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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366143 | (x2) multiple construction a. building <u>BLD 03</u> b. wing _____ | (X3) DATE SURVEY COMPLETED 03/25/2026 |
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| name of provider or supplier ADAMS COUNTY MANOR | street address, city, state, zip code 10856 STATE ROUTE 41 WEST UNION OH, 45693 |
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| K 0000 BLD03 | <p>INITIAL COMMENTS</p> <p>FIRE SAFETY SURVEY REPORT 2012 CODE NEW ADMINISTRATOR: Michael Hanson, #7551 CENSUS IN HOUSE: 67</p> <p>BUILDING 1 OF 2</p> <p>42 CFR 483. 90 (a)</p> <p>The facility must meet the applicable provisions of the 2012 New edition of the Life Safety Code (LSC) of the National Fire Protection Association.</p> <p>An annual Life Safety Code Survey was conducted by the Ohio Department of Health. At this survey, Adams County Manor was found not to be in substantial compliance with 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 18 New Health Care Chapter.</p> <p>Adams County Manor original building is a two-story structure built in 1859 with wood frame roofing, block wall exterior and wooden protected floors. The original building is used for offices, resident lounges and nursing units and activities. The North and South Resident halls were built in 2004. The east wing was added in 2008 and serves as a transitional care unit. This Building will be known as</p> | K 0000 | | |
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laboratory director's or provider/supplier representative's signature

title

MICHAEL.HANSON

(x6) date

05/27/2026

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 | <p>Continued From page 1</p> <p>Building 1 and was surveyed under Chapter 19 the existing code.</p> <p>The newest addition was built in 2018 and will be known as Building 2. This addition included 16 private resident rooms and a large therapy room. All structures are of wood frame bearing walls and roofing, brick exterior and concrete flooring and was determined to be of Type V (III) construction. The original and additions were fully sprinklered. Building 2 will be surveyed under Chapter 18 the new code.</p> <p>The facility is a 74 bed Dually Certified nursing home.</p> <p>The requirement at 42 CFR Subpart 483.90 (a) is NOT MET as evidenced by:</p> | K 0000 | | |

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| K 0291 K 0291 SS=F BLD03 | Continued From page 2 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 record review and staff interview the facility failed to perform the monthly and/or annual inspections of emergency and Exit lighting in accordance with NFPA 101 – 2012 Edition sections 19.2.9.1 and 7.9.3.1.2. This deficient practice had the potential to affect 69 of the 69 residents in the facility. Findings include: On 03/25/26 during record review beginning at 8:45 A.M. it was found that there was no documentation to verify that the battery back-up emergency lights located throughout the facility had been tested to 90-minutes annually as required by code. Documentation was requested at the time of entrance conference at 8:40 A.M. Documentation was requested again at 9:35 A.M. and 10:10 A.M. No documentation was provided at the time of exit. Interview with the Maintenance Director (MD #2) verified the findings at the time of | K 0291 K 0291 | 1. Based on record review and staff interview, no residents experienced negative outcomes related to failure to perform and document required emergency lighting testing. 2. The Medical Director was notified on 03/26/2026 by LNHA that the facility failed to provide documentation verifying battery back-up emergency lights were tested annually for 90 minutes as required. 3. Emergency lighting testing [for 90 minutes] will be completed by Maintenance Director/designee on or before 04/30/2026. Testing will be added to an annual automatically recurring schedule by Administrator/designee. 4. Documentation will be maintained and reviewed. Compliance will be reviewed in QAPI quarterly and as needed. 5. LNHA educated Maintenance Director on 03/26/2026 regarding the requirements for maintaining emergency lighting. | 04/30/2026 |

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| K 0291 | Continued From page 3 discovery. | K 0291 | | |
| K 0324 SS=E BLD03 | <p>NFPA 101 Cooking Facilities Cooking Facilities</p> <p>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <p>* 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</p> <p>* 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</p> <p>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</p> <p>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.</p> <p>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</p> | K 0324 | <p>1. Based on record review, observation and staff interview, no residents experienced negative outcomes related to failure to maintain kitchen fire suppression system and equipment safeguards. 2. The Medical Director was notified by LNHA on 03/26/2026 of the deficiency including incomplete hood inspection frequency and lack of appliance restraints. 3. Hood inspection will be completed by Grexen (contracted company) on or before 04/30/2026. Appliance restraints will be installed by Maintenance Director/designee on or before 04/30/2026. Hood inspections will be added to an every six (6) month automatically recurring schedule by Administrator/designee. 4. Compliance will be reviewed in QAPI every quarter and as needed. 5. LNHA educated Maintenance Director on 03/26/2026 regarding the requirements for maintaining the kitchen hood and kitchen equipment.</p> | 04/30/2026 |

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| K 0324 | Continued From page 4 This STANDARD is not met as evidenced by: Based on record review, observation and staff interview, the facility failed to ensure kitchen fire suppression system was maintained in accordance with NFPA 101 - 2012 Edition, Sections 19.3.2.5.1, 9.2.3, NFPA 96 - 2011 Edition Sections 10.2 through 10.2.2.1, 10.2.6, 10.5 through 10.5.1.2, 10.10.1, 12.1.2.2 through 12.1.2.3.1, 13.2.3, NFPA 17A, 2009, Edition Section 5.5, NFPA 10, 2010 Edition 6.1.3.8 through 6.1.3.8.3, NFPA 54, 2011 Edition sections 9.6.1.1, and 9.6.1.2. This deficient practice had the potential to affect 22 of 69 residents who reside within the facility. Findings include: On 03/25/26 during record review beginning at 8:45 A.M. it was found that there was only one documented kitchen hood inspection completed in the past 12 months. Specifically, documentation provided during the survey showed the only kitchen hood inspection was completed on 04/23/25. Documentation was requested at the time of entrance conference at 8:40 A.M. Documentation was requested again at 9:35 A.M. and 10:10 A.M. No documentation was | K 0324 | | |

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| K 0324 | <p>Continued From page 5 provided at the time of exit.</p> <p>Observation on 03/25/26 during the tour of the facility at 11:25 P.M. it was found that there were no restraints on the facility's kitchen appliances to ensure that if the appliances were moved for service or cleaning the gas line would not be over extended.</p> <p>Interview with the Maintenance Director (MD #2) verified the findings at the time of observation.</p> | K 0324 | | |

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| K 0345 K 0345 SS=F BLD03 | <p>Continued From page 6</p> <p>NFPA 101 Fire Alarm System - Testing and Maintenance</p> <p>Fire Alarm System - Testing and Maintenance</p> <p>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.</p> <p>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation, record review, and staff interview, the facility failed to ensure Fire Alarm system components were maintained in accordance with NFPA 101 - 2012 Edition Section: 19.3.4.1, 9.6.1.3 and NFPA 72 - 2012 Edition Sections 10.1.1 through 10.3.3, 14.4.5.3 through 14.4.5.3.5, 14.4.5.4, and 14.6.2.2 through 14.6.2.4. This deficient practice had the potential to affect 69 of the 69 residents in the facility.</p> <p>Findings include:</p> <p>On 03/25/26 during record review beginning at 8:45 A.M. the following deficiencies were identified:</p> <p>1) The annual fire alarm documentation</p> | K 0345 K 0345 | <p>1. Based on observation, record review, and staff interview, no residents experienced negative outcomes related to fire alarm system testing and maintenance deficiencies. The facility failed to provide complete annual fire alarm documentation listing (only one page with no device list provided during survey), failed to provide documentation of required semi-annual visual inspections, and failed to provide documentation of required device sensitivity testing. Additionally, observations identified fire alarm breakers that were in the off position, not marked in red, not secured from unauthorized access, and not properly labeled within electrical panels. 2. The Medical Director was notified by LNHA on 03/26/2026 of the deficiency, including incomplete fire alarm system documentation, lack of required inspections and testing, and electrical breaker deficiencies identified during survey. 3. Fire alarm system inspection, testing, and documentation will be completed by a contracted fire protection vendor on or before 04/30/2026. This will include: (a) completion of a full annual inspection with a complete device list, (b) completion and documentation of semi-annual visual inspections, and (c) completion and documentation of sensitivity testing of all required devices. All missing documentation will be obtained and maintained onsite. Electrical deficiencies will be corrected by Maintenance Director/designee or licensed electrician on or before 04/30/2026, including: (a) ensuring all fire alarm breakers are in the correct position, (b) marking all fire alarm breakers in red, (c) securing breakers from unauthorized access,</p> | 04/30/2026 |

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| K 0345 | <p>Continued From page 7</p> <p>provided during the survey was incomplete. Specifically, the documentation provided was only one page and had no device list.</p> <p>2) There was no documentation provided to verify that a semi-annual visual inspection had been completed as required by code.</p> <p>3) There was no documentation provided to verify that devices in the facility had been sensitivity tested as required by code.</p> <p>Documentation was requested at the time of entrance conference at 8:40 A.M. Documentation was requested again at 9:35 A.M. and 10:10 A.M. No documentation was provided at the time of exit.</p> <p>Observation on 03/25/26 during the tour of the facility identified the following deficiencies:</p> <p>1) At 11:14 A.M. in electrical panel PP-5 the fire alarm breaker was in the off position and not marked in red or secured from unauthorized access. Additionally, there was another fire alarm breaker located in the generator main A panel that was also not marked in red or secured from unauthorized access. The panel had no label to indicate that the fire alarm breaker was inside the generator main A panel.</p> <p>2) At 1:24 P.M. in the electrical panel labeled generator sub-A in the front of the building it was found that the fire alarm</p> | K 0345 | <p>and (d) labeling all panels to clearly identify fire alarm circuits including those located within generator panels. All required inspections, testing, and maintenance will be placed on an automatically recurring schedule per NFPA 72 requirements by Administrator/designee on or before 04/30/2026. 4. Documentation of all fire alarm system inspections, testing, and maintenance will be maintained onsite and readily available. The Maintenance Director/designee will audit compliance monthly. Compliance will be reviewed in QAPI every quarter and as needed to ensure ongoing systemic compliance. 5. LNHA educated Maintenance Director on 03/26/2026 regarding maintenance of the facility's fire alarm equipment/system, including listing out all devices.</p> | |

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| K 0345 | <p>Continued From page 8</p> <p>breaker was not marked in red or secured from unauthorized access.</p> <p>Interview with the Maintenance Director (MD #2) verified the findings at the time of observation.</p> | K 0345 | | |
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| K 0353 K 0353 SS=F BLD03 | Continued From page 9 NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on record review, and staff interview the facility failed to ensure sprinkler system was properly maintained in accordance with NFPA 101 2012 Edition sections 19.3.5.1, 9.7.5 through | K 0353 K 0353 | 1. Based on record review, observation and interview, no residents experienced negative outcomes related to sprinkler system deficiencies. The facility failed to ensure sprinkler system inspection, testing, and maintenance were completed and documented in accordance with NFPA 25. Findings included lack of complete inspection documentation within the required timeframe and identified physical deficiencies (including missing escutcheon plates). 2. The Medical Director was notified by LNHA on 03/26/2026 that the facility failed to ensure sprinkler system inspections, testing, and maintenance were completed and documented in accordance with NFPA 101 and NFPA 25 requirements. 3. Sprinkler system inspection, testing, and maintenance will be completed by a contracted fire protection vendor on or before 04/30/2026. This will include implementation of a full Inspection, Testing, and Maintenance (ITM) program in accordance with NFPA 25 (2010 Edition), including but not limited to: • Completion of a full annual sprinkler system inspection in accordance with NFPA 25 §13.6.2.1. • Quarterly testing of waterflow alarm devices and supervisory signals. • Monthly and/or weekly inspection of control valves, gauges, and system condition as applicable. • Five-year internal pipe inspection (obstruction investigation) if due. • Inspection of all sprinkler heads to ensure no damage, corrosion, paint, loading, obstruction, or missing escutcheon plates. • Verification that all components are installed correctly and maintained in reliable operating condition. All identified physical deficiencies (including | 04/30/2026 |

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| K 0353 | <p>Continued From page 10</p> <p>9.7.8, and NFPA 25 – 2010 Edition section 13.6.2.1. This deficient practice had the potential to affect 67 of the 67 residents in the facility.</p> <p>Findings include:</p> <p>On 03/25/26 during record review beginning at 8:45 A.M. it was found that there was only one documented sprinkler inspection completed in the past 12 months. Documentation provided during the survey showed the only documented sprinkler inspection was dated 04/23/25. Documentation was requested at the time of entrance conference at 8:40 A.M. Documentation was requested again at 9:35 A.M. and 10:10 A.M. No documentation was provided at the time of exit.</p> <p>Interview with the Maintenance Director (MD #2) verified the findings at the time of observation.</p> | K 0353 | <p>missing escutcheon plates and any additional deficiencies discovered during inspection) will be corrected on or before 04/30/2026. A comprehensive facility-wide sprinkler system inspection will be completed to ensure no additional deficiencies exist. All inspection, testing, and maintenance activities will be placed on an automatically recurring schedule by Administrator/designee to ensure ongoing compliance. 4. Documentation of all sprinkler system inspection, testing, and maintenance activities will be maintained onsite and readily available at the time of survey. The Maintenance Director/designee will conduct routine audits to verify completion of required inspection, testing, and maintenance (ITM) activities. Compliance will be reviewed in QAPI every quarter and as needed to ensure ongoing systemic compliance. 5. LNHA educated Maintenance Director on 03/26/2026 regarding the requirements for maintaining the facility's fire suppression equipment, as well as ensuring required completion of backflow device testing; and required escutcheon plates to sprinkler heads.</p> | |

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| K 0511 K 0511 SS=F BLD03 | Continued From page 11 NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the electrical system was maintained in accordance with NFPA 101-2012, sections 19.5.1.1, 9.1.2 and NFPA 70-2011, section 408.4. This had the potential to affect 69 of the 69 residents in the facility. Findings include: Observation on 03/25/26, during the tour of the facility, identified the electrical integrity of equipment with the following deficiencies: | K 0511 K 0511 | 1. Based on observation and staff interview, no residents experienced negative outcomes related to electrical system deficiencies. The facility's kitchen dishwasher breakers were in the off position; the dishwasher was running and had power. It was also noted that in generator sub panel B there was a breaker listed as sprinkler pump as well as an open breaker that has no blank, while the facility has no sprinkler pump. 2. The Medical Director was notified by LNHA on 03/26/2026 of deficiencies including improper breaker configuration and labeling. 3. Electrical deficiencies will be corrected by licensed electrician on or before 04/30/2026. 4. Monthly inspections will be conducted and compliance reviewed in QAPI. 5. LNHA educated 03/26/2026 regarding the requirements for maintaining the facility's electrical equipment, including the requirements for the facility's kitchen dishwasher breakers' requirements in power being active and breaker reflecting that it is on, and vice versa. Also, Maintenance Direct was educated in the importance of ensuring the appropriate labeling of breakers. | 04/30/2026 |

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| K 0511 | Continued From page 12 1) At 11:27 A.M. in the kitchen electrical panel it was found that the breakers for the facility's dishwasher were in the off position. Additionally, the dishwasher was running and had power. 2) At 1:12 P.M. it was noted that in generator sub panel B there was a breaker listed as sprinkler pump as well as an open breaker that has no blank. The facility did not have a sprinkler pump. Interview with the Maintenance Director (MD #2) verified the findings at the time of discovery. | K 0511 | | |
| K 0521 SS=F BLD03 | NFPA 101 HVAC 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 This STANDARD is not met as evidenced by: | K 0521 | 1. Based on observation, record review and interview, no residents experienced negative outcomes related to the missing fire damper inspection. 2. The Medical Director was notified by LNHA on 03/26/2026 that the facility failed to ensure fire dampers were inspected and tested. 3. Fire damper inspection will be completed by contracted vendor on or before 04/30/2026. 4. Compliance will be reviewed in QAPI quarterly and as needed. 5. LNHA educated Maintenance Director on 03/26/2026 regarding the requirements of maintaining the facility's smoke/fire dampers, ensuring required scheduled inspections/testing. | 05/29/2026 |

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| K 0521 | <p>Continued From page 13</p> <p>Based on observations, record review, and staff interview the facility failed to ensure fire dampers were maintained in accordance with NFPA 101 2012 Edition sections 19.5.2, 9.2.1, NFPA 90 A-2012 Edition, Section 5.4.8.1, NFPA 80-2010 Edition, Sections 19.4.1 through 19.4.11, and NFPA 90A – 2012 Edition sections 5.4.5.2 through 5.4.6.2. This deficient practice had the potential to affect 69 of the 69 residents in the facility.</p> <p>Findings include:</p> <p>On 03/25/26 during record review beginning at 8:45 A.M. it was found that there was no documentation to verify that the facility's fire dampers had been inspected and tested as required by code. Documentation was requested at the time of entrance conference at 8:40 A.M. Documentation was requested again at 9:35 A.M. and 10:10 A.M. No documentation was provided at the time of exit.</p> <p>Observation during the tour of the facility noted fire dampers located throughout the facility.</p> <p>Interview with the Maintenance Director (MD #2) verified the findings at the time of observation.</p> | K 0521 | | |

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| K 0712 K 0712 SS=F BLD03 | Continued From page 14 NFFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This STANDARD is not met as evidenced by: Based on record review and staff interview, the facility failed to ensure fire drills were conducted on each shift quarterly at varied times in accordance with NFFPA 101 – 2012 Edition, Section 19.7.1. This deficient practice had the potential to affect 69 of the 69 residents in the facility. Findings include: On 03/25/26 during record review beginning at 8:45 A.M. it was found that there was no documentation provided during the survey to verify that a fire drill had been conducted in May of 2025. Documentation was requested at the time of entrance conference at 8:40 A.M. | K 0712 K 0712 | 1. Based on record review and staff interview, no residents experienced negative outcomes related to fire drill documentation deficiencies. 2. The Medical Director was notified by LNHA on 03/26/2026 that the facility failed to provide documentation verifying a fire drill was conducted in May 2025. 3. Fire drill schedule has been implemented and documentation will be maintained for all required drills. 4. Compliance will be reviewed in QAPI quarterly and as needed. 5. LNHA educated Maintenance Director on 03/26/2026 on the requirements for conducting fire drills on every shift every quarter. | 04/30/2026 |

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| K 0712 | Continued From page 15 Documentation was requested again at 9:35 A.M. and 10:10 A.M. No documentation was provided at the time of exit. Interview with the Maintenance Director verified the findings at the time of observation. | K 0712 | | |
| K 0916 SS=F BLD03 | NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Alarm Annunciator A remote annunciator that is storage battery powered is provided to operate outside of the generating room in a location readily observed by operating personnel. The annunciator is hard-wired to indicate alarm conditions of the emergency power source. A centralized computer system (e.g., building information system) is not to be substituted for the alarm annunciator. 6.4.1.1.17, 6.4.1.1.17.5 (NFPA 99) This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure electrical outlets were protected in accordance with NFPA 99 – 2012 Edition, Section 6.4.1.1.17 through 6.4.1.1.17. This deficient practice had the potential to affect 69 of the 69 residents in the facility. | K 0916 | 1. Based on observation and staff interview, no residents experienced negative outcomes related to annunciator deficiencies. The generator annunciator panel at the East nurse's station had no lights functional and the provider key on the side of the box was in an off position. Additionally, the generator annunciator at the front nurse's station having no functional lights and the provider key on the side of the box was in an off position. 2. The Medical Director was notified of non-functional annunciator panels. 3. Annunciator repairs will be completed by contracted vendor on or before 04/30/2026. 4. Monthly monitoring will be conducted and reviewed in QAPI. 5. LNHA educated Maintenance Director regarding having a generator annunciator that is functioning appropriately, and maintenance of the same. | 04/30/2026 |

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| K 0916 | <p>Continued From page 16</p> <p>Findings include:</p> <p>Observation during the tour of the facility at 10:29 A.M. at the East Nurses station found that the generator annunciator panel had no lights functional and the provide key on the side of the box that was in the off position. Additionally, the generator annunciator at the front nurses' station was in the same condition with no lights and the key in the off position.</p> <p>Interview with the Maintenance Director (MD #2) and the time found that the only way he knows if there is a problem with the generators is if he goes and looks at the display on the generators themselves. MD #2 turned on the generators, and it was found that the key was for an audible signal that sounded when the generator was running.</p> <p>Interview with MD #2 verified the findings at the time of observation.</p> | K 0916 | | |

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| K 0918 K 0918 SS=F BLD03 | Continued From page 17 NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of | K 0918 K 0918 | 1. Based on record review, observation, and staff interview, no residents experienced negative outcomes related to the facility's failure to test and maintain the essential electrical system in accordance with NFPA requirements. Findings identified during the survey included: • The facility failed to provide documentation verifying that the three generators were tested monthly as required. • The facility failed to provide documentation verifying that the three generators were inspected and tested annually as required. • During observation on 03/25/2026, it was identified that the facility's three generators did not have remote manual stop buttons installed. 2. The Medical Director was notified by LNHA on 03/26/2026 of the deficiency, including failure to perform and document required generator testing, lack of annual inspection documentation, and absence of required remote manual stop devices. 3. Generator system inspection, testing, and maintenance will be completed by a contracted generator service provider and/or Maintenance Director/designee on or before 04/30/2026. Corrective actions will include: • Completion of monthly generator testing under load conditions, including verification of automatic transfer within 10 seconds. • Completion of annual generator inspection and testing, including full system evaluation in accordance with NFPA 110 requirements. • Installation of remote manual stop buttons for all three generators in accordance with code requirements. • Verification that all generator components, transfer switches, and associated equipment are functioning properly. • Establishment of a comprehensive | 04/30/2026 |

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| K 0918 | <p>Continued From page 18</p> <p>the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on record review, observation, and staff interview, the facility failed to test and maintain generators and essential Electrical System in accordance with NFPA 99 – 2012 Edition, Section 6.4.4 through 6.5.4.2 and NFPA 110 – 2010 Edition 5.6.5. This deficient practice had the potential to affect 69 of the 69 residents in the facility.</p> <p>Findings include:</p> <p>On 03/25/26 during record review beginning at 8:45 A.M. the following deficiencies were identified:</p> <p>1) There was no documentation to verify that the facility's three generators were tested monthly as required by code.</p> <p>2) There was no documentation provided during the survey to verify that the facility's three generators were inspected and tested annually as required by code.</p> <p>Documentation was requested at the time of entrance conference at 8:40 A.M. Documentation was requested again at 9:35 A.M. and 10:10 A.M. No</p> | K 0918 | <p>generator testing and maintenance program, including weekly inspections, monthly load testing (20–40 day intervals), and required periodic extended testing. • All generator testing, inspection, and maintenance activities will be placed on an automatically recurring schedule by Administrator/designee on or before 04/30/2026. Documentation logs will be implemented and maintained onsite.</p> <p>4. Documentation of all generator inspections, testing, and maintenance will be maintained onsite and readily available. The Maintenance Director/designee will conduct weekly and monthly audits to ensure compliance with NFPA 99 and NFPA 110 requirements. Compliance will be reviewed in QAPI every quarter and as needed to ensure ongoing systemic compliance</p> <p>5. LNHA educated Maintenance Director on 03/26/2026 regarding the requirements for maintaining the facility's generators, including inspection and testing.</p> | |

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| K 0918 | Continued From page 19 documentation was provided at the time of exit. Observation during the tour of the facility at 1:06 P.M. found that there were no remote manual stop buttons for any of the facility's three generators. Interview with the Maintenance Director (MD #2) verified the findings at the time of observation. | K 0918 | | |