

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 365600	(x2) multiple construction a. building <u>BLD 03</u> b. wing _____	(X3) DATE SURVEY COMPLETED 06/04/2025
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name of provider or supplier LOST CREEK REHABILITATION AND NURSING CENTER	street address, city, state, zip code 804 SOUTH MUMAUGH ROAD LIMA OH, 45804
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K 0000 BLD03	<p>INITIAL COMMENTS</p> <p>FIRE SAFETY SURVEY REPORT 2012 CODE EXISTING</p> <p>ADMINISTRATOR: Lynsey Stewart, #7935 CENSUS IN HOUSE: 39</p> <p>BUILDING #1 OF #1</p> <p>42 CFR 483.90 (a)</p> <p>The facility must meet the applicable provisions of the 2012 Existing Edition of the Life Safety Code (LSC) of the National Fire Protection Association.</p> <p>The Ohio Department of Health conducted an annual Life Safety Code Survey on June 4, 2025. In this survey, Lost Creek Health Care and Rehabilitation Center were found not to be following the requirements for participation in (Medicare/Medicaid) at 42 CFR Subpart 483.90 (a) Life Safety from Fire, and the 2012 edition of the National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19 Existing Health Care Chapter.</p> <p>Lost Creek Healthcare and Rehabilitation Center is a one-story building. The original building was built in 1983, and an addition was constructed in 1994 to the southwest section of the building. Both construction types were determined to be</p>	K 0000		
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laboratory director's or provider/supplier representative's signature

title

(x6) date

LYNSEY.STEWART

06/20/2025

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 0000	Continued From page 1 Type V [111] construction and were fully sprinklered. The facility features a fire alarm system with smoke detection in corridors, open spaces adjacent to corridors, and hazardous areas. The facility is equipped with a 25-kilowatt propane generator. The facility is a 70-bed Dually Certified nursing home. The requirement at 42 CFR Subpart 483.90 (a) is NOT MET as evidenced by:	K 0000		
K 0291 SS=F BLD03	NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This STANDARD is not met as evidenced by: Based on the record review and staff interview, the facility failed to maintain emergency lighting per NFPA 101-2012 Edition, Section 19.2.9.1, and NFPA 101-2012 Edition, Section 7.9.1.1. This had the potential to affect 39 residents. Findings include: A record review of the life safety documentation on 06/04/25 at approximately 10:00 A.M. in the white binder titled "Lost Creek Healthcare Life Safety Binder Index" revealed listed twenty-three emergency lights installed	K 0291	Tag: K 0291 On 6/20/25 all 23 emergency lights were tested and found to be functional. All emergency lights will be appropriately tested and documented by maintenance director or designee monthly. The administrator provided the maintenance director with education regarding emergency lighting requirements on 6/16/25. The maintenance director or designee will submit emergency lighting log to the QAPI committee for review and recommendation for the next 3 months.	06/20/2025

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K 0291	<p>Continued From page 2</p> <p>throughout the facility with "OK" with a line draw line vertical in boxes for each month on the emergency lighting log; however, did not state the duration the of the test. Additionally, a space was allocated for an annual 90-minute check, but it was not utilized.</p> <p>An interview with the Regional Maintenance Director (RMD) 1 confirmed the finding at the time of discovery, stating that the maintenance director probably didn't know the requirement.</p> <p>NFPA 101-2012 Edition, Section 19.2.9.1 Emergency lighting shall be provided in accordance with Section 7.9. NFPA 101-2012 Edition, Section 7.9.1.1* Emergency lighting facilities for means of egress shall be provided in accordance with Section 7.9 for the following: (1) Buildings or structures where required in Chapters 11 through 43 (2) Underground and limited access structures as addressed in Section 11.7 (3) High-rise buildings as required by other sections of this Code (4) Doors equipped with delayed-egress locks (5) Stair shafts and vestibules of smokeproof enclosures, for which the following also apply: (a) The stair shaft and vestibule shall be permitted to include a standby generator that is installed for the smokeproof enclosure mechanical ventilation equipment. (b) The standby generator shall be</p>	K 0291		

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K 0291	Continued From page 3 permitted to be used for the stair shaft and vestibule emergency lighting power supply. (6) New access-controlled egress doors in accordance with 7.2.1.6.2 NFPA 101-2012 Edition, Section 7.9.3.1.1 Testing of required emergency lighting systems shall be permitted to be conducted as follows: (1) Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds, except as otherwise permitted by 7.9.3.1.1(2). (2) *The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. (3) Functional testing shall be conducted annually for a minimum of 11?2 hours if the emergency lighting system is battery-powered. (4) The emergency lighting equipment shall be fully operational for the duration of the tests required by 7.9.3.1.1(1) and (3). (5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.	K 0291		

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K 0324 K 0324 SS=F BLD03	Continued From page 4 NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2 This STANDARD is not met as evidenced by: Based on observation and staff interviews, the facility failed to maintain cooking facilities per NFPA 101-2012 Edition, Section 19.3.2.5.1, NFPA 101-2012 Edition, Section 9.2.3, NFPA 101-2012 Edition, Section 9.1.1, NFPA 54- 2012 Edition, Section 9.6.1.1, NFPA	K 0324 K 0324	Tag: K 0324 The natural gas 6 burner griddle stove has been equipped with both chock devices and restraint to prevent over extension of gas line as of 6/20/25. There are no other natural gas moveable stoves in the facility. The administrator provided education to maintenance director on 6/16/25 regarding requirements NFPA 101 cooking facilities. The maintenance director or designee will audit natural gas 6 burner griddle stove to ensure proper equipment and restraint weekly for the next 4 weeks. Results of audit will be submitted to the QAPI committee for review and recommendations.	06/20/2025

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K 0324	<p>Continued From page 5</p> <p>54-2012 Edition, Section 9.6.1.2, NFPA 96 - 2011 Edition, Section 10.2.6, NFPA 96 - 2011 Edition, Section 11.2.*, NFPA 96 - 2011 Edition, Section 12.1.2*, NFPA 96 - 2011 Edition, Section 13.2.3, and NFPA 17A - 2009 Edition, Section 5.6.4. This had the potential to affect all 39 residents.</p> <p>Findings include:</p> <p>During a facility tour on 06/04/25, at approximately 12:37 P.M. with the Regional Maintenance Director (RMD) #1 and Maintenance Director (MD) #2,, the surveyor observed a natural gas six-burner/griddle stove on wheels in the kitchen. The stove was not equipped with chock devices to align with the nozzles, ensuring the protection required by the suppression system when moved for cleaning or service. Additionally, the movable appliances were not provided with a chain or restraint to prevent overextension of the gas line.</p> <p>An interview with RMD#1 and MD#2 verified the findings at the time of the observation.</p> <p>NFPA 101-2012 Edition, Section 19.3.2.5.1 Cooking facilities shall be protected in accordance with 9.2.3 unless otherwise permitted by 19.3.2.5.2, 19.3.2.5.3, or 19.3.2.5.4.</p> <p>NFPA 101-2012 Edition, Section 9.2.3 Commercial Cooking Equipment. Commercial cooking equipment shall be in accordance with NFPA 96, Standard for</p>	K 0324		

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K 0324	<p>Continued From page 6</p> <p>Ventilation Control and Fire Protection of Commercial Cooking Operations unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 101-2012 Edition, Section 9.1.1 Gas. Equipment using gas and related gas piping shall be in accordance with NFPA 54, National Fuel Gas Code, or NFPA 58, Liquefied Petroleum Gas Code unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 54- 2012 Edition, Section 9.6.1.1 Commercial Cooking Appliances. Commercial cooking appliances that are moved for cleaning and sanitation purposes shall be connected per the connector manufacturer's installation instructions using a listed appliance connector complying with ANSI Z21.69/CSA 6.16, Connectors for Movable Gas Appliances. The commercial cooking appliance connector installation shall be configured in accordance with the manufacturer's installation instructions.</p> <p>NFPA 54-2012 Edition, Section 9.6.1.2 Restraint. Movement of appliances with casters shall be limited by a restraining device installed per the connector and appliance manufacturer's installation instructions.</p> <p>NFPA 96 - 2011 Edition, Section 10.2.6 Automatic fire-extinguishing systems shall be installed in accordance with the terms of their listing, the manufacturer's instructions, and the following standards</p>	K 0324		

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K 0324	<p>Continued From page 7 where applicable:</p> <p>(1) NFPA 12 (2) NFPA 13 (3) NFPA 17 (4) NFPA 17A</p> <p>NFPA 96 - 2011 Edition, Section 11.2.1* Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire- activated water system that is listed to extinguish a fire in the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at least every 6 months.</p> <p>NFPA 96 - 2011 Edition, Section 11.2.2* All actuation and control components, including remote manual pull stations, mechanical and electrical devices, detectors, and actuators, shall be tested for proper operation during the inspection in accordance with the manufacturer's procedures.</p> <p>NFPA 96 - 2011 Edition, Section 11.2.3 The specific inspection and maintenance requirements of the extinguishing system standards as well as the applicable installation and maintenance manuals for the listed system and service bulletins shall be followed.</p> <p>NFPA 96 - 2011 Edition, Section 11.2.4* Fusible links of the metal alloy type and automatic sprinklers of the metal alloy type shall be replaced at least semiannually except as permitted by</p>	K 0324		

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K 0324	Continued From page 8 11.2.6 and 11.2.7. NFPA 96 - 2011 Edition, Section 11.2.5 The year of manufacture and the date of installation of the fusible links shall be marked on the system inspection tag. NFPA 96 - 2011 Edition, Section 12.1.2.2* Cooking appliances requiring protection shall not be moved, modified, or rearranged without prior re-evaluation of the fire-extinguishing system by the system installer or servicing agent unless otherwise allowed by the design of the fire extinguishing system. NFPA 96 - 2011 Edition, Section 12.1.2.3 The fire-extinguishing system shall not require reevaluation where the cooking appliances are moved for the purposes of maintenance and cleaning, provided the appliances are returned to the approved design location prior to cooking operations, and any disconnected fire-extinguishing system nozzles attached to the appliances are reconnected in accordance with the manufacturer's listed design manual. NFPA 96 - 2011 Edition, Section 12.1.2.3.1 An approved method shall be provided that will ensure that the appliance is returned to an approved design location. NFPA 96 - 2011 Edition, Section 13.2.3 gas-fueled appliances shall have a minimum 457 mm (18 in.) clearance from the flue outlet to the filter inlet in accordance with 6.2.2 and shall meet the installation requirements of NFPA 54 or NFPA 58. NFPA 17A - 2009 Edition, Section 5.6.4	K 0324		

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K 0324	Continued From page 9 Movable cooking equipment shall be provided with a means to ensure that it is correctly positioned in relation to the appliance discharge nozzle during cooking operations	K 0324		
K 0363 SS=E BLD03	NFPA 101 Corridor - Doors Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door	K 0363	Tag: K 0363 Chain and magnet on double corridor door modified to keep from impeding closure on 6/20/25. No other fire rated or smoke barrier doors found to be impeded from closing appropriately. Administrator educated maintenance director on NFPA 101 corridor doors on 6/16/25. Maintenance director or designee will audit all corridor doors weekly x 4 weeks. Audit results will be submitted to the QAPI committee for review and recommendations.	06/20/2025

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K 0363	<p>Continued From page 10</p> <p>frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This STANDARD is not met as evidenced by: Based on observations and interviews, the facility failed to ensure that all corridor doors were able to resist the passage of smoke and provided with a means suitable for keeping the door closed per the NFPA 101-2012 Edition 19.3.6.3, and NFPA 80 -2010 Edition Sections 4.2 and 6.1.4.3. This had the potential to affect 13 out of 39 residents.</p> <p>Findings include:</p> <p>During a tour of the facility on 06/04/25, with the Regional Maintenance Director (RMD) #1 and Maintenance Director (MD) #2, an observation was made of one unapproved chain with a magnet attached to hold the 20-minute fire-rated double-corridor door open. The magnet on the chain had the potential to cause harm to visitors, staff, and residents when the door closed. The magnet on the door</p>	K 0363		

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K 0363	<p>Continued From page 11</p> <p>would swing on its chain, interfering with the door's latching mechanism.</p> <p>An interview with RMD#1 and MD#2 verified the findings at the time of the observation.</p> <p>19.3.6.3* Corridor Doors. 19.3.6.3.1* Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be doors constructed to resist the passage of smoke and shall be constructed of materials such as the following: (1) 13.4 in. (44 mm) thick, solid-bonded core wood (2) Material that resists fire for a minimum of 20 minutes 19.3.6.3.2 The requirements of 19.3.6.3.1 shall not apply where otherwise permitted by either of the following: (1) Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials shall not be required to comply with 19.3.6.3.1. (2) In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.7, the door construction materials requirements of 19.3.6.3.1 shall not be mandatory, but the doors shall be constructed to resist the passage of smoke. 19.3.6.3.3 Compliance with NFPA 80, Standard for Fire Doors and Other Opening Protectives, shall not be</p>	K 0363		

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K 0363	<p>Continued From page 12</p> <p>required.</p> <p>19.3.6.3.4 A clearance between the bottom of the door and the floor covering not exceeding 1 in. (25 mm) shall be permitted for corridor doors.</p> <p>19.3.6.3.5* Doors shall be provided with a means for keeping the door closed that is acceptable to the authority having jurisdiction, and the following requirements also shall apply:</p> <p>(1) The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door.</p> <p>(2) Roller latches shall be prohibited on corridor doors in buildings not fully protected by an approved automatic sprinkler system in accordance with 19.3.5.7.</p> <p>NFPA 80 2010 edition</p> <p>4.2 Listed and Labeled Products. (See 3.2.3 and 3.2.4 for definitions.)</p> <p>4.2.1* Listed items shall be identified by a label.</p> <p>4.2.2 Labels shall be applied in locations that are readily visible and convenient for identification by the AHJ after installation of the assembly.</p> <p>4.2.3 The label or the listing shall be considered evidence that samplings of such devices or materials have been evaluated by tests and that such devices or materials are produced under an in-plant, follow-up inspection program.</p> <p>4.2.4 Specification of items of a generic nature, such as hinges, that are not</p>	K 0363		

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K 0363	Continued From page 13 labeled shall comply with the specifications contained in this standard. 6.1.4.3 Automatic-Closing Doors. Automatic-closing doors shall be permitted to close automatically by means of the installation of a closing device and one of the following: (1) A separate, labeled, fail-safe door holder/release device or a hold-open mechanism that shall be permitted to be an integral part of the basic closing device (2) An integral closing device that allows the door to swing freely and that automatically closes the door during an alarm condition, provided the hold-open mechanisms are released by one or a combination	K 0363		
K 0372 SS=E BLD03	NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Construction 2012 EXISTING Smoke barriers shall be constructed to a 1/2-hour fire resistance rating per 8.5. Smoke barriers shall be permitted to terminate at an atrium wall. Smoke dampers are not required in duct penetrations in fully ducted HVAC systems where an approved sprinkler system is installed for smoke compartments adjacent to the smoke barrier. 19.3.7.3, 8.6.7.1(1) Describe any mechanical smoke control system in REMARKS.	K 0372	Tag: K 0372 Both the pipe and conduits between the ceiling and drop ceiling above the fire rated double corridor leading into 100 hall, 200 hall, 300 hall, 400 hall, service hallway and into the attic space were repaired with fire rated caulk on or before 6/20/25. There was no other conduit or pipes found to have penetrations not properly sealed. Administrator educated maintenance director on NFPA 101 subdivision of building spaces – smoke barrier construction on 6/16/25. Maintenance director or designee will audit pipes and conduits for penetration monthly x 3 months. Audits will be submitted to the QAPI committee for review and recommendations.	06/20/2025

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K 0372	<p>Continued From page 14</p> <p>This STANDARD is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain fire/smoke barriers per NFPA 101-2012 Edition, Section 19.3.7.3, and NFPA 101-2012 Edition, Section 8.5.6.2. This had the potential to affect all 39 residents.</p> <p>Findings include:</p> <p>An observation during a tour of the facility, 06/04/25, with the Regional Maintenance Director (RMD) #1 and Maintenance Director (MD) #2, the following was found:</p> <ol style="list-style-type: none"> At approximately 11:38 A.M., three ½-inch aluminum conduits and one 3-inch black pipe were sealed with non-fire-rated, white, rubber-like material surrounding the pipe, located in the interstitial space between the ceiling and drop ceiling above the 20-minute fire-rated double corridor leading into the 100 Hall. At approximately 11:35 A.M., one three-inch black pipe was sealed with non-fire-rated, white, rubber-like material surrounding the pipe, located in the interstitial space between the ceiling and drop ceiling above the 20-minute fire-rated double corridor leading into the 200 Hall. At approximately 11:39 A.M., one ½-inch aluminum conduit and one 3-inch black pipe were sealed with a non-fire-rated, white, rubber-like material 	K 0372		

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K 0372	<p>Continued From page 15</p> <p>surrounding the pipe, located in the interstitial space between the ceiling and drop ceiling above the 20-minute fire-rated double corridor leading into the 300 Hall.</p> <p>4. At approximately 11:42 A.M., two ½-inch aluminum conduits and one 3-inch black pipe were sealed with a non-fire-rated, white, rubber-like material surrounding the pipe, located in the interstitial space between the ceiling and drop ceiling above the 20-minute fire-rated double corridor leading into the 400 Hall.</p> <p>5. At approximately 11:45 A.M., one ½-inch aluminum was sealed with a non-fire-rated, greyish, rubber-like material surrounding the pipe, located in the interstitial space between the ceiling and drop ceiling above the 20-minute fire-rated double corridor leading into the Service Hall.</p> <p>6. At approximately 11:52 A.M., one 3-inch black pipe was unsealed and located in the attic space above the 20-minute fire-rated double-corridor leading into the attic space.</p> <p>An interview with the Regional Maintenance Director (RMD) #1 confirmed the finding at the time of discovery, stating that he was unsure what type of material surrounded the pipes.</p>	K 0372		

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K 0372	<p>Continued From page 16</p> <p>NFPA 101-2012 Edition, Section 19.3.7.3 states, Any required smoke barrier shall be constructed in accordance with Section 8.5 and shall have a minimum 1.2-hour fire resistance rating, unless otherwise permitted by one of the following:</p> <p>(1) This requirement shall not apply where an atrium is used, and both of the following criteria also shall apply:</p> <p>(a) Smoke barriers shall be permitted to terminate at an atrium wall constructed in accordance with 8.6.7(1)(c).</p> <p>(b) Not less than two separate smoke compartments shall be provided on each floor.</p> <p>(2)*Smoke dampers shall not be required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air-conditioning systems where an approved, supervised automatic sprinkler system in accordance with 19.3.5.8 has been provided for smoke compartments adjacent to the smoke barrier.</p> <p>NFPA 101-2012 Edition, Section 8.5.6.2 states, Penetrations for cables, cable trays, conduits, pipes, tubes, vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a smoke barrier, or through the ceiling membrane of the roof/ceiling of a smoke barrier assembly, shall be protected by a system or material capable of restricting the transfer of smoke.</p>	K 0372		

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K 0372	Continued From page 17	K 0372		
K 0741 SS=F BLD03	<p>NFPA 101 Smoking Regulations Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions:</p> <p>(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.</p> <p>(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.</p> <p>(3) Smoking by patients classified as not responsible shall be prohibited.</p> <p>(4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision.</p> <p>(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interviews, the facility failed to maintain</p>	K 0741	<p>Tag: K 0741 On or before 6/20/25 the designated smoking areas were equipped with self closing cover metal devices. There are no other smoking areas on the property. Administrator provided the maintenance director with education regarding NFPA 101 smoking regulations. Maintenance director or designee will audit smoking areas for appropriate self closing devices 3 x a week for 4 weeks. Results of audit will be submitted to the QAPI committee for review and recommendations.</p>	06/20/2025

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K 0741	<p>Continued From page 18</p> <p>smoking regulations per NFPA 101-2012 Edition, Section 19.7.4*. This had the potential to affect an undetermined number of staff and 39 residents in the event of an emergency.</p> <p>Findings include:</p> <p>During a tour of the facility on June 4, 2025, with the Regional Maintenance Director (RMD) #1 and Maintenance Director (MD) #2, an observation was made that no metal containers with self-closing cover devices, into which ashtrays can be emptied, were provided in the designated smoking area in the courtyard gazebo.</p> <p>An interview with RMD#1 and MD#2 verified the findings at the time of the observation.</p> <p>NFPA 101-2012 Edition, Section 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 healthcare occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that</p>	K 0741		

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K 0741	Continued From page 19 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 in all areas where smoking is permitted.	K 0741		