



STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185387		CONSTRUCTION COMPLETE BUILDING B WING		(X3) DATE SURVEY COMPLETED 05/01/2015	
NAME OF PROVIDER OR SUPPLIER T J SAMSON COMMUNITY HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 1301 N RACE ST GLASGOW, KY 42141			
(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	F 000					
F 323 SS=D	<p>A Recertification Survey was conducted on 04/30/15 through 05/01/15 with deficiencies cited at the highest Scope and Severity of an "E". 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, record review and facility policy review it was determined the facility failed to safely store medications for one (1) of eight (8) sampled residents (Resident #6). Observation revealed over the counter ointments and medication were stored in a plastic bin in Resident #6's room unsecured in a clear bin.</p> <p>The findings include: Review of the facility's policy titled , "Bedside Medications", last revised 04/15/15, revealed medications should not be left at the bedside for self-administration, with the exception of the following; a patient controlled analgesic, aerosols and/or bronchodilators used in the treatment of bronchospasms, nitroglycerine sublingual tablets not to exceed ten (10) tablets, and antacids, eye drops, throat lozenges and external preps for topical application. Further review revealed all</p>	F 323	<p>1. The medications (including topical) at the bedside of Resident #6 were immediately removed by staff RN.</p> <p>2. All of the resident's bedside cabinets/chests were checked by the day staff RN for any medications on 5/1/2015. All medications found (2 residents) were immediately removed. The CNO informed the SNF staff that no further medications would be kept at the bedside until the appropriate education had been done and proper equipment was available. 100% inspection of the bedside cabinets on 6/9/2015 indicated no medications at the bedside.</p> <p>3. The Medication Self-Administration policy has been revised on 6/10/2015 by the Director of Nursing to include a competency assessment of the residents to self-administer medications to be completed by a staff RN. Inclusive in the policy is that medication will be maintained at the bedside in a punch lock container (Rx solution) of which the resident will be given a code. Any topical medications for staff usage will be maintained in the locked medication caddy for staff usage during the resident's care. Education was provided to 100% of the RN's and LPN's on the unit by the Director of Education. Education totally completed on 6/15/2015.</p>				

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

Danny Steele

TITLE

Adm

(X6) DATE

6/12/15

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.

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185387	MULTIPLE CONSTRUCTION A BUILDING _____ B WING _____		(X3) DATE SURVEY COMPLETED 05/01/2015
NAME OF PROVIDER OR SUPPLIER T J SAMSON COMMUNITY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1301 N RACE ST GLASGOW, KY 42141		
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F 323	<p>Continued From page 1</p> <p>medications left at bedside must be appropriately labeled, the bedside medications must be listed on the Medication Administration Record (MAR) and licensed staff must document what was taken and check bedside medication bottles every shift, the mental competency of the resident must be assessed and evaluated before any drugs are left at bedside and the bedside medications must be secured so that only the patient and authorized staff can access these medications.</p> <p>Record review revealed Resident #6 was admitted to the facility on 04/10/15 with diagnoses which included Heart Failure, Acute Congestive Heart Failure Exacerbation, Atrial Fibrillation, Renal Insufficiency, Parkinson's Disease, and Anxiety Disorder. Review of the admission Minimum Data Set (MDS) assessment, dated 04/17/15, revealed the facility assessed Resident #6's cognition as cognitively intact with a Brief Interview of Mental Status of fifteen (15) which indicated the resident was interviewable.</p> <p>Observations on 04/30/15 at 6:20 AM and 8:00 AM revealed a clear box on a chest in Resident #6's room that contained Bactroban Ointment 2%, Nystatin Powder 15 gram package, Magic Butt Cream tube, Petroleum with Mineral Oil, Restful Legs 50 quick dissolving tablets OTC, and Lubricating eye drops (Carboxymethyl Cellulose Sodium 0.25 % -Hyromellose 0.3%.</p> <p>Interview, on 05/01/15 at 10:20 AM with Certified Nursing Aide (CNA) #1, revealed medications were not supposed to be at bedside, and she would call the nurse and tell them she needed them in the room right now. CNA #1 stated residents were not supposed to have medications</p>	F 323	<p>4. A "quality check list" has been developed for the RN Coordinator to monitor weekly, "medication kept at the bedside are in punch lock container" is included in the "quality check list". The checklist will also include: resident competency assessments for residents self-administering medications are maintained in the medical record. In addition it includes if any medication is at the bedside outside of the locked container. The nurse coordinator will complete the check list weekly and aggregated data will be reported at the department staff meeting, including all SNF staff, Director of Quality, DON, SNF Coordinator and LNHA. Then reported to the hospital Quality Safety Council including 35 directors, Chiefs of Service and hospital Quality Department members. Ultimately, this data is reported to the hospital Board of Directors including Community board members, COO, CEO, CNO and Quality Director quarterly.</p> <p>5. Completion date -</p>	6/15/2015	

<p>F 323</p> <p>F 371 SS=E</p>	<p>Continued From page 2 from home.</p> <p>Interview, on 04/30/15 at 6:32 AM with Licensed Practical Nurse (LPN) #2, revealed stated the medication probably should not be in the resident's room but should be in a resident's medication box and locked at all times.</p> <p>Interview, on 05/01/15 with the Chief Nursing Officer (CNO), revealed topicals were allowed at bedside but the resident would have to have an order to do that. The CNO stated there should be a locked drawer for placement of the medication, and she would not expect any medications to be out in the open, as anyone could take them and not know what they were if not labeled.</p> <p>Interview, on 05/01/15 at 11:10 AM with the Administrator, revealed only certain medications can be at a resident's bedside, and it should be labeled by the hospital pharmacy and the nurse needs to be aware of it and document it's use. The Administrator stated resident's can bring medication from home if it is not available there but there has to be a medication order for a resident to have it. The Administrator revealed the risk of having medication in a resident's room would be inappropriate use of too little or too much, or theft of the medications.</p> <p>483.35(i) FOOD PROCURE, STORE/PREPARE/SERVE - SANITARY</p> <p>The facility must - (1) Procure food from sources approved or considered satisfactory by Federal, State or local authorities; and (2) Store, prepare, distribute and serve food under sanitary conditions</p>	<p>F 323</p> <p>F 371</p>	<p>1. The machine dispensing sanitizing solution into the buckets was re-calibrated by Eco-lab on 5/1/2015. The Director of Support Services verified the machine now dispenses the correct amount of sanitizing solution.</p>	
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NAME OF PROVIDER OR SUPPLIER T J SAMSON COMMUNITY HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 N RACE ST GLASGOW, KY 42141		

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F 371	<p>Continued From page 3</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of manufacturer recommendations and facility policy it was determined the facility failed to store, prepare and serve food under sanitary conditions. Observations on 04/30/15 revealed three (3) of four (4) sanitation buckets did not test in the acceptable range for sanitizer solution.</p> <p>Review of the facility Census and Condition, dated 04/30/15, revealed there was a census of thirteen (13) residents and all the residents ate food from the kitchen.</p> <p>The findings include:</p> <p>Review of manufacturer guidelines, (not dated), revealed the testing solution should be at room temperature (65°F-75°F). Two inches of dip paper should be held in the sanitizer solution for ten (10) seconds. Compare colors immediately with colors on the test strip package to determine parts per million (ppm). Always compare against package scale. Testing solution should be between 150 - 400 ppm.</p> <p>Review of facility policy, titled "Cleaning and Sanitizing", (no date), revealed to maintain sanitation solution at 150 ppm to 400 ppm.</p> <p>Observations on 04/30/15 starting at 8:15 AM, in various areas of the food preparation area,</p>	F 371	<p>2. All sanitizing buckets were checked by Eco-lab on 5/1/2015 throughout the facility to assure the correct amount of sanitizing solution.</p> <p>3. The dietary staff received in-service training the week of 5/4/2015 through 5/8/2015 on the correct procedure for filling solution buckets per proper procedure in accordance with manufacturing guidelines. The education was provided by the Dietary Manager and the facility Dietician. 100% of the dietary staff were educated.</p> <p>4. There are a total of 6 sanitizing buckets in the facility. The individual working in the area is responsible for filling them at the beginning of the shift; thereafter the sanitizing solution is changed every 2 hours and documented. Inclusive in the monitoring process is a test strip which is utilized to verify that the solution is maintained at 150 parts per million (ppm) to 400 ppm as directed by manufacturing guidelines. 100% completion of monitoring logs is verified by the guest services manager weekly and aggregated data will be reported at the department staff meeting, including all SNF staff, Director of Quality, CNO, SNF Coordinator and LNHA. Then reported to the hospital Quality Safety Counsel including 35 directors, Chiefs of Service and hospital Quality Department members.</p>	
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T J SAMSON COMMUNITY HOSPITAL		1301 N RACE ST GLASGOW, KY 42141		
F 441	<p>Continued From page 5</p> <p>(2) The facility must prohibit employees with a communicable disease or infected skin lesions from direct contact with residents or their food, if direct contact will transmit the disease.</p> <p>(3) The facility must require staff to wash their hands after each direct resident contact for which hand washing is indicated by accepted professional practice.</p> <p>(c) Linens Personnel must handle, store, process and transport linens so as to prevent the spread of infection.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and facility policy review it was determined the facility failed to ensure infection control procedures were followed to help prevent the transmission of disease and infection for four Unsampled residents (Unsampled Residents A, B, C, D).</p> <p>The findings include: Review of the facility's policy titled, "Hand Hygiene", last revised 11/19/14, revealed all personal should wash hand or use an alcohol-based hand rub before coming on duty, when hands are soiled, before and after each resident encounter, and after coming in contact with a resident's skin.</p> <p>Observation during a medication pass, on 04/30/15 at 6:50 AM, revealed Licensed Practical</p>	F 441	<p>Continued attention will be focused on hand hygiene by SNF staff to meet the expectation of our facility policy as well as the CDC guidelines; with medication administration a high priority area.</p> <p>4. Observations for proper Hand Hygiene made by Infection Prevention staff will be documented, with "just in time" education utilized as needed. Hand Hygiene in the Skilled unit is monitored weekly until consistent compliance is maintained for 3 months. Aggregated data from observations will be reported at the department staff meeting, including all SNF staff, Director of Quality, CNO, SNF Coordinator and LNHA. Then reported to the hospital Quality Safety Counsel including 35 directors, Chiefs of Service and hospital Quality Department members. Ultimately, the data is reported to the hospital board of Directors including Community board members, COO, CEO, CNO and Quality director quarterly.</p> <p>5. Completion date -</p>	5/27/2015
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED

		185387	A BUILDING	
NAME OF PROVIDER OR SUPPLIER T J SAMSON COMMUNITY HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 1301 N RACE ST GLASGOW, KY 42141		
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F 441	<p>Continued From page 6</p> <p>Nurse (LPN) #2 touched the wheel of the medication cart and then administered medication to Unsampled Resident B without sanitizing or washing her hands.</p> <p>Interview, on 04/30/15 at 7:15 AM with LPN #2, revealed she usually washed her hands when administering medications; but she did not this morning when she touched the wheel and she should have.</p> <p>Observation during a medication pass, on 04/30/15 at 7:20 AM, revealed LPN #1 administered medication to two (2) Unsampled Residents (Unsampled Resident C and D) without sanitizing or washing her hands between the residents rooms.</p> <p>Interview, on 04/30/15 at 7:22 AM with LPN #1, revealed she should have washed her hands or used alcohol sanitizer between residents when administering medication to keep from spreading germs.</p> <p>Observation, on 04/30/15 at 8:00 AM revealed Registered Nurse (RN) #1 failed to wash her hands prior to preparing and administering Unsampled Resident A's medication. RN #1 checked the Medication Administration Record (MAR), unlocked the scheduled narcotic box and obtained a Norco 7.5 mg tablet. The RN then entered the resident's room and administered the medication to the resident without washing or sanitizing her hands.</p> <p>Interview with RN #1, on 04/30/15 at 8:05 AM, revealed she usually washed her hands at the nursing station and should have, however, had failed to do so. She stated not sanitizing hands</p>	F 441		

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F 441	Continued From page 7 was an infection control problem. Interview, on 05/01/15 at 11:00 AM with the Chief Nursing Officer (CNO), revealed staff should wash their hands before entering and when exiting a room when passing medications. Interview with the Administrator, on 05/01/15 at 11:00 AM, revealed nurses were to sanitize their hands on entering a resident room, and if interrupted were to re-sanitize. She stated contamination was a risk when nurses failed to ensure they sanitized their hands.	F 441			

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NAME OF PROVIDER OR SUPPLIER T J SAMSON COMMUNITY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1301 N RACE ST GLASGOW, KY 42141		
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K 000	<p>INITIAL COMMENTS</p> <p>AMENDED AFTER IDR</p> <p>CFR: 42 CFR 483.70(a)</p> <p>BUILDING: 01</p> <p>PLAN APPROVAL: 1971</p> <p>SURVEY UNDER: 2000 Existing</p> <p>FACILITY TYPE: SNF/NF</p> <p>TYPE OF STRUCTURE: Type I (443)</p> <p>SMOKE COMPARTMENTS: Two (2) smoke compartment</p> <p>FIRE ALARM: Complete fire alarm system with heat and smoke detectors</p> <p>SPRINKLER SYSTEM: Complete automatic wet sprinkler system.</p> <p>GENERATOR: Type II generator. Fuel source is diesel.</p> <p>A Recertification Life Safety Code Survey was conducted on 05/01/15. The facility was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The facility has the capacity for sixteen (16) beds, and on the day of the survey the census was eleven (11).</p> <p>The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70(a) et seq. (Life Safety from</p>	K 000			

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

TITLE

(X6) DATE

06/12/2015

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K 000	Continued From page 1 Fire)	K 000			
K 070 SS=D	<p>Deficiencies were cited with the highest deficiency identified at "F" level.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>This STANDARD is not met as evidenced by: Based on observations and interview, it was determined the facility failed to ensure portable space heaters used in the facility were in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of two (2) smoke compartments, residents, staff, and visitors. The facility has the capacity for sixteen (16) beds and at the time of the survey, the census was eleven (11).</p> <p>The findings include:</p> <p>Observation, on 05/01/15 at 8:20 AM, with the Safety Officer revealed a portable space heater located in the Case Management Office. Staff was observed wrapping the cord around the heater and placing it inside of a desk cabinet. The portable heater had a heating element that exceeds 212 degrees.</p> <p>Interviews, on 05/01/15 at 8:21 AM, with the</p>	K 070			

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K 070	Continued From page 2 Safety Officer revealed he was not aware of the portable space heater being used in the Case Management Office. The census of eleven (11) was verified by the Administrator on 05/01/15. The findings were acknowledged by the Administrator and verified by Safety Officer at the exit interview on 05/01/15. Reference: NFPA 101 (2000 edition) 19.7.8 Portable Space-Heating Devices. Portable space-heating devices shall be prohibited in all health care occupancies. Exception: Portable space-heating devices shall be permitted to be used in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212°F (100°C).	K 070			
K 144 SS=F	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. This STANDARD is not met as evidenced by:	K 144			

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K 144	<p>Continued From page 3</p> <p>Based on observation and interview, it was determined the facility failed to maintain the generator set by National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect two (2) of two (2) smoke compartments, residents, staff and visitors. The facility has the capacity for sixteen (16) beds and on the day of the survey the census was eleven (11).</p> <p>The findings include:</p> <p>Observation, on 05/01/15 at 10:35 AM, with the Safety Officer revealed the Type I generator had a maintenance free battery installed for starting.</p> <p>Interview, on 05/01/15 at 10:36 AM, with the Safety Officer revealed he was not aware of the requirement.</p> <p>The census of eleven (11) was verified by the Administrator on 05/01/15. The findings were acknowledged by the Administrator and verified by the Safety Officer at the exit interview on 05/01/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 99 (1999 Edition) 3-5.4.5* Type of Battery. The battery shall be of the nickel-cadmium or lead-acid type. Lead-acid batteries or dry-charged lead-acid batteries shall be furnished as charged when wet. Drain-dry batteries or dry-charged lead-acid batteries shall be permitted. Vented nickel-cadmium batteries shall be filled and charged when furnished and shall have listed flip-top, flame arrestor vent cap. The manufacturer shall provide installation,</p>	K 144			

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K 144	Continued From page 4 operation, and maintenance instructions, and, when shipped dry, electrolyte mixing instructions. Batteries shall not be installed until the battery charger is in service. All batteries used in this service shall have been designed for this duty and shall have demonstrable characteristics of performance and reliability acceptable to the authority having jurisdiction. Batteries shall be prepared for use according to the battery manufacturer ' s instructions. Starting batteries for Level 1 installations shall not be of the maintenance-free variety.	K 144			
K 147 SS=D	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, it was determined the facility failed to ensure electrical wiring was maintained in accordance with National Fire Protection Association (NFPA) standards. The deficiency had the potential to affect one (1) of two (2) smoke compartments, residents, staff and visitors. The facility has the capacity for sixteen (16) beds and at the time of the survey, the census was eleven (11). The findings include: 1.) Observation, on 05/01/15 at 8:22 AM, with the Safety Officer revealed a power strip was plugged	K 147			

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NAME OF PROVIDER OR SUPPLIER T J SAMSON COMMUNITY HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1301 N RACE ST GLASGOW, KY 42141		
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K 147	<p>Continued From page 5 into another power strip located in the Case Management Office.</p> <p>Interview, on 05/01/15 at 8:23 AM, with the Safety Officer revealed he was not aware the power strips were being misused.</p> <p>2.) Observation, on 05/01/15 at 8:35 AM, with the Safety Officer revealed a hydrocollator located in the Therapy Room was not plugged into a ground fault circuit interrupter (GFCI) receptacle.</p> <p>Interview, on 05/01/15 at 8:36 AM, with the Safety Officer revealed he was not aware the Hydrocollator was not plugged into a GFCI receptacle.</p> <p>The census of eleven (11) was verified by the Administrator on 05/01/15. The findings were acknowledged by the Administrator and verified by the Safety Officer at the exit interview on 05/01/15.</p> <p>Actual NFPA Standard:</p> <p>Reference: NFPA 101 (2000 Edition)</p> <p>9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p>	K 147			

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 147	Continued From page 6 Reference: NFPA 70 (1999 Edition) 400-8 (Extensions Cords) Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces Reference: NFPA 99 (1999 edition) 3-3.2.1.2 (D) Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters. Reference NFPA 70 (1999) edition National Electric Code, relating to ground fault protection for electric outlets near sinks in resident rooms. NFPA: 70 210.8 Receptacles installed under the exceptions to 210.8(A)(5) shall not be considered as meeting the requirements of 210.52(G). (6) Kitchens - where the receptacles are installed to serve the countertop surfaces (7) Wet bar sinks - where the receptacles are installed to serve the countertop surfaces and are located within 1.8 m (6 ft) of the outside edge of the wet bar sink.	K 147			

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K 147	Continued From page 7 Reference NFPA 70 (1999 edition) 210.8 Ground-Fault Circuit-Interrupter Protection for Personnel. FPN: See 215.9 for ground-fault circuit-interrupter protection for personnel on feeders. (A) Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in (1) through (8) shall have ground-fault circuit-interrupter protection for personnel. (1) Bathrooms (2) Garages, and also accessory buildings that have a floor located at or below grade level not intended as habitable rooms and limited to storage areas, work areas, and areas of similar use Exception No. 1: Receptacles that are not readily accessible. Exception No. 2: A single receptacle or a duplex receptacle for two appliances located within dedicated space for each appliance that, in normal use, is not easily moved from one place to another and that is cord-and-plug connected in accordance with 400.7(A)(6), (A)(7), or (A)(8). Receptacles installed under the exceptions to 210.8(A)(2) shall not be considered as meeting the requirements of 210.52(G). (3) Outdoors Exception: Receptacles that are not readily accessible and are supplied by a dedicated branch circuit for electric snow-melting or deicing equipment shall be permitted to be installed in accordance with the applicable provisions of Article 426. (4) Crawl spaces - at or below grade level (5) Unfinished basements - for purposes of this section, unfinished basements are defined as portions or areas of the basement not intended	K 147			

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K 147	<p>Continued From page 8</p> <p>as habitable rooms and limited to storage areas, work areas, and the like</p> <p>Exception No. 1: Receptacles that are not readily accessible.</p> <p>Exception No. 2: A single receptacle or a duplex receptacle for two appliances located within dedicated space for each appliance that, in normal use, is not easily moved from one place to another and that is cord-and-plug connected in accordance with 400.7(A)(6), (A)(7), or (A)(8).</p> <p>Exception No. 3: A receptacle supplying only a permanently installed fire alarm or burglar alarm system shall not be required to have ground-fault circuit-interrupter protection.</p> <p>Receptacles installed under the exceptions to 210.8(A)(5) shall not be considered as meeting the requirements of 210.52(G).</p> <p>(6) Kitchens - where the receptacles are installed to serve the countertop surfaces</p> <p>(7) Wet bar sinks - where the receptacles are installed to serve the countertop surfaces and are located within 1.8 m (6 ft) of the outside edge of the wet bar sink.</p> <p>(8) Boathouses</p> <p>(B) Other Than Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in (1), (2), and (3) shall have ground-fault circuit-interrupter protection for personnel:</p> <p>(1) Bathrooms</p> <p>(2) Rooftops</p> <p>Exception: Receptacles that are not readily accessible and are supplied from a dedicated branch circuit for electric snow-melting or deicing equipment shall be permitted to be installed in accordance with the applicable provisions of Article 426.</p> <p>(406.8 Receptacles in Damp or Wet Locations.</p> <p>(A) Damp Locations. A receptacle installed</p>	K 147			

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K 147	<p>Continued From page 9</p> <p>outdoors in a location protected from the weather or in other damp locations shall have an enclosure for the receptacle that is weatherproof when the receptacle is covered (attachment plug cap not inserted and receptacle covers closed). An installation suitable for wet locations shall also be considered suitable for damp locations. A receptacle shall be considered to be in a location protected from the weather where located under roofed open porches, canopies, marquees, and the like, and will not be subjected to a beating rain or water runoff.</p> <p>(B) Wet Locations.</p> <p>(1) 15- and 20-Ampere Outdoor Receptacles. 15- and 20-ampere, 125- and 250-volt receptacles installed outdoors in a wet location shall have an enclosure that is weatherproof whether or not the attachment plug cap is inserted.</p> <p>(2) Other Receptacles. All other receptacles installed in a wet location shall comply with (a) or (b):</p> <p>(a) A receptacle installed in a wet location where the product intended to be plugged into it is not attended while in use (e.g., sprinkler system controller, landscape lighting, holiday lights, and so forth) shall have an enclosure that is weatherproof with the attachment plug cap inserted or removed.</p> <p>(b) A receptacle installed in a wet location where the product intended to be plugged into it will be attended while in use (e.g., portable tools, and so forth) shall have an enclosure that is weatherproof when the attachment plug is removed.</p> <p>(C) Bathtub and Shower Space. A receptacle shall not be installed within a bathtub or shower space.</p>	K 147			