STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195403	A. BUILDING ______ B. WING ______	C 01/21/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAISON DE'VILLE NURSING HOME OF HARVEY	**2233 EIGHTH STREET** **HARVEY, LA 70058**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint Survey #LA00056869. No deficiencies were cited as a result of this complaints.	F 000		

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195403	A. BUILDING ______ B. WING ______	03/19/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAISON DE'VILLE NURSING HOME OF HARVEY	**2233 EIGHTH STREET HARVEY, LA 70058**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS Complaint Survey #LA00057425. No deficiencies cited as a result of this complaint. A COVID-19 Focused Infection Control Survey was conducted on 03/19/2021. The facility was found to be in compliance with 42 CFR 483.80 infection control regulations and has implemented the CMS and Centers for Disease Control and Prevention (CDC) recommended Practices to prepare for COVID-19. Total Residents: 93	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE
(X6) DATE: 04/15/2021

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195403	A. BUILDING ______ B. WING ______	C 08/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAISON DE'VILLE NURSING HOME OF HARVEY	**2233 EIGHTH STREET HARVEY, LA 70058**

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	INITIAL COMMENTS COVID-19 Focused Infection Control Survey and Complaint #LA00058701. Tag # F925 cited as a result of Complaint #LA00058701. COVID-19 Focused Infection Control Survey with no related deficiencies cited.	F 000		
F 925 SS=E	Maintains Effective Pest Control Program CFR(s): 483.90(i)(4) §483.90(i)(4) Maintain an effective pest control program so that the facility is free of pests and rodents. This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview the facility failed to have a have a system in place which eliminated the way insects and rodents that gained access to the facility by unidentified openings and areas observed during environmental observations. This failed practice had the potential to affect any of the 85 residents currently residing in the facility as documented on the facility's Census List. Findings: Observation on 08/10/2021 at 11:52am revealed two flies were flying around and another two flies landed and were crawling on Resident #3's face and lips as she was sleeping. In an interview on 08/10/2021 at 11:58am, S7LPN (Licensed Practical Nurse) indicated the facility has had issues with flies over the past couple of months. Observation on 08/10/2021 at 12:00pm, S7LPN	F 925	1. Corrective actions were obtained by: - All AC were inspected and any noted air gaps were repaired - Baseboards in kitchen by coffee pot with cracks with opening to the floor were repaired. - Cracks in wall near refrigerator were repaired - Palm trees were trimmed to ensure limbs did not touch roof - Gutters/down spouts were repaired - Area by door to kitchen were repaired to not allow standing water - Area by B-Hall repaired to ensure no standing water - Area near C-Hall near water pump was repaired to ensure no standing water 2. All residents had the potential to be affected by the alleged deficient practice. Correction was accomplished for them by:	9/24/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
TITLE:
(X6) DATE: 08/25/2021

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	195403	A. BUILDING ______ B. WING ______	C 08/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAISON DE'VILLE NURSING HOME OF HARVEY	**2233 EIGHTH STREET HARVEY, LA 70058**

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F 925 Continued From page 1

and the surveyor went to Resident #3's room and observed flies around Resident #3's bed with two flies were noted on the resident's lips and face. Further observation revealed three flies landed on the top sheet which was covering Resident #3.

In an interview on 08/10/2021 at 2:28pm, S2Maintenance Supervisor indicated there had been an increase in flies in the facility over the past month.

Observation on 08/10/2021 at 2:45pm, revealed a fly on the hallway outside of Resident #1's room.

In an interview on 08/10/2021 at 2:45pm, Resident #1 stated he always had flies in the room that is why he just had housekeeping take out his trash and mop the floors.

In an interview on 08/10/2021 at 2:51pm, Resident R1 stated he has seen flies, gnats, and roaches and had reported it to the facility.

In an interview on 08/10/2021 at 2:55pm, Resident R2 stated he often had issues with flies and insects. During the interview, the surveyor observed three black winged insects flying in Resident R2's room and observed his food tray in room from lunch which was only partially covered with flies landing on Resident R2 stated he came back from dialysis around 1:30pm to 2pm and his food tray was not picked up after he had eaten. Resident R2 stated he had seen roaches every now and then.

Observation on 08/10/2021 at 2:55pm revealed above Resident R2's bed was a window air conditioner unit with the sealing around the unit provided by duct tape which was partially falling

F 925

- All rooms were inspected to ensure there were no air gaps.
- Exterior of building was inspected to ensure no standing water and no tree limbs touching building
- Any identified issues were corrected at the time of identification.

3. The measure put in place to ensure the alleged deficient practice does not recur are:
- An in-service was conducted with the Maintenance Director on conducting environmental rounds to ensure the building is secure without air gaps, limbs are not touching building, grounds do not have standing water and that there are no signs of pest in facility.

4. Administrator/Maintenance Director/Designee will conduct environmental rounds to ensure no areas for pest to enter building (no air gaps, no broken base boards, no standing water, no limbs touching building, and no signs of pest in facility)

Rounds will be conducted weekly for 8 weeks and then monthly or as deemed necessary by the QAPI committee. Rounds will be reviewed during QA meeting to ensure compliance.

Any identified issues will be addressed at the time of identification.

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	195403	A. BUILDING ______ B. WING ______	C 08/11/2021

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAISON DE'VILLE NURSING HOME OF HARVEY	**2233 EIGHTH STREET HARVEY, LA 70058**

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F 925	Continued From page 2 off and cardboard used on the right side of the unit. Observation revealed the top of the cardboard had no tape or sealing and the surveyor able to pass her hand from the top of the cardboard out of the window to the outside of the building. Further observation revealed a small roach near Resident R2's nightstand. In an interview on 08/11/2021 at 9:23am, Resident #3 indicated she had seen flies in her room. Observation on 08/11/2021 at 10:37am, surveyor went on facility tour with S1Administrator and S2Maintenance Supervisor. Observation revealed the baseboards in the kitchen near the coffee pot had cracks with an opening to the floor. Further observations revealed, the area near the refrigerator had cracks in the wall which opened up to the outside. S1Administrator stated the area needed repair. Observation near the door to the kitchen had standing water. Hall A, Hall B, and Hall C had palm trees with limbs touching the roof on the exterior of the building. Observation of the side of Hall B revealed standing water, one gutter had been 75% rusted through allowing for water to accumulate, and another gutter was not attached and had large area of water accumulation. S1Adminsitrator and S2Maintenance Supervisor stated this issue needed to be addressed. Area near Hall C revealed an area with a water pump with large hole with water accumulated in hole just covered by two planks of wood which did not completely obstruct pests from entering. Area near Hall C had a rain gutter which was not connected and water was accumulated. S1Adminsitrator and S2Maintenance Supervisor stated this issue needed to be addressed. Surveyor then walked	F 925		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAISON DE'VILLE NURSING HOME OF HARVEY	**2233 EIGHTH STREET HARVEY, LA 70058**

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F 925	Continued From page 3	F 925		

to three rooms with window air conditioner units and pointed out visible daylight and air passage around the units, which had duct tape around the perimeter not securely sealing the area allowing entry to the outside. S2Maintenance Supervisor stated duct tape was not the appropriate sealing agent. Surveyor observed with S1Administrator and S2Maintenance Supervisor Resident R2's window air conditioner unit and pointed out the area above the cardboard, which was opened to the outside. The surveyor asked S1Administrator if this could be a potential entrance for pest and S1Administrator stated yes this could be a potential source for pests to enter the building. The surveyor then asked what system the facility had to continue to monitor for sources of pest/rodent entry and S1Administrator stated she monitors for it during her rounds but did not have any documented evidence to present to the surveyor of environmental rounds, which she used to identify issues. Surveyor then asked if any of the issues identified during tour were identified previously and S1Administrator stated she did not have any documented evidence of the issues having been identified which could allow pest to enter the building or promote pests around the building.

In an interview on 08/11/2021 at 12:06pm, the facility's pest control company stated the rodents were coming from the outside of the building through the uncovered//unsealed cracks and holes leading to the outside. The facility's pest control company personnel stated the facility still had some structural issues. The facility's pest control company stated the company would point out things with drainage or issues which would encourage pests for the facility to act upon. The facility's pest control company stated the window

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MAISON DE'VILLE NURSING HOME OF HARVEY	2233 EIGHTH STREET HARVEY, LA 70058

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F 925	Continued From page 4	F 925		

air conditioner units not properly sealed would invite pests such as roaches, flies, and mice.

In an interview on 08/11/2021 at 12:45pm, S3CNA (Certified Nursing Assistant) and S4CNA stated the facility was still having issues with roaches and flies. S4CNA stated she had seen a mouse in a resident room a while back about a month ago.

In an interview on 08/11/2021 at 12:51pm, Resident R4 stated he has problems with flies in his room and it was getting worse.
In an interview on 08/11/2021 at 12:54pm, S5CNA stated there was a room on Hall D which is always full of gnats.

Observation on 08/11/2021 at 1:53pm, surveyors were in the general area on Hall D and witnessed a mouse run out from a door. S6Clinical Nurse Consultant then grabbed a garbage bag and caught the mouse. S6Clinical Nurse Consultant then opened the door the mouse was near and inspected. S6Clinical Nurse Consultant further stated the pipe with an opening going into the outside wall needed to be insulated.

In an interview on 08/11/2021 at 2:05pm, Resident R3 stated the facility had a roach and fly problem. Resident R3 stated he had seen roaches and flies in his room and had seen one fly today in his room, but the roaches come out at night.

Review of the facility's QAPI (Quality Assurance Performance Improvement) revealed flies, or roaches noted on: 06/17/2021, 06/18/2021, 06/21/2021, 06/23/2021, 06/30/2021, 07/14/2021, 07/26/2021, 07/28/2021, 08/02/2021, 08/06/2021.

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MAISON DE'VILLE NURSING HOME OF HARVEY	**2233 EIGHTH STREET HARVEY, LA 70058**

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F 925	Continued From page 5 Review of the facility's Pest Control Company's Customer Service Reports dated 05/07/2021, 05/10/2021, 05/19/2021, 05/21/2021, 05/31/2021 revealed hole/gap noted along bottom walls in kitchen, loose/missing floor tiles and baseboards, excess water noted by door, trees/shrubs contacting the facility creating a path for pests to enter. Further review Pest Control Company's Customer Service Reports dated 06/23/2021 07/30/2021, and 08/04/2021 revealed the facility still had excess water noted by door, trees/shrubs contacting the facility creating a path for pests to enter.	F 925		

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	195403	A. BUILDING **01 - MAIN BUILDING 01** B. WING ___	10/14/2020

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAISON DE'VILLE NURSING HOME OF HARVEY	**2233 EIGHTH STREET** **HARVEY, LA 70058**

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K 000	INITIAL COMMENTS Maison De'Ville Nursing Home of Harvey is in compliance with the requirements of Title 42 Code of Federal Regulations, Part 483.70(a) (Life Safety Code). The facility is sprinklered, licensed for 100 beds and a census of 93 at time of survey.	K 000		
K 200 SS=C	Means of Egress Requirements - Other CFR(s): NFPA 101 Means of Egress Requirements - Other List in the REMARKS section any LSC Section 18.2 and 19.2 Means of Egress 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. 18.2, 19.2 This REQUIREMENT is not met as evidenced by: Based on visual observation, the facility failed to assure that the means of egress headroom clearance was free of obstructions or impediments to full instant use of the exit passage way. Obstructions, in the egress corridor, hinder occupant egress in emergency situations. This deficient practice could potentially affect 93 of 93 residents in the facility. Findings: During the facility tour on October 14, 2020, between the hours of 9:00 am to 2:30 pm it was	K 200	CMS COVID-19 emergency declaration blanket waiver effective until 60 days after the end of the emergency declaration. Wavier confirmed	1/21/21

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Electronically Signed
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(X6) DATE: 10/31/2020

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MAISON DE'VILLE NURSING HOME OF HARVEY	**2233 EIGHTH STREET** **HARVEY, LA 70058**

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K 200	Continued From page 1 observed all four corridors exit directional signage and a few of the corridors had intercom speakers that had been mounted to the ceiling and were less than the required six foot eight inches requirement. NFPA 101:19.2.1 General. Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7,unless otherwise modified by 19.2.2 through 19.2.11. NFPA 101:7.1.5.1 Means of egress shall be designed and maintained to provide headroom in accordance with other sections of this Code, and such headroom shall be not less than 7 ft 6 in. (2285 mm), with projections from the ceiling not less than 6 ft 8 in. (2030 mm) with a tolerance of -3/4 in. (-19 mm), above the finished floor, unless otherwise specified by any of the following: (1) In existing buildings, the ceiling height shall be not less than 7 ft (2135 mm) from the floor, with projections from the ceiling not less than 6 ft 8 in. (2030 mm) nominal above the floor. (2) Headroom in industrial equipment access areas as provided in 40.2.5.2 shall be permitted. Interview with the maintenance director revealed the facility was not aware that the headroom clearance in the corridor was not in accordance with the code requirements listed above. A one-time waiver is approved for this survey due to the COVID -19 pandemic.	K 200		
K 271 SS=C	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits	K 271		1/21/21

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K 271	Continued From page 2 Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: Based on visual observation the facility failed to provide the continuation of the exit discharge to include access to the public way from all required exits. The access provides an easier transition for occupants to evacuate from all exits in the building. The deficient practice had the potential to affect 93 of 93 residents. The exit discharge was deficient for 2 of 10 exits. Findings: During the facility tour on October 14, 2020, between the hours of 9:00 am to 2:30 pm it was observed the hall three patio exit and the dining exit had solid packed all weather surfaces. However, the solid packed all weather surface led to a confined fenced area. The egress path lacks a gate within the fenced area at the end of the solid packed all weather surface. Interview with the maintenance director revealed the facility was not aware that the exit discharge did not continue to the public way. A one-time waiver is approved for this survey due to the COVID -19 pandemic.	K 271	CMS COVID-19 emergency declaration blanket waiver effective until 60 days after the end of the emergency declaration. Wavier confirmed	
K 345 SS=C	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101	K 345		1/21/21

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K 345	Continued From page 3 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 REQUIREMENT is not met as evidenced by: Based on visual observation the facility failed to assure that the fire alarm system was inspected and tested in accordance with the approved maintenance and testing program in NFPA 72. The fire alarm system gives a sense of security to offer an advance warning in fire and/or smoke emergency. This deficient practice could potentially affect 93 of 93 residents. Findings: During the facility tour on October 14, 2020, between the hours of 9:00 am to 2:30 pm it was observed the main fire alarm system had lacked a sensitivity test within the last two years, the fire alarm was lacking a annual certification and was yellow tagged by a licensed fire alarm for zone three being disconnected. NFPA 72: 10.3.2 System components shall be installed, tested, and maintained in accordance with the manufacturer's published instructions and this Code. NFPA 72:10.4.1.2 State or local licensure regulations shall be followed to determine qualified personnel. Depending on state or local licensure regulations, qualified personnel shall	K 345	CMS COVID-19 emergency declaration blanket waiver effective until 60 days after the end of the emergency declaration. Wavier confirmed	

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MAISON DE'VILLE NURSING HOME OF HARVEY	**2233 EIGHTH STREET** **HARVEY, LA 70058**

(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 345	Continued From page 4 include, but not be limited to, one or more of the following: (1) Personnel who are registered, licensed, or certified by a state or local authority. LRS 40:1646 (A)(B)(C) The fire marshal is authorized to cause the inspection and testing of all life safety systems and equipment in the state, whether in public or private buildings, during installation or immediately after installation to determine compliance with applicable standards. The owner of any building containing a life safety system and equipment shall cause at a minimum an annual inspection to be made of the life safety system and equipment in that building to assure compliance with applicable safety standards and to determine whether structural changes in the building or in the contents of the building mandate alteration of a system. Life safety systems and equipment includes but is not limited to fire sprinkler, fire alarm, fire suppression, special locking systems and equipment, and portable fire extinguishers. NFPA 72: 14.4.4.3* In other than one- and two-family dwellings, sensitivity of smoke detectors shall be tested in accordance with 14.4.4.3.1 through 14.4.4.3.7. NFPA 72: 14.4.4.3.1 Sensitivity shall be checked within 1 year after installation. NFPA 72: 14.4.4.3.2 Sensitivity shall be checked every alternate year thereafter unless otherwise permitted by compliance with 14.4.4.3.3. Interview with the maintenance director revealed the facility was not aware that the required inspections had not been conducted on the fire alarm system and was acknowledged by the	K 345		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	195403	A. BUILDING **01 - MAIN BUILDING 01** B. WING ______	**10/14/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MAISON DE'VILLE NURSING HOME OF HARVEY	**2233 EIGHTH STREET** **HARVEY, LA 70058**

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K 345	Continued From page 5 Administrator. A one-time waiver is approved for this survey due to the COVID -19 pandemic.	K 345		
K 352 SS=C	Sprinkler System - Supervisory Signals CFR(s): NFPA 101 Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on visual observation the facility failed to assure that the complete, supervised, automatic sprinkler system was inspected and tested in accordance with the requirements of NFPA 13. Activation of the sprinkler system shall trigger notification of the emergency to the fire alarm system within 90 seconds, which results in protection of life and property. This deficiency has the potential to affect 63 of 63 residents. The findings include: During the facility tour on October 14, 2020, between the hours of 9:00 am to 2:30 pm it was observed the backflow preventer located above the suspended ceiling near the hall four smoke barrier cross corridor double doors had two valves that lacked fire alarm supervision.	K 352	CMS COVID-19 emergency declaration blanket waiver effective until 60 days after the end of the emergency declaration. Wavier confirmed	1/21/21

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MAISON DE'VILLE NURSING HOME OF HARVEY	**2233 EIGHTH STREET** **HARVEY, LA 70058**

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K 352	Continued From page 6 NFPA 101:9.7.2.1* Supervisory Signals. Where supervised automatic sprinkler systems are required by another section of this Code, supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system. Supervisory signals shall sound and shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility. Interview with the maintenance director revealed the facility was not aware all of the sprinkler valves including the backflow preventer valves were required to supervised via the fire alarm system. A one-time waiver is approved for this survey due to the COVID -19 pandemic.	K 352		
K 353 SS=C	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	K 353		1/21/21

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K 353	Continued From page 7 ______________________________ 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 REQUIREMENT is not met as evidenced by: Based on observation, records review, and interview, the facility failed to have a licensed sprinkler suppression agent complete a five year Microbiologically Influenced Corrosion inspection of the sprinkler system internal piping. The deficient practice affected 93 of 93 residents. The findings include: Records review of the facility sprinkler inspections for the year prior to the survey on October14, 2020 at 9:00 am to 2:30 pm revealed the facility did not have records of five (5) year MIC testing of internal piping of sprinkler system. NFPA 25: 4.3.1* Records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. NFPA 25: 4.3.2 Records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. NFPA 25: 4.3.3* Records shall be maintained by the property owner. NFPA 25: 14.2.1 Except as discussed in 14.2.1.1 and 14.2.1.4 an inspection of piping and branch	K 353	CMS COVID-19 emergency declaration blanket waiver effective until 60 days after the end of the emergency declaration. Wavier confirmed	

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K 353	Continued From page 8 line conditions shall be conducted every 5 years by opening a flushing connection at the end of one main and by removing a sprinkler toward the end of one branch line for the purpose of inspecting for the presence of foreign organic and inorganic material. NFPA 25: 14.2.1.1 Alternative nondestructive examination methods shall be permitted. NFPA 25: 14.2.1.2 Tubercules or slime, if found, shall be tested for indications of microbiologically influenced corrosion (MIC). NFPA 25: 14.2.1.3* If the presence of sufficient foreign organic or inorganic material is found to obstruct pipe or sprinklers, an obstruction investigation shall be conducted as described in Section 14.3. Interview with the maintenance director revealed the facility was unaware of the requirement for five (5) year MIC inspection for the sprinkler system internal piping.. A one-time waiver is approved for this survey due to the COVID -19 pandemic.	K 353		
K 521 SS=C	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2	K 521		1/21/21

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K 521	Continued From page 9 This REQUIREMENT is not met as evidenced by: Based on visual observation the facility failed to assure that the heating, ventilation and air conditioning system was installed in accordance with NFPA 90A. The system could re-circulate smoke originating from one part of the building into other parts of the building otherwise unaffected. The deficient practice had the potential to affect 63 of 63 residents. 4 of 4 corridor smoke compartments are deficient in being used as a return air plenum. Findings: During the facility tour on October 14, 2020 between the hours of 9:00 am to 2:30 pm it was observed the corridor was being used as a return air plenum to supply HVAC air to all resident sleeping rooms and then exhausted to the corridor. NFPA 90A: 4.3.12.1.1 Egress corridors in health care, detention and correctional, and residential occupancies shall not be used as a portion of a supply, return, or exhaust air system serving adjoining areas unless otherwise permitted by 4.3.12.1.2.1 through 4.3.12.1.2.4. NFPA 90A: 4.3.12.1.2 An air transfer opening(s) shall not be permitted in walls or in doors separating egress corridors from adjoining areas. NFPA 90A: 4.3.12.1.2.1 An air transfer opening(s) shall be permitted in walls or doors from toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces opening directly onto	K 521	A renewal waiver had been completed for the HVAC corridor being used as a return air plenum for the adjacent resident sleeping rooms.	

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K 521	Continued From page 10 the egress corridor. NFPA 90A: 4.3.12.1.2.2 Where door clearances do not exceed those specified for fire doors in NFPA 80, Standard for Fire Doors and Other Opening Protectives, air transfer caused by pressure differentials shall be permitted. NFPA 90A: 4.3.12.1.2.3 Use of egress corridors shall be permitted as part of an engineered smoke-control system. NFPA 90A: 4.3.12.1.2.4 Air transfer opening(s) shall be permitted in walls or in doors separating egress corridors from adjoining areas in detention and correctional occupancies with corridor separations of open construction (e.g., grating doors or grating partitions). Interview with the Administrator revealed the facility was aware due to the extreme age of the facility, a waiver had been approved for the HVAC system corridors to be used as a return air plenum for the resident sleeping rooms. A renewal waiver application was obtained and approved from the Administrator for waiver reapplication.	K 521		
K 712 SS=C	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	K 712		1/21/21

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K 712	Continued From page 11 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 This REQUIREMENT is not met as evidenced by: Based on visual observation and record review the facility failed to maintain documentation for fire drills conducted during each quarter on each shift. Fire drills provide training in procedures in cases of emergency. The deficient practice had the potential to affect 63 of 63 residents. 1 of 4 quarters in 2019-2020 were deficient. Findings: During the record review on October 14, 2020, between the hours of 9:00 am to 2:30 pm it was observed the second quarter for the year 2020 was lacking completed fire drill documentation for the second and third shifts. NFPA 101:19.7.1.6 Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. Interview with the Administrator revealed the facility was not aware fire drills were not being held for each work shift of each quarter. A one-time waiver is approved for this survey due to the COVID -19 pandemic.	K 712	CMS COVID-19 emergency declaration blanket waiver effective until 60 days after the end of the emergency declaration. Wavier confirmed	
K 741 SS=C	Smoking Regulations CFR(s): NFPA 101	K 741		1/21/21

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K 741	Continued From page 12 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 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 REQUIREMENT is not met as evidenced by: Based on visual observation, the facility failed to assure that the policy on smoking required all smoking areas to be supplied with a metal, self-closing container. Cigarette butts shall be extinguished in an approved container in order to prevent accidental combustion. This deficient practice could potentially affect 93 of 93 residents. Findings:	K 741	CMS COVID-19 emergency declaration blanket waiver effective until 60 days after the end of the emergency declaration. Wavier confirmed	

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K 741	Continued From page 13	K 741		

During the facility tour on October 14, 2020, between the hours of 9:00 am to 2:30 pm it was observed the smoking area was lacking a readily available noncombustible metal container.

NFPA 101:19.7.4* Smoking. Smoking regulations shall be adopted and shall include not less than the following provisions:

(1) Smoking shall be prohibited in any room, ward, or individual enclosed space where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such areas shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking.

(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 19.7.4(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.

Interview with the maintenance director revealed

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K 741	Continued From page 14 the facility was not aware the containers in the smoke area did not meet the requirements.	K 741		
K 914 SS=C	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 repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on record review, the facility failed to assure that a polarity, ground and retention resident / patient room electrical receptacle test had been conducted and documented. When the correct protocols are routinely completed by qualified personnel to the resident / patient electrical receptacle outlets chances of creating a unsafe electrical event or possible fire emergency are reduced or possibly eliminated. The deficient	K 914	CMS COVID-19 emergency declaration blanket waiver effective until 60 days after the end of the emergency declaration. Wavier confirmed	1/21/21

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K 914	Continued From page 15 practice had the potential to affect 93 of 93 residents. Findings: During the record of review on October 14, 2020 between the hours of 9:00 am to 2:30 pm revealed the resident sleeping rooms electrical receptacles lacked documentation for annual testing of polarity, ground and retention testing. NFPA 99 6.3.3.2 Receptacle Testing in Patient Care Rooms 6.3.3.2.1 6.3.3.2.1 The physical integrity of each receptacle shall be confirmed by visual inspection. 6.3.3.2.2 The continuity of the grounding circuit in each electrical receptacle shall be verified. 6.3.3.2.3 Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed. 6.3.3.2.4 The retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall not be less than 115 g (4oz.) Section 3-3 Section 3-3.4.3.1 A record shall be maintained of the tests required by this chapter and associated repairs of modifications. At a minimum, this record shall contain date, the rooms or areas tested and an indication of which items have met or have failed to meet the performance requirements of the chapter. Interview with the maintenance director revealed the facility was not aware that all documentation was not complete regarding the inspection/testing of the resident / patient electrical receptacles. A one-time waiver is approved for this survey due to the COVID -19 pandemic.	K 914		

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F 000	INITIAL COMMENTS Complaint#LA00057018 and LA00057025. No deficiencies were cited as a result of these complaints.	F 000		

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

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.