STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	504003	A. BUILDING **01 - WESTERN STATE HOSPITAL** B. WING _____	**05/16/2018**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WESTERN STATE HOSPITAL	**9601 STEILACOOM BLVD SW TACOMA, WA 98498**

(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 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Western State Hospital on 5/14 to 5/16/2018 by a representative of the Washington State Patrol, Fire Protection Bureau. The survey was conducted in concert with the Washington State Department of Health. The surveyors were Donald West, Kenneth Dellsite, Nicholas Wolden, and Kimberly Bloor. The facility has a total of 813 beds and at the time of this survey the census was 782. The existing section of the 2012 Life Safety Code was used in accordance with 42 CFR 482.41. The facility is a type 1-fr construction with exits to grade. The facility is protected by a Type 13 fire sprinkler system throughout and an automatic fire alarm system with corridor smoke detection. All exits are through rated stair enclosures and to grade with paved exit discharges to the public way. The facility is not in substantial compliance with the 2012 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services. The facility does not meet the Conditions of Participation for Physical Environment Life Safety Code. The surveyor was: Donald L West Deputy State Fire Marshal	K 000		
K 161	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7	K 161		

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

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K 161	Continued From page 1 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This STANDARD is not met as evidenced by: Based upon observations and staff interviews on 5/14 to 5/16/2018 between approximately 0800 to 1600 hours the facility has failed to maintain fire resistive construction of the building capable of	K 161		

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K 161	Continued From page 2 resisting the passage of smoke and fire into other compartments. This could allow the toxic product of combustion to move out of a room and into the exit access corridor and the smoke compartment which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: 1. The facility failed to maintain its fire walls. The facility has a penetration in the kitchen west wall. 2. Electrical room in TRC building has five holes around conduit going through fire wall. 3. Fire wall above tiles in corridor by C2-258 had fire caulk that had fallen out of conduit. The above was discussed and acknowledged by the facility staff.	K 161		
K 223	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8	K 223		

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K 223	Continued From page 3	K 223		

This STANDARD is not met as evidenced by:
Based upon observations and staff interviews on 5/14 to 5/16/2018 between approximately 0800 to 1600 hours the facility has failed to maintain the ability of doors to be held open only by devices arranged to automatically close upon activation of the fire alarm. This could result in the passage of smoke or fire from one compartment into another compartment thereby exposing residents, staff and/or visitors to the toxic products of combustion.

The findings include, but are not limited to:

1. The facility failed to maintain fire door function. The facility has racks blocking the fire door to Kitchen room 139.

2. The Fire door TP room 17-1 is not not latching.

3. Stairwell three attic access door not latching building 18.

4. Stairwell 17-1 second floor fire door not latching.

5. Records room G17-10 fire door wedged open with dust pan.

6. Fire door G 17-34 not latching.

7. Fire doors between building 9 and 17 not latching.

8. The facility failed to maintain its smoke barriers. The facility has four penetrations in the cross corridor smoke doors adjacent to the chapel in building 29. (MM3 states the holes are

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K 223	Continued From page 4 about 3/8".) 9. Cross-corridor door outside E1 building 29 failed to close and latch. The above was discussed and acknowledged by the facility staff.	K 223		
K 291	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This STANDARD is not met as evidenced by: Based upon observations and staff interviews on 5/14 to 5/16/2018 between approximately 0800 to 1600 hours the facility has failed to maintain records of testing for the emergency battery backup lighting. This could result in the failure of the battery powered backup lighting in the event of a power outage and render the means of egress dark. This could result in tripping and fall injuries to residents, staff and/or visitors. The findings include, but are not limited to: Building 28 was missing the January and April emergency light testing reports. The above was discussed and acknowledged by the facility staff.	K 291		
K 324	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:	K 324		

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K 324	Continued From page 5 * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This STANDARD is not met as evidenced by: Based upon record review and staff interviews on 5/14 to 5/16/2018 between approximately 0800 to 1600 hours the facility has failed to conduct testing/maintenance of the hood and duct fire suppression equipment protecting the commercial cooking equipment. This could result in the failure of the system to operate properly which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: The facility failed to maintain its kitchen hood suppression system in ward S7. The facility has a sprinkler head that has been disconnected from the sprinkler system and is still in position. The above was discussed and acknowledged by	K 324		

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K 324	Continued From page 6 the facility staff.	K 324		
K 345	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This STANDARD is not met as evidenced by: Based on observation and staff interview on 5/14 to 5/16/2018 between approximately 0800 to 1600 hours the facility has failed to have appropriate testing of the fire alarm system which result in the failure to notify staff of a problem with the fire alarm system. This could lead to the system not functioning as intended and lead to people within the building not being notified of a fire. The findings include, but are not limited to: 1. The facility failed to maintain the fire alarm panel in building 21. The fire alarm panel was in trouble mode when inspected. MM4 states in process of getting repaired. 2. Main Fire Alarm panel off of the main lobby for building 17-19 was in trouble. There was a common trouble, system trouble, and a hardware supervision. The Fire Alarm Maintenance Tech 1 stated that there was no way to fix the panel as it was old and the parts were no longer in service. The mother board was not talking to the sounder card. The facility provided a letter from their Fire	K 345		

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K 345	Continued From page 7 Alarm Tech that stated that the smoke detectors and pull stations still functioned when the panel was in trouble. 3. Building #18-19, the strobe in room 012 floor G is inoperable. The above was discussed and acknowledged by the facility staff.	K 345		
K 351	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This STANDARD is not met as evidenced by: Based on observation and staff interview on 5/14 to 5/16/2018 between approximately 0800 to 1600 hours the facility has failed to provide fire sprinkler protection to all required areas of the facility. This could result in a fire not being contained to the area of origin and could endanger residents, staff and/or visitors.	K 351		

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K 351	Continued From page 8 The findings include, but are not limited to: C1-116 outside overhang off of the staff lounge was over 4ft wide, was wood, and did not have sprinkler coverage. The above was discussed and acknowledged by the facility staff.	K 351		
K 353	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observation and staff interview on 5/14 to 5/16/2018 between approximately 0800 to 1600 hours the facility has failed to maintain the fire sprinkler system as required. This could result in the failure of the fire sprinkler system to operate properly in the event of a fire and allow the fire to increase in size and intensity which	K 353		

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K 353	Continued From page 9 would endanger the residents, staff, and/or visitors within the facility. The findings include, but are not limited to: 1. The facility failed to maintain is sprinkler system. The facility has a missing escutcheon ring in building 29's 2nd floor equipment storage room. 2. Facility failed to provide required inspections for water storage tanks in accordance with NFPA 25 2011. Interior of tank shall be inspected every 5 years if the tank has corrosion protection and 3 years without. 3. Facility shall provide documentation of semi-annual exterior tank inspections. The facility states that they contacted a vendor on 05/15/2018 to obtain bids for tank inspections. 4. In the corridor by C3-340 there is a dirty sprinkler head. 5. C3-multi-purpose room had a sprinkler head falling down by the TV. 6. C5-244 closet had a bucket on a shelf directly under a sprinkler head. The bucket was within a few inches of the bottom on the sprinkler head. 7. C-225 room had a sprinkler head near the rear door that was askew. 8. C2-204 in corridor by fire rated window had a sprinkler head that was falling down. 9. C1-129 2 of 3 sprinkler heads in room were falling down. 10. Building #17 has had no main drain test due to no way to drain the water. 11. Building #17, there is no signage on the door to the sectional control valve. 12. Building #17, the main flow switch in the sprinkler room did not send a signal to the panel. 13. In building #20 there are 37 recalled heads still in operation. The above was discussed and acknowledged by the facility staff.	K 353		

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K 355	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This STANDARD is not met as evidenced by: Based on observation and staff interview on 5/14 to 5/16/2018 between approximately 0800 to 1600 hours the facility failed to maintain their fire extinguishers in accordance with NFPA 10. This potentially delays a quick response to contain a fire from spreading which could expose and endanger residents, staff, and/or visitors within the facility. The findings include, but are not limited to: Fire extinguisher blocked by cart in kitchen C1-102. Fixed at the time of inspection. The above was discussed and acknowledged by the facility staff.	K 355		
K 511	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This STANDARD is not met as evidenced by:	K 511		

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K 511	Continued From page 11 Based on observation and staff interview on 5/14 to 5/16/2018 between approximately 0800 to 1600 hours the facility has failed to maintain electric and gas equipment in a safe manner and in accordance with NFPA 54 and NFPA 70. This could endanger people in the building by risk of fire, electrocution, or other harm. The findings include, but are not limited to: 1. The facility failed to maintain its electrical outlets. There is a missing outlet cover in the sprinkler riser room of building 21. 2. The facility failed to maintain its electrical wiring. The facility has exposed wiring above the West side Kitchen entrance. 3. The facility failed to maintain its electrical wiring. The facility has exposed wiring on the switch above the door of room 105 in the Kitchen. 4. Facility failed to provide an electrical cover in building 29 floor 1 Pharmacy on wall. The above was discussed and acknowledged by the facility staff.	K 511		
K 712	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7	K 712		

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K 712	Continued From page 12 This STANDARD is not met as evidenced by: Based on observation and staff interview on 5/14 to 5/16/2018 between approximately 0800 to 1600 hours the facility has failed to provide fire drill records reflecting drills being conducted on all shifts for each quarter for the past 12 months. This could potentially result in the staff not responding in a coordinated manner in the event of a fire or other emergency and endangering residents, staff and/or visitors. The findings include, but are not limited to: 1. Multiple drills reported that the census was not started or taken. 2. Multiple drills stated that the fire marshal was not present. For example E1 2/7/18 at 2100; the fire alarm was not pulled and the radio was not taken with staff. On S8 2/12/2018 at 1327 the census was not taken, the radio was not taken by staff and the fire marshal and RN3 were not present. 3. The 9/17/17 fire drill started at 1236 and ended at 1336 4. The F5 fire drill on 9/13/17 was pre-announced 5. The F3 fire drill was pre-announced over the PA system before the drill started. 6. C-5 swing shift drill check list is incomplete. 7. S-9 day shift census taker did not take radio. 8. There is no drill report for the fire drill on F-7 second quarter drill on 5/10/2018. The above was discussed and acknowledged by the facility staff.	K 712		
K 741	Smoking Regulations CFR(s): NFPA 101 Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions:	K 741		

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K 741	Continued From page 13 (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 design shall be provided in all areas where smoking is permitted. (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. 18.7.4, 19.7.4 This STANDARD is not met as evidenced by: Based on observation and staff interview on 5/14 to 5/16/2018 between approximately 0800 to 1600 hours the facility has failed to maintain a written policy or regulation for residents and staff. Additionally, the facility has failed to provide the required equipment at the designated smoking area(s). This could result in the ignition of the combustible materials adjacent to the staff smoking area which would endanger the residents, staff, and/or visitors within the facility. The findings include, but are not limited to: 1. Doctor office in C3 had a cigarette roller and	K 741		

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K 741	Continued From page 14 tobacco. The Doctor stated that he rolls cigarettes for patients. Smoking policy 4.05 dated 8/17 section E2 prohibits staff from keeping smoking materials for patients. 2. In the C ward courtyard one of the smoking boxes was locked with a stick in the holes where the padlock would normally go. The facility is required to lock all smoking boxes with a key lock. The above was discussed and acknowledged by the facility staff.	K 741		
K 918	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the	K 918		

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K 918	Continued From page 15	K 918		

components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.
6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)

This STANDARD is not met as evidenced by:
Based on observation and staff interview on 5/14 to 5/16/2018 between approximately 0800 to 1600 hours the facility has failed to maintain and test the emergency generator in accordance with NFPA 110. This could result in a failure of the emergency power system which would leave the facility without egress and task lighting in the event of a power failure which would endanger the residents, staff, and/or visitors within the facility.

The findings include, but are not limited to:

1. The facility failed to maintain its generator room's two hour rating. The facility has penetrations in penthouse C leading into the generator room of building 29.

2. The facility failed to maintain its generator room's two hour rating. The facility has penetrations in penthouse D leading into the generator room of building 29.

3. Review of the facility records and interview with the facilities director indicates that Emergency generator #2 does not transfer in the required 10

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K 918	Continued From page 16 seconds, it is taking 45-60 seconds. The above was discussed and acknowledged by the facility staff.	K 918		
K 919	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, 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. Chapter 10 (NFPA 99) This STANDARD is not met as evidenced by: Based on observation and staff interview on May 14-16, 2018 between approximately 0800 to 1600 hours, the facility has failed to ensure all electrical wiring is in accordance with NFPA 70. The findings include, but are not limited to: 1. The facility failed to have cord strain protection. Office room 206 in building 29 has a cord that has no strain protection plugged in. (Corrected at time of inspection) 2. Facility failed to maintain electrical cord in room building 29 room 103. The above was discussed and acknowledged by	K 919		

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K 919	Continued From page 17 the facility staff.	K 919		
K 920	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This STANDARD is not met as evidenced by: Based on observation and staff interview on 5/14 to 5/16/2018 between approximately 0800 to 1600 hours the facility failed to restrict the use of extension cords and non-approved power strips in their facility. This could endanger people in the facility due to the increased fire risk. The findings include, but are not limited to:	K 920		

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K 920	Continued From page 18 1. The facility failed to plug a power strip directly into an outlet. The facility has a power strip plugged into another power strip in the attic of building 21. 2. The facility failed to plug a power strip directly into an outlet. The facility has a power strip plugged into another power strip in the Kitchen's dry storage. 3. The facility failed to plug a power strip directly into an outlet. The facility has a power trip plugged into another power strip in A206 office of Building 29. 4. Extension cord and use C 9-306. 5. Microwave to power strip C 9- 306. 6. Coffee maker and microwave into power strip C 918 308. 7. Non approved power strip second-floor building 17 room C 8-259. 8. Room G 17-32 two extension cord in use. Fixed at time of inspection. 9. Not approved power strip in pharmacy G9-11. Fixed at time of inspection. 10. Extension cord in use office four F170. 11. Power strips daisy-chained in CFS control room. 12. Unapproved power strip in CFS office B.	K 920		

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K 920	Continued From page 19 13. Nurses station and approve power strip nurses station F7. The above was discussed and acknowledged by the facility staff.	K 920		
K 921	Electrical Equipment - Testing and Maintenanc CFR(s): NFPA 101 Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training.	K 921		

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K 921	Continued From page 20 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 This STANDARD is not met as evidenced by: Based on observation and staff interview on 5/14 to 5/16/2018 between approximately 0800 to 1600 hours the facility has failed to provide policies for the testing, repairs, and modifications of patient care related electrical equipment as required. This could result in the failure of the patient care related electrical equipment to operate properly which would endanger the residents, staff, and/or visitors within the facility. The findings include, but are not limited to: 1. Facility failed to maintain exterior electrical cord sheath in Microbiology room 131. Inner electrical cord wires were found exposed during inspection. 2. The facility could not produce a policy on patient centered electrical equipment. The facility is conducting testing, however there is no policy on testing intervals and continuous education for those servicing, maintaining, and testing the equipment. The above was discussed and acknowledged by the facility staff.	K 921		
K 923	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and	K 923		

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K 923	Continued From page 21 ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This STANDARD is not met as evidenced by: Based on observation and staff interview on 5/14 to 5/16/2018 between approximately 0800 to 1600 hours the facility has failed to maintain construction of oxygen storage areas as being smoke and fire resistant. This could result in the	K 923		

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K 923	Continued From page 22 products of combustion traveling from the hazardous area into the exit corridor in the event of a fire which could endanger patients, first-responders, staff, and/or visitors. In addition the facility has failed to maintain exterior storage locations as secured to prevent unauthorized access. This could allow for the tampering with or damage to of oxygen storage cylinders, which could endanger patients, staff, and/or visitors. The findings include, but are not limited to: The facility failed to secure its oxygen cylinders. The facility has three unsecured oxygen cylinders in room 258 of ward E8. (Corrected at time of inspection) The above was discussed and acknowledged by the facility staff.	K 923		
K 926	Gas Equipment - Qualifications and Training CFR(s): NFPA 101 Gas Equipment - Qualifications and Training of Personnel Personnel concerned with the application, maintenance and handling of medical gases and cylinders are trained on the risk. Facilities provide continuing education, including safety guidelines and usage requirements. Equipment is serviced only by personnel trained in the maintenance and operation of equipment. 11.5.2.1 (NFPA 99) This STANDARD is not met as evidenced by: Based on observation and staff interview on 5/14 to 5/16/2018 between approximately 0800 to 1600 hours the facility has failed to provide documentation of personnel concerned with the	K 926		

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K 926	Continued From page 23 application, maintenance, and handling of medical gases and cylinders that are trained on the risk and provide continuing education. Failure to provide training and continuing education on the safe handling and use of gases and cylinders could place patients, visitors, and staff at risk of oxygen malfunctions. The findings include, but are not limited to: The oxygen policy for the facility did not address ongoing training. The above was discussed and acknowledged by the facility staff.	K 926		