

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366163	(X2) MULTIPLE CONSTRUCTION a. building <u>BLD --</u> b. wing _____	(X3) DATE SURVEY COMPLETED 12/18/2019
NAME OF PROVIDER OR SUPPLIER NEW AVENUES-OVERLOOK			STREET ADDRESS, CITY, STATE, ZIP CODE 2528 OVERLOOK DRIVE CLEVELAND HEIGHTS OH, 44106	
(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--	<p>Initial Comments</p> <p>EMERGENCY PREPAREDNESS SURVEY</p> <p>At the time of the Emergency Preparedness survey completed on 12/18/19, New Avenues - Overlook is in substantial compliance with the provisions of 42 CFR Part 483.475, Intermediate Care Facility for Individuals with Developmental Disabilities (ICF/IDD).</p>	E 0000		

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

title

SAMANTHA.PAVONE

(X6) date
01/08/2020

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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NAME OF PROVIDER OR SUPPLIER NEW AVENUE OVERLOOK	STREET ADDRESS, CITY, STATE, ZIP CODE 2828 OVERLOOK DRIVE CLEVELAND HEIGHTS OH, 44106
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K 0000 BLD01	<p>INITIAL COMMENTS</p> <p>FIRE SAFETY SURVEY REPORT 2012 ICF/IID CODE EXISTING</p> <p>ADMINISTRATOR: Karen Knavel CERTIFIED BED CAPACITY: 8 CENSUS IN HOUSE: 8</p> <p>PROMPT</p> <p>BUILDING 1 OF 1</p> <p>42 CFR .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 12/18/19.</p>	K 0000		

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

title

SAMANTHA.PAVONE

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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 S225 K S225 BLD01	Continued From page 1 NFPA 101 Stairways and Smokeproof Enclosures Stairways and Smokeproof Enclosures 2012 EXISTING (Prompt) Interior stairs used as a primary means of escape shall be enclosed with fire barriers in accordance with Section 8.3 having a minimum 1/2-hour fire resistance rating. Stairs shall comply with 7.2.2.5.3. The entire primary means of escape shall be arranged so that it is not necessary for the occupants to pass through a portion of a lower story unless that route is separated from all spaces on that story by construction having not less than a 1/2-hour fire resistance rating. In buildings of construction other than Type II (000), Type III (200), or Type V (000), the supporting construction shall be protected to afford the required fire resistance rating of the supported wall. 1. Stairs that connect a story at street level to only one other story shall be permitted to be open to the story that is not at street level. 2. In Prompt Evacuation Capability facilities, stair enclosures shall not be required in buildings of three or fewer stories protected throughout by an approved automatic sprinkler system in accordance with 33.2.3.5 that uses quick response or residential sprinklers. This exception shall be permitted only if a primary means of escape from each sleeping area still exists that does not pass through a portion of a lower floor,	K S225 K S225	The facility failed to ensure interior stairs used as a primary means of escape was enclosed with fire barriers in accordance with Edition 2012 of NFPA 101, Life Safety Code, Sections 33.2.2.4 and 8.3.3.1, and Edition 2010 of NFPA 80, Standard for Fire Doors and Other Opening Protectives, Sections 4.8.4.1, 5.1.5.2 and 6.4.4.1. To correct: the 2 damaged doors will be replaced and all existing doors will be updated with Fire rated hardware by 7/31/2020. To monitor: The Facilities Supervisor will delegate monthly monitoring for compliance and will in-service staff on the code and monthly checks.	07/31/2020

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K S225	<p>Continued From page 2</p> <p>unless that route is separated from all spaces on that floor by construction having a 1/2-hour fire resistance rating.</p> <p>3. In Prompt Evacuation Capability facilities, stair enclosures shall not be required in buildings of two or fewer stories with not more than eight residents and are protected by an approved automatic sprinkler system in accordance with 33.2.3.5 that uses quick-response or residential sprinklers. The requirement found at section 33.2.2.3.3, 33.2.3.4.6 or 33.2.3.4.3.7 are not permitted to be used in this instance.</p> <p>4. In Prompt Evacuation Capability facilities, of three or fewer stories protected by an approved automatic sprinkler system in accordance with 33.2.3.5, stairs shall be permitted to be open at the topmost story only. The entire primary means of escape of which the stairs are a part shall be separated from all portions of lower stories. Stairs shall comply with 7.2.2 unless otherwise specified in Chapter 33. Winders complying with 7.2.2.2.4 shall be permitted. Exterior stairs shall be protected against blockage caused by fire within the building. 33.2.2.4, 33.2.2.6</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure interior stairs used as a primary means of escape was enclosed with fire barriers in accordance</p>	K S225		

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K S225	<p>Continued From page 3</p> <p>with Edition 2012 of NFPA 101, Life Safety Code, Sections 33.2.2.4 and 8.3.3.1, and Edition 2010 of NFPA 80, Standard for Fire Doors and Other Opening Protectives, Sections 4.8.4.1, 5.1.5.2 and 6.4.4.1. This had the potential to affect all eight individuals in the facility.</p> <p>Findings include:</p> <p>On 12/18/19, during a tour of the facility with the facility supervisor, the safety and health consultant observed the following:</p> <ol style="list-style-type: none"> 1. At 10:28 A.M., the 1.5-hour fire-resistant-rated (FRR) door separating the basement from the south stairwell escape route was not provided with fire-rated hardware; 2. At 10:30 A.M., the 1.5-hour FRR door separating the first-floor office the south stairwell escape route was not provided with fire-rated hardware; 3. At 10:35 A.M., the bottom edge of the 1-hour FRR door separating the first floor kitchen area from the south stairwell escape route was damaged and the gap between the bottom edge of the door and the floor measured between 1 1/4-inches and 1 1/2-inches; 4. At 10:39 A.M., the bottom edge of the 1-hour FRR door separating the first floor foyer from the north stairwell escape route was damaged and the gap between the bottom edge of the door and the floor measured between 1-inch and 1 	K S225		

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K S225	<p>Continued From page 4</p> <p>1/4-inches; and</p> <p>5. At 11:08 A.M., the 1-hour FRR door separating the second-floor southeast bedroom from the south stairwell escape route was not provided with fire-rated hardware.</p> <p>Interview with the facility supervisor verified the above findings at the time of discovery.</p> <p>Definitions - General Definitions - Fire Barrier. A continuous membrane or a membrane with discontinuities created by protected openings with a specified fire protection rating, where such membrane is designed and constructed with a specified fire resistance rating to limit the spread of fire, that also restricts the movement of smoke. 3.3.31.1</p> <p>Fire Doors and Windows. Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this Code. 8.3.3.1</p> <p>General Requirements - Supporting Construction - Clearance.</p>	K S225		

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K S225	<p>Continued From page 5</p> <p>The clearance under the bottom of a door shall be a maximum of 3/4 in. (19 mm). 4.8.4.1 (NFPA 80)</p> <p>Repairs and Field Modifications - Field Modifications.</p> <p>1. In cases where a field modification to a fire door or a fire door assembly is desired, the laboratory with which the product or component being modified is listed shall be contacted and a description of the modifications shall be presented to that laboratory.</p> <p>2. If the laboratory finds that the modifications will not compromise the integrity and fire resistance capabilities of the assembly, the modifications shall be permitted to be authorized by the laboratory without a field visit from the laboratory. 5.1.5.2 (NFPA 80)</p> <p>Swinging Doors with Builders Hardware - Assembly Components - Locks or Latches.</p> <p>Only labeled locks and latches or labeled fire exit hardware (panic devices) meeting both life safety requirements and fire protection requirements shall be used. 6.4.4.1 (NFPA 80)</p>	K S225		

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K S311 K S311 BLD01	<p>Continued From page 6</p> <p>NFPA 101 Vertical Openings - Enclosure Vertical Openings - Enclosure 2012 EXISTING (Prompt) 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. 33.2.3.1.1 through 33.2.3.1.4 This STANDARD is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure all vertical openings were enclosed with smoke partition construction in accordance with Edition 2012 of NFPA 101, Life Safety Code, Sections 8.4.3.5 and 33.2.3.1.1 through 33.2.3.1.4. This had the potential to affect all eight individuals in facility.</p> <p>Findings include:</p> <p>On 12/18/19 at 10:58 A.M., during a tour of the facility with the facility supervisor, the safety and health consultant observed the</p>	K S311 K S311	the facility failed to ensure all vertical openings were enclosed with smoke partition construction in accordance with Edition 2012 of NFPA 101, Life Safety Code, Sections 8.4.3.5 and 33.2.3.1.1 through 33.2.3.1.4. To correct: the attic door will be replaced with fire door and fire rated hardware by 7/31/20. To monitor: The Facilities Supervisor will delegate monthly monitoring for compliance and will in-service staff on the code and monthly checks.	07/31/2020

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K S311	<p>Continued From page 7</p> <p>door that separated the second-floor east exit corridor from the third floor storage area was un-rated and of hollow core construction and was not provided with a self-closing device. Interview with the facility supervisor verified these findings at the time of discovery.</p> <p>Small Facilities - Protection -Protection of Vertical Openings. Vertical openings required to be 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. 33.2.3.1.2</p> <p>Small Facilities - Protection -Protection of Vertical Openings. Any doors or openings to the protected vertical opening shall be capable of resisting fire for a minimum of 20 minutes. 33.2.3.1.4</p> <p>Features of Fire Protection - Smoke Partitions - Opening Protectives. Doors shall be self-closing or automatic-closing in accordance with 7.2.1.8. 8.4.3.5</p>	K S311		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 300103	(X2) MULTIPLE CONSTRUCTION a. building <u>BLD 01</u> b. wing _____	(X3) DATE SURVEY COMPLETED 12/18/2019
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K S341 K S341 BLD01	<p>Continued From page 8</p> <p>NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation 2012 EXISTING (Prompt) A manual fire alarm system shall be provided in accordance with Section 9.6, unless smoke alarms are interconnected and comply with 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the required smoke alarms. 33.2.3.4.1, 33.2.3.4.1.1, 33.2.3.4.1.2 This STANDARD is not met as evidenced by: Based on observations and interview, the facility failed to ensure smoke detectors were installed at each fire alarm control unit in areas not continuously occupied in accordance with Edition 2012 of NFPA 101, Life Safety Code, Sections 32.2.3.4.1 and 9.6.1.8.1. This had the potential to affect all eight individuals in the facility.</p> <p>Findings include:</p> <p>On 12/18/19 at 12:26 P.M., during a tour of the facility with the facility supervisor, the safety and health consultant observed the fire alarm control unit in the time clock room on the first floor was not protected with by a smoke or heat detector and this time clock room was unoccupied at the time of discovery. Interview with the facility supervisor verified this finding at the time of discovery.</p> <p>Fire Detection, Alarm, and</p>	K S341 K S341	<p>The facility failed to ensure smoke detectors were installed at each fire alarm control unit in areas not continuously occupied in accordance with Edition 2012 of NFPA 101, Life Safety Code, Sections 32.2.3.4.1 and 9.6.1.8.1. To correct: a smoke detector to be installed in "clock in" closet on 1/9/20. To monitor: The Facilities Supervisor will delegate monthly monitoring for compliance and will in-service staff on the code and monthly checks .</p>	01/31/2020

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K S341	<p>Continued From page 9</p> <p>Communications Systems - General - Protection of Fire Alarm System. In areas that are not continuously occupied, and unless otherwise permitted by 9.6.1.8.1.1 or 9.6.1.8.1.2, automatic smoke detection shall be installed to provide notification of fire at the following locations:</p> <p>(1) Each fire alarm control unit (2) Notification appliance circuit power extenders (3) Supervising station transmitting equipment 9.6.1.8.1</p> <p>The provisions of 9.6.1.8.1(2) and (3) shall not apply to existing alarm systems. 9.6.1.8.1.1</p> <p>Where ambient conditions prohibit installation of a smoke detector, a heat detector shall be used. 9.6.1.8.1.2</p>	K S341		

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K S521 K S521 BLD01	Continued From page 10 NFFA 101 HVAC HVAC Heating, ventilation, and air-conditioning equipment comply with 9.2.1 and 9.2.2, except as otherwise permitted by Chapter 33. 32.2.5.2.1, 33.2.5.2.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a heating, ventilation and air conditioning system that was designed in accordance with Edition 2012 of NFFA 101, Life Safety Code, Sections 32.2.5.2.1 and 9.2, and Edition 2012 of NFFA 90B, Installation of Warm Air Heating and Air-Conditioning Systems, Sections 4.2.3.1 and 4.2.4. This had the potential to affect all eight individuals in the facility. Findings include: On 12/18/19, during a tour of the facility with the facility supervisor, the safety and health consultant observed the following: 1. At 10:47 A.M., the northeast bedroom contained a heating ventilation supply vent; yet no return vent. Further investigation revealed the only return vent for the second floor area was at the bottom of the north (front) stairwell; 2. At 11:00 A.M., the southeast bedroom number 6 contained a heating ventilation supply vent; yet no return vent. Further	K S521 K S521	The facility failed to provide a heating, ventilation and air conditioning system that was designed in accordance with Edition 2012 of NFFA 101, Life Safety Code, Sections 32.2.5.2.1 and 9.2, and Edition 2012 of NFFA 90B, Installation of Warm Air Heating and Air-Conditioning Systems, Sections 4.2.3.1 and 4.2.4. To correct: Consultation with Comfort Air on 1/9/20 to get a consult on how to address the absence of return vents the facility will have a solution by 7/31/20. To monitor: The Facilities Supervisor will delegate monthly monitoring for compliance and will in-service staff on the code and monthly checks.	07/31/2020

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K S521	<p>Continued From page 11</p> <p>Investigation revealed the only return vent for the second floor area was at the bottom of the north (front) stairwell;</p> <p>3. At 11:03 A.M., the northwest bedroom number 5 contained a heating ventilation supply vent; yet no return vent. Further investigation revealed the only return vent for the second floor area was at the bottom of the north (front) stairwell;</p> <p>4. At 11:05 A.M., the west bedroom number 3 contained a heating ventilation supply vent; yet no return vent. Further investigation revealed the only return vent for the second floor area was at the bottom of the north (front) stairwell; and</p> <p>5. At 11:08 A.M., the southwest bedroom contained a heating ventilation supply vent; yet no return vent. Further investigation revealed the only return vent for the second floor area was at the bottom of the north (front) stairwell.</p> <p>Interview with the facility supervisor verified this finding at the time of discovery.</p> <p>HVAC Heating, ventilation, and air-conditioning equipment comply with 9.2.1 and 9.2.2, unless otherwise required by this chapter. 32.2.5.2.1</p> <p>Air-Conditioning, Heating, Ventilating Ductwork, and Related Equipment. Air-conditioning, heating, ventilating ductwork, and related equipment shall be in accordance with NFPA 90A, Standard</p>	K S521		

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K S521	<p>Continued From page 12</p> <p>for the Installation of Air-Conditioning and Ventilating Systems, or NFPA 90B, Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, as applicable, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>9.2.1</p> <p>System Components - Return Systems - Continuous Ducts. Return air shall be conducted to the appliance through continuous ducts, except as permitted in 4.2.3.2 through 4.2.3.5.</p> <p>4.2.3.1 (NFPA 90B)</p> <p>System Components - Return Systems - Public Corridors. Public corridors shall not be used as a portion of a supply, return, or exhaust air system serving adjoining areas other than toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces opening directly on the corridor.</p> <p>4.2.4 (NFPA 90B)</p>	K S521		