply and distribution system in compliance with the requirements of the NFPA 70 (NEC) and NFPA 101 (2012 Edition) Ch. 9.1.2. Also per NFPA 99 Ch. 10.5.2.1.1, "The facility shall establish policies and protocols for the type of test and intervals for testing for patient care-related electrical equipment. Additionally, Ch 10.5.2.1.2 establishes that "All patient care-related electrical equipment used in patient care rooms shall be tested in accordance with 10.3.5.4.."</p> <p>Findings:</p> <p>During the review of records on 11/14 2017 at approximately 10:00 a.m. records were requested that would indicate that patient care electrical equipment was tested for leakage to ground. Records indicated that a testing protocol had been established for all types of electrical patient care equipment except for patient beds.</p> <p>At approximately 11:00 a.m. the electrical panel marked EQ and CR in the electrical vault was observed to have an inaccurate panel board. Circuits marked a spares were in the on position. Interview with the maintenance director, at that time, revealed that circuits were recently added and had not been marked properly.</p> <p>At approximately 11:15 a.m. a non-conforming relocatable power tap was observed in close proximity to patients receiving care.</p> <p>At approximately 11:30 a.m. a non-conforming power tap was observed to be connected to the wall outlet and supported by a tray table over a patient bed.</p>	K 914	<p>Tag K914 NFPA 99 Electrical Systems (I) Maintenance and Testing</p> <ol style="list-style-type: none"> How Corrective action will be accomplished for those found to have been affected. <p>No resident was observed or reported to have been harmed by this deficient practice.</p> <ol style="list-style-type: none"> How corrective action will be accomplished for those having potential to be affected by the same practice. <p>The Facility Maintenance will make room rounds to inspect which rooms might need additional electrical outlets in order to prevent the use of extension cords for the TVs. Also, The facility Maintenance has inspected the electrical panel board for missing Marks and will properly mark the Circuits as Spares if needed. The facility Maintenance has contacted an Electric vendor Titan Electric Southeast to repair these concerned outlets in the main Hallway. These outlets have been repaired on December 13, 2017.</p> <ol style="list-style-type: none"> What measures will be put into place or systemic changes made to ensure that the deficient practice will not occur. <p>The Facility Maintenance will make room rounds to inspect which rooms might need additional electrical outlets in order to prevent the use of extension cords for the TVs. Also, The facility Maintenance has inspected the electrical panel board for missing Marks and will properly mark the Circuits as Spares if needed. The facility</p>	

Agency for Health Care Administration

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K 914	<p>Continued From page 7</p> <p>These findings were reconfirmed with the Administrator during the exit conference at 2:00 p.m. NFPA 101 Ch 9.1.2, NFPA 99 10.5.2.1.1, 10.5.2.1.2, 10.3.5.4</p>	K 914	<p>Maintenance has contacted an Electrical vendor Titan Electric Southeast to repair these concerned outlets in the main Hallway. These outlets have been repaired on December 13, 2017.</p> <p>4. How the facility plans to monitor its performance to make sure that solutions are sustained. The Facility Maintenance will monitor this item on a monthly basis and information will also be shared at the monthly QA meetings. Findings were reviewed and corrective action was provided as needed.</p>	