

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 360488	(X2) MULTIPLE CONSTRUCTION a. building <u>BLD --</u> b. wing _____	(X3) DATE SURVEY COMPLETED 12/04/2019
NAME OF PROVIDER OR SUPPLIER NEW AVENUES-PERRY			STREET ADDRESS, CITY, STATE, ZIP CODE 5051 SOUTH RIDGE RD PERRY OH, 44081	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL BY FULL)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETION DATE
E 0000 BLD-	Initial Comments EMERGENCY PREPAREDNESS SURVEY At the time of the Emergency Preparedness survey completed on 12/04/19, New Avenues Perry is in compliance with the provisions of 42 CFR Part 483.475.	E 0000		

laboratory director's or provider/supplier representative's signature

title

(X6) date

SAMANTHA.PAVONE

12/19/2019

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 BLD01	<p>INITIAL COMMENTS</p> <p>FIRE SAFETY SURVEY REPORT 2012 MR CODE EXISTING EXISTING ADMINISTRATOR: Karen Knavel CENSUS IN HOUSE: 7</p> <p>SLOW</p> <p>BUILDING #1 OF #1</p> <p>42 CFR 483.470 (j)</p> <p>The facility must meet the applicable provisions of the 2012 Existing edition of the Life Safety Code of the National Fire Protection Association.</p> <p>The following deficiencies are based on the Annual survey completed 12/04/19.</p>	K 0000		

laboratory director's or provider/supplier representative's signature

title

SAMANTHA.PAVONE

(X6) date

12/18/2019

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 S168 K S168 BLD01	<p>Continued From page 1</p> <p>NFPA 101 Building Construction Type and Height</p> <p>Building Construction Type and Height 2012 EXISTING (Slow)</p> <p>In Slow Evacuation Capability facilities, the facility shall be housed in a building where the interior is fully sheathed with lath and plaster or other material providing a 15-minute thermal barrier, including all portions of bearing walls, bearing partitions, floor construction, and roofs. All columns, beams, girders, and trusses shall be similarly encased or otherwise shall provide not less than a 1/2-hour fire resistance rating, unless modified by the modified by the following:</p> <ul style="list-style-type: none"> * Exposed steel or wood columns, girders, and beams (but not joists) located in the basement shall be permitted. * Buildings of Type I, Type II (222), Type II (111), Type III (211), Type IV, Type V (111) construction shall not be required to meet the requirements of 33.2.1.3.2 (See 8.2.1). * Areas protected by approved automatic sprinkler systems in accordance with 33.2.3.5. shall not be required to meet the requirements of 33.2.1.3.2. * Unfinished, unused, and essentially inaccessible loft, attic, or crawl space shall not be required to meet the requirements of 33.2.1.3.2. * Where the facility achieves an E-score of 3 or less using the board and care occupancies evacuation capability determination methodology of NFPA 101A, 	K S168 K S168	<p>483.470(j)(1)(i) LIFE SAFETY CODE STANDARD It is the practice and policy of NATI to ensure the safety of each individual at all times by providing a facility that is safe including during an unexpected emergency situation. The facility failed to meet building construction type and height requirements in accordance with the LSC, 2012 Edition 33.2.1.3.2, 33.2.1.3.2.1 and 33.2.1.3.2.2. The ceiling of the basement maintenance bathroom was part of the fire rated structure for the facility and exposed unprotected area to the first floor, NATI Maintenance department will ensure that it replaced with 5/8 fire resistant code approved dry wall and sealant. Compliance Date: 1/31/2020. NATI Facilities Supervisor to monitor for compliance.</p>	01/31/2020

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name of provider or supplier NEW AVENUES-PERRY	street address, city, state, zip code 5051 SOUTH RIDGE RD PERRY OH, 44081
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K S168	<p>Continued From page 2</p> <p>Guide on Alternative Approaches to Life Safety. The requirements of 33.2.1.3.2 shall not apply. 33.2.1.3.2.1 through 33.2.1.3.2.7 This STANDARD is not met as evidenced by:</p> <p>Based on observations and record review, the facility failed to meet building construction type and height requirements in accordance with the LSC, 2012 Edition 33.2.1.3.2, 33.2.1.3.2.1 and 33.2.1.3.2.2. This had the potential to affect seven of seven individuals residing in the facility.</p> <p>Findings include:</p> <p>Observations during the tour of the facility with the Director of Maintenance (DM) on 12/04/19 between 12:00 P.M. and 3:00 P.M. revealed a three by four-foot hole in the basement old maintenance restroom ceiling exposing the wood floor joist. The ceiling was part of the fire rated structure for the facility and exposed unprotected area to the first floor. Interview with the DM stated that the hole was the result of a recent leak and the area was scheduled to be repaired.</p> <p>The Director of Maintenance verified the above findings at the time of the observation.</p> <p>33.2.1.3.2 Slow Evacuation Capability. 33.2.1.3.2.1 The facility shall be housed in</p>	K S168		

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K S168	<p>Continued From page 3</p> <p>a building where the interior is fully sheathed with lath and plaster or other material providing a minimum 15-minute thermal barrier, as modified by 33.2.1.3.2.3 through 33.2.1.3.2.7, including all portions of bearing walls, bearing partitions, floor construction, and roofs.</p> <p>33.2.1.3.2.2 All columns, beams, girders, and trusses shall be encased or otherwise protected with construction having a minimum 172-hour fire resistance rating.</p> <p>33.2.1.3.2.3 Exposed steel or wood columns, girders, and beams (but not joists) located in the basement shall be permitted.</p>	K S168		
K S311 BLD01	<p>NFPA 101 Vertical Openings - Enclosure Vertical Openings - Enclosure 2012 EXISTING (Prompt)</p> <p>Vertical openings shall be protected so as not to expose a primary means of escape. Vertical openings shall be considered protected if separated by smoke partitions in accordance with 8.2.4 that resist the passage of smoke from one story to any primary means of escape on another story. Smoke partitions shall have a fire resistance rating on not less than 1/2 hour. Any doors or openings to the vertical opening shall be capable of resisting fire for not less than 20 minutes. Stairs shall be permitted to be open where complying with sections 33.2.2.4.6 or 33.2.2.7.</p> <p>33.2.3.1.1 through 33.2.3.1.4 This STANDARD is not met as evidenced</p>	K S311	<p>483.470(j)(1)(I) LIFE SAFETY CODE STANDARD It is the practice and policy of NATI to ensure the safety of each individual at all times by providing a facility that is safe including during an unexpected emergency situation. The facility failed to ensure hazardous area enclosures were maintained in accordance with the LSC, 2012 Edition 33.2.3.1, 33.2.3.1.1, 33.2.3.1.2, 33.2.3.1.3 and 33.2.3.1.4. The door to the basement stairwell will be replaced and fitted with fire rated hardware. Compliance Date 3/31/2020. NATI Facilities Supervisor to monitor for compliance.</p>	03/31/2020

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K S311	<p>Continued From page 4</p> <p>by:</p> <p>Based on observations and interviews, the facility failed to ensure hazardous area enclosures were maintained in accordance with the LSC, 2012 Edition 33.2.3.1, 33.2.3.1.1, 33.2.3.1.2, 33.2.3.1.3 and 33.2.3.1.4. This had the potential to affect seven of seven individuals residing in the facility.</p> <p>Findings include:</p> <p>Observations during the tour with the Director of Maintenance (DM) on 12/04/19 between 12:00 P.M. and 3:00 P.M. revealed vertical openings not maintained properly. Located the door to the stairwell with the wood damaged, holes in the door and unrated hardware. The door separated the lower level used for administrative purposes. Interview with the DM indicated he would have the door replaced to maintain the separation between the two floors.</p> <p>This was verified by Director of Maintenance at the time of observation.</p> <p>33.2.3.1 Protection of Vertical Openings. 33.2.3.1.1 Vertical openings, other than stairs complying with 33.2.2.4.5, 33.2.2.4.6, or 33.2.2.4.7, shall be protected so as not to expose a primary means of escape. 33.2.3.1.2 Vertical openings required to be</p>	K S311		

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K S311	Continued From page 5 protected by 33.2.3.1.1 shall be considered protected where separated by smoke partitions in accordance with Section 8.4 that resist the passage of smoke from one story to any primary means of escape on another story. 33.2.3.1.3 Smoke partitions used to protect vertical openings shall have a minimum 172-hour fire resistance rating. 33.2.3.1.4 Any doors or openings to the protected vertical opening shall be capable of resisting fire for a minimum of 20 minutes.	K S311		
K S345 BLD01	NFPA 101 Fire Alarm System - Testing and Maintenance Fire Alarm System - Testing and Maintenance 2012 EXISTING (Prompt) 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. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on interview and record review, the facility failed to ensure the fire alarm system was maintained in accordance with the LSC, 2012 Edition 9.6.1, 9.6.1.2, 9.6.1.3. and NFPA 72 14.4.2.2. This had	K S345	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD It is the practice and policy of NATI to ensure the safety of each individual at all times by providing a facility that is safe including during an unexpected emergency situation. The facility failed to ensure the fire alarm system was maintained in accordance with the LSC, 2012 Edition 9.6.1, 9.6.1.2, 9.6.1.3. and NFPA 72 14.4.2.2. Silco was notified on 12/4/19 that a record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 14.6.2.4: (7) Designation of the detector(s) tested (18) Signatures of tester and approved authority representative 14.6.2.4 (NFPA 72). Silco will be coming out to the location to fix their report and ensure that the inspections continue to stay up to code. Compliance Date: 1/31/2020. NATI Facilities Supervisor to monitor for compliance.	01/31/2020

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K S345	<p>Continued From page 6</p> <p>the potential to affect seven of seven individuals residing in the facility.</p> <p>Findings Include:</p> <p>During the record review with the Director of Maintenance (DM) on 12/04/19 at 3:00 P.M. revealed the annual functional smoke detector test was not consistent with the devices in the facility. The documentation listed 13 smoke detectors in the facility but only 10 were tested. The documentation listed 11 pull stations in the facility but only 10 were tested. The facility was equipped with door magnets and horn/strobe devices yet none of them were included on the inspection report. Interview with the DM indicated the inspection will be been scheduled with the contractor and an accurate list of devices will be included.</p> <p>The Director of Maintenance verified the above findings at the time of the observation.</p> <p>9.6 Fire Detection, Alarm, and Communications Systems. 9.6.1* General. 9.6.1.1 The provisions of Section 9.6 shall apply only where specifically required by another section of this Code. 9.6.1.2 Fire detection, alarm, and communications systems installed to make use of an alternative permitted by this Code shall be considered required</p>	K S345		

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K S345	Continued From page 7 systems and shall meet the provisions of this Code applicable to required systems. 9.6.1.3 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code, unless it is an approved existing installation, which shall be permitted to be continued in use. 14.4.2.2* Systems and associated equipment shall be tested according to Table 14.4.2.2.	K S345		