



C.L. "BUTCH" OTTER – Governor  
RICHARD M. ARMSTRONG – Director

IDAHO DEPARTMENT OF  
**HEALTH & WELFARE**

DEBBY RANSOM, R.N., R.H.I.T – Chief  
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August 28, 2012

Casey Meza, Administrator  
Clearwater Valley Hospital & Clinics  
301 Cedar Street  
Orofino, Idaho 83544

RE: Clearwater Valley Hospital & Clinics, Provider ID# 131320

Dear Ms. Meza:

This is to advise you of the findings of the Medicare/Licensure Fire Life Safety Survey, which was concluded at Clearwater Valley Hospital & Clinics, on August 22, 2012.

Enclosed is a Statement of Deficiencies/Plan of Correction, Form CMS-2567, listing Medicare deficiencies and a similar form listing State licensure deficiencies. In the spaces provided on the right side of each sheet, please provide a Plan of Correction. **It is important that your Plan of Correction address each deficiency in the following manner:**

1. What corrective action(s) will be accomplished for those individuals found to have been affected by the deficient practice;
2. How you will identify other individuals having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
3. What measures will be put in place or what systemic change you will make to ensure that the deficient practice does not recur;
4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
5. Include dates when corrective action will be completed. 42 CFR 488.28 states ordinarily a provider is expected to take the steps needed to achieve compliance within 60 days of being notified of the deficiencies. Please keep this in mind when preparing your plan of correction. For corrective actions which require construction, competitive bidding, or other issues beyond the control of the facility, additional time may be granted.

Casey Meza, Administrator  
August 28, 2012  
Page 2 of 2

After each deficiency has been answered and dated, the administrator should sign both the CMS Form 2567 and State Form in the spaces provided on the bottom of the first pages of each of the respective forms and return the originals to this office by **September 10, 2012.**

Thank you for the courtesies extended to me during my visit. If you have any questions, please call our office at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'M. Grimes', with a long horizontal line extending to the right.

MARK P. GRIMES  
Supervisor  
Facility Fire Safety and Construction Program

MPG/lj

Enclosure

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

Printed: 08/28/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131320</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - ENTIRE HOSPITAL INCLUD</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/22/2012</b>
NAME OF PROVIDER OR SUPPLIER <b>CLEARWATER VALLEY HOSPITAL &amp; CLINICS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>301 CEDAR STREET OROFINO, ID 83544</b>		
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K 000	INITIAL COMMENTS  The facility consists of the original hospital constructed in 1957, with various additions and remodels. The current configuration is two levels of Type II Unprotected construction, fully sprinklered with fire alarm and corridor smoke detection. The facility is currently licensed for 23 beds. The facility had a census of ten patients on the day of the survey.  The following deficiencies were cited during the annual fire/life safety survey conducted on August 22, 2012. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 485.623.  The Survey was conducted by:  Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction	K 000		
K 018	NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3  Roller latches are prohibited by CMS regulations in all health care facilities.	K 018		

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

TITLE

(X6) DATE

*Lenne A. Brown*

*Talvin CEO*

*9/10/12*

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 018	Continued From page 1  This Standard is not met as evidenced by: Based on observation and interview it was determined that the facility did not ensure that corridor doors were constructed to resist the passage of smoke and did not have any impediment to closing. Corridor doors that are not able to be closed and do not resist the passage of smoke can allow smoke and fire gases to enter the corridor in the event of a fire.  Findings include:  1. During the tour of the facility on August 22, 2012, at 2:15 PM, observation of the dutch door to the Central Sterilizing room revealed that there was not an astragal, rabbet or bevel between the upper and lower leafs. When questioned about the door the Maintenance Supervisor stated the he was unaware of the requirement for dutch door to be smoke resisting.  2. During the tour of the facility on August 22, 2012, at 1:45 PM, observation of the door to the computer server room revealed a transfer grill in the lower half of the door. When questioned about the transfer grill in the door the Maintenance Supervisor stated the he was unaware that corridor doors can not have transfer grills.  3. During the tour of the facility on August 22, 2012, at 2:05 PM, observation room #201 revealed a patient bed protruding into the	K 018	[K018]  Item 1 Maintenance Manager will install astragal on door at Central Sterilizing.  Item 2 Maintenance Manager will remove the transfer grill from the door to the server room and install stainless steel plates to prevent the passage of smoke.  Item 3 Bed has been relocated  DNS to conduct Mandatory Education for all nursing staff. Nursing Supervisor will monitor on a daily basis. Quarterly Observation Audits will be conducted and reviewed with the department and Quality Committee.	11-1-12  11-1-12  9-20-12

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K 018	Continued From page 2 doorway preventing the door from fully closing. When questioned about the bed in the doorway the Maintenance Supervisor stated that beds being moved into doorways has been on ongoing problem with the nursing staff.  Actual NFPA Standard:  19.3.6.3.6 Dutch doors shall be permitted where they conform to 19.3.6.3. In addition, both the upper leaf and lower leaf shall be equipped with a latching device, and the meeting edges of the upper and lower leaves shall be equipped with an astragal, a rabbet, or a bevel.  19.3.6.4 Transfer Grilles. Transfer grilles, regardless of whether they are protected by fusible link-operated dampers, shall not be used in these walls or doors.  19.3.6.3 Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted.  19.3.6.4 Transfer Grilles. Transfer grilles, regardless of whether they are protected by fusible link-operated dampers, shall not be used in these walls or doors.	K 018		
K 048	NFPA 101 LIFE SAFETY CODE STANDARD	K 048		

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K 048	<p>Continued From page 3</p> <p>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</p> <p>This Standard is not met as evidenced by: Based on record review and interview it was determined that the facility did not ensure that the fire safety plan included the required eight components. This deficiency can endanger patients and slow an emergency response.</p> <p>Findings include:</p> <p>During record review on August 22, 2012, at 12:50 PM, it was determined that the facility's fire safety plan did not include the transmission of an alarm to the fire department, evacuation of the immediate area and the smoke compartment in the event of a fire. When questioned about the fire safety plan the Maintenance Supervisor stated the he was unaware that the plan did not include the required components of a fire safety plan.</p> <p>Actual NFPA Standard:</p> <p>19.7.1 Evacuation and Relocation Plan and Fire Drills. 19.7.1.1 The administration of every health care occupancy shall have, in effect and available to all supervisory personnel, written copies of a plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building when necessary. All employees shall be periodically instructed and kept informed with respect to their duties under the plan. A copy of the plan shall be</p>	K 048	<p>[K048]</p> <p>The Facility Director will take the lead with Safety Committee to rework the Fire Plan to include the required eight components of the NFPA standard.</p> <p>Staff will be in-serviced on New Fire Plan</p>	11-1-12

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K 048	Continued From page 4 readily available at all times in the telephone operator ' s position or at the security center.  19.7.2.2 A written health care occupancy fire safety plan shall provide for the following: (1) Use of alarms (2) Transmission of alarm to fire department (3) Response to alarms (4) Isolation of fire (5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire	K 048		
K 056	NFPA 101 LIFE SAFETY CODE STANDARD  If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5  This Standard is not met as evidenced by: Based on observation the facility did not ensure that the sprinkler system was installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. This deficiency could render the sprinkler system so that the	K 056		

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K 056	Continued From page 5 appropriate sprinkler head may not activate as designed.  Findings include:  During the facility tour on August 22, 2012 at 2:35 PM, observation of the sprinkler heads in the stairwell revealed one ordinary response sprinkler head located at the bottom of the stairwell mixed with one quick response sprinkler head located at the top of the stairwell. When questioned about the sprinkler heads the Maintenance Supervisor stated the he had not noticed the different types of sprinkler heads in the stairwell.  Actual NFPA Standard:  NFPA 13 1999 Edition 5-4.5.3 Where residential sprinklers are installed in a compartment as defined in 1-4.2, all sprinklers within the compartment shall be of the fast-response type that meets the criteria of 1-4.5.1(a)1.	K 056	  [K056]  Maintenance Manager contacted vendor [Simplex Grinnell] to install fast response type sprinkler heads in stairwell.	10-1-12
K 062	NFPA 101 LIFE SAFETY CODE STANDARD  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  This Standard is not met as evidenced by: Based on record review and interview it was determined that the facility did not ensure that the sprinkler system was being maintained in accordance NFPA 25. Properly maintaining the sprinkler system helps to ensure system	K 062		

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K 062	Continued From page 6 reliability.  Findings include:  During record review on August 22, 2012 at 11:42 AM, the facility was unable to provide documented quarterly sprinkler system inspections for the previous twelve month period. When questioned about the inspections the maintenance Supervisor stated that he was unaware of the requirement for quarterly sprinkler system inspections.  Actual NFPA Standard:  9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.  NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems 1998 Edition  2-2.6 Alarm Devices. Alarm devices shall be inspected quarterly to verify that they are free of physical damage.  2-3.3* Alarm Devices. Waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly.	K 062	[K062]  Maintenance Manager contacted vendor [Simplex Grinnell] to provide quarterly inspections starting with the last quarter of 2012.	10-1-12
K 130	NFPA 101 MISCELLANEOUS  OTHER LSC DEFICIENCY NOT ON 2786	K 130		

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K 130	Continued From page 7  This Standard is not met as evidenced by: Based on observation and interview it was determined that the facility did not ensure that required means of egress doors were not equipped with a lock that requires the use of a key from the egress side. This deficiency can slow the evacuation of the room in an emergency and has the potential to prevent an individual in the room from evacuating if the door is locked from the corridor side of the door.  Findings include:  During the tour of the facility on August 22, 2012, at 2:07 PM, observation of the door to the soiled utility room revealed a deadbolt lock installed on the door with the key side on the egress side and the hand operated locking mechanism on the corridor side of the door. When questioned about the lock on the door the Maintenance Supervisor stated that he was unaware that a deadbolt had been installed backwards on the door.  Actual NFPA Standard:  19.2.2 Means of Egress Components. 19.2.2.2.4 Doors within a required means of egress shall not be equipped with a latch or lock that requires the use of a tool or key from the egress side.	K 130	[K130]  Removed deadbolt, installed cover plate.	Complete 9-10-12 TG
K 144	NFPA 101 LIFE SAFETY CODE STANDARD  Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		

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K 144	Continued From page 8  This Standard is not met as evidenced by: Based on record review and interview the facility did not ensure that the emergency generator was being load tested on a monthly basis in accordance with NFPA 110. Failure to load test the generator monthly and inspect the generator on a weekly basis could result in the generator not starting or functioning properly in the event of a power outage.  Findings include:  During record review on August 22, 2012 at 1:10 PM, the facility was unable to provide documented thirty minute monthly load tests for the previous twelve month period. When questioned about the monthly load tests the Maintenance Supervisor's assistant stated that he was unaware of the requirement for thirty minute monthly load tests.  This deficiency was cited during the fire/life safety survey conducted on October 6, 2009.  Actual NFPA Standard:  NFPA 110 Standard for Emergency and Standby Power Systems 1999 Edition. 6-3.4 A written record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained on the premises. The written record	K 144	[K144]  Maintenance Manager will review with the Maintenance Team generator requirements utilizing the Monthly Test Log and Weekly Inspection Checklist provided by state inspector.  Maintenance Manager will review load testing documentation with staff on a monthly basis to ensure compliance.	Complete 9-10-12 TB

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K 144	Continued From page 9 shall include the following: (a) The date of the maintenance report (b) Identification of the servicing personnel (c) Notation of any unsatisfactory condition and the corrective action taken, including parts replaced (d) Testing of any repair for the appropriate time as recommended by the manufacturer  6-4.1* Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly and shall be exercised under load at least monthly.  6-4.2* Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer The date and time of day for required testing shall be decided by the owner, based on facility operations.	K 144		
K 147	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This Standard is not met as evidenced by: Based on observation and interview the facility did not ensure that electrical wiring and equipment usage was in accordance with NFPA	K 147		

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K 147	<p>Continued From page 10</p> <p>70. Utilizing relocatable power taps and multiple adapters can lead to overloaded wiring and start a fire.</p> <p>Findings include:</p> <p>1. During the tour of the facility on August 22, 2012 at 1:37 PM, observation of the kitchen revealed a freezer plugged into a multiple electrical adapter. When questioned about the multiple adapter usage the Maintenance Supervisor stated he was unaware that multiple electrical adapters can not be utilized in the facility.</p> <p>2. During the tour of the facility on August 22, 2012 at 1:39 PM, observation of the staff break room revealed a bread toaster plugged into a relocateable power tap. When questioned about the relocateable power tap usage the Maintenance Supervisor stated that he was unaware of the usage in the break room.</p> <p>Actual NFPA Standard:</p> <p>NFPA 70 National Electrical Code 1999 Edition 110-3. Examination, Identification, Installation, and Use of Equipment</p> <p>(a) Examination. In judging equipment, considerations such as the following shall be evaluated:</p> <p>1. Suitability for installation and use in conformity with the provisions of this Code</p> <p>FPN: Suitability of equipment use may be identified by a description marked on or provided with a product to identify the suitability of the product for a specific purpose, environment, or application. Suitability of equipment may be evidenced by listing or labeling.</p> <p>2. Mechanical strength and durability, including,</p>	K 147	<p>[K147]</p> <p>Item 1 Removed electrical adapter from Kitchen.  Inserviced Maintenance Staff  Adding electrical adapter " check" to Monthly Life Safety Tour check sheet.</p> <p>Item 2 Removed relocateable power tap from Staff Break Room.  Inserviced Maintenance Staff  Adding relocateable power tap " check" to Monthly Life Safety Tour check sheet.</p>	<p>Complete</p> <p>Complete</p> <p>10-1-12</p> <p>Complete</p> <p>Complete</p> <p>10-1-12</p>

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

Printed: 08/28/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>131320</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - ENTIRE HOSPITAL INCLUD</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/22/2012</b>
NAME OF PROVIDER OR SUPPLIER <b>CLEARWATER VALLEY HOSPITAL &amp; CLINICS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>301 CEDAR STREET OROFINO, ID 83544</b>		
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K 147	Continued From page 11 for parts designed to enclose and protect other equipment, the adequacy of the protection thus provided 3. Wire-bending and connection space 4. Electrical insulation 5. Heating effects under normal conditions of use and also under abnormal conditions likely to arise in service 6. Arcing effects 7. Classification by type, size, voltage, current capacity, and specific use 8. Other factors that contribute to the practical safeguarding of persons using or likely to come in contact with the equipment (b) Installation and Use. Listed or labeled equipment shall be installed and used in accordance with any instructions included in the listing or labeling.  UL 1363  RELOCATABLE POWER TAPS (XBYS) Relocatable Power TapsXBYSUSE AND INSTALLATION This category covers relocatable power taps rated 250 V ac or less, 20 A or less. They are intended for indoor use as relocatable multiple outlet extensions of a single branch circuit to supply laboratory equipment, home workshops, home movie lighting controls, musical instrumentation, and to provide outlet receptacles for computers, audio and video equipment, and other equipment. They consist of one attachment plug and a single length of flexible cord terminated in a single enclosure in which one or more receptacles are mounted. They may, in addition, be provided with fuses or other supplementary overcurrent protection, switches, suppression components and/or indicator lights in any combination, or connections for cable,	K 147		

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K 147	Continued From page 12 communications, telephone and/or antenna. Relocatable power taps are intended to be directly connected to a permanently installed branch circuit receptacle. Relocatable power taps are not intended to be series connected (daisy chained) to other relocatable power taps or to extension cords. Relocatable power taps are not intended for use at construction sites and similar locations. Relocatable power taps are not intended to be permanently secured to building structures, tables, work benches or similar structures, nor are they intended to be used as a substitute for fixed wiring. The cords of relocatable power taps are not intended to be routed through walls, windows, ceilings, floors or similar openings. Relocatable power taps have not been investigated and are not intended for use with general patient care areas or critical patient care areas of health care facilities as defined in Article 517 of ANSI/NFPA 70, "National Electrical Code."	K 147		

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  131320	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE HOSPITAL INCLU B. WING _____	(X3) DATE SURVEY COMPLETED  08/22/2012
NAME OF PROVIDER OR SUPPLIER <b>CLEARWATER VALLEY HOSPITAL &amp; CLINICS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>301 CEDAR STREET OROFINO, ID 83544</b>		
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B 000	16.03.14 Initial Comments  The facility consists of the original hospital constructed in 1957, with various additions and remodels. The current configuration is two levels of Type II Unprotected construction, fully sprinklered with fire alarm and corridor smoke detection. The facility is currently licensed for 23 beds. The facility had a census of ten patients on the day of the survey.  The following deficiencies were cited during the annual fire/life safety survey conducted on August 22, 2012. The facility was surveyed in accordance with IDAPA 16.03.14 and the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy.  The survey was conducted by:  Taylor Barkley Health Facility Surveyor Facility Fire Safety and Construction	B 000		
BB161	16.03.14.510 Fire and Life Safety Standards  Buildings on the premises used as a hospital shall meet all the requirements of local, state, and national codes concerning fire and life safety that are applicable to hospitals. General Requirements. General requirements for the fire and life safety standards for a hospital are that: The hospital shall be structurally sound and shall be maintained and equipped to assure the safety of patients, employees, and the public. On the premises of all hospitals where natural or man-made hazards are present, suitable fences, guards, and railings shall be provided to protect patients, employees, and the public. This Rule is not met as evidenced by:	BB161		

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

TITLE

(X6) DATE

*[Handwritten Signature]*

*Interim CEO*

*9/10/12*

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  131320	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - ENTIRE HOSPITAL INCLU B. WING _____	(X3) DATE SURVEY COMPLETED  08/22/2012
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BB161	Continued From Page 1  Refer to Federal K tags on the CMS 2567;  1. K018 Corridor doors.  2. K048 Fire safety plan.  3. K056 Sprinkler head installation.  4. K062 Quarterly sprinkler system inspections.  5. K144 Generator load tests.  6. K147 Electrical equipment usage.  7. K130 Door lock.	BB161	[BB161]  See attached – FORM CMS 2567 corrective action plans for the deficiencies cited.	