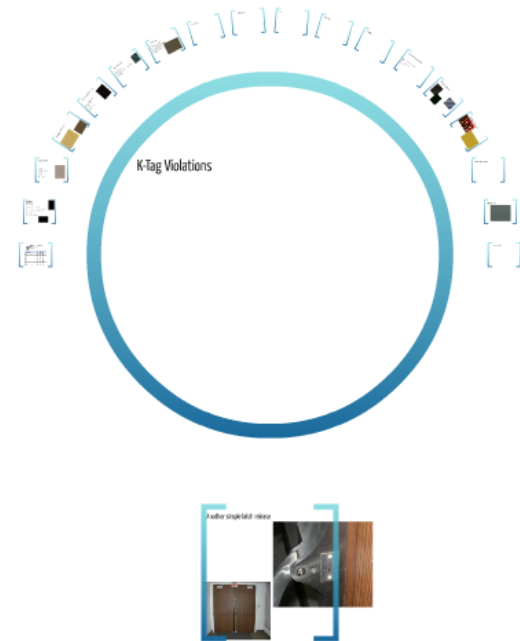
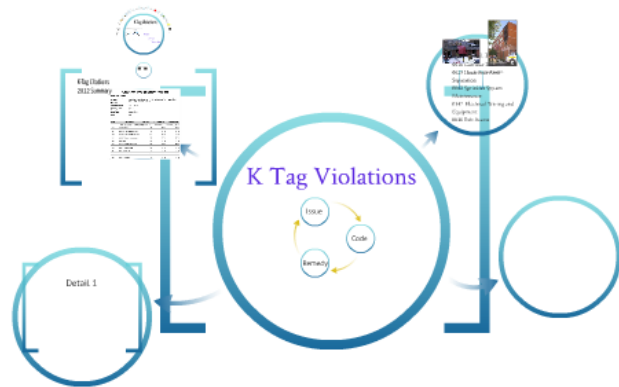


K-Tag Violations



K-Tag Violations

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

2000 CODE Form Approved
CMS-5267

FIRE SAFETY SURVEY REPORT 2000 CODE - HEALTH CARE
Medicare - Medicaid

1. (A) PROVIDER NUMBER: _____ 1. (B) MEDICAID ID NO: _____

PART I - Life Safety Code, New and Existing
PART IV - Waiver Recommendation Form

Identifying information as shown in applicable records. Enter changes, if any, alongside each item, giving date of change.

2. NAME OF FACILITY: _____ (A) MULTIPLE CONSTRUCTION (SIZES): _____ (B) ADDRESS OF FACILITY (STREET, CITY, STATE, ZIP CODE): _____

A. BUILDING: _____ A. Fully Sprinkled (All required areas are sprinkled)

B. WING: _____ B. Partially Sprinkled (Part of required areas are sprinkled)

C. FLOOR: _____ C. None (No applicable required area)

3. SURVEY FOR: MEDICARE MEDICAID 4. DATE OF SURVEY: _____ DATE OF PLAN APPROVAL: _____ SURVEY UNDER: 2000 EXISTING 2000 NEW

5. SURVEY FOR CERTIFICATION OF: HOSPITAL SKILLED NURSING FACILITY IC/FMR UNDER HEALTH CARE HOSPICE

IF "2" OR "5" ABOVE IS MARKED, CHECK APPROPRIATE ITEM(S) BELOW: IF DISTINCT PART OF HOSPITAL, IS HOSPITAL ACCREDITED? YES NO

6. BED COMPOSITION: GENERAL FACILITY DISTINCT PART OF HOSPICE-Y YES NO

6. BED COMPOSITION: TOTAL NO. OF BEDS IN THE FACILITY: _____ 3. NUMBER OF HOSPITAL BEDS CERTIFIED FOR MEDICARE: _____ 4. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICARE: _____ 5. NUMBER OF SKILLED BEDS CERTIFIED FOR MEDICAD: _____ 6. NUMBER OF IC/FMR BEDS CERTIFIED FOR MEDICAD: _____

7. A. THE FACILITY MEETS, BASED UPON (CHECK ALL APPROPRIATE BOXES):

1. COMPLIANCE WITH ALL PROVISIONS 2. ACCEPTANCE OF A PLAN OF CORRECTION 3. RECOMMENDS WINNERS 4. FEES 5. PERFORMANCE-BASED DESIGN

B. THE FACILITY DOES NOT MEET THE STANDARD

SURVEYOR (Signature)	TITLE	OFFICE	DATE
SURVEYOR ID NO.			
IC AUTHORITY OFFICIAL (Signature)	TITLE	OFFICE	DATE

Issue
Code
Remedy

Citation Frequency Report

Selection Criteria

Display Options: Display top 25 tags

Provider and Supplier: Nursing Facilities - Medicaid Only

Type(s): National

Survey Type(s): Standard and Complaint

Survey Focus: Life Safety

Year Type: Fiscal Year

Year: 2012

Quarter: Full Year

Tag #	Tag Description	# Citations	% Providers Cited	% Surveys Cited
Totals represent the # of providers and surveys that meet the selection criteria specified above.		Active Providers = 568 Total Number of Surveys = 401		
K0062	SPRINKLER SYSTEM MAINTENANCE	128	20.4%	31.9%
K0147	ELECTRICAL WIRING AND EQUIPMENT	120	20.1%	29.9%
K0029	HAZARDOUS AREAS - SEPARATION	101	16.9%	25.2%
K0018	CORRIDOR DOORS	91	15.1%	22.7%
K0038	EXIT ACCESS	88	13.7%	21.9%
K0144	GENERATORS INSPECTED/ TESTED	86	13.0%	21.4%
K0050	FIRE DRILLS	74	11.8%	18.5%
K0069	COOKING EQUIPMENT	72	12.5%	18.0%
K0025	SMOKE PARTITION CONSTRUCTION	66	11.4%	16.5%
K0046	EMERGENCY LIGHTING	61	9.0%	15.2%
K0056	AUTOMATIC SPRINKLER SYSTEM	47	8.1%	11.7%
K0012	CONSTRUCTION TYPE	47	8.3%	11.7%
K0064	PORTABLE FIRE EXTINGUISHERS	42	6.7%	10.5%
K0052	TESTING OF FIRE ALARM	42	6.3%	10.5%
K0067	VENTILATING EQUIPMENT	42	7.4%	10.5%
K0054	SMOKE DETECTOR MAINTENANCE	41	5.6%	10.2%
K0027	DOORS IN SMOKE PARTITIONS	40	6.9%	10.0%
K0051	FIRE ALARM SYSTEM	38	6.5%	9.5%
K0066	SMOKING REGULATIONS	35	6.2%	8.7%
K0076	MEDICAL GAS SYSTEM	30	5.1%	7.5%
K0072	FURNISHING AND DECORATIONS	27	4.6%	6.7%
K0048	EVACUATION PLAN	26	4.2%	6.5%
K0017	CORRIDOR WALLS	25	4.2%	6.2%
K0047	EXIT SIGNS	24	3.7%	6.0%
K0011	COMMON WALL	20	3.2%	5.0%

K-Tag Citations 2012 Summary

K 0062 Sprinkler System ITM

K 0147 Electrical Wiring and Equipment

K 0029 Hazardous Area Separation

K 0018 Corridor Doors

K 0038 Exit Access

K 0144 Generator ITM



0062 Sprinkler System Maintenance

Frequency of ITM program

Record keeping

Coverage

Wardrobes

Walk-in coolers



0147 Electrical Wiring

Modifications

RPTs- Relocateable Power Taps

Maintenance



0029 Hazardous Area Separation



0018 Corridor Door

Operation

Allowable clearances

Closing

Latching

Locking

More on this later



Egress Issues

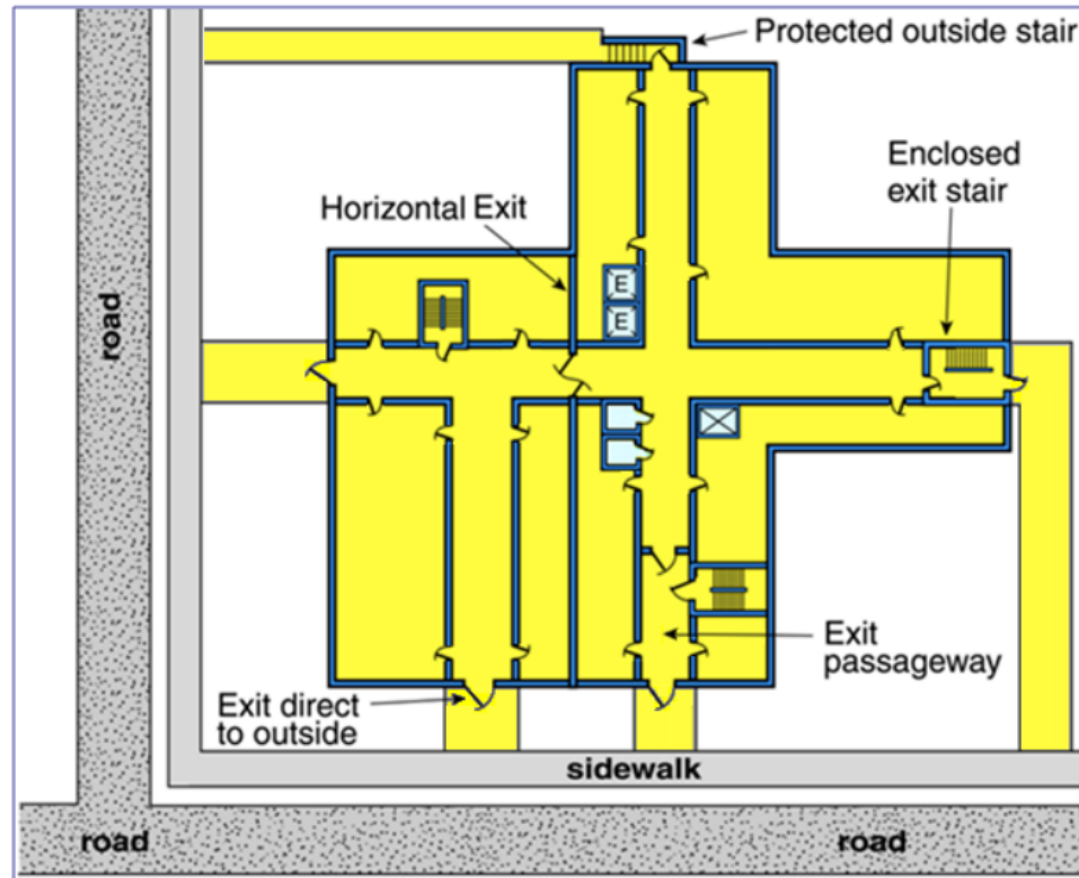
Exit Access- K 0038

Emergency Lighting-K 0046

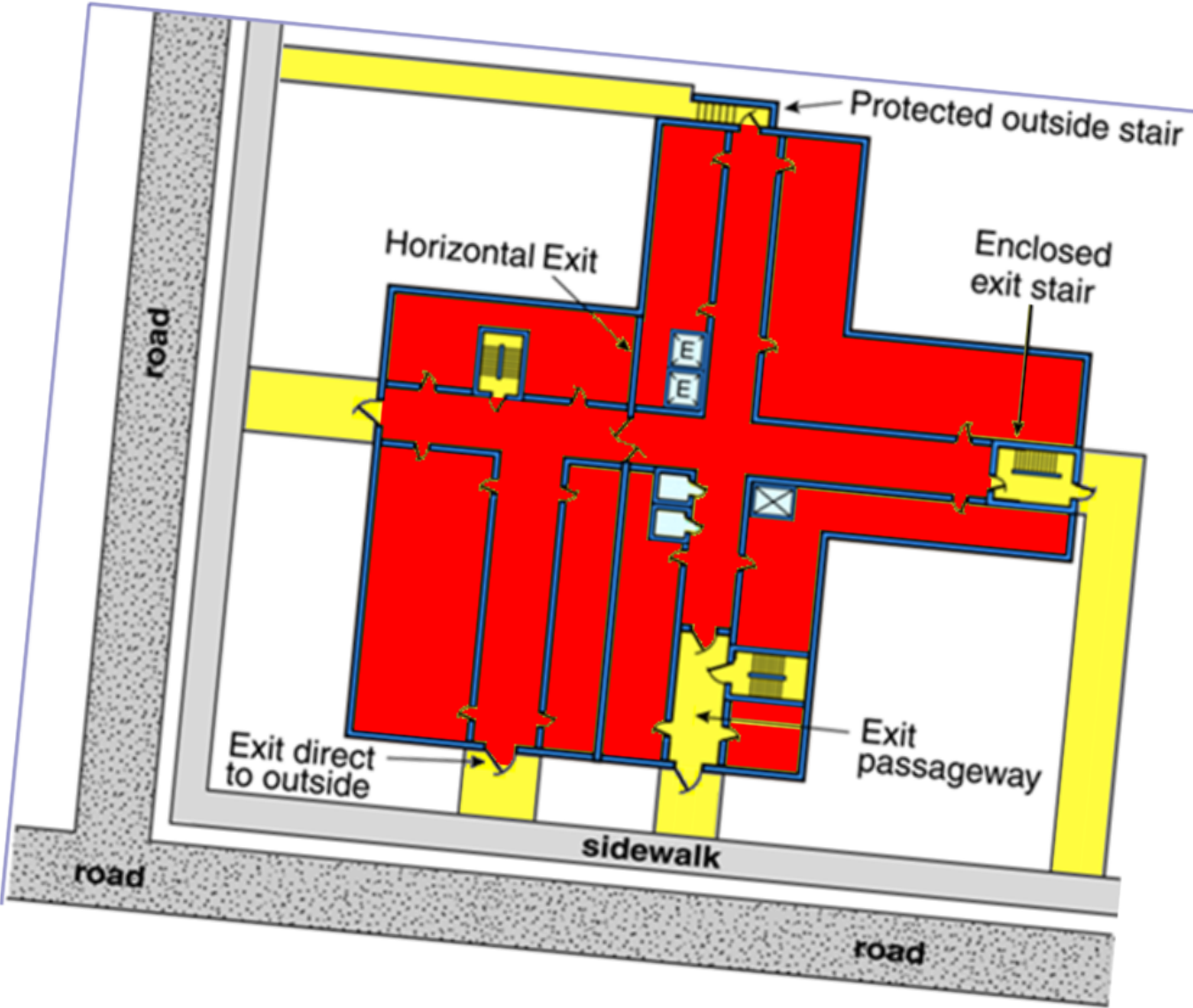
Exit Lighting and
Exit Signs-K 0047



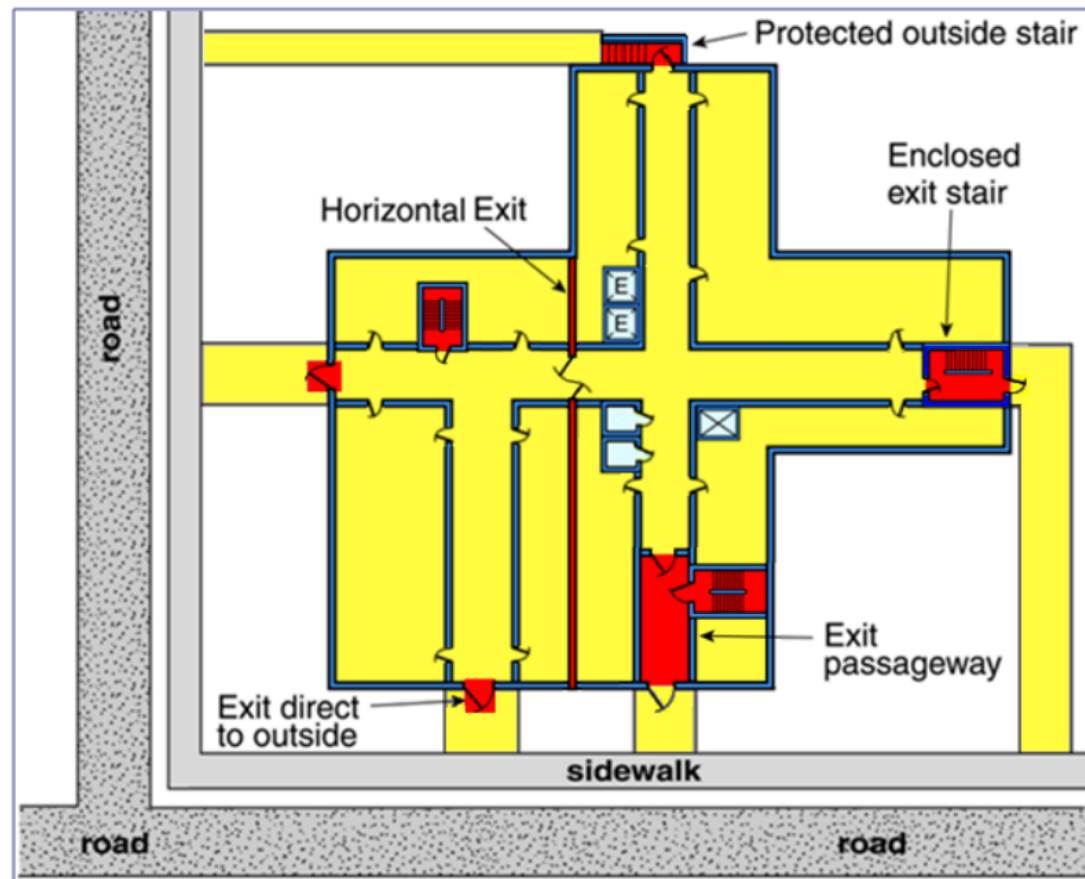
Means of Egress



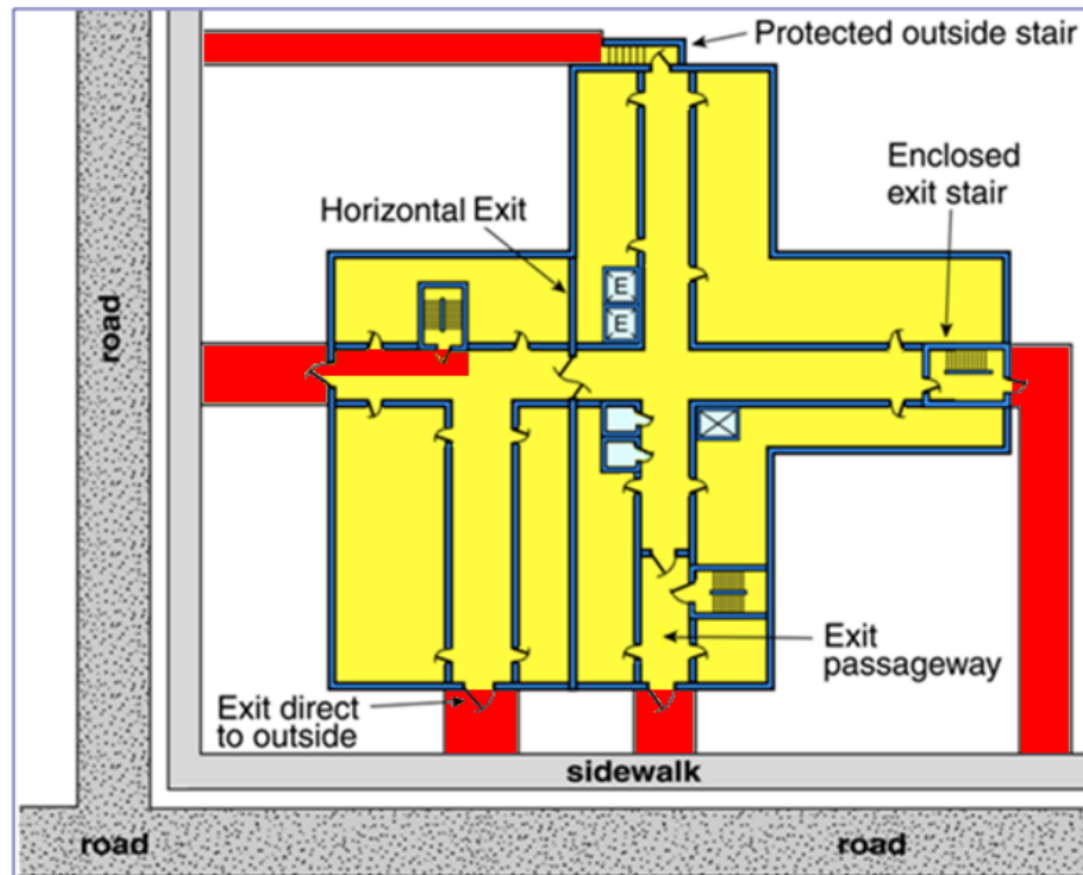
Exit Access



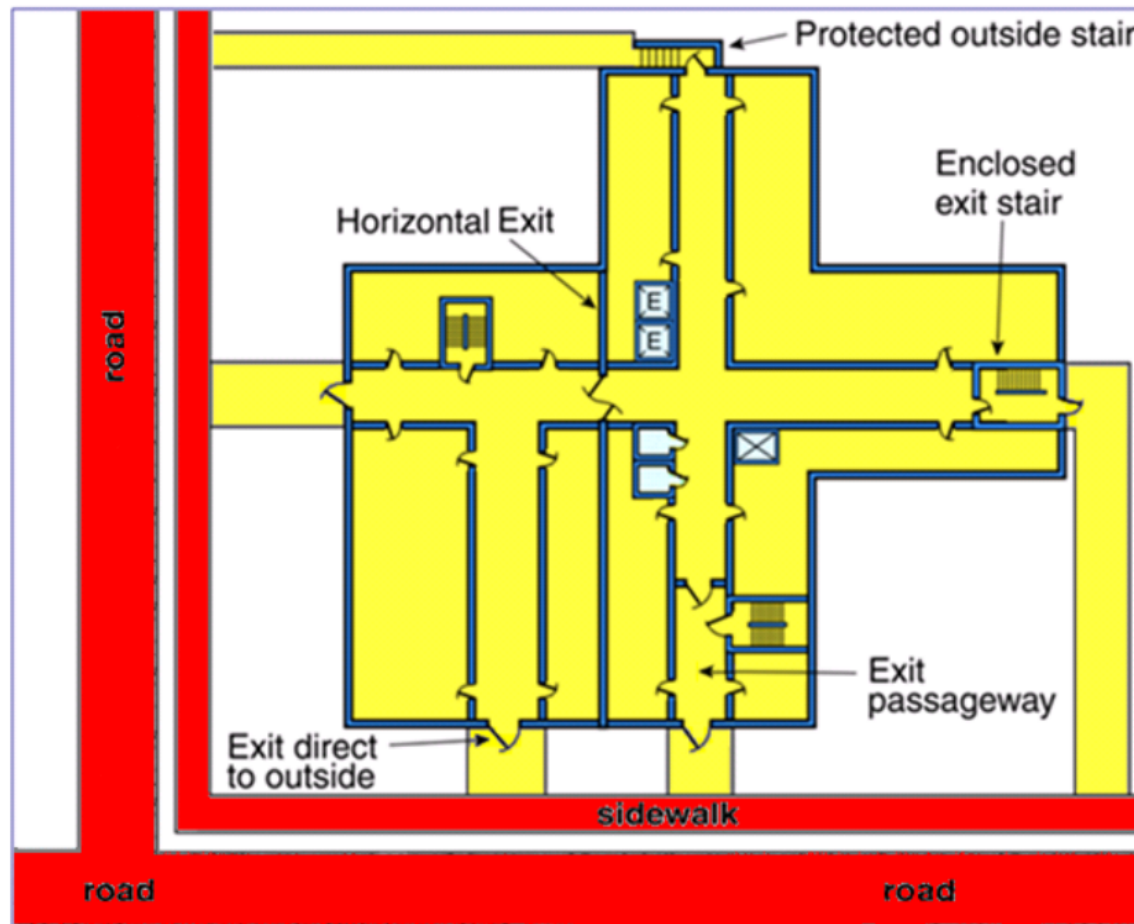
Exit



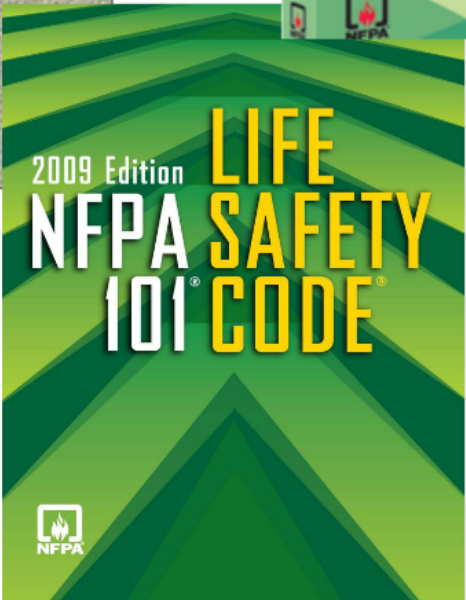
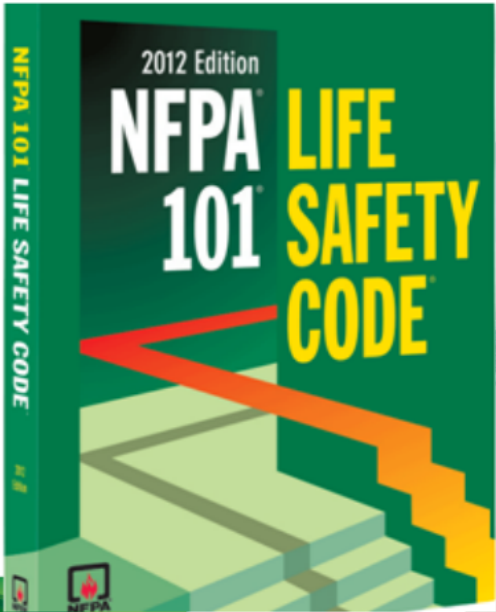
Exit Discharge



Public Way



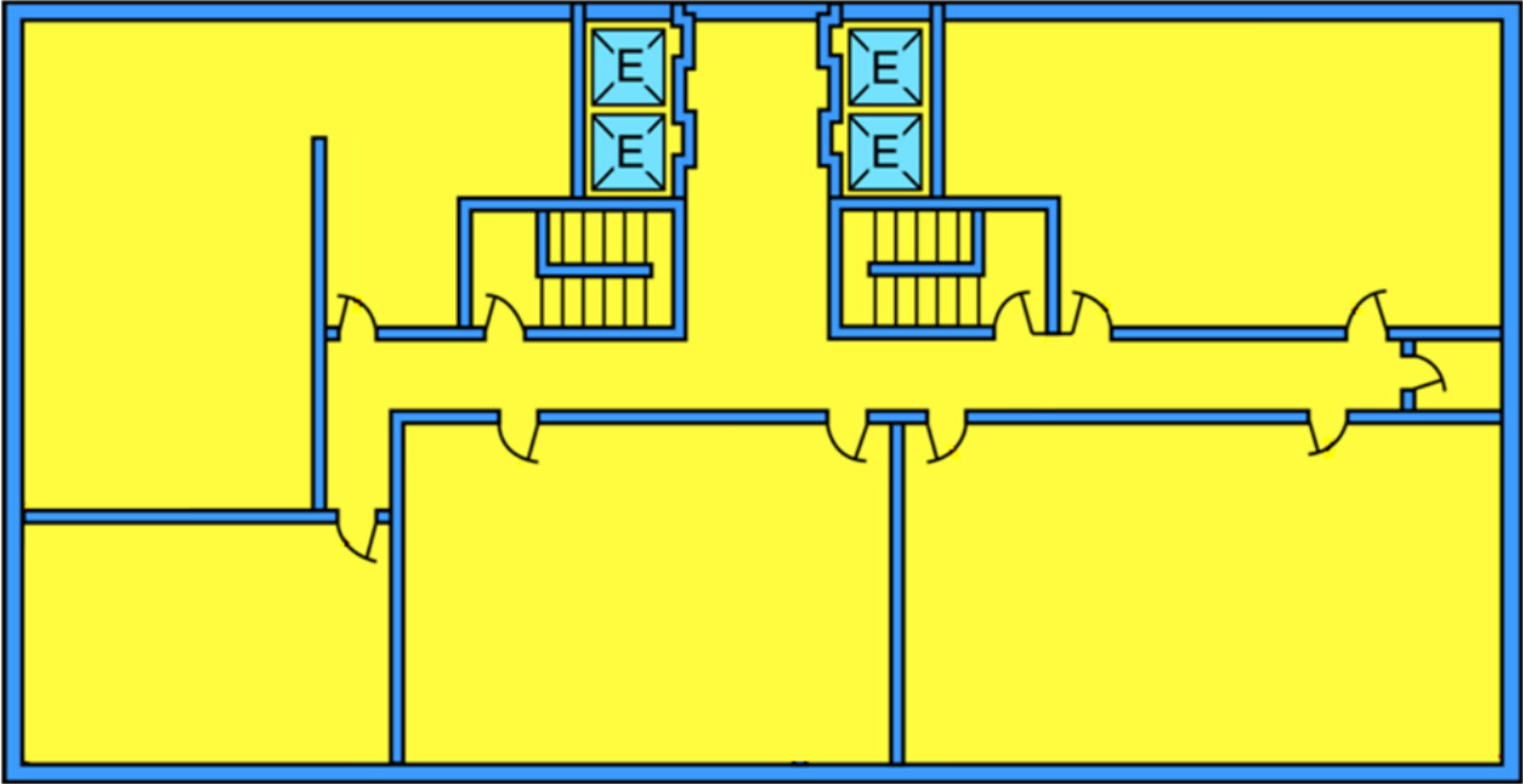
Door locking in NFPA 101[®]



Egress under occupant's control



Doors in means of egress



Latches and locks



Simple latch release



Another simple latch release



0144 Generator Inspection/Testing

Extent of NFPA 110 Application

ITM

Performance criteria

Requirements

