

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

PRINTED: 04/25/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 185344	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED 04/12/2013
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NAME OF PROVIDER OR SUPPLIER BRACKEN COUNTY NURSING & REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 5289 ASBURY ROAD AUGUSTA, KY 41002
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(X4) IO PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	IO PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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F 000 INITIAL COMMENTS F 323 483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES SS=E	<p>A Recertification Survey was initiated on 04/10/13 and concluded on 04/12/13. A deficiency was cited with a scope and severity of an "E".</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 ensure an environment that was free from accident hazards. Observation, on 04/10/13, revealed the facility housekeeping supply closet was unlocked and contained chemicals with the potential to cause harm if ingested, inhaled or came in contact with skin or eyes.</p> <p>The findings include: Review of the facility policy titled "Care of Equipment, dated January 2005, revealed closets should be locked at all times when Housekeeping Staff was not working in the closet. Observation, on 4/10/13 at 10:20 AM, revealed the facility supply closet was unlocked. Further</p>	F 000 F323 F 323	<p>The facility will ensure that the residents' environment remains as free of accident hazards as is possible.</p> <ol style="list-style-type: none"> 1. A keypad lock was installed to the housekeeping supply closet by the Plant Ops Director on 4/15/13. Only our facility staff has keypad code access entry to the closet. All residents were assessed by the DON and ADON for any signs/symptoms of skin, eye, respiratory concerns or irritations on 4/12/13. No signs/symptoms were noted and no negative outcomes noted. The housekeeping manager and Plant Ops Director reviewed F323, 483.25(h) to ensure continued compliance on 4/12/13. 2. The Plant Ops Director assessed all potential hazardous areas for keypad locks on the doors to restrict resident access. All potential hazardous areas have keypad locks or store room locksets. The Plant Ops Director will monitor/inspect all door locks weekly x 4 weeks, then monthly x 6 months to ensure compliance of locked entries and effective lock systems. Any lock found to defective will be replaced immediately. 	5/23/13
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LABORATORY DIRECTORS OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ DATE 5/6/13
Administrator

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting providing it is determined that their 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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F 323	<p>Continued From page 1</p> <p>observation revealed inside the unlocked closet was one (1) dispenser box of OASIS Glass Cleaner, one (1) dispenser box of Disinfectant Cleaner 2.0, one (1) dispenser box of OASIS Morning Breeze Room Refresher, one (1) dispenser box of OASIS Disinfectant, and one (1) dispenser box of Alcohol Gel Sanitizer.</p> <p>Review of the Material Safety Data Sheet (MSDS) for the OASIS Glass Cleaner, dated 11/15/12, revealed the product was severely irritating to the eyes and slightly irritating to the skin.</p> <p>Review of the MSDS for the Disinfectant Cleaner, dated 04/28/11, revealed the product could cause eye and skin irritation and was harmful if absorbed through the skin. Further review of the MSDS revealed the product was combustible and could cause respiratory tract irritation.</p> <p>Review of the MSDS for the OASIS Morning Breeze Room Refresher, dated 07/22/11, revealed the product was moderately irritating to the eyes and slightly irritating to the skin.</p> <p>Review of the MSDS for the OASIS Disinfectant, dated 09/29/11, revealed the product could cause digestive tract, eye and skin burns. Further review of the MSDS revealed the product could cause respiratory tract irritation.</p> <p>Review of the MSDS for the Alcohol Gel Sanitizer, dated 12/07/04, revealed inhalation of vapors of this product could cause central nervous system effects of the throat and lungs with coughing. Further review of the MSDS revealed if ingested the product could cause vomiting, headache and even collapse.</p>	F 323	<p>3. The Plant Ops Director will in-service all staff upon hire and on 5/23/13 concerning keeping residents' environment free of accident hazards in compliance with F323, 483.25(h) and company policy. All staff will be responsible for ongoing monitoring of door lock systems and report any defects to Plant Ops Director immediately via maintenance work log.</p> <p>4. The Quality Assurance Team will monitor maintenance log monthly to ensure compliance during monthly QA meeting.</p>

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F 323	Continued From page 2 Interview with Housekeeping Manager on 4/10/13 at 11:00 AM, revealed the supply closet should be locked at times due to safety reasons. Interview with Maintenance Manager, on 4/11/13 at 3:00 PM, revealed the supply closet should be locked unless the housekeeping staff was in the closet filling their buckets. Further interview revealed leaving the closet unlocked could be an issue.	F 323		

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<p>K 000 INITIAL COMMENTS</p> <p>CFR: 42 CFR 483.70(a)</p> <p>Building: 01</p> <p>Survey under: NFPA 101 (2000 Edition)</p> <p>Plan approval: 1964</p> <p>Facility type: SNF/NF</p> <p>Type of structure: One story with partial basement, Type V (000)</p> <p>Smoke Compartment: Three (3)</p> <p>Fire Alarm: Complete fire alarm with smoke detectors installed in corridors, heat detectors in basement and boiler room.</p> <p>Sprinkler System: Complete sprinkler system (wet).</p> <p>Generator: Type 2 generator powered by natural gas</p> <p>A standard Life Safety Code survey was initiated on 04/10/2013 and concluded on 04/11/2013. Bracken County Nursing and Rehabilitation Center was found not to be in compliance with the requirements for participation in Medicare and Medicaid. The census on the day of the survey was thirty (30). The facility is licensed for sixty two (62) beds.</p> <p>The Highest Scope and Severity deficiency was at a "D" level.</p> <p>K 029 NFPA 101 LIFE SAFETY CODE STANDARD</p>	<p>K 000 K029</p> <p>The facility will ensure hazardous areas are protected according to National Fire Protection Associations (NFPA) in standards.</p> <p>1. Self-closure was installed by the maintenance supervisor on the kitchen pantry door on 4/10/13 according to NFPA standards. The Plant Ops Director reviewed the NFPA 101 life safety standards code 19.3.2.1 to ensure compliance of life safety standards on 4/10/13. 5/31/13</p> <p>2. The Plant Ops Director will inspect all current doors with self-closures monthly x 6 months to ensure proper operation of self-closures. The Plant Ops Director will continue to audit and inspect for any future hazardous areas that would require self-closures to be installed. The Plant Ops Director will log and record monthly audits of door self-closures operations and newly installed self-closures when applicable. The log will be updated with any door self-closures revisions or updates.</p> <p>K 029</p>
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X8) DATE 5/6/13
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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 029 Continued From page 1
SS=D

One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1

This STANDARD is not met as evidenced by:
Based on observation and interview, it was determined the facility failed to ensure hazardous areas were protected according to National Fire Protection Association (NFPA) standards. Observation, on 04/10/13, revealed the facility pantry room which was being utilized to store potentially combustible items did not have a self closure for the door prevent the spread of smoke in case of a fire. The deficiency had the potential to affect one (1) smoke compartment.

The findings include:

Observation of the pantry room, on 04/10/2013 at 4:04 PM, revealed the pantry room was approximately ten (10) feet by twelve (12) feet and was being used to store combustible storage (cardboard boxes containing food supplies). Further observation revealed the door did not have a self-closure to prevent the spread of

K 029

3. The Plant Ops Director will in-service all the staff upon hire and on 5/31/13 on proper operations and requirements of all doors with self-closures and the NFPA standards 101.
4. The Quality Assurance Team will monitor maintenance log monthly to ensure compliance during the monthly QA meeting.

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K 029 Continued From page 2
smoke in case there was a fire.

Interview, on 04/10/2013 at 4:04 PM, with the Director of Housekeeping revealed the facility was not aware the door needed to be equipped with a self-closure due to the room being a potentially hazardous area.

Reference: NFPA 101 (2000 Edition).

19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following:

- (1) Boiler and fuel-fired heater rooms
- (2) Central/bulk laundries larger than 100 ft² (9.3 m²)
- (3) Paint shops
- (4) Repair shops
- (5) Soiled linen rooms
- (6) Trash collection rooms
- (7) Rooms or spaces larger than 50 ft² (4.6 m²), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction
- (8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard.

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K 029	Continued From page 3 Exception: Doors in rated enclosures shall be permitted to have nonrated, factory- or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door.	K 029		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to ensure all areas were sprinkler protected, according to National Fire Protection Association (NFPA) standards. All areas must be sprinkler protected to prevent the spread of fire. The deficiency had the potential to affect one (1) out of three (3) smoke compartments in the facility. The findings include: Observation of a small room which was adjacent to the dining area, on 04/10/2013 at 3:38 PM,	K 056	K056 The facility will ensure complete coverage of sprinkler systems are provided throughout all portions of the facility according to NFPA 25 guidelines and standards. 5/31/13 1. The Plant Ops Director contacted Century Fire Protection on 4/11/13 for additional sprinkler installation. Century Fire Protection installed one ½ inch 155 degree sprinkler head to small enclosure/room adjacent to the dining room which houses the copying machine on 4/17/13. The Plant Op Director reviewed the NFPA 25 Life Safety Standards code 19.3.5.1 to ensure compliance of Life Safety Standards on 4/17/13.	

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K 056 Continued From page 4
revealed a copying machine was in the room; however, the small room was not sprinkler protected.

Interview, on 04/10/2013 at 3:38 PM, with the Maintenance Director, revealed he was not aware the small room needed sprinkler coverage.

Reference: NFPA 101 (2000 edition)
19.1.6.2 Health care occupancies shall be limited to the types of building construction shown in Table 19.1.6.2. (See 8.2.1.)
Exception: Any building of Type I(443), Type I(332), Type II(222), or Type II(111) construction shall be permitted to include roofing systems involving combustible supports, decking, or roofing, provided that the following criteria are met:
(a) The roof covering meets Class C requirements in accordance with NFPA 256, Standard Methods of Fire Tests of Roof Coverings.
(b) The roof is separated from all occupied portions of the building by a noncombustible floor assembly that includes not less than 2 1/2 in. (6.4 cm) of concrete or gypsum fill.
(c) The attic or other space is either unoccupied or protected throughout by an approved automatic sprinkler system.

K 056 2. The Plant Ops Director will audit all rooms in facility monthly x 6mths to ensure adequate sprinkler coverage is maintained per NFPA 19.3.5.1 The Plant Op Director will ensure standards will be met per NFPA with adequate sprinkler protection with any new construction or additions to facility. The Plant Ops Director will continue to do monthly visual inspections of sprinkler heads and ensure continued quarterly inspections by Century Fire Protection. The Plant Ops Director will log and record monthly inspection of automatic sprinkler systems and maintain copies of the Century Fire Protection Sprinkler Inspection Reports. The log will be updated with any building modifications that will impact NFPA standards.

Table 19.1.6.2 Construction Type Limitatlons

Construction Type	Stories			
	1	2	3	4
I(443)	X	X	X	X
I(332)	X	X	X	X

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<p>K 056</p> <p>Continued From page 5</p> <table border="0"> <tr><td>II(222)</td><td>X</td><td>X</td><td>X</td><td>X</td></tr> <tr><td>II(111)</td><td>X</td><td>X*</td><td>X*</td><td>NP</td></tr> <tr><td>II(000)</td><td>X*</td><td>X*</td><td>NP</td><td>NP</td></tr> <tr><td>III(211)</td><td>X*</td><td>X*</td><td>NP</td><td>NP</td></tr> <tr><td>III(200)</td><td>X*</td><td>NP</td><td>NP</td><td>NP</td></tr> <tr><td>IV(2HH)</td><td>X*</td><td>X*</td><td>NP</td><td>NP</td></tr> <tr><td>V(111)</td><td>X*</td><td>X*</td><td>NP</td><td>NP</td></tr> <tr><td>V(000)</td><td>X*</td><td>NP</td><td>NP</td><td>NP</td></tr> </table> <p>X: Permitted type of construction. NP: Not permitted. *Building requires automatic sprinkler protection. (See 19.3.5.1.) 19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5.</p>	II(222)	X	X	X	X	II(111)	X	X*	X*	NP	II(000)	X*	X*	NP	NP	III(211)	X*	X*	NP	NP	III(200)	X*	NP	NP	NP	IV(2HH)	X*	X*	NP	NP	V(111)	X*	X*	NP	NP	V(000)	X*	NP	NP	NP	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>SS=D</p> <p>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>This STANDARD is not met as evidenced by: Based on interview and record review, it was determined the facility failed to ensure the kitchen fire suppression hood was connected to the fire alarm system, according to National Fire protection Association (NFPA) standards. The deficiency had the potential to affect one (1) out of three (3) smoke compartments.</p> <p>The findings include:</p> <p>Review of the facility's fire alarm inspection report conducted by an outside contractor, dated 01/21/2013, revealed the kitchen fire suppression</p>	<p>K 056</p> <p>3. The Plant Ops Director will in-service all staff on hire and on 5/31/13 of NFPA codes pertaining to sprinkler head locations to ensure adequate protection is maintained throughout the building.</p> <p>4. The Quality Assurance Team will monitor maintenance log monthly to ensure compliance during monthly QA meeting.</p> <p>K069</p> <p>The facility will ensure cooking facilities and</p>	<p>K 069</p> <p>personnel are protected in accordance with NFPA 96, 9.2.3.</p> <p>1. The Plant Ops Director contacted Century Fire Protection on 4/11/13 for addition of a kitchen hood fire suppression alarm to be connected to the fire alarm panel. Century Fire Protection installed one FMM-301 5/31/13 notifier module, programmed and tested module for kitchen hood system alarm at the fire panel on 4/24/13. The Plant Ops Director reviewed the NFPA 96 standards 7-6.2 to ensure compliance of the Life Safety Code standards on 4/24/13.</p>
II(222)	X	X	X	X																																							
II(111)	X	X*	X*	NP																																							
II(000)	X*	X*	NP	NP																																							
III(211)	X*	X*	NP	NP																																							
III(200)	X*	NP	NP	NP																																							
IV(2HH)	X*	X*	NP	NP																																							
V(111)	X*	X*	NP	NP																																							
V(000)	X*	NP	NP	NP																																							

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K 069 Continued From page 6
hood was not connected to the fire alarm panel to notify staff if there was a fire in the kitchen area.

Interview, on 04/11/2013 at 9:00 AM, with the Maintenance Director revealed the findings which had been identified by the outside contractor had never been corrected because he did not think it was a requirement to have the fire suppression system connected to the fire alarm.

Reference: NFPA 96 (1998 edition)
7-6.2 Where a fire alarm signaling systems serving the occupancy where the extinguishing system is located, the activation of the automatic fire-extinguishing system shall activate the fire alarm signaling system.

K 147 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

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 in place in accordance with National Fire Protection Association (NFPA) standards to prevent the risk of shock or fire. The deficiency had the potential to affect one (1) resident and one (1) staff while the shower was in use.

The findings include:

Observation of the facility shower room, on 04/10/2013 at 3:19 PM, revealed an electrical

K 069: 2. The Plant Ops Director will ensure the fire alarm system is inspected and tested quarterly by Century Fire Protection (Certified System Inspector). The Century Fire Protection fire alarm system report will be maintained in life safety log. Proper fire alarm signaling systems will be installed with any new revisions/new construction to the building as applicable.

K 147: 3. The Plant Ops Director will in-service all dietary staff on hire and on 5/31/13 about the NFPA code 96 7-6.2 pertaining to fire alarm signaling system serving the occupants where the extinguishing system is located. The activation of the automatic fire extinguishing system shall activate the fire alarm signaling system.

4. The Quality Assurance Team will monitor the maintenance log quarterly to ensure compliance during monthly QA meeting

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: 185344	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/11/2013
NAME OF PROVIDER OR SUPPLIER BRACKEN COUNTY NURSING & REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 5269 ASBURY ROAD AUGUSTA, KY 41002		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 147	Continued From page 7 receptacle was located within three (3) feet of the shower and the receptacle was not a Ground Fault Circuit Interrupter (GFCI). Further observation revealed when the receptacle was tested with an electrical receptacle tester the receptacle was found to have the hot and neutral wires reversed. A second receptacle located in the shower room was equipped with a GFCI, but failed to trip when tested with an electrical receptacle tester. Interview, on 04/10/2013 at 3:19 PM, with the Maintenance Director revealed he tested the electrical receptacles monthly and had not identified the receptacles as not meeting the NFPA standards. Reference: NFPA 70 (1999 edition) 517-20. Wet Locations a. All receptacles and fixed equipment within the area of the wet location shall have ground-fault circuit-interrupter protection for personnel if interruption of power under fault conditions can be tolerated, or be served by an isolated power system if such interruption cannot be tolerated. Exception: Branch circuits supplying only listed, fixed, therapeutic and diagnostic equipment shall be permitted to be supplied from a normal grounded service, single- or 3-phase system, provided that a. Wiring for grounded and isolated circuits does not occupy the same raceway, and b. All conductive surfaces of the equipment are grounded. b. Where an isolated power system is utilized, the equipment shall be listed for the purpose and installed so that it meets the provisions of and is	K 147	K147 Facility will ensure electrical wiring is in place in accordance with NFPA standards to prevent the risk of shock or fire. (NFPA 70, National Electric Code 9.1.2) 1. A new GFCI receptacle was installed and hot and neutral wires were corrected on 4/10/13 in the shower room that did not have GFCI. A second GFCI receptacle was installed in the shower room that failed to trip when tested. The Plant Ops Director reviewed the NFPA 70 standards 9.1.2 to ensure compliance of the life safety code standards on 4/10/13.	5/31/13	

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K 147 Continued From page 8
in accordance with Section 517-160.
FPN: For requirements for installation of therapeutic pools and tubs, see Part F of Article 680.

- K 147
2. 100% of all required GFCI receptacles were audited and tested by the Plant Ops Director on 4/24/13. All GFCI receptacles passed trip test with electrical receptacle tester. All receptacles within areas of wet locations have GFCI protection. The Plant Ops Director will inspect and test all GFCI receptacles weekly x 4 weeks, then monthly x 6 months, then quarterly per company preventative maintenance policy. All building receptacles will be tested for correct wiring using an electrical receptacle tester. If any receptacle is found to have hot and neutral wires reversed, it will be corrected immediately
 3. Any new construction or facility modifications that would necessitate the need for GFCI receptacles will be tested and implemented immediately. All new receptacles will be wired correctly in accordance with NFPA 70, national electric code 90.1.2.
 4. The Quality Assurance Team will monitor the Life Safety maintenance log monthly during QA meeting to ensure compliance.