

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366801	(X2) MULTIPLE CONSTRUCTION a. building <u>BLD --</u> b. wing _____	(X3) DATE SURVEY COMPLETED 04/01/2019
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name of provider or supplier NEW AVENUES-RICHMOND HEIGHTS	street address, city, state, zip code 25979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143
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(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>ADMINISTRATOR: KAREN KNAVEL CENSUS: 08</p> <p>At the time of the emergency preparedness survey completed on 04/01/19, New Avenue-Richmond Heights is in compliance with the provisions of 42 CFR Part 483.475 Conditions of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities.</p>	E 0000		

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

title

SAMANTHA.PAVONE

(X6) date
04/15/2019

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.

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366501	(X2) MULTIPLE CONSTRUCTION a. building <u>BLD 01</u> b. wing _____	(X3) DATE SURVEY COMPLETED 04/01/2019
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NAME OF PROVIDER OR SUPPLIER NEW AVENUES-RICHMOND HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 25979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143
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K 0000 BLD01	<p>INITIAL COMMENTS</p> <p>FIRE SAFETY SURVEY REPORT 2012 ICF/IID CODE EXISTING ADMINISTRATOR: KAREN KNAVEL CENSUS: 08</p> <p>PROMPT</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 recite is based on the post survey revisit completed 04/01/19.</p>	K 0000		
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laboratory director's or provider/supplier representative's signature	SAMANTHA.PAVONE	title	(X6) date
			04/15/2019

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 S353 K S353 BLD01	<p>Continued From page 1</p> <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>Sprinkler System - Maintenance and Testing</p> <p>2012 EXISTING (Prompt)</p> <p>NFPA 13 and 13R Systems</p> <p>All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System.</p> <p>NFPA 13D Systems</p> <p>Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually 	K S353 K S353	<p>K S353 LIFE SAFETY CODE STANDARD</p> <p>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.</p> <p>The deficiency: the facility failed to ensure the backflow preventer device was inspected yearly.</p> <p>To Correct: Backflow Prevention Inspection Oversight is already corrected as of 04/09/19 with the certificate from City of Cleveland Division of Water.</p> <p>To Monitor: Facilities Supervisor to monitor for compliance on monthly/annual maintenance forms.</p> <p>Compliance Date: 04/09/19</p>	04/09/2019

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 360501	(X2) MULTIPLE CONSTRUCTION a. building <u>BLD 01</u> b. wing _____	(X3) DATE SURVEY COMPLETED 04/01/2010
name of provider or supplier NEW AVENUES-RICHMOND HEIGHTS		street address, city, state, zip code 25979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143		
(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
K S353	<p>Continued From page 2</p> <p>((NFPA 25, section 5.2.1).</p> <p>7. Visible pipe inspected annually (NFPA 25, section 5.2.2).</p> <p>8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3).</p> <p>9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5).</p> <p>10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.2).</p> <p>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</p> <p>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</p> <p>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <p>14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on</p>	K S353		

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NAME OF PROVIDER OR SUPPLIER NEW AVENUES-RICHMOND HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 25979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143	
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K S353	<p>Continued From page 3</p> <p>coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observations, interviews, and review of the facility maintenance inspection reports the facility failed to ensure the back flow preventer device was inspected yearly in accordance with the LSC, 2012 Edition, Section 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25. This had the potential to affect the eight individuals in the facility.</p> <p>Findings include:</p> <p>Review of the back flow preventer inspection report with the Maintenance Director on 04/01/19 at 8:56 A.M. revealed the back flow preventor was not inspected yearly, the back flow report was dated 02/22/18. Interview with the Maintenance Director revealed the back flow is scheduled for next month. The Maintenance Director revealed he contacted the sprinkler company the backflow is scheduled for 04/03/19.</p> <p>Observations of the facility with the Maintenance Director on 04/01/19 at 11:00 A.M. revealed the facility had a backflow preventer device in the maintenance room. The tag on the back flow was dated 02/22/18.</p>	K S353		

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NAME OF PROVIDER OR SUPPLIER NEW AVENUES-RICHMOND HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP CODE 25979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143		
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K S353	Continued From page 4 Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25: 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually	K S353		

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K S353	<p>Continued From page 5</p> <p>((NFPA 25, section 5.2.1).</p> <p>7. Visible pipe inspected annually (NFPA 25, section 5.2.2).</p> <p>8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3).</p> <p>9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5).</p> <p>10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.2).</p> <p>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</p> <p>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</p> <p>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <p>14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide in REMARKS information on</p>	K S353		
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K S353	Continued From page 6 coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25	K S353		

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NAME OF PROVIDER OR SUPPLIER NEW AVENUES-RICHMOND HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 29979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143	
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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 CENSUS: 08</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 (LSC) of the National Fire Protection Association (NFPA).</p> <p>The following deficiencies are based on the annual survey completed 04/01/19.</p>	K 0000		

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

title

SAMANTHA.PAVONE

(X6) date

04/15/2019

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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NAME OF PROVIDER OR SUPPLIER NEW AVENUES-RICHMOND HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 28979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143	
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K S321 K S321 BLD01	Continued From page 1 NFPA 101 Hazardous Areas - Enclosure Hazardous Areas - Enclosure 2012 EXISTING (Prompt) Any hazardous area that is on the same floor as, and is in or abut, a primary means of escape or a sleeping room shall be protected by one of the following means: 1. Protection shall be an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than 3/4 hour. 2. Protection shall be automatic sprinkler protection, in accordance with 33.2.3.5, and a smoke partition, in accordance with 8.4 located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation shall be self-closing or automatic closing in accordance with 7.2.1.8. Other hazardous areas shall be protected in accordance with 33.2.3.2.5 by one of the following: 1. An enclosure having a fire resistance rating of not less than 1/2 hour, with a self-closing or automatic-closing door in accordance with 7.2.1.8 that is equivalent to not less than a 1 3/4 inch (4.4 cm) thick, solid-bonded wood core construction. 2. Automatic sprinkler protection in accordance with 33.2.3.5, regardless of enclosure. Areas with approved, properly installed and maintained furnaces and heating	K S321 K S321	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 deficiency: the facility failed to ensure hazardous area doors closed and latched securely. The facility also failed to ensure hazardous area ceilings provided at least a one-half hour fire resistant rating. To correct: The door handle and latch mechanism will be replaced, and penetrated area's in ceiling will be scraped and resealed with 3M Fire Barrier sealant To Monitor: Facilities Supervisor to monitor for compliance on monthly/annual maintenance forms. Compliance Date: 04/16/19	04/16/2019

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NAME OF PROVIDER OR SUPPLIER NEW AVENUES-RICHMOND HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 25979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143	
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K S321	<p>Continued From page 2</p> <p>equipment, and cooking and laundry facilities are not classified as hazardous areas solely on basis of such equipment. Standard response sprinklers shall be permitted for use in hazardous areas in accordance with 33.2.3.2. 33.2.2.2.4, 33.2.3.2, 33.2.3.2.5</p> <p>This STANDARD is not met as evidenced by:</p> <p>Based on observations and interviews the facility failed to ensure hazardous area doors closed and latched securely. The facility failed to ensure hazardous area ceilings provided at least a one-half hour fire resistant rating in accordance with the LSC, Section 33.2.2.2.4, 33.2.3.2, 33.2.3.2.5 and 7.2.1.1.8. This had the potential to affect the eight individuals in the facility.</p> <p>Findings include:</p> <p>Observations of the facility with the Maintenance Director on 04/01/19 between 10:40 A.M. and 11:03 A.M. revealed the gas boiler, gas furnace, gas hot water tank room had a self closing device. The latching mechanism was damaged and the door did not close and latch securely on four attempts. There were two four inch conduits penetrating the ceiling. There was a number of penetrations around the conduit measuring one-eight inch to one fourth inches.</p> <p>The gas furnace -gas hot water tank closet</p>	K S321		

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NAME OF PROVIDER OR SUPPLIER NEW AVENUES-RICHMOND HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP CODE 25979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143		
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K S321	<p>Continued From page 3</p> <p>located in the resident room area had a four inch conduit penetrating the ceiling. There was a number of penetrations around the conduit measuring one-eight inch to one fourth inches and one two inch by one inch hole.</p> <p>These observations were verified during interview of Maintenance Director at the time of observation.</p> <p>Hazardous Areas - Enclosure 2012 EXISTING (Prompt) Any hazardous area that is on the same floor as, and is in or abut, a primary means of escape or a sleeping room shall be protected by one of the following means:</p> <ol style="list-style-type: none"> 1. Protection shall be an enclosure with a fire resistance rating of not less than 1 hour, with a self-closing or automatic closing fire door in accordance with 7.2.1.8 that has a fire protection rating of not less than 3/4 hour. 2. Protection shall be automatic sprinkler protection, in accordance with 33.2.3.5, and a smoke partition, in accordance with 8.4 located between the hazardous area and the sleeping area or primary escape route. Any doors in such separation shall be self-closing or automatic closing in accordance with 7.2.1.8. <p>Other hazardous areas shall be protected in accordance with 33.2.3.2.5 by one of</p>	K S321		

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K S321	Continued From page 4 the following: 1. An enclosure having a fire resistance rating of not less than 1/2 hour, with a self-closing or automatic-closing door in accordance with 7.2.1.8 that is equivalent to not less than a 1 3/4 inch (4.4 cm) thick, solid-bonded wood core construction. 2. Automatic sprinkler protection in accordance with 33.2.3.5, regardless of enclosure. Areas with approved, properly installed and maintained furnaces and heating equipment, and cooking and laundry facilities are not classified as hazardous areas solely on basis of such equipment. Standard response sprinklers shall be permitted for use in hazardous areas in accordance with 33.2.3.2. 33.2.2.2.4, 33.2.3.2, 33.2.3.2.5	K S321		

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K S353 K S353 BLD01	Continued From page 5 NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25: 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually	K S353 K S353	K S353 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 deficiency: the facility failed to ensure the backflow preventer device was inspected yearly. To Correct: Backflow Prevention Inspection Oversight is already corrected as of 04/09/19 with the certificate from City of Cleveland Division of Water. To Monitor: Facilities Supervisor to monitor for compliance on monthly/annual maintenance forms. Compliance Date: 04/09/19	04/09/2019

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366501	(X2) MULTIPLE CONSTRUCTION a. building <u>BLD 01</u> b. wing _____	(X3) DATE SURVEY COMPLETED 04/01/2019
NAME OF PROVIDER OR SUPPLIER NEW AVENUES-RICHMOND HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 25979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143	
(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
K S353	<p>Continued From page 6</p> <p>((NFPA 25, section 5.2.1). 7. Visible pipe inspected annually (NFPA 25, section 5.2.2). 8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3). 9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5). 10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.2). 11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15). 12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4). 13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1). 14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4). 15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4). A. Date sprinkler system last checked and necessary maintenance provided. _____ B. Show who provided the service. _____ C. Note the source of the water supply for the automatic sprinkler system. _____ (Provide in REMARKS information on</p>	K S353		

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366501	(X2) MULTIPLE CONSTRUCTION a. building <u>BLD 01</u> b. wing _____		(X3) DATE SURVEY COMPLETED 04/01/2019
NAME OF PROVIDER OR SUPPLIER NEW AVENUES-RICHMOND HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 25979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143		
(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) COMPLETE	ION
K S353	<p>Continued From page 7</p> <p>coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Based on observations, interviews, and review of the facility maintenance inspection reports the facility failed to ensure the back flow preventer device was inspected yearly in accordance with the LSC, 2012 Edition, Section 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25. This had the potential to affect the eight individuals in the facility.</p> <p>Findings include:</p> <p>Review of the back flow preventer inspection report with the Maintenance Director on 04/01/19 at 8:56 A.M. revealed the back flow preventer was not inspected yearly, the back flow report was dated 02/22/18. Interview with the Maintenance Director revealed the back flow is scheduled for next month. The Maintenance Director revealed he contacted the sprinkler company the backflow is scheduled for 04/03/19.</p> <p>Observations of the facility with the Maintenance Director on 04/01/19 at 11:00 A.M. revealed the facility had a backflow preventer device in the maintenance room. The tag on the back flow was dated 02/22/18.</p>	K S353			

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366501	(X2) MULTIPLE CONSTRUCTION a. building <u>BLD 01</u> b. wing _____	(X3) DATE SURVEY COMPLETED 04/01/2019
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name of provider or supplier NEW AVENUES-RICHMOND HEIGHTS	street address, city, state, zip code 25979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETION
K S353	<p>Continued From page 8</p> <p>Sprinkler System - Maintenance and Testing 2012 EXISTING (Prompt) NFPA 13 and 13R Systems All sprinkler systems installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, and NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies Up To and Including Four Stories in Height, are inspected, tested and maintained in accordance with NFPA 25, Standard for Inspection, Testing and Maintenance of Water Based Fire Protection System. NFPA 13D Systems Sprinkler systems installed in accordance with NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, are inspected, tested and maintained in accordance with the following requirements of NFPA 25:</p> <ol style="list-style-type: none"> 1. Control valves inspected monthly (NFPA 25, section 13.3.2). 2. Gauges inspected monthly (NFPA 25, section 13.2.71). 3. Alarm devices inspected quarterly (NFPA 25, section 5.2.6). 4. Alarm devices tested semiannually (NFPA 25, section 5.3.3). 5. Valve supervisory switches tested semiannually (NFPA 25, section 13.3.3.5). 6. Visible sprinklers inspected annually 	K S353		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366501	(x2) MULTIPLE CONSTRUCTION a. building <u>BLD 01</u> b. wing _____	(X3) DATE SURVEY COMPLETED 04/01/2019
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NAME OF PROVIDER OR SUPPLIER NEW AVENUES-RICHMOND HEIGHTS	STREET ADDRESS, CITY, STATE, ZIP CODE 25979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE	(X5) COMPLETION DATE
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K S353	<p>Continued From page 9</p> <p>((NFPA 25, section 5.2.1).</p> <p>7. Visible pipe inspected annually (NFPA 25, section 5.2.2).</p> <p>8. Visible pipe hangers inspected annually (NFPA 25, section 5.2.3).</p> <p>9. Buildings inspected annually prior to freezing weather for adequate heat for water filled piping (NFPA 25, section 5.2.5).</p> <p>10. A representative sample of fast response sprinklers are tested at 20 years (NFPA 25, section 5.3.1.1.1.2).</p> <p>11. A representative sample of dry pendant sprinklers are tested at 10 years (NFPA 25, section 5.3.1.1.15).</p> <p>12. Antifreeze solutions are tested annually (NFPA 25, section 5.3.4).</p> <p>13. Control valves are operated through their full range and returned to normal annually (NFPA 25, section 13.3.3.1).</p> <p>14. Operating stems of OS&Y valves are lubricated annually (NFPA 25, section 13.3.4).</p> <p>15. Dry pipe systems extending into unheated portions of the building are inspected, tested and maintained (NFPA 25, section 13.4.4).</p> <p>A. Date sprinkler system last checked and necessary maintenance provided.</p> <p>_____</p> <p>B. Show who provided the service.</p> <p>_____</p> <p>C. Note the source of the water supply for the automatic sprinkler system.</p> <p>_____</p> <p>(Provide In REMARKS information on</p>	K S353		
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STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366501	(X2) MULTIPLE CONSTRUCTION a. building BLD 01 b. wing _____	(X3) DATE SURVEY COMPLETED 04/01/2019
name of provider or supplier NEW AVENUES-RICHMOND HEIGHTS		street address, city, state, zip code 25979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE TAG)	(X5) COMPLETION DATE
K S353	Continued From page 10 coverage for any non-required or partial automatic sprinkler system.) 33.2.3.5.3, 33.2.3.5.8, 9.7.5, 9.7.7, 9.7.8, and NFPA 25	K S353		
K S500 BLD01	NFPA 101 Building Services - Other Building Services - Other List in the REMARKS section any LSC Section 32.2.5 and 33.2.5 Building Services that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. This STANDARD is not met as evidenced by: Based on observations, interviews and review of the facility inspection reports the facility failed to fire extinguishers were inspected monthly in accordance with the NFPA 10 Standard for Portable Fire Extinguishers 2010 Edition 7.2.1.2. The facility failed to ensure the generator was tested weekly and under load monthly in accordance with the LSC, Section 8.3. This had the potential to affect the eight individuals in the facility. Findings include: Interview and review of the facility generator log with the Maintenance Director on 04/01/19 at 10:36 A.M. revealed the facility had a 37 KW generator. The facility had not completed weekly testing or a monthly load test since 01/01/19.	K S500	K S500 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 deficiency: the facility failed to show fire extinguishers were inspected monthly. The facility failed to ensure the generator was tested weekly and run a load monthly. To Correct: Generator Maintenance Reports, and Fire Extinguishers Inspections are to be added to each Location PM(Preventive Maintenance) log and copies of such to be kept at both locations of Richmond house and Maintenance office . To Monitor: Facilities Supervisor to monitor for compliance on monthly/annual maintenance forms. Completion Date: 04/16/19	04/16/2019

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366501	(X2) MULTIPLE CONSTRUCTION a. building <u>BLD 01</u> b. wing _____	(X3) DATE SURVEY COMPLETED 04/01/2019
NAME OF PROVIDER OR SUPPLIER NEW AVENUES-RICHMOND HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP CODE 28979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143		
(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
K S500	<p>Continued From page 11</p> <p>Observation of the generator revealed the generator meter reading was 19940.</p> <p>Observation of the facility with the Maintenance Director on 04/01/19 between 10:00 A.M. and 11:00 A.M. revealed the facility had two (ABC) and one (K) fire extinguishers in the facility. The fire extinguishers were inspected on 10/04/18 by an outside company. The three fire extinguishers were not inspected and dated monthly, the last facility inspection was completed on 01/04/19.</p> <p>The Maintenance Director verified the findings at the the time of the review and observations.</p> <p>NFPA 10 Standard for Portable Fire Extinguishers 2010 Edition 7.2.1.2* Fire extinguishers shall be inspected either manually or by means of an electronic monitoring device/system at a minimum of 30-day intervals.</p> <p>LSC, 2012 Edition, 8.3 Maintenance and Operational Testing. 8.3.1* The EPSS shall be maintained to ensure to a reasonable degree that the system is capable of supplying service within the time specified for the type and for the time duration specified for the class.</p>	K S500		

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366501	(X2) MULTIPLE CONSTRUCTION a. building <u>BLD 01</u> b. wing _____	(X3) DATE SURVEY COMPLETED 04/01/2019
NAME OF PROVIDER OR SUPPLIER NEW AVENUES-RICHMOND HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 25979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143	
(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
K S500	<p>Continued From page 12</p> <p>8.3.2 A routine maintenance and operational testing program shall be initiated immediately after the EPSS has passed acceptance tests or after completion of repairs that impact the operational reliability of the system.</p> <p>8.3.2.1 The operational test shall be initiated at an ATS and shall include testing of each EPSS component on which maintenance or repair has been performed, including the transfer of each automatic and manual transfer switch to the alternate power source, for a period of not less than 30 minutes under operating temperature.</p> <p>8.3.3 A written schedule for routine maintenance and operational testing of the EPSS shall be established.</p> <p>8.3.4 A permanent record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained and readily available.</p> <p>8.4 Operational Inspection and Testing.</p> <p>8.4.1* EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly.</p> <p>8.4.1.1 If the generator set is used for standby power or for peak load shaving, such use shall be recorded and shall be permitted to be substituted for scheduled operations and testing of the generator set, providing the same record as required by 8.3.4.</p> <p>8.4.2* Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of</p>	K S500		

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 380501	(X2) MULTIPLE CONSTRUCTION a. building <u>BLD 01</u> b. wing _____		(X3) DATE SURVEY COMPLETED 04/01/2019
NAME OF PROVIDER OR SUPPLIER NEW AVENUES-RICHMOND HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 25979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143		
(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	
K S500	Continued From page 13 the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer (2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating 8.4.2.1 The date and time of day for required testing shall be decided by the owner, based on facility operations. 8.4.2.2 Equivalent loads used for testing shall be automatically replaced with the emergency loads in case of failure of the primary source. 8.4.2.3 Diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours.	K S500			

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366501	(x2) multiple construction a. building <u>BLD 01</u> b. wing _____	(X3) DATE SURVEY COMPLETED 04/01/2019
name of provider or supplier NEW AVENUES-RICHMOND HEIGHTS		street address, city, state, zip code 25979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143		
(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
K S511 K S511 BLD01	<p>Continued From page 14</p> <p>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 NPFA 70, National Electric Code. 32.2.5.1, 33.2.5.1, 9.1.1, 9.1.2 This STANDARD is not met as evidenced by: Based on observations, review of the inspection reports and interviews the facility failed to ensure that emergency lights were maintained in accordance with the LSC, 2012 Edition 19.2.8, 7.8.1.1, 7.8.1.2, 7.8.1.2.1 and 7.9.3.1.2. This had the potential to affect the eight individuals in the facility.</p> <p>Findings include:</p> <p>Observations during the tour with the Director of Maintenance (DM) on 04/01/19 between 10:00 A.M. and 11:00 A.M. revealed emergency lights not properly maintained. The surveyor located six emergency lights throughout the facility. Review of the facility maintenance logs revealed the battery powered lights were not inspected in 2019. The Director of Maintenance verified the battery powered emergency lights were not inspected monthly in 2019.</p>	K S511 K S511	<p>K S511 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.</p> <p>The deficiency: the facility failed to ensure that emergency lights were maintained.</p> <p>To Correct: Emergency Lighting Maintenance Testing Report Log being added to monthly PM Log and copies of it to be kept at both ICF and Maintenance locations.</p> <p>To Monitor: Facilities Supervisor to monitor for compliance on monthly/annual maintenance forms.</p> <p>Completion Date: 04/16/19</p>	04/16/2019

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 386501	(X2) MULTIPLE CONSTRUCTION a. building <u>BLD 01</u> b. wing _____	(X3) DATE SURVEY COMPLETED 04/01/2019
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name of provider or supplier NEW AVENUES-RICHMOND HEIGHTS	street address, city, state, zip code 25979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE)	(X5) COMPLETION
K S511	<p>Continued From page 15</p> <p>19.2.8 Illumination of Means of Egress. Means of egress shall be illuminated in accordance with Section 7.8.</p> <p>7.8.1.1* Illumination of means of egress shall be provided in accordance with Section 7.8 for every building and structure where required in Chapters 11 through 43. For the purposes of this requirement, exit access shall include only designated stairs, aisles, corridors, ramps, escalators, and passageways leading to an exit. For the purposes of this requirement, exit discharge shall include only designated stairs, aisles, corridors, ramps, escalators, walkways, and exit passageways leading to a public way.</p> <p>7.8.1.2 Illumination of means of egress shall be continuous during the time that the conditions of occupancy require that the means of egress be available for use, unless otherwise provided in 7.8.1.2.2.</p> <p>7.8.1.2.1 Artificial lighting shall be employed at such locations and for such periods of time as are necessary to maintain the illumination to the minimum criteria values herein specified.</p> <p>7.9.3.1.2 Testing of required emergency lighting systems shall be permitted to be conducted as follows:</p> <p>(1) Self-testing/self-diagnostic battery-operated emergency lighting equipment shall be provided.</p> <p>(2) Not less than once every 30 days, self-testing/self-diagnostic battery-operated emergency lighting equipment shall automatically perform a test with a</p>	K S511		

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366501	(X2) MULTIPLE CONSTRUCTION a. building <u>BLD 01</u> b. wing _____	(X3) DATE SURVEY COMPLETED 04/01/2019
NAME OF PROVIDER OR SUPPLIER NEW AVENUES-RICHMOND HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP CODE 25979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143		
(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
K S511	Continued From page 16 duration of a minimum of 30 seconds and a diagnostic routine. (3) Self-testing/self-diagnostic battery-operated emergency lighting equipment shall indicate failures by a status indicator. (4) A visual inspection shall be performed at intervals not exceeding 30 days. (5) Functional testing shall be conducted annually for a minimum of 1172 hours. (6) Self-testing/self-diagnostic battery-operated emergency lighting equipment shall be fully operational for the duration of the 1172-hour test. (7) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.	K S511		

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA 366501	(x2) multiple construction a. building <u>BLD 01</u> b. wing _____	(X3) DATE SURVEY COMPLETED 04/01/2019
name of provider or supplier NEW AVENUES-RICHMOND HEIGHTS		street address, city, state, zip code 25979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143		
(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
K S711 K S711 BLD01	Continued From page 17 NFPA 101 Evacuation and Relocation Plan Evacuation and Relocation Plan The administration of every resident board and care facility shall have in effect and available to all supervisory personnel written copies of a plan for protecting all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating person from the building when necessary. The plan shall include special staff response, including fire protection procedures needed to ensure the safety of any resident, and shall be amended or revised whenever any resident with unusual needs is admitted to the home. All employees shall be periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction shall be reviewed by the staff not less than every two months. A copy of the plan shall be readily available at all times within the facility. All residents participating in the emergency plan shall be trained in the proper actions to be taken in the event of fire. Training shall include proper actions to be taken if the primary escape route is blocked. If the resident is given rehabilitation or habilitation training, training in fire prevention and the actions to be taken in the event of a fire shall be part of the training program. Residents shall be trained to assist each other in case of fire to the extent that their physical and mental abilities permit them to do so without	K S711 K S711	K S711 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 deficiency: the facility failed to ensure the staff were trained on the use of the fire suppression system and the K fire extinguisher. To Correct: K Type Fire Extinguisher and Ansul Fire Suppression System Training to be given to Facilities Supervisor, and then passed on to all Staff at all ICF Locations To Monitor: HR department/Trainer and QIDP to monitor for compliance Compliance Date: 04/16/19	04/16/2019

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366501	(X2) MULTIPLE CONSTRUCTION a. building <u>BLD 01</u> b. wing _____	(X3) DATE SURVEY COMPLETED 04/01/2019
NAME OF PROVIDER OR SUPPLIER NEW AVENUES-RICHMOND HEIGHTS		STREET ADDRESS, CITY, STATE, ZIP CODE 29979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143		
(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
K S711	<p>Continued From page 18</p> <p>additional personal risk. 32.7.1, 32.7.2, 33.7.1, 33.7.2 This STANDARD is not met as evidenced by: Based on observations, review of in-services and interviews the facility failed to ensure the staff were trained on the use of the fire suppression system and the 'K' fire extinguisher in accordance with the LSC, 2012 Edition, Section 32.7.1, 32.7.2, 33.7.1, 33.7.2. This had the potential to affect the eight individuals in the facility.</p> <p>Findings include:</p> <p>Observations of the facility with the Maintenance Director on 04/01/19 at 10:39 A.M. revealed the facility had one 'K' extinguisher in the kitchen and a fire suppression system over the stove.</p> <p>Interview with direct care staff (DCS) #3 on 04/01/19 at 11:10 A.M., revealed she did not know how to activate the fire suppression system or the use of the 'K' extinguisher.</p> <p>Interview the Cook #4 on 04/01/19 at 11:15 A.M. revealed she did not know the use of the 'K' extinguisher.</p> <p>Interview with the Residential Services -Quality Assurance Manager and review of in-services on 04/01/19 at 11:30 A.M. revealed there were no in-services on the kitchen fire safety.</p>	K S711		

STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 360501	(X2) MULTIPLE CONSTRUCTION a. building <u>BLD 01</u> b. wing _____	(X3) DATE SURVEY COMPLETED 04/01/2010
NAME OF PROVIDER OR SUPPLIER NEW AVENUES-RICHMOND HEIGHTS			STREET ADDRESS, CITY, STATE, ZIP CODE 25979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143	
(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
K S711	<p>Continued From page 19</p> <p>Evacuation and Relocation Plan The administration of every resident board and care facility shall have in effect and available to all supervisory personnel written copies of a plan for protecting all persons in the event of fire, for keeping persons in place, for evacuating persons to areas of refuge, and for evacuating person from the building when necessary. The plan shall include special staff response, including fire protection procedures needed to ensure the safety of any resident, and shall be amended or revised whenever any resident with unusual needs is admitted to the home. All employees shall be periodically instructed and kept informed with respect to their duties and responsibilities under the plan. Such instruction shall be reviewed by the staff not less than every two months. A copy of the plan shall be readily available at all times within the facility.</p> <p>All residents participating in the emergency plan shall be trained in the proper actions to be taken in the event of fire. Training shall include proper actions to be taken if the primary escape route is blocked. If the resident is given rehabilitation or habilitation training, training in fire prevention and the actions to be taken in the event of a fire shall be part of the training program. Residents shall be trained to assist each other in case of fire</p>	K S711		

STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 366501	(X2) MULTIPLE CONSTRUCTION a. building <u>BLD 01</u> b. wing _____	(X3) DATE SURVEY COMPLETED 04/01/2019
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name of provider or supplier NEW AVENUES-RICHMOND HEIGHTS	street address, city, state, zip code 29979 HIGHLAND ROAD RICHMOND HEIGHTS OH, 44143
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(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
K S711	Continued From page 20 to the extent that their physical and mental abilities permit them to do so without additional personal risk. 32.7.1, 32.7.2, 33.7.1, 33.7.2	K S711		