Department of Health Services

Division of Quality Assurance

Hospital Citation Report for July 1, 2008 - September 30, 2008

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Tag	Regulation	Basis for Citation	# Fed Cites	# State Cites
Discharge Planning			2	2
A 0843				
C 0380				
R 231				
R 0234				
EMTALA			0	0
Governing Body			5	7
A 0043				
A 0048				
A 0083				
A 0085				
A 0309				
R 0200				
R 0212				
R 0234	The discharge planning program shall:Be reviewed at least once a year and more often if necessary to ensure the appropriate disposition of patients;	1. the hospital discharge planning process has not been evaluated since 2001.		
		2. the governing body failed to review annually the discharge planning program to ensure the appropriate disposition of patients.		
R 0235				
R 0275				
R 0323				
Swing Bed: Hospital and CAH			4	0
C 0151				
C 0258				
C 0291				
C 0376				
Infection Control			7	15
A 0747				
A 0749	The infection control officer or officers must develop a system for identifying, reporting, investigating, and controlling infections and communicable diseases of patients and personnel.	1. the Infection Control (IC) Officer failed to develop an IC program to identify, report, investigate and control infections and communicable diseases for patients and staff.		
		2 facility failed to ensure there is an effective surveillance program, to prevent and control potential spread of infection.		
A 750				
C 0278	[The policies include the following:] (vi) a system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.	1. Registered Nurse applied antibacterial skin prep to the surgical site which was immediately blotted off without allowing the antibacterial solution dry to the allotted time be effective; RN during surgery, handled a bloody cautery knife that had fallen on the floor, handled a syringe obtained by the surgeon at the surgical site, and handled the containers, placing them in a biohazard bag but did not wash her hands; fans with visible dirt and debris blowing into a clean laundry room.		

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		2. hospital failed to ensure that a sanitary environment is maintained, and that staff identify potential sources of infection.		
		3. hospital failed to ensure that a sanitary environment is maintained, and that staff identify potential sources of infection.		
R 0291				
R 0292				
R 0294	The hospital shall provide a sanitary environment to avoid sources and transmission of infections and communicable diseases. There shall be an active program for the prevention, control and investigation of infections and communicable diseases.	1. Registered Nurse applied antibacterial skin prep to the surgical site which was immediately blotted off without allowing the antibacterial solution dry to the allotted time be effective; RN during surgery, handled a bloody cautery knife that had fallen on the floor, handled a syringe obtained by the surgeon at the surgical site, and handled the containers, placing them in a biohazard bag but did not wash her hands; fans with visible dirt and debris blowing into a clean laundry room.		
		2. hospital failed to ensure that a sanitary environment is maintained, and that staff identify potential sources of infection		
		3. the hospital failed to ensure that a sanitary environment is maintained, and that staff identify potential sources of infection.		
		4. hospital failed to provide an effective infection control program for the prevention, control, and investigation of infections and communicable diseases.		
		5 facility failed to ensure there is an effective surveillance program. to prevent and control potential spread of infection.		
R 0295	The governing body or medical staff shall establish an infection control committee to carry out surveillance and investigation of infections in the hospital and to implement measures designed to reduce these nfections to the extent possible.	1. the hospital failed to have an infection control committee that implemented measures to decrease infections.		
		2. the infection control committee failed to implement measures designed to reduce infections in separation of clean and dirt areas.		
R 0298				
R 0300				
R 0301				
R 0310				
R 0311				
R 0320				
Medical Record Services			11	13
A 0441				
A 0442				
A 0450				
A 0457				
A 0469				

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C 0302	The records are legible, complete, accurately documented, readily accessible, and systematically organized.	1. the hospital failed to ensure that medical records are complete.		
		2. hospital failed to ensure that entries into the medical record are timed, dated and authenticated, and are complete.		
C 0306				
C 0307				
C 0308				
C 0395				
R 393				
R 0430				
R 0446				
R 0462				
R 0465				
R 0471	Physician notes and non-physician notes providing a chronological picture of the patient's progress which are sufficient to delineate the course and the results of treatment;	1. the hospital failed to have the medical records show a chronological picture of each patient progress and results of treatment		
		2. hospital failed provided a chronological picture of physician and non-physician progress notes		
R 0479	Current records and those on discharged patients shall be completed promptly.	1. hospital failed to ensure that medical records are complete.		
		2. the hospital failed to ensure that medical records are complete (Advanced Directives and departure information missing).		
R 0496	All entries in medical records by medical staff or other hospital staff shall be legible, permanently recorded, dated and authenticated with the name and title of the person making the entry.	1. hospital failed to ensure that entries into the medical record are timed, dated and authenticated.		
		2. the hospital failed to have all entries in the medical record authenticated with a date and signature		
		3. hospital does not ensure that all entries into the medical record are authenticated, timed and dated.		
R 0810				
Medical Staff			1	2
A 0358				
R 0383				
R 0389				
Nursing Servcies			8	16
A 0385				
A 0386				

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A 0396	The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient.	1. the hospital failed to have accurate care plans to meet each patients needs or to keep current nursing care plans in place		
		2. the facility failed to ensure there are individualized nursing care plans for patients.		
A 0398				
C 0277				
C 0294				
C 0298				
R 0416				
R 0417				
R 0421				
R 0426				
R 0428				
R 0429	Nursing care policies and procedures that reflect optimal standards of nursing practice shall be in writing and shall be reviewed and revised as necessary to keep pace with current knowledge. Written nursing care policies and procedures shall be available on each nursing unit.	1. nursing care policies failed to #1)reflect current standards of practice in place for suicide assessment, and falls risk and #2) have available current and accurate policies and procedures on each nursing unit.		
		2. nursing services failed to have nursing care policies and procedures that reflect current standards of nursing practice.		
R 0430	There shall be a written nursing care plan for each patient which shall include the elements of assessment, planning, intervention and evaluation.	1. the hospital failed to provide a written care plan for skin integrity when patients were identified at risk for skin breakdown.		
		2. the hospital failed to have accurate care plans to meet each patients needs or to keep current nursing care plans in place to include assessments, interventions, planning, interventions and evaluations.		
		3. the hospital failed to have individualized nursing care plans		
		4. nursing staff failed to formulate nursing care plans individualized to meet patient needs based on assessment, and evaluation.		
R 0431	Documentation of nursing care shall be pertinent and concise and shall describe patient needs, problems, capabilities and limitations Nursing interventions and patient responses shall be noted.	1. the Advanced Practice Nurse Practioner (APNP) failed to document justification for changes in a medication regime and failed to reflect the change in a discharge summary.		
		2. hospital failed to document the nursing care of patients receiving pain medication.		
		3. nursing failed to have nursing care plan for each patient which included pertinent information to describe patient's needs, problems, capabilities and limitations, nursing interventions and patient responses		

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		4. nursing documentation and care plan failed to identify specific interventions for initial skin break down, and re-evaluation and change in interventions for continued decline in skin integrity; Nursing documentation failed to identify changes in pain and pain management; failed to identify changes in patient problems, capabilities, and limitations and nursing interventions as documentation noted initial skin break down, and continued decline in skin integrity.		
R 0442				
Services: Anesthesia, Emrgcy, Food & Dietetic, Nucl Medicine, Respiratory, Outpt, Radiologic, Rehab & Surgical			4	4
A 0620				
C 0279				
C 0322	(1) A qualified practitioner, as specified in paragraph (a) of this section, must examine the patient immediately before surgery to evaluate the risk of the procedure to be performed (2) A qualified practitioner, as specified in paragraph (c) of this section, must examine each patient before surgery to evaluate the risk of anesthesia. (3) Before discharge from the CAH, each patient must be evaluated for proper anesthesia recovery by a qualified practitioner, as specified in paragraph (c) of this section.	1. the hospital failed to ensure that the post operative examinations are complete.		
		2. hospital failed to ensure that post operative examinations for proper anesthesia recovery are done for each surgical patient, and that the post-operative anesthesia exam is completed after appropriate anesthesia recovery.		
R 0537				
R 0576				
R 0673	Every surgical patient shall have a preanesthetic evaluation by a person qualified to administer anesthesia, with findings recorded within 48 hours before surgery, a preanesthetic visit by the person administering the anesthesia, and an anesthetic record and post-anesthetic follow-up examination, with findings re-corded within 48 hours after surgery by the individual who administers the anesthesia.	1. the hospital failed to ensure that the post operative examinations are complete.		
		2. the hospital failed to ensure that post operative examinations for proper anesthesia recovery are done for each surgical patient, and that the post-operative anesthesia exam is completed after appropriate anesthesia recovery		
Pharmaceutical Services			1	0
A 0405				
Organ Tissue, Eye Procurement			13	0
A 0884				

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A 0885				
A 0887				
A 0888				
A 0889				
A 0891				
A 0892				
C 0344				
C 0345				
C 0346				
C 0347				
C 0348				
C 0349				
Patient Rights			12	6
A 0117				
A 0131				
A 0132				
A 0144				
C 0306				
C 0362				
C 0366				
C 0369				
C 0373				
C 0374				
C 0377				
C 0378				
R 0242				
R 0243	Every patient or his or her designated representative shall be given at the time of admission, a copy of the hospital's policies on patient rights and responsibilities	1. the hospital failed to ensure that the medical record contained evidence that each patient/representative received a copy of patient rights information at the time of admission.		
		2. the hospital does not ensure that patients/representatives are given a copy of all patient rights at the time of admission.		
R 0245				
R 0252				
R 0282				
Physical Environment (all K tags are counted as federal cites)			73	4
A 0700				
A 0709				
C 0152				

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C 0220	Physical Plant and Environment CoP	1. corridor doors that did not latch, (K-18); fire or smoke barrier doors than had hold opens that did unlatch properly (K-21); hazardous areas improperly enclosed (K-29); gift shop wall not 1 hour fire rated (windows not rated) (K-30); uninhabited room opening into an exit stair (K-34); Corridor not maintaining clear and unobstructed, (K-39); Fire drills not performed, (K-50); Improper testing of smoke detectors, (K-52); deficiencies in the sprinkler system (K-56); not having fire dampers in 3 hour walls and having transfer grills in corridor walls, (K-67); not having the proper fire extinguisher in the kitchen, (K-69); The trash chute door not having a closer on it (K-71); quilt with no appropriate flame rating covering the wall (K-74); the facility failed to provide proper storage of trash and soiled linens,(K-75); improper storage of oxygen tanks (K-76); and deficiencies in the electrical systems (K-147).The hospital failed to ensure that surgical patients are protected from fire. See tag C-221		
		2. cited K-tags: not providing flame spread rating for walls, (K-15); provide smoke detectors for smoke barrier door on hold opens, (K-21); the facility failed to provide travel distance to another smoke barrier within 200 feet, (K-24); the facility failed to provide a properly constructed smoke barrier, (K-25); the facility failed to provide smoke barrier door on a closer, (K-27); hazardous areas improperly enclosed (K-29); uninhabited room opening into an exit stair (K-34); the facility failed to provide an emergency lights in the basement corridor, (K-46); the facility failed to provide an illuminated exit sign in the basement corridor going into the nursing home, (K-47); the facility failed to install the fire alarm system in accordance with NFPA 72, (K-52); deficiencies in the sprinkler system (K-56); the facility failed to provide evidence that the curtains in the gift shop were not flammable, (K-73); the facility failed to provide proper storage of trash and soiled linens,(K-75); the facility failed to provide proper oxygen storage per NFPA 99, (K-76); improper enclosu		

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		3. corridor doors that did not latch, (K-18); fire or smoke barrier doors that did latch properly (K-21); hazardous areas improperly enclosed (K-29); improper enclosure around a stairwell (K-33); deficiencies in the sprinkler system (K-56); improper storage of trash and soiled linens,(K-75); improper storage of nitrous oxide tanks (K-76); improper exit distance in a suite and improper exiting in a suite (K-130); deficiencies in the electrical systems (K-147); and inadequate space between Alcohol Based Hand Rub (ABHR) and an ignition source (K-211).		
		4. Facility failed to construct, install and maintain the building systems to ensure life safety to patients: incorrect construction type (K12), corridor walls not smoke tight (K17), smoke barriers walls not constructed properly (K25), deficiencies in the sprinkler system (K56), using corridor as supply return air in the heating ventilating, air conditions system (K67).		
C 0221				
C 0226	[The CAH has housekeeping and preventive programs to ensure that there is proper ventilation, lighting, and temperature control in all pharmaceutical, patient care, and food preparation areas.	1. the facility failed to provide proper ventilation in various locations.		
		2. the facility failed to provide proper ventilation in various locations.		
C 0231	Except as otherwise provided in this section- (i) the CAH must meet the applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association. The Director of the Office of the Federal Register has approved the NFPA 101 2000 edition of the Life Safety Code, issued January 14, 2000, for incorporation by reference in accordance with 5 U.S.C. 552(a) and 1 CFR Part 51. A copy of the Code is available for inspection at the CMS Information Resource Center, 7500 Security Boulevard, Baltimore, MD, or at the National Archives and Records Administration (NARA).	1. corridor doors that did not latch, (K-18); fire or smoke barrier doors than had hold opens that did unlatch properly (K-21); hazardous areas improperly enclosed (K-29); gift shop wall not 1 hour fire rated (windows not rated) (K-30); uninhabited room opening into an exit stair (K-34); Corridor not maintaining clear and unobstructed, (K-39); Fire drills not performed, (K-50); Improper testing of smoke detectors, (K-52); deficiencies in the sprinkler system (K-56); not having fire dampers in 3 hour walls and having transfer grills in corridor walls, (K-67); not having the proper fire extinguisher in the kitchen, (K-69); The trash chute door not having a closer on it (K-71); quilt with no appropriate flame rating covering the wall (K-74); the facility failed to provide proper storage of trash and soiled linens,(K-75); improper storage of oxygen tanks (K-76); and deficiencies in the electrical systems (K-147).The hospital failed to ensure that surgical patients		

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		2. cited K-tags: not providing flame spread rating for walls, (K-15); provide smoke detectors for smoke barrier door on hold opens, (K-21); the facility failed to provide travel distance to another smoke barrier within 200 feet, (K-24); the facility failed to provide a properly constructed smoke barrier, (K-25); the facility failed to provide smoke barrier door on a closer, (K-27); hazardous areas improperly enclosed (K-29); uninhabited room opening into an exit stair (K-34); the facility failed to provide an emergency lights in the basement corridor, (K-46); the facility failed to provide an illuminated exit sign in the basement corridor going into the nursing home, (K-47); the facility failed to install the fire alarm system in accordance with NFPA 72, (K-52); deficiencies in the sprinkler system (K-56); the facility failed to provide evidence that the curtains in the gift shop were not flammable, (K-73); the facility failed to provide proper storage of trash and soiled linens,(K-75); the facility failed to provide proper oxygen storage per NFPA 99, (K-76); improper enclosu		
		3. corridor doors that did not latch, (K-18); fire or smoke barrier doors that did latch properly (K-21); hazardous areas improperly enclosed (K-29); improper enclosure around a stairwell (K-33); deficiencies in the sprinkler system (K-56); improper storage of trash and soiled linens,(K-75); improper storage of nitrous oxide tanks (K-76); improper exit distance in a suite and improper exiting in a suite (K-130); deficiencies in the electrical systems (K-147); and inadequate space between Alcohol Based Hand Rub (ABHR) and an ignition source (K-211).		
		4. incorrect construction type (K12), corridor walls not smoke tight (K17), smoke barriers walls not constructed properly (K25), inadequate fire alarm system (K51), deficiencies in the sprinkler system (K56), using corridor as supply return air in the heating ventilating, air conditions system (K67).		
K 0012				
K 0015				
K 0017				

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K 0018	Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities	1. The door to the ER did not latch.		
		2. facility failed to provide proper latching of corridor doors and there was impediment to closing of doors.		
		3. The ICU corridor door did not latch.		
K 0021	Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of: a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2	1. Radiology storage room which is a hazardous area, had a wedge on the floor holding the door open. This wedge does not release upon activation of the fire alarm.		
		2.facility failed to provide smoke detectors for a smoke barrier door on hold opens.		
		3. facility failed to provide smoke detectors next to the door being held open by a device arranged to automatically close it, thus, subjecting the compartment to potential toxic smoke and/or gases in the event of a fire.		
		4. door in the medical records room which is a rated fire door was held open by a magnetic hold open that activates on the fire alarm system, but there was no smoke detector next to the door.		
K 0024				

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K 0025	Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4	1. the facility failed to provide reliable hazardous room enclosures. Enclosures were circumvented by improper membrane penetrations, lack of a membrane enclosure or non-fire rated doors, thus, subjecting the compartment to potential toxic smoke and/or gases in the event of a fire.		
		2. facility failed to provide reliable smoke barrier walls. Smoke barrier walls were circumvented by improper membrane penetrations and lack of a membrane enclosure thus, subjecting the compartment to potential toxic smoke and/or gases in the event of a fire.		
		3. facility failed to maintain a 1/2 hr fire-resistance rating and smoke tightness of smoke barriers due incomplete wall construction.		
K 0027				
K 0029	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	1. the facility failed to provide reliable hazardous room enclosures. Enclosures were circumvented by improper membrane penetrations, lack of a membrane enclosure or non-fire rated doors, thus, subjecting the compartment to potential toxic smoke and/or gases in the event of a fire.		
		2. the facility failed to provide reliable hazardous room enclosures. Enclosures were circumvented by improper membrane penetrations, lack of a membrane enclosure or non-fire rated doors, thus, subjecting the compartment to potential toxic smoke and/or gases in the event of a fire.		
		3. the facility failed to provide reliable hazardous room enclosures. Enclosures were circumvented by improper membrane penetrations, lack of a membrane enclosure or closers on doors, thus, subjecting the compartment to potential toxic smoke and/or gases in the event of a fire.		

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		4. storage room door in a hazardous area was not ¾ hour fire rated because there was not label on the door; large storage room (to transformer room) is a hazardous area with walls that are not 1 hour rated because the PVC pipe entering the wall at an angle did not have fire caulking or a collar on the pipe, a pipe sleeve in the wall was open hole, and the door frame was not rated because there was an air gap between the frame and the fire rated wall; door to the nursery clean ' supply ' room (a hazardous area) did not have a closer on it.		
K 0030				
K 0033				
K 0034	Stairways and smokeproof towers used as exits are in accordance with 7.2. 19.2.2.3, 19.2.2.4	1. the facility failed to provide required stairways that did not have unoccupied rooms opening into them.		
		2. the facility failed to provide required stairways that did not have unoccupied rooms opening into them.		
K 0039				
K 0041				
K 0046				
K 0047				
K 0050				
K 0051				
K 0052	A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	1. the facility failed to test smoke detectors properly		
		2. the facility failed to install the fire alarm system in accordance with NFPA 72; no smoke detector near the panel for the fire alarm system in the old boiler room.		

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K 0056	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	1. facility failed to provide complete sprinkler coverage per NFPA 13.		
		2. facility failed to provide complete sprinkler coverage per NFPA 13.		
		3. showers of all the patient rooms did not have full sprinkler coverage because the shower wall blocked the sprinkler		
		4. In medical/surgical rooms, the sprinklers were blocked by the shower curtains since the curtains did not have holes in them to allow the passage of water.		
		5.In an Elevator Equipment Rm, Openings in walls and door prevents full sealing of the room for proper activation of the CO2 system, a fire suppression system.		
K 0067	Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2	1. facility failed to install fire damper in ducts that penetrates walls that are rated 2 hour or more and had transfer grills in the door to the corridor.		
		2. the facility failed to provide proper air flow in the corridor.		
		3. kitchen does not have sufficient make-up air to satisfy the hood and other exhaust requirements. The make-up fan was not interconnected with the dish washing hood to ensure it operates when the exhaust operates. Therefore, the corridor is used as a source of air supply which is prohibited by NFPA 90A, 2-3.11.1		
K 0069	Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96	1. facility failed to provide the kitchen with a type K fire extinguisher.		

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		2. the facility failed to provide proper kitchen hood for grease producing cooking.		
K 0071				
K 072				
K 0073				
K 0074				
K 0075	Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5	1. the facility failed to provide proper storage of trash and soiled linens.		
		2. the facility failed to provide proper storage of trash and soiled linens		
		3. facility failed to provide proper storage of trash and soiled linens		
K 0076	Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4	1. facility failed to provide proper storage of Oxygen tanks		
		2. the facility failed to provide proper nitrous oxide storage per NFPA 99.		
K 0106				
K 0130	OTHER LSC DEFICIENCY NOT ON 2786	1. facility failed to provide proper exit distance in a suite		
		2. facility failed to provide one hour walls or sprinkler system in a furnace room.		
		3. the facility failed to provide proper exit distance in a suite and failed to provide proper exiting in a suite		
K 0147	Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	1. facility failed to provide electrical wiring in compliance with NFPA 70.		

Division of Quality Assurance

Hospital Citation Report for July 1, 2008 - September 30, 2008

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Tag	Regulation	Basis for Citation	# Fed Cites	# State Cites
		2. 3 areas lacked 3 feet of clearance in front of the electrical panel; Eight extension cords are being used in the Pharmacy room to provide light since the emergency generator was operating and there was no emergency light in 1/2 of the pharmacy.		
		3. facility provided two delayed egress locking devices in the path of egress.		
		3. In the kitchen, there was not three feet of clearance in front to the electrical panels because of carts in front of panels; In the medical records room, there is a cord extending out of a louvered grill into the room (hidden cords are not permitted); In the x ray room, there was an extension cord on the floor (extension cords are not allowed).		
K 0211				
R 0865				
R 0941				
R 0941	Patient room and patient care areas shall have walls and ceilings with smooth, washable surfaces. The walls and ceilings shall be kept in good repair. Loose, cracked or peeling wallpaper and paint on walls and ceilings shall be replaced or repaired. Washable ceilings shall be provided in surgery rooms, delivery rooms, the nursery, intensive care units, recovery rooms, kitchens, dishwashing rooms, janitor closets and utility rooms	1.Washable ceiling tile was lacking in: the housekeeping room (janitors closet) in the basement; soiled utility room of the laundry sorting area; clean linen room; negative pressure room (isolation room);soiled utility rooms on the patient floor; soiled utility room for the OR; soiled utility room by OT; rest rom in the x-ray area		
		2. The housekeeping room (janitors closet) did not have washable ceiling tile; the patient toilet rooms area did not have washable ceiling tile;the clean utility room did not have washable ceiling tile.		
QAPI			15	3
A 0263				
A 0265				
A 0266				
A 0267				
A 0274				
A 0276				
A 0277				
A 0285				
A 0287				
A 0288				
A 0290				
A 0291				
A 0299				
A 0756				
C 0292				

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Tag	Regulation	Basis for Citation	# Fed Cites	# State Cites
R 0328				
R 0330				
R 0428				
Chief of Service			0	0
Psychiatric Services			0	3
R 0840				
R 0843				
R 0850				
Other			0	7
R 0084				
R 0726				
Z 0005				
Y 3121				
Y 3122				
Y 3123				
Y 3124				
	Total Federal/State Cites		156	82
	Total Cites		238	