

ID Prefix Tag	Plan of Correction	Completion Date
	<b>Central Regional Hospital</b>	
A701 (K032)	<p>1. Building exits (Wright Building)  <u>Corrective Action:</u></p> <ol style="list-style-type: none"> <li>1. The exit discharge from the northeast exit of the Wright Building on the Raleigh Campus will be improved to provide a hard surface to a public way.</li> </ol> <p><u>Monitoring:</u> The Building &amp; Mechanical Trades Managers, EOC Coordinator, and Safety Officers will monitor and inspect building exits while performing scheduled Environmental Rounds. The Environmental Rounds will be adjusted to specifically highlight this item in future rounds. The results of the Environmental Rounds will receive oversight from the Environment of Care Committee which meets monthly.</p>	<p>1-4-2009</p> <p>Quarterly</p> <p>Monthly</p>
A701 (K011)	<p>2. Non-compliant 2-hour separation between occupancies.  <u>Corrective Action:</u></p> <ol style="list-style-type: none"> <li>a. The Chief Operating Officer met with the Children &amp; Adolescent Unit Administrative Director and Unit Clinical Director on 12/4/08 and confirmed that Buildings 53 &amp; 54 (JUH Campus) should be viewed as I-2 Occupancy since patients may access these areas. Proper exit routes were established and maintained. Administrative action will be taken to notify and train unit staff regarding this action.</li> <li>b. The missing bathroom vanity in Building 51 will be reinstalled; floor and wall penetrations will be properly sealed. The vanity was removed to repair deteriorated plumbing lines. Repairs are expected to be completed on 12-5-2008.</li> </ol> <p><u>Monitoring:</u>            The Building &amp; Mechanical Trades Managers, EOC Coordinator, and Safety Officers will monitor building maintenance and repair conditions while performing scheduled Environmental Rounds. Conditions will be recorded in the Environmental Rounds reports. The results of the Environmental Rounds will receive oversight from the Environment of Care Committee which meets monthly.</p>	<p>12-12-2008</p> <p>12-5-2008</p> <p>Quarterly</p> <p>Monthly</p>
A701 (K029)	<p>3. One hour fire rated construction for hazardous areas (JUH &amp; Dix)  <u>Corrective Action:</u></p> <ol style="list-style-type: none"> <li>a. A closure was installed and the louver opening was sealed on the mechanical room door on the lower level</li> </ol>	<p>11-26-2008</p>

ID Prefix Tag	Plan of Correction	Completion Date
	<p>of the Edgerton Building.</p> <ul style="list-style-type: none"> <li>b. A closure was installed on the door of the storage room adjacent to Room 229 in the Edgerton Building.</li> <li>c. The mechanical room door #52 in McBryde East had a closure installed to make the door self closing.</li> <li>d. The door seals on the bottom of mechanical rooms 151 &amp; 136 were adjusted to allow the doors to close, latch, and seal.</li> <li>e. The pipe penetrations in mechanical room 144-1 in McBryde South were sealed with fire caulk.</li> <li>f. The wedge was removed from the fire damper shutter.</li> <li>g. A closure was installed on the door to Mechanical Room 159 in McBryde East.</li> <li>h. The door to Central Supply in McBryde East had a closure installed to make the door self closing.</li> <li>i. The door hardware was adjusted on Mechanical Room 137 in McBryde East to allow the door to close and latch.</li> <li>j. The penetration in the ceiling of the electrical equipment room across from Room 229 of McBryde North was actually located in McBryde South. The penetrations were sealed.</li> <li>k. The penetrations in the rated ceiling of the mechanical room on the second floor of Building 51 were sealed with fire caulk.</li> <li>l. The penetrations in the rated ceiling of the mechanical room of Ward 531 were found to be sealed from the top side of the penetration.</li> </ul> <p><u>Monitoring:</u> The Building &amp; Mechanical Trades Managers, EOC Coordinator, and Safety Officers will monitor and inspect condition of rated walls and door assemblies around hazardous areas while performing scheduled Environmental Rounds. The Environmental Rounds will be adjusted to specifically highlight this item in future rounds. Conditions will be recorded in the Environmental Rounds reports. The results of the Environmental Rounds will receive oversight from the Environment of Care Committee which meets monthly.</p>	<p>11-26-2008</p> <p>12-1-2008</p> <p>11-20-2008</p> <p>11-20-2008</p> <p>11-19-2008</p> <p>11-26-2008</p> <p>12-2-2008</p> <p>11-26-2008</p> <p>12-5-2008</p> <p>12-4-2009</p> <p>12-2-2009</p> <p>Quarterly</p> <p>Monthly</p>
A701 (K017)	<p>4. Corridor wall construction and penetrations (McBryde East Basement floor)</p> <p><u>Corrective Action:</u></p> <ul style="list-style-type: none"> <li>a. The grill was removed and the hole was filled in with rated sheetrock in the corridor wall at Room 60A.</li> </ul>	<p>12-1-2008</p>

ID Prefix Tag	Plan of Correction	Completion Date
	<p>b. The holes in the corridor walls above the ceiling in Rooms 62A and 63 were properly sealed.</p> <p>c. The penetrations above the corridor door at Room 45 were properly sealed.</p> <p><u>Monitoring:</u> The Building &amp; Mechanical Trades Managers, EOC Coordinator, and Safety Officers will monitor and inspect corridor construction and penetrations while performing scheduled Environmental Rounds. Conditions will be recorded in the Environmental Rounds reports. The results of the Environmental Rounds will receive oversight from the Environment of Care Committee which meets monthly.</p>	<p>12-4-2008</p> <p>12-3-2008</p> <p>Quarterly</p> <p>Monthly</p>
<p>A701 (K025)</p>	<p>5. Smoke barrier maintenance</p> <p><u>Corrective Action:</u></p> <p>a. The penetrations above door G-1 were sealed to make the wall smoke tight.</p> <p>b. The penetrations above door 11 were sealed to make the wall smoke tight.</p> <p>c. The penetrations above door 137 were sealed to make the wall smoke tight.</p> <p><u>Monitoring:</u> The Building &amp; Mechanical Trades Managers, EOC Coordinator, and Safety Officers will monitor and inspect corridor construction and penetrations while performing scheduled Environmental Rounds. Conditions will be recorded in the Environmental Rounds reports. The results of the Environmental Rounds will receive oversight from the Environment of Care Committee which meets monthly.</p>	<p>11-26-2008</p> <p>11-26-2008</p> <p>11-26-2008</p> <p>Quarterly</p> <p>Monthly</p>
<p>A701 (K027)</p>	<p>6. Door openings in smoke barriers(McBryde East &amp; North)</p> <p><u>Corrective Action:</u></p> <p>A new relay was installed on the smoke barrier doors at Ward 502 to allow the doors to close upon activation of the fire alarm system.</p> <ol style="list-style-type: none"> <li>1. Smoke doors one, two, and three will be replaced with new doors. There is a twelve week delivery time based upon the written quotes received from the vendor on 12-3-2008.</li> <li>2. The door hardware was adjusted to the double doors at 2006 to allow them to close smoke tight.</li> <li>3. The wedge was removed from the doors (240) to allow them to close properly.</li> <li>4. The door magnet for the left side of the double doors (1014) was replaced to allow the door to close upon</li> </ol>	<p>11-25-2008</p> <p>Waiver requested until 4-1-2009</p> <p>11-26-2008</p> <p>11-18-2008</p> <p>11-18-2008</p>

ID Prefix Tag	Plan of Correction	Completion Date
	<p>activation of the FA system.</p> <p>An email was sent to all staff from administration regarding the need to ensure a safe environment by directing staff to not store items in stairwells, not to prop open doors with wedges, report lights that are out as well as doors that are not functioning properly etc.</p> <p><u>Monitoring:</u> The Building &amp; Mechanical Trades Managers, EOC Coordinator, and Safety Officers will monitor and inspect door assemblies in smoke barriers while performing scheduled Environmental Rounds. The Environmental Rounds will be adjusted to specifically highlight this item in future rounds. Conditions will be recorded in the Environmental Rounds reports.</p> <p>The results of the Environmental Rounds will receive oversight from the Environment of Care Committee which meets monthly.</p> <p>The Unit Administrative Directors will perform weekly general safety inspections of all the units to ensure a safe environment (i.e. no wedges in doors, doors working appropriately). They will perform follow up of any deficiencies and will be responsible for submitting work orders to Central Regional Maintenance as appropriate. These checklists will be sent to the Safety officers on a weekly basis.</p>	<p>12-5-2008</p> <p>Quarterly</p> <p>Monthly</p> <p>12-12-2008</p>
<p>A701 (K029)</p>	<p>7. One hour fire rated construction for hazardous areas (JUH &amp; Dix)</p> <p><u>Corrective Action:</u></p> <ol style="list-style-type: none"> <li>1. The penetrations in the rated ceiling of the mechanical room on the second floor of Building 51 were sealed with fire caulk.</li> <li>2. The penetrations in the rated ceiling of the mechanical room of Ward 513 were found to be sealed from the top side of the penetration.</li> </ol> <p><u>Monitoring:</u> The Building &amp; Mechanical Trades Managers, EOC Coordinator, and Safety Officers will monitor and inspect condition of rated walls and door assemblies around hazardous areas while performing scheduled Environmental Rounds. The Environmental Rounds will be adjusted to specifically highlight this item in future rounds. Conditions will be recorded in the Environmental Rounds reports.</p> <p>The results of the Environmental Rounds will receive oversight from the Environment of Care Committee which meets monthly.</p>	<p>12-4-2008</p> <p>12-2-2008</p> <p>Quarterly</p> <p>Monthly</p>

ID Prefix Tag	Plan of Correction	Completion Date
A701 (K038)	<p>8. Exit access</p> <p><u>Corrective Action:</u>                      The door hardware on exit door 660 in McBryde East was adjusted to prevent the door from dragging on the bottom. This item was corrected during the survey.</p> <p><u>Monitoring:</u> The Building &amp; Mechanical Trades Managers, EOC Coordinator, and Safety Officers will monitor and inspect doors in stairwells and other defined exits while performing scheduled Environmental Rounds. The Environmental Rounds will be adjusted to specifically highlight this item in future rounds. Conditions will be recorded in the Environmental Rounds reports.</p> <p>The existing PM program will be re-emphasized to appropriate maintenance staff to inspect these doors per the PM schedule. The results of the Environmental Rounds will receive oversight from the Environment of Care Committee which meets monthly.</p>	<p>11-19-2008</p> <p>Quarterly</p> <p>Monthly</p> <p>Monthly</p>
A701 (K045)	<p>9. Illumination of means of egress.</p> <p><u>Corrective Action:</u></p> <ol style="list-style-type: none"> <li>a. The egress lighting serving the exit discharges in the following buildings will be equipped with dual bulb fixtures: McBryde, Edgerton, Wright, Williams, and Hargrove. Fixtures have been ordered and are expected to be delivered on 12-5-2008. A waiver for time extension is needed due to number of fixtures that need to be installed.</li> <li>b. The switched fluorescent lights in the McBryde North stairwell will be replaced with non-switched fixtures. Fixtures have been ordered, expected delivery date is 12-4-2008.</li> <li>c. The emergency exit discharge lighting was removed from the switched circuit so the lights could not be turned off at the Ambulance Entrance of McBryde.</li> </ol> <p><u>Monitoring:</u> The Building &amp; Mechanical Trades Managers, EOC Coordinator, and Safety Officers will monitor and inspect egress lighting while performing scheduled Environmental Rounds. The Environmental Rounds will be adjusted to specifically highlight this item in future rounds. Conditions will be recorded in the Environmental Rounds reports.</p> <p>The results of the Environmental Rounds will receive oversight from the Environment of Care Committee which meets monthly.</p>	<p>Waiver requested until 3-1-2009</p> <p>1-4-2009</p> <p>11-25-2008</p> <p>Quarterly</p> <p>Monthly</p>

ID Prefix Tag	Plan of Correction	Completion Date
	<p>The existing PM program will be re-emphasized to appropriate maintenance staff to inspect and repair egress lighting per the PM schedule.</p> <p>The Unit Administrative Directors will perform weekly general safety inspections of all the units to ensure a safe environment (i.e. no wedges in doors, doors working appropriately, lights lit). They will perform follow up of any deficiencies and will be responsible for submitting work orders to Central Regional Maintenance as appropriate. These checklists will be sent to the Safety officers on a weekly basis.</p>	<p>Monthly</p> <p>12-12-2008</p>
<p>A701 (K047)                      K045 was incorrectly referenced</p>	<p>10. Exit and directional signs (McBryde North &amp; South)  <u>Corrective Action:</u></p> <ul style="list-style-type: none"> <li>a. The exit signs #21 and #22 on McBryde North were reported not working. Upon closer inspection the lights were operating properly. The illumination level of the exit signs was difficult to distinguish due to the high light levels in the corridors. The existing fixtures meet the illumination levels established in UL924 which is the standard for these fixtures as confirmed by a specifications sheet provided by the supplier. Management has decided to change out the fixtures to a newer model to prevent this scenario from occurring during future surveys. Change out completed.</li> <li>b. The exit signs at stairwells #21 and C018 on McBryde South were reported not working. Upon closer inspection the lights were operating properly. The illumination level of the exit signs was difficult to distinguish due to the high light levels in the corridors. The existing fixtures meet the illumination levels established in UL924 which is the standard for these fixtures as confirmed by a specifications sheet provided by the supplier. Management has decided to change out the fixtures to a newer model to prevent this scenario from occurring during future surveys. Change out complete.</li> </ul> <p><u>Monitoring:</u> The Building &amp; Mechanical Trades Managers, EOC Coordinator, and Safety Officers will monitor and inspect egress lighting while performing scheduled Environmental Rounds. The Environmental Rounds will be adjusted to specifically highlight this item in future rounds. Conditions will be recorded in the Environmental Rounds reports.</p> <p>The results of the Environmental Rounds will receive oversight from the Environment of Care Committee which</p>	<p>12-2-2008</p> <p>12-2-2008</p> <p>Quarterly</p> <p>Monthly</p>

ID Prefix Tag	Plan of Correction	Completion Date
	<p>meets monthly.            The existing PM program will be re-emphasized to appropriate maintenance staff to inspect and repair signs per the PM schedule (every 30 days) through retraining of staff. The Unit Administrative Directors will perform weekly general safety inspections of all the units to ensure a safe environment (i.e. no wedges in doors, doors working appropriately, lights lit). They will perform follow up of any deficiencies and will be responsible for submitting work orders to Central Regional Maintenance as appropriate. These checklists will be sent to the Safety officers on a weekly basis.</p>	<p>Monthly            12-12-2008</p>
<p>A701 (K071)</p>	<p>11. Laundry Chutes  <u>Corrective Action:</u></p> <ul style="list-style-type: none"> <li>a. The closure on the upper chute access door was replaced to make the door self-closing from all positions (Edgerton Building across from Room 229).</li> <li>b. The closure was replaced on the soiled linen chute door in McBryde near Room 218. This item was corrected during the survey.</li> </ul> <p><u>Monitoring:</u> The Building Trades Managers will monitor and inspect the condition of the laundry chutes while performing quarterly rounds. A PM program will be developed to establish a procedure for maintenance of the laundry chutes and devices. The PM program will be developed and implemented by 1-4-2009.</p>	<p>12-1-2008            11-19-2008            Quarterly</p>
<p>A701 (K145)</p>	<p>12. Type I Emergency Power Systems  <u>Corrective Action:</u>            Installing generator annunciator panels for all generators that serve patient areas is being addressed. The Hargrove Building is the only building that houses patients with potential life-support needs. It is requested that the requirement to install annunciator panels for the McBryde East and McBryde North generators be removed since these units were placed in service prior to 1974 and should be viewed as a Type 3 EES.</p> <ul style="list-style-type: none"> <li>a. The Hargrove Building currently has remote annunciators installed in a electrical room near the generators. These generators were placed in service in 1974. It is requested that these utilities remain in service as installed. Per NFPA 101, 9.1.2 and NFPA 70, 700-12 (1978), remote annunciation was not required. If this action is not approved, the annunciator panels for the Hargrove generators will be relocated to a 24 hour station. Additional time will be needed to</li> </ul>	<p>Waiver requested until 6-1-2009</p>

ID Prefix Tag	Plan of Correction	Completion Date
	<p>identify funding and establish contracts to perform the relocation of these panels. Additional professional design work and DOI approval may also become necessary to relocate the Hargrove annunciator panels. No other buildings house patients on life support.</p> <p>b. A contractor has been contacted to repair the annunciator panels. Additional time will be needed to identify funding and establish contracts to perform the necessary work. Additional professional design work and DOI approval may also become necessary.</p> <p>c. The emergency generator service contractor adjusted the transfer time on the transfer switch to 8 seconds. The unit was then tested multiple times and always transferred in less than 10 seconds. This item was corrected during the survey.</p> <p>d. Tasks lights will be installed at all generator units that serve McBryde East, North, South, and Hargrove.</p> <p>e. At the time of the survey this generator was tagged out of service for maintenance and repair. The repair parts are on order and, estimated completion is 12-15-2008.</p> <p><u>Monitoring:</u> The Facility Maintenance Director will continue to monitor the process of providing annunciator panels for the generator units. The emergency generator transfer times will be monitored during the monthly load tests and recorded on the PM report. The reports will be reviewed by the Electrician Supervisor and Mechanical Trades Managers. The PM program will receive oversight from the Facility Maintenance Director.</p>	<p>Waiver requested until 3-1-2009</p> <p>11-20-2008</p> <p>1-4-2009</p> <p>12-15-2008</p> <p>Monthly</p>
<p>A712 (K018)</p>	<p>1. Noncompliant door hardware in the Hargrove Building.</p> <p><u>Corrective Action:</u></p> <p>a. Positive latching hardware has been installed on Doors 9, 12, 17, 19, &amp; 21. A contractor is scheduled to be on site on 12-8-2008 to complete machine work on the jambs.</p> <p>b. Dutch door to the Pharmacy will be replaced with a properly rated door assembly to include proper hardware. The procurement time for this door is twelve weeks based upon the quote received from the vendor on 12-3-2008.</p> <p>2. Noncompliant door hardware at the JUH campus.</p>	<p>12-8-2008</p> <p>Waiver requested until 4-1-2009</p>

ID Prefix Tag	Plan of Correction	Completion Date
	<p><u>Corrective Action:</u>            The necessary hardware to replace the roller latches has an extended delivery time. Additionally, management plans to relocate the patients in Buildings 49-54 to other campus buildings on 2-1-2009.</p>	
	<p>a. All roller latches on exit access doors in Ward 544 will be replaced with proper latching hardware. The necessary hardware must be ordered. Bids are being obtained from vendors to establish the order for the hardware. Due to the long lead time for this material, at the quantities needed, additional time will be needed for completion.</p>	1-4-2009
	<p>b. Positive latching hardware will be installed on all exit access doors in Buildings 53 &amp; 54 on the JUH Campus. All similar buildings will be inspected to identify similar conditions. The necessary hardware must be ordered. Bids are being obtained from vendors to establish the order for the hardware. Due to the long lead time for this material, at the quantities needed, additional time will be needed for completion.</p>	1-4-2009
	<p>c. The wedge was removed from Ward 533. The magnetic hold open devices were checked and found to be in proper working order.</p>	12-2-2008
	<p>d. Positive latching and closures will be installed on the following doors:            a. Ward 532, Room 12            b. Ward 493, Room 11            c. Ward 494, Room 11            d. Ward 492, Room 12</p>	1-4-2009
	<p>e. Positive latching hardware will be installed on Bedroom door #2 in Ward 531.</p>	1-4-2009
	<p>f. The door hardware on the main entrance door to Ward 492 was adjusted so the door would close and latch tightly in its frame.</p>	11-24-2008
	<p>g. The door hardware for the main entrance door to Ward 501 was adjusted so the door was no longer scrubbing in its frame.</p>	11-24-2008
	<p>h. The door hardware for the stairwell door between Ward 523 and connecting corridor was adjusted so the door would properly close and latch.</p>	11-24-2008

ID Prefix Tag	Plan of Correction	Completion Date
	<p>3. Noncompliant doors in the McBryde East &amp; North Buildings.</p> <ul style="list-style-type: none"> <li>a. The wedge under exit access door to Room 516 was removed.</li> <li>b. Replacement door assemblies will be ordered and installed. There is no Dutch door installed on Room 128, all wings of McBryde were checked for this item. The Dutch door on Room 160 was removed and replaced with a full door.</li> <li>c. A door closure for each leaf and a door coordinator has been installed. Magnetic hold back device has been installed on the Dutch door at the Cashiers Office on the first floor.</li> <li>d. Door closures were installed on the doors to Rooms 214, 215, and 216 in the McBryde North Building.</li> </ul> <p>An email was sent to all staff from administration regarding the need to ensure a safe environment by directing staff to not store items in stairwells, not to prop open doors with wedges, report lights that are out as well as doors that are not functioning properly etc.</p> <p><u>Monitoring:</u> The Building &amp; Mechanical Trades Managers, EOC Coordinator, and Safety Officers will monitor and inspect corridor doors and openings for proper operation and hardware while performing scheduled Environmental Rounds. Conditions will be recorded in the Environmental Rounds reports.</p> <p>The results of the Environmental Rounds will receive oversight from the Environment of Care Committee which meets monthly.</p> <p>The Unit Administrative Directors will perform weekly general safety inspections of all the units to ensure a safe environment (i.e. no wedges in doors, doors working appropriately, lights lit). They will perform follow up of any deficiencies and will be responsible for submitting work orders to Central Regional Maintenance as appropriate. These checklists will be sent to the Safety officers on a weekly basis.</p>	<p></p> <p>11-19-2008</p> <p>12-3-2008</p> <p>12-5-2008</p> <p>11-26-2008</p> <p>12/5/08</p> <p>Quarterly</p> <p>Monthly</p> <p>12/12/08</p>

ID Prefix Tag	Plan of Correction	Completion Date
A714 (K051)	<p>1. Fire Alarm Systems</p> <p><u>Corrective Action:</u></p> <p>a. The normal power visual indicator on the fire alarm panel in the Williams Building was repaired by reconnecting a loose wire on the lamp holder. This item was repaired during the survey.</p> <p>b. Functioning Fire Alarm Panel/Fire Watch Procedures for the McBryde East/Hargrove and Williams Buildings:</p> <p>-As an immediate interim measure to ensure safety, on the evening of 11/19/08 the CRH Environment of Care (EOC) Coordinator met with the CRH – Raleigh campus telecommunicators on duty and advised them of the procedures as outlined in the CRH Fire Watch Policy to follow in the event of a fire or trouble alarm from the fire alarm panel.</p> <p>-On 11/19/08, the EOC Coordinator hung posters on the CRH Raleigh campus fire alarm panels with instructions on how to respond to a fire alarm or trouble alarm.</p> <p>-On 11/20/08, the EOC Coordinator developed a formal training program on the emergency procedures for establishing a fire watch. On 11/20/08, all five CRH Raleigh campus telecommunicators were trained on the following procedures to follow in the McBryde-East/Hargrove and the Williams Buildings:</p> <p>1) In the event of a fire alarm the telecommunicators are to immediately dial 911 to report the fire; notify the CRH Safety Officer who will determine whether a fire watch needs to be implemented; notify Central Regional Maintenance who will assess the fire alarm panel and system and make any needed repairs to correct the impairment. The Safety Officer will immediately notify the Hospital Director or the Administrator on call.</p> <p>2) In the event of a trouble alarm for the McBryde-East/Hargrove and Williams Buildings, the telecommunicators will check the power light on the McBryde East &amp; Hargrove fire alarm panel and inform the Safety Officer of its status; contact the Safety Officer, make a public announcement in these buildings that “The Building is operating with a fire alarm impairment and a fire watch is being implemented.” The telecommunicators will also call Central Regional Maintenance (CRM) who will assess the fire alarm panel and system and make any needed repairs to correct the impairment.</p>	<p>11-18-2008</p> <p>12-2-2008</p> <p>11-19-2008</p> <p>11-19-2008</p> <p>11-20-2008</p>

ID Prefix Tag	Plan of Correction	Completion Date
	<p>c. The audible fire alarm devices in the 2 East hall way were replaced. This item was repaired during the survey.</p> <p>d. The audible alarm devices were replaced. This item was repaired during the survey.</p> <p>e. A smoke detector was installed in the elevator equipment room in the Williams Building. This item was repaired during the survey.</p> <p>2. Fire Alarm audible devices</p> <p>a. Audible and visual signaling devices were added to the fire alarm system in Building 52.</p> <p>b. A control module was replaced to repair the visual trouble signal with loss of power to the fire alarm control panel in Building 53.</p> <p><u>Monitoring:</u> The Building &amp; Mechanical Trades Managers, EOC Coordinator, and Safety Officers will monitor and inspect the fire alarm control panels while performing scheduled Environmental Rounds. The Environmental Rounds will be adjusted to specifically highlight this item in future rounds.</p> <p>The existing PM program will be re-emphasized to appropriate maintenance staff to inspect and test all installed devices connected to the fire alarm systems by retraining appropriate staff. Conditions will be recorded in the Environmental Rounds reports as well as the fire alarm PM reports.</p> <p>The results of the Environmental Rounds will receive oversight from the Environment of Care Committee which meets monthly.</p> <p>The fire alarm PM reports will be reviewed by the Shop Supervisor and Mechanical Trades Manager.</p> <p>The Safety Officer will perform a monthly check, on all three shifts, to ensure the telecommunicators are following the procedures outlined in the Fire Alarm Control Panel Operation training, as stated above.</p> <p>On 12/3/08, the Safety Office conducted live drills to test the performance of the telecommunicators in respect to the fire watch procedures.</p>	<p>11-20-2008</p> <p>11-20-2008</p> <p>11-21-2008</p> <p>11-25-2008</p> <p>11-25-2008</p> <p>Quarterly</p> <p>Monthly</p> <p>Monthly</p> <p>Monthly</p> <p>12-4-2008</p> <p>12-3-2008</p>
A724 (K076)	1. Medical Gas Storage <u>Corrective Action:</u>	

ID Prefix Tag	Plan of Correction	Completion Date
	<p>a. A canopy will be installed over the medical gas manifold and storage bottles. The contractor has provided a proposal which has been accepted, executed, and returned to the contractor with the notice to proceed with the work. Projected completion date is 12-31-2008.</p> <p>b. An oxygen cylinder storage rack will be fabricated and installed by facility maintenance to provide proper storage for the cylinders at the Ambulance entrance.</p> <p>c. The surplus bottles were inappropriately stored in this room. The bottles have been removed and the Safety Officer has addressed this issue with unit staff.</p> <p>d. The surplus bottles were inappropriately stored in this room. The bottles have been removed and the Safety Officer has addressed this issue with unit staff.</p> <p><u>Monitoring:</u> The Building &amp; Mechanical Trades Managers, EOC Coordinator, and Safety Officers will monitor and inspect for the presence of unsecure oxygen cylinders and proper signage while performing scheduled Environmental Rounds. The Environmental Rounds will be adjusted to specifically highlight this item in future rounds. Conditions will be recorded in the Environmental Rounds reports. The results of the Environmental Rounds will receive oversight from the Environment of Care Committee which meets monthly.</p>	<p>12-31-2008</p> <p>1-4-2009</p> <p>11-26-2008</p> <p>11-26-2008</p> <p>Quarterly</p> <p>Monthly</p>
<p>A724 (K144)</p>	<p>2. Emergency Generators</p> <p><u>Corrective Action:</u></p> <p>1. The current emergency generator PM program requires a monthly load test. The reports for July 2008 were not in the report binder. Staff retraining and administrative action will be taken to address the importance of maintaining all program documents.</p> <p>2. The emergency generator PM program and reports have been modified to include weekly inspection of all emergency generator units that serve patient areas.</p> <p><u>Monitoring:</u> The Electrician Supervisors and Mechanical Trades Managers are responsible for managing and monitoring the Emergency Generator PM Program. Staff retraining will be conducted to reemphasize the PM programs. The PM reports will be signed by the technician performing the work, the Electrician Supervisor, and the Mechanical Trades Manager. The reports will be submitted to the Facility</p>	<p>1-4-2009</p> <p>12-5-2008</p> <p>Monthly 1-4-2009</p>

ID Prefix Tag	Plan of Correction	Completion Date
	Maintenance Director who will provide a report to the Environment of Care Committee. All staff retraining will be complete by 1-4-2009.	
A724 (K147)	<p>3. Electrical wiring and equipment  <u>Corrective Action:</u></p> <ul style="list-style-type: none"> <li>a. The light in Room 144 of McBryde North was re-lamped. 11-25-2008</li> <li>b. Upon closer inspection, the medical refrigerator in Room 369 of McBryde South was found to be on an emergency circuit. The refrigerator was not on a normal power source as reported. The receptacle cover plate has been labeled to indicate emergency power. The medical refrigerator in the Wright Building had been switched with another refrigerator to a normal source receptacle. The refrigerators were returned to their proper receptacle. Unit staff was informed not to switch the medical refrigerator from its emergency source. 12-2-2008</li> <li>c. A cover was placed on the open junction box in mechanical room 245 on McBryde North. This item was corrected during the survey. 11-20-2008</li> <li>d. Upon closer inspection, it was confirmed that all existing circuits in the nurses station (Room 271 of McBryde North) were in fact fed from an emergency panel. The medical refrigerator was not on a normal source circuit as reported. All receptacles in this room were identified as emergency receptacles by installing a red cover plate. 12-2-2008</li> <li>e. Upon closer review, the ice machine in Room 265 in McBryde South was hard wired into a different circuit behind the ice machine. The report indicated that the location was McBryde North but was actually located in McBryde South. The visible receptacle beside the ice machine has been replaced with a GFI receptacle. 11-25-2008</li> </ul> <p><u>Monitoring:</u> The Building &amp; Mechanical Trades Managers, EOC Coordinator, and Safety Officers will monitor and inspect for proper electrical wiring and equipment while performing scheduled Environmental Rounds. The Environmental Rounds will be adjusted to specifically highlight these items in future rounds. Conditions will be recorded in the Environmental Rounds reports. The results of the Environmental Rounds will receive oversight from the Environment of Care Committee which meets monthly.</p>	<p>Quarterly</p> <p>Monthly</p>

ID Prefix Tag	Plan of Correction	Completion Date
<p>A724 (K033)</p>	<p>4. Exit components (stairways) (JUH and Raleigh Campus)  <u>Corrective Action:</u>            The rear stairwell of Ward 517 had holes in the wall which were sealed with fire caulk.</p> <ul style="list-style-type: none"> <li>a. The door hardware for fire door 3006 in McBryde East was adjusted to allow the door to be self-closing and latch.</li> <li>b. The door hardware for fire door 1011 in McBryde East was adjusted to allow the door to be self-closing and latch.</li> <li>c. The door hardware for fire door to stairway #6 in McBryde North was adjusted to allow the door to be self-closing and latch.</li> <li>d. The door hardware for fire door #3010 in McBryde South was adjusted to allow the door to be self-closing and latch.</li> <li>e. The door hardware for stairwell door 1005 was adjusted to allow the door to close, latch, and seal.</li> </ul> <p><u>Monitoring:</u> The Building &amp; Mechanical Trades Managers, EOC Coordinator, and Safety Officers will monitor and inspect doors in stairwells and other defined exits while performing scheduled Environmental Rounds. Conditions will be recorded in the Environmental Rounds reports. The Environmental Rounds will be adjusted to specifically highlight this item in future rounds.</p> <p>The existing PM program will be re-emphasized to appropriate maintenance staff to inspect these doors per the PM schedule. The results of the Environmental Rounds will receive oversight from the Environment of Care Committee which meets monthly.</p>	<p>12-2-2008</p> <p>11-25-2008</p> <p>11-26-2008</p> <p>11-26-2008</p> <p>11-26-2008</p> <p>11-26-2008</p> <p>Quarterly</p> <p>Monthly</p> <p>Monthly</p>
<p>A724 (K062)</p>	<p>5. Automatic Sprinkler Systems  <u>Corrective Action:</u></p> <ul style="list-style-type: none"> <li>a. Gauges listed for fire protection service have been installed.</li> <li>b. All four outdated gauges were replaced with properly listed gauges. This item was repaired during the survey.</li> </ul> <p><u>Monitoring:</u> The Mechanical Trades Managers and Plumbing Shop Supervisors will monitor and inspect the sprinkler system gauges while performing scheduled weekly fire pump</p>	<p>12-2-2008</p> <p>11-20-2008</p> <p>Weekly</p>

ID Prefix Tag	Plan of Correction	Completion Date
	<p>tests. The existing PM program will be re-emphasized to appropriate maintenance staff to inspect all sprinkler system components by retraining appropriate staff. Staff training to be complete by 1-4-08. Conditions will be recorded in the sprinkler system and fire pump PM reports. The sprinkler systems will also receive third party review from outside contractors performing required tests and inspections.</p>	
<p>A724 (K067)</p>	<p>6. Heating, ventilating, and air conditioning systems.  <u>Corrective Action:</u>          Air handling units in Buildings 49-54 were placed in service in approximately 1944. Due to the age of the installed systems it is requested that the systems be accepted to remain in service as installed since air handling shutdown switches were not required at the time of construction per the applicable codes at that time. There are supply air duct detectors installed at each AHU, there are smoke detectors installed in the building that shutdown the AHU upon activation. Additionally, this facility plans on relocating the patients currently housed in these buildings on February 1, 2009. If the existing systems can not remain in their current condition a waiver for time extension is requested to install the AHU shutdown switches. Additional time will be needed since professional design work and DOI approval may also become necessary.</p> <p>a. AHU #13 in McBryde North does not have an outside air duct detector. Upon review of NFPA 90A this air handler does not meet the requirements for a duct detector for the outside air plenum or intake. Chapter 6 of NFPA 90A indicates that an AHU with a total capacity of less than 15,000 CFM does not require this device. AHU #13 is rated at 4790 CFM and serves only one floor.</p> <p>b. AHU #13 in McBryde North is equipped with a return air duct detector. This AHU does not have a supply air duct detector. Upon further review of the other AHU's in service in the same building, duct detectors are not installed in any of the supply air ducts. Due to the scope and cost of correcting this item a time extension will be necessary to effect the full completion of this item. A fire alarm contractor has been contacted to offer a proposal on accomplishing this work. Additional professional design work and DOI approval may also become necessary.</p> <p>c. AHU shutdown switches were in place prior to the</p>	<p>Waiver requested until 6-1-2009</p> <p>12-3-2008</p> <p>Waiver requested until 6-1-2009</p> <p>1-4-2009</p>

ID Prefix Tag	Plan of Correction	Completion Date
	<p>survey for all buildings covered (McBryde, Hargrove, Williams, Edgerton, and Wright). Labels have been provided for all AHU shutdown switches to aid staff in the location and use of these devices. The facility Safety Officers will provide training to the unit staff in the location and function of these devices. Training to be completed by 1-4-2009.</p> <p>d. AHU #2 in McBryde North does not have a supply air duct detector. The AHU is equipped with a return air duct detector. Due to the scope and cost of correcting this item a time extension will be necessary to effect the full completion of this item. A fire alarm contractor has been contacted to offer a proposal on accomplishing this work. Additional professional design work and DOI approval may also become necessary.</p> <p>e. The facility escorts that were working with surveyor at the time of this survey was not familiar with the HVAC system and therefore could not locate the service access openings for these duct detectors serving AHU #4 and AHU #8. Upon closer review the duct detector service access points were located.</p> <p>f. An AHU shutdown switch was installed for the Edgerton Building on 11-26-2008. Staff training is necessary so unit staff will be aware of the location and function of these devices. Labels have been provided for all AHU shutdown switches to aid staff in the location and use of these devices. The facility Safety Officers will provide training to the unit staff in the use of these devices. Training to be completed by 1-4-2009.</p> <p><u>Monitoring:</u> The Building &amp; Mechanical Trades Managers, EOC Coordinator, and Safety Officers will monitor and inspect the labels for the AHU shutdown switches while performing scheduled Environmental Rounds. Conditions will be recorded in the Environmental Rounds reports. The results of the Environmental Rounds will receive oversight from the Environment of Care Committee which meets monthly.</p> <p>Staff knowledge regarding the use of Air handling shut down switches will be tested during the required scheduled fire drills.</p> <p>The HVAC Shop Supervisors will also monitor the condition</p>	<p></p> <p>Waiver requested until 6-1-2009</p> <p>12-3-2008</p> <p>1-4-2009</p> <p>Quarterly</p> <p>Monthly</p> <p>Quarterly</p> <p>Monthly</p>

ID Prefix Tag	Plan of Correction	Completion Date
	of the AHU shutdown switches. All AHU's in McBryde North similar to the units identified above have been inspected for lack of supply air duct detectors and will be included in the scope of corrective action as necessary.	
A724 (K072)	<p>Means of egress maintained free of obstructions</p> <p><u>Corrective Action:</u></p> <p>a. The unattended chair was removed from Stair #2 on the 5<sup>th</sup> floor of McBryde East. This item was corrected during the survey.</p> <p><u>Monitoring:</u> An administrative notification was sent to all staff regarding the need to ensure a safe environment by directing staff to not store items in stairwells, not to prop open doors with wedges, report lights that are out as well as doors that are not functioning properly etc.</p> <p>The Unit Administrative Directors will perform weekly general safety inspections of all the units to ensure a safe environment. They will perform follow up of any deficiencies and will be responsible for submitting work orders to Central Regional Maintenance as appropriate. These checklists will be sent to the Safety officers on a weekly basis.</p> <p>The Environmental Rounds team headed by the Safety Officers will monitor the stairs and egress routes for obstructions. The observations will be reported to the Environment of Care Committee monthly.</p>	<p>11-19-2008</p> <p>12-5-2008</p> <p>12-12-2008</p> <p>Quarterly</p>
A724 (K104)	<p>8. Penetration of smoke barriers</p> <p><u>Corrective Action:</u></p> <p>The smoke damper linkage was adjusted to allow the damper to close fully.</p> <p><u>Monitoring:</u> The HVAC Supervisor and Mechanical Trades Manager will be responsible for monitoring the maintenance and repair of the smoke damper PM Program. Smoke/fire dampers are services in accordance with NFPA 90A.</p>	<p>11-26-2008</p> <p>Monthly</p>