

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

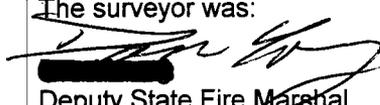
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FORM APPROVED
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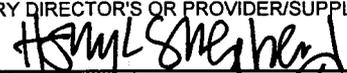
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505474	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2013
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NAME OF PROVIDER OR SUPPLIER MARTHA AND MARY HEALTH SERVICE	STREET ADDRESS, CITY, STATE, ZIP CODE 19160 FRONT STREET NORTHEAST POULSBO, WA 98370
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 29197 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Martha and Mary Health Services on May 28, 2013, by a representative of the Washington State Patrol, Fire Protection Bureau. The survey was conducted in concert with the Washington State Department of Social and Health Services (DSHS) health survey teams. Martha and Mary Health Services has a total of 190 beds and at the time of this survey the census was 158. The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. The facility is a three story structure with a accessible attic with mechanical equipment of Type V 111 construction with exits to grade. The third story is strictly for administration and office space only. The facility is protected by a NFPA 13 fire sprinkler system throughout and an automatic fire alarm system with corridor smoke detection. All exits are to grade with paved exit discharges to the public way with the exception of the Olympic Dining Room. The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.</p> <p>The surveyor was:  Deputy State Fire Marshal</p>	K 000	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.</p>	
K 012 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1</p>	K 012	<p>K 012: On 30 May 13, the IT Room and Bay MDS Nursing Office way wire and Marina Linen Closet and Housekeeping Closet (next to the Facilities Director's office) sheetrock were immediately repaired to prevent the passage of smoke. K 012 Continued on Page 2 of 15...</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 9 Jun 2013
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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 012	Continued From page 1 This Standard is not met as evidenced by: Surveyor: 29197 Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This requirement is not met as evidenced by: Based upon observations and staff interviews on 05/28/13 between approximately 12:00 and 17:15 hours Martha and Mary Health Services has failed to maintain fire resistive construction of the building capable of 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 breach in sheetrock: Wiring through wall in IT Room & MDS Nursing Office Missing sheetrock in the Marina Linen Closet Missing sheetrock in the Housekeeping facilities director The above was discussed and acknowledged by the Facilities Director.	<i>sw</i> K 012	K 012 Continued from Page 1 of 15 Facilities staff will conduct rounds to ensure fire resistive construction throughout the building and will repair any breaches as appropriate. Quarterly facility rounds will be conducted to ensure on-going compliance. Any findings will be reported to QA&A Committee for further follow-up. Corrective action will be complete by 2 Jul 2013. Facilities Director and Administrator will ensure on-going compliance.	
K 022 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4	K 022	K 022: The Exit Signs in the following areas: Front Lobby; Outside Rms 118, 202, 234 and 333; 3rd Floor Reception; Near North Stairwell on 3rd Floor; and outside Marina Fitness Center will be repaired to ensure they are readily visible to all occupants. K 022 Continued on Page 3 of 15	

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K 022	Continued From page 2 This Standard is not met as evidenced by: Surveyor: 29197 Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4 This requirement is not met as evidenced by: Based upon observations and staff interviews on 05/28/2013 between approximately 12:00 and 17:15 hours Martha and Mary Health Services has failed to maintain exit signs as readily visible in all cases where the exit or way to reach an exit is not readily apparent to the occupants. The findings include, but are not limited to exit signs near the following locations: Front Lobby Rooms 118, 202, 234, 333 Administrative Office Reception Desk Exit sign hanging by wires near stairwell door by elevator in Administrative Office area Fitness Center in Marina Corridor The above was discussed and acknowledged by the Facilities Director.	<i>SN</i> K 022	K 022 Continued from Page 2 of 15 Facilities staff will conduct rounds to ensure all exit signs are readily visible to all occupants. Quarterly facility rounds will be conducted to ensure on-going compliance. Any findings will be reported to QA&A Committee for further follow-up. Corrective action will be complete by 2 Jul 2013. Facilities Director and Administrator will ensure on-going compliance.	
K 023 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are provided to form at least two smoke compartments on every sleeping room	<i>CE</i> K 023	K 023: On 30 May 13, the Marina Unit Smoke Doors (at entrance of Unit) and Marina TV Room Doors were repaired and are functioning according to requirement. K 023 Continued on Page 4 of 15	

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K 023	Continued From page 3 floor for more than 30 patients. 19.3.7.1, 19.3.7.2 This Standard is not met as evidenced by: Surveyor: 29197 Smoke barriers are provided to form at least two smoke compartments on every sleeping room floor for more than 30 patients. 19.3.7.1, 19.3.7.2 This requirement is not met as evidenced by: Based upon observations and staff interviews on 05/28/13 between approximately 12:00 and 17:15 hours Martha and Mary Health Services has failed to maintain the fire separation doors in the building. This could result in the passage of smoke from one smoke compartment into another smoke compartment thereby exposing residents, staff and/or visitors to the toxic products of combustion. The findings include, but are not limited to: Marina Corridor Doors Marina TV Room Doors The above was discussed and acknowledged by the Facilities Director.	<i>OK</i> K 023	K 023 Continued from Page 3 of 15 Facilities staff will conduct rounds to ensure all fire separation doors are maintained according to requirement. Quarterly facility rounds will be conducted to ensure on-going compliance. Any findings will be reported to QA&A Committee for further follow-up. Corrective action will be complete by 2 Jul 2013. Facilities Director and Administrator will ensure on-going compliance.	
K 047 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1	<i>OK</i> K 047	K 047: Facility will update Fire Plan to clarify that the fire alarm system cannot be silenced until a determination of "all clear" is made. Facility will review and update Fire Plan as appropriate to ensure it addresses: use of alarm, transmission of alarm to fire department, response to alarm, isolation of fire, evacuation of the immediate area, evacuation of the smoke compartment, preparation of floors and building for evacuation and extinguishment of fire. K 047 Continued on Page 5 of 15	

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K 047	Continued From page 4 This Standard is not met as evidenced by: Surveyor: 29197 There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 This requirement is not met as evidenced by: Based upon record review and staff interviews on 05/28/13 between approximately 12:00 and 17:15 hours Martha and Mary Health Services has failed to maintain a written plan for the protection of all residents, staff and visitors and for their evacuation in the event of an emergency. At a minimum a written care occupancy fire safety plan shall provide for the following: 1. Use of alarms 2. Transmission of alarms to fire department 3. Response to alarms 4. Isolation of the fire 5. Evacuation of the immediate area 6. Evacuation of smoke compartment 7. Preparation of floors and building for evacuation 8. Extinguishment of fire The findings include, but are not limited to: The facilities emergency plan indicated the fire alarm system should be silenced prior to determining situation is all clear. The above was discussed and acknowledged by the Facilities Director.	K 047	K047 Continued from Page 4 of 15 Facility will in-service staff on Fire Plan updates and will evaluate compliance during on-going fire drills. Any findings will be reported to Safety Committee for further follow-up. Corrective action will be complete by 2 Jul 2013. Administrator and Facilities Director will ensure on-going compliance.	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable	K 052	K 052: The Fire Alarm Inspection Report requested by Fire Marshal was located and submitted at the time of exit on 30 May 2013. Facility will continue to maintain the annual Fire Alarm Inspection report and have it readily available for the Fire Marshal upon request. K 052 Continued on Page 6 of 15	

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K 052	Continued From page 5 requirements of NFPA 70 and 72. 9.6.1.4 This Standard is not met as evidenced by: Surveyor: 29197 A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This requirement is not met as evidenced by: Based upon record review and staff interviews on 05/28/13 between approximately 12:00 and 17:15 hours Martha and Mary Health Services has failed to have appropriate testing of the fire alarm system which result in the failure of notification to staff of a water supply problem to the fire sprinkler system and endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: The annual fire alarm inspection test in accordance with NFPA 72 was not available for review. The above was discussed and acknowledged by the Facilities Director.	<i>CV</i> K 052	K 052 Continued from Page 5 of 15 Upon completion of fire alarm system inspections, Facility will maintain a copy in a readily accessible location. Facilities and Administrative staff will be in-serviced on the location of fire alarm system reports. Any findings will be reported to QA&A Committee for further follow-up. Corrective action will be complete by 2 Jul 2013. Facilities Director and Administrator will ensure on-going compliance.	
K 062 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are	K 062	K 062: Escutcheons were replaced in the Bay Dining Room (kitchenette area), Bay Oxygen Storage Closet and Chapel Storage Closet on 30 May 2013. Items were removed in the Garden Housekeeping Closet on 30 May 2013 to ensure 18 inches of clearance from the sprinkler head. K 062 Continued on Page 7 of 15	

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K 062	<p>Continued From page 6</p> <p>continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This Standard is not met as evidenced by: Surveyor: 29197 Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This requirement is not met as evidenced by:</p> <p>Based upon observations and staff interviews on 05/28/13 between approximately 12:00 and 17:15 hours Martha and Mary Health Services 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 would endanger the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to:</p> <p>Escutcheons missing in the following locations : Bay Dining Kitchen Oxygen Storage Closet Chapel Storage Closet</p> <p>Storage closer than 18 inches from sprinkler head: Garden Wing <i>Storage Housekeeping.</i></p> <p>The above was discussed and acknowledged by the Facilities Director.</p>	<i>OK</i> K 062	<p>K 062 Continued from Page 6 of 15</p> <p>Facilities staff will conduct rounds to ensure the fire sprinkler system is maintained according to requirement.</p> <p>Environmental Services staff was in-serviced on 4 Jun 2013 regarding maintaining 18 inches of clearance from sprinkler heads and ensuring compliance during daily rounds.</p> <p>Facility staff will be in-serviced on storing items 18 inches from sprinkler heads.</p> <p>Quarterly facility rounds will be conducted to ensure on-going compliance.</p> <p>Any findings will be reported to QA&A Committee for further follow-up.</p> <p>Corrective action will be complete on 2 Jul 2013.</p> <p>Facilities Director and Administrator will ensure on-going compliance.</p>	

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K 064 K 064 SS=B	Continued From page 7 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: Surveyor: 29197 Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This requirement is not met as evidenced by: Based upon record review and observation 05/28/13 between approximately 12:00 and 17:15 hours Martha and Mary Health Services has failed to assure proper mounting of the facilities portable fire extinguishers. 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 portable fire extinguisher mounted higher than 5 feet in the following locations: IT Room Kitchen Chemical Storage The above was discussed and acknowledged by the Facilities Director.	<i>nl</i> K 064 K 064	K 064: The IT Server Room and Kitchen Chemical Storage Closet fire extinguishers were re-mounted to a height lower than 5 feet on 30 May 2013. Facilities staff conducted rounds to verify all portable extinguishers are mounted below 5 feet on 30 May 2013. Quarterly facility rounds will be conducted to ensure on-going compliance. Any findings will be reported to QA&A Committee for further follow-up. Corrective action will be complete on 2 Jul 2013. Facilities Director and Administrator will ensure on-going compliance.	
K 067 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's	K 067	K 067: Facility will remove/rearrange stored items in the attic spaces for proper clearance of combustibles to heating spaces. Facilities Director notified staff currently storing items in attic spaces of requirement on 3 Jun 2013 and initiated plan to remove/rearrange stored items to ensure compliance. K 067 Continued on Page 9 of 15	

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K 067	Continued From page 8 specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This Standard is not met as evidenced by: Surveyor: 29197 Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This requirement is not met as evidenced by: Based upon observations and staff interviews on 05/28/13 between approximately 12:00 and 17:15 hours Martha and Mary Health Services has failed to provide the proper maintain proper clearance of combustibles to heating system. Failure to properly clearance 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: Combustible storage in attic spaces The above was discussed and acknowledged by the Facilities Director.	K 067	K 067 Continued from Page 8 of 15 Facilities staff will conduct rounds to ensure proper clearance of combustibles to the heating system is maintained throughout the facility and will correct any discrepancies as appropriate. Facility will in-service staff regarding requirement. Quarterly facility rounds will be conducted to ensure on-going compliance. Any findings will be reported to QA&A Committee for further follow-up. Corrective action will be complete by 2 Jul 2013. Facilities Director and Administrator will ensure on-going compliance.	
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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. 7.1.10	K 072	K 072: The loveseat located at the South (Garden) Exit and furniture located at the Northwest (Courtyard) Exit were removed on 29 May 2013. The remaining furniture located near the Northwest (Courtyard) Exit was relocated away from the door. K 072 Continued on Page 10 of 15	

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K 072	Continued From page 9 This Standard is not met as evidenced by: Surveyor: 29197 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. 7.1.10 This requirement is not met as evidenced by: Based upon observations and staff interviews on 05/28/13 between approximately 12:00 and 17:15 hours, Martha and Mary Health Services has failed to maintain the exit access corridors free of obstructions and impediments to full and instant use in the event of an emergency. This could result in the delays in smoke compartment evacuations or full evacuation of the building due to a fire or other emergency which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to furniture on the corridor in the following locations: Northwest Courtyard Garden Entrance The above was discussed and acknowledged by the Facilities Director.	W K 072	K 072 Continued from Page 9 of 15 Facilities staff will conduct rounds to ensure exit access corridors are free of obstructions and impediments throughout facility. Environmental Services staff was in-serviced on 4 Jun 2013 regarding performing daily rounds to ensure exit access corridors are free of obstructions and impediments throughout facility. Facility staff will be in-serviced regarding requirement. Any findings will be reported to QA&A Committee for further follow-up. Corrective action will be complete by 2 Jul 2013. Facilities Director and Administrator will ensure on-going compliance.	
K 073 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4	K 073	K 073: The quilts in the Staff Lounge and near Rm 133 were removed on 30 May 2013. K 073 Continued on Page 11 of 15	

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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 073	Continued From page 10 This Standard is not met as evidenced by: Surveyor: 29197 No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4 This requirement is not met as evidenced by: Based upon observations and staff interviews on 05/28/13 between approximately 12:00 and 17:15 hours Martha and Mary Health Services has failed to prohibit the use of furnishings or decorations of flammable material. This could result in the rapid spread of smoke and fire in the event of ignition which could potentially endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: Quilt hung on wall in the Staff Lounge and by Room 133 The above was discussed and acknowledged by the Facilities Director.	<i>AK</i> 073	K 073 Continued from 10 of 15 Facilities staff will conduct rounds to ensure there are no furnishings or decorations of highly flammable character used in the facility. Environmental Services staff was in-serviced on 4 Jun 2013 regarding performing daily rounds to ensure no furnishings or decorations of highly flammable character are in use. Facility staff will be in-serviced regarding requirement. Any findings will be reported to QA&A Committee for further follow-up. Corrective action will be complete by 2 Jul 2013. Facilities Director and Administrator will ensure on-going compliance.	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4	K 076	K 076: A framed wall was constructed on 30 May 2013 to isolate the oxygen cylinders stored on the Loading Dock and their racks from surrounding equipment and combustible storage. Facilities staff will conduct rounds to ensure proper storage of medical gas in the facility and will correct any discrepancies as appropriate. Quarterly facility rounds will be conducted to ensure on-going compliance. Any findings will be reported to QA&A Committee for further follow-up. K 076 Continued on Page 12 of 15	

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K 076	Continued From page 11 This Standard is not met as evidenced by: Surveyor: 29197 Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This requirement is not met as evidenced by: Based upon observations and staff interviews on 05/28/13 between approximately 12:00 and 17:15 hours Martha and Mary Health Services has failed to properly maintain the storage of medical gas in the facility. This could result in the rapid spread of smoke and fire in the event of ignition which could potentially endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: Storage of oxygen cylinders on loading dock not protected from damage from surrounding equipment and combustible storage. The above was discussed and acknowledged by the Facilities Director	CV K 076	K 076 Continued from Page 11 of 15 Corrective action will be complete by 2 Jul 2013. Facilities Director and Administrator will ensure on-going compliance.	
K 104 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.	K 104	K 104: On 3 Jun 2013, smoke block was applied to all pipe penetration gaps above the double doors near Rm 130. K 104 Continued on Page 13 of 15	

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K 104	Continued From page 12 This Standard is not met as evidenced by: Surveyor: 29197 Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6. This requirement is not met as evidenced by: Based upon observations and staff interviews on 05/28/12 between approximately 12:00 and 17:15 hours Martha and Mary Health Services has failed to properly maintain the fire resistance of the structure by allowing unprotected penetrations of smoke barriers around ductwork, pipes and/or conduit. This could allow for the spread of smoke and fire in adjoining smoke barrier which could potentially endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: Piping penetrating smoke barrier near Room 130 The above was discussed and acknowledged by the Facilities Director.	K 104	K 104 Continued from Page 12 of 15 Facilities staff will conduct rounds to ensure penetrations of smoke barriers by ducts are protected and will correct any discrepancies as appropriate. Quarterly facility rounds will be conducted to ensure on-going compliance. Any findings will be reported to QA&A Committee for further follow-up. Corrective action will be complete by 2 Jul 2013. Facilities Director and Administrator will ensure on-going compliance.	
K 130 SS=F	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This Standard is not met as evidenced by: Surveyor: 29197 Exits shall terminate directly at a public way or at the exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge shall be of required width and size to provide all occupants with a safe access to a public way. 7.7.1	²⁰ K 130	K 130 Facility will connect the Olympic Dining Room patio to the sidewalk. Facilities staff conducted rounds to ensure facility exits have direct access to a public way. No additional discrepancies were found. Quarterly facility rounds will be conducted to ensure on-going compliance. Any findings will be reported to QA&A Committee for further follow-up. Corrective action will be complete by 2 Jul 2013. Facilities Director and Administrator will ensure on-going compliance.	

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K 130	Continued From page 13 This requirement is not met as evidenced by: Based upon observations and staff interviews on 05/28/13 between approximately 12:00 and 17:15 hours Martha and Mary Health Services has failed to maintain direct access to a public way from an exit. This could result in difficulties evacuating building occupants during a fire situation. The findings include, but are not limited to: The Olympic Dining Room exits onto a patio with no clear access to the public way. The above was discussed and acknowledged by the Facilities Director.	K 130		
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This Standard is not met as evidenced by: Surveyor: 29197 Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This requirement is not met as evidenced by: Based upon observations and staff interviews on 05/28/13 between approximately 12:00 and 17:15 hours Martha and Mary Health Services has failed to restrict the use of multi-plug outlets (power strips) to providing power to permitted electrical equipment. This could result in a fire from overheating of the plug strip due to the heavy power draw endangering the residents, staff and/or visitors within the facility. A junction box cover not installed as required. This could	K 147	K 147: On 30 May 2013, the junction box cover was replaced and items removed from the Chapel Storage Closet. Facilities staff will ensure in the Gift Shop; Rms 105, 106, 107, 110, 111, 112, 113, 117, 118, 119, 120, 121, 123, 128, 142, 201, 205, 208, 210, 217, 222, 224, 226; Marina Day Room; Garden Day Room; Staff Dev't; Electrical Equipment Room and Attic Space power strips in use are allowed. A time waiver request has been submitted to complete the electrical and wall work required for on-going compliance for the above areas. Facilities will conduct rounds to ensure power strips in use are for allowable reasons while waiver is in effect. Housekeeping will conduct daily safety rounds to inspect and report any concerns related to the use of power strips to Facilities staff for correction/additional follow-up. Environmental Services staff was in-serviced on 4 Jun 2013 regarding conducting daily rounds and visual inspections for power strips including how to correct and/or report discrepancies to Facilities staff for follow-up. Facility staff will be in-serviced regarding requirement. K 147 Continued on Page 15 of 15	

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K 147	<p>Continued From page 14 result in a fire that spreads beyond the junction box. Storage in front of electrical panel. Storage in front of electrical panels obstructs the access and could result in a fire.</p> <p>The findings include, but are not limited: Multi-plug power strips to the following locations: Gift shop Rooms 105, 106, 107, 110, 111, 112, 113, 117, 118, 119, 120, 121, 123, 128, 142, 201, 205, 208, 210, 217, 222, 224, 226 Marina Day Room Garden Day Room Staff Development printer and microwave - no over-current protection Electrical Equipment Room Heater in south attic space</p> <p>Junction box cover missing in: Storage closet in Chapel</p> <p>Storage in front of electrical panel in: Storage closet in Chapel</p> <p>The above was discussed and acknowledged by the Facilities Director.</p>	K 147	<p>K 147 Continued from Page 14 of 15 Any findings will be reported to QA&A Committee for further follow-up. Corrective action will be complete by 2 Jul 2013. Facilities Director and Administrator will ensure on-going compliance.</p>	