



Department of Health Services, State of Wisconsin

Hospital Citation Report for January 1, 2016 - March 31, 2016

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Tag	Regulation	# Fed Cites	# State Cites	Special Purpose Regulation Sets	Deficiency #1 Survey Category	Deficiency #2 Survey Category	Deficiency #3 Survey Category	Deficiency #4 Survey Category	Deficiency #5 Survey Category	Deficiency #6 Survey Category
Discharge Planning		0	2							
R 0233	Discharge planning. The discharge planning program shall: Provide that every patient receive relevant information concerning continuing health needs and is appropriately involved in his or her own discharge planning;		2		Recertification, Validation	Complaint				
EMTALA		7	0							
C 2400	[The provider agrees,] in the case of a hospital as defined in §489.24(b), to comply with §489.24.	3			Complaint	Complaint	Complaint			
C 2402	[The provider agrees,] in the case of a hospital as defined in §489.24(b), to post conspicuously in any emergency department or in a place or places likely to be noticed by all individuals entering the emergency department, as well as those individuals waiting for examination and treatment in areas other than traditional emergency departments (that is, entrance, admitting area, waiting room, treatment area) a sign (in a form specified by the Secretary) specifying the rights of individuals under section 1867 of the Act with respect to examination and treatment for emergency medical conditions and women in labor; and to post conspicuously (in a form specified by the Secretary) information indicating whether or not the hospital or rural primary care hospital (e.g., critical access hospital) participates in the Medicaid program under a State plan approved under Title XIX.	2			Complaint	Complaint				



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C 2409	(1) General: If an individual at a hospital has an emergency medical condition that has not been stabilized (as defined in paragraph (b) of this section), the hospital may not transfer the individual unless - (i) The transfer is an appropriate transfer (within the meaning of paragraph (e)(2) of this section); and (ii)(A) The individual (or a legally responsible person acting on the individual's behalf) requests the transfer, after being informed of the hospital's obligations under this section and of the risk of transfer. The request must be in writing and indicate the reasons for the request as well as indicate that he or she is aware of the risks and benefits of the transfer. (B) A physician (within the meaning of section 1861(r)(1) of the Act) has signed a certification that, based upon the information available at the time of transfer, the medical benefits reasonably expected from the provision of appropriate medical treatment at another medical facility outweigh the increased risks to the individual or, in the case of a woman in labor, to the woman or the unborn child, from being transferred. The certification must contain a summary of the risks and benefits									



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C 2409 (Cont.)	upon which it is based; or (C) If a physician is not physically present in the emergency department at the time an individual is transferred, a qualified medical person (as determined by the hospital in its bylaws or rules and regulations) has signed a certification described in paragraph (e)(1)(ii)(B) of this section after a physician (as defined in section 1861(r)(1) of the Act) in consultation with the qualified medical person, agrees with the certification and subsequently countersigns the certification. The certification must contain a summary of the risks and benefits upon which it is based. (2) A transfer to another medical facility will be appropriate only in those cases in which - (i) The transferring hospital provides medical treatment within its capacity that minimizes the risks to the individual's health and, in the case of a woman in labor, the health of the unborn child; (ii) The receiving facility (A) Has available space and qualified personnel for the treatment of the individual; and (B) Has agreed to accept transfer of the individual and to provide appropriate medical treatment. (iii) The transferring hospital sends to the receiving facility all medical records (or copies thereof) related to the emergency									



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C 2409 (Cont.)	condition which the individual has presented that are available at the time of the transfer, including available history, records related to the individual's emergency medical condition, observations of signs or symptoms, preliminary diagnosis, results of diagnostic studies or telephone reports of the studies, treatment provided, results of any tests and the informed written consent or certification (or copy thereof) required under paragraph (e)(1)(ii) of this section, and the name and address of any on-call physician (described in paragraph (g) of this section) who has refused or failed to appear within a reasonable time to provide necessary stabilizing treatment. Other records (e.g., test results not yet available or historical records not readily available from the hospital's files) must be sent as soon as practicable after transfer; and (iv) The transfer is effected through qualified personnel and transportation equipment, as required, including the use of necessary and medically appropriate life support measures during the transfer.	2			Complaint	Complaint				



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Governing Body		0	3							
R 0299	Responsibilities. The infection control committee shall: Establish a method of control used in relation to the sterilization and disinfection of instruments, medications, and other items requiring sterility and disinfection. There shall be a written policy requiring identification of sterile items and specified time periods in which sterile items shall be reprocessed;		3		Recertification, Follow-up, State Licensure	Recertification, State Licensure	Recertification, Validation, State Licensure			
Swing Bed: Hospital and CAH		0	0							



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Infection Control		6	17	0						
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.	3			Complaint	Recertification, Validation, State Licensure	Recertification, Validation, State Licensure			
C 0278	[The policies include the following:] A system for identifying, reporting, investigating and controlling infections and communicable diseases of patients and personnel.	3			Recertification, State Licensure	Recertification, Validation, State Licensure	Recertification, Validation			
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.		2		Recertification, Validation, State Licensure	Recertification, Validation				
R 0310	The hospital shall provide training to all appropriate hospital personnel on the epidemiology, etiology, transmission, prevention and elimination of infection, as follows: Aseptic technique. All appropriate personnel shall be educated in the practice of aseptic techniques such as handwashing and scrubbing practices, personal hygiene, masking, dressing, gloving and other personal protective equipment techniques, disinfecting and sterilizing techniques and the handling and storage of patient care equipment and supplies;		6		Complaint	Recertification, Validation, State Licensure	Recertification, Follow-up, State Licensure	Recertification, Validation, State Licensure	Recertification, Validation	Recertification, Validation, State Licensure



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R 0313	Sanitary environment. A sanitary environment shall be maintained to avoid sources and transmission of infection.		6		Recertification, Validation, State Licensure	Recertification, Follow-up, State Licensure	Complaint	Recertification, State Licensure	Recertification, Validation	Recertification, Follow-up, Validation
R 0552	Sanitary conditions shall be maintained in the storage, preparation and distribution of food.		3		Recertification, Validation, State Licensure	Recertification, State Licensure	Recertification, Validation, State Licensure			
Medical Record Services		4	8							
C 0304	For each patient receiving health care services, the CAH maintains a record that includes, as applicable-- identification and social data, evidence of properly executed informed consent forms, pertinent medical history, assessment of the health status and health care needs of the patient, and a brief summary of the episode, disposition, and instructions to the patient;		2		Recertification, State Licensure	Recertification, Validation				
C 0306	[For each patient receiving health care services, the CAH maintains a record that includes, as applicable-] all orders of doctors of medicine or osteopathy or other practitioners, reports of treatments and medications, nursing notes and documentation of complications, and other pertinent information necessary to monitor the patient's progress, such as temperature graphics and progress notes describing the patient's response to treatments; [and]		2		Recertification, Validation, State Licensure	Recertification, Validation				
R 0430	There shall be a written nursing care plan for each patient which shall include the elements of assessment, planning, intervention and evaluation.		4		Recertification, Validation, State Licensure	Complaint	Recertification, State Licensure	Recertification, Validation, State Licensure		



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R 0471	Medical record contents. The medical record staff shall ensure that each patient's medical record contains: 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;		2		Complaint	Recertification, Follow-up, State Licensure				
R 0810	Medical records. Adequate medical records to permit continuity of care after provision of emergency services shall be maintained on all patients. The emergency room patient record shall contain: a. Patient identification; b. History of disease or injury; c. Physical findings; d. Laboratory and x-ray reports, if any; e. Diagnosis; f. Record of treatment; g. Disposition of the case; h. Authentication as required by s. HFS 124.14(3)(b); and i. Appropriate time notations, including time of the patient's arrival, time of physician notification, time of treatments, including administration of medications, and time of patient discharge or transfer from the service.		2		Recertification, Validation	Recertification, Validation				



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Medical Staff		0	0							
Nursing Services		3	4							
A 0396	The hospital must ensure that the nursing staff develops, and keeps current, a nursing care plan for each patient. The nursing care plan may be part of an interdisciplinary care plan.	3			Recertification, Validation, State Licensure	Complaint	Recertification, Validation, State Licensure			
R 0417	Care determinants. A registered nurse shall plan, supervise and evaluate the care of all patients, including the care assigned to other nursing personnel.		2		Recertification, Validation, State Licensure	Complaint				
R 0426	Training. There shall be appropriate, ongoing training programs available to all nursing service personnel to augment their knowledge of pertinent new developments in patient care and to maintain current competence.		2		Complaint		Recertification, State Licensure			
Services: Anesthesia, Emrgcy, Food & Dietetic, Nucl Medicine, Respiratory, Outpt, Radiologic, Rehab & Surgical		7	3							
C 0279	[The policies include the following:] Procedures that ensure that the nutritional needs of inpatients are met in accordance with recognized dietary practices and the orders of the practitioner responsible for the care of the patients, and that the requirement of §483.25(i) of this chapter is met with respect to inpatients receiving posthospital SNF care.	2			Recertification, State Licensure	Recertification, Validation				



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C 0320	If a CAH provides surgical services, surgical procedures must be performed in a safe manner by qualified practitioners who have been granted clinical privileges by the governing body, or responsible individual, of the CAH in accordance with the designation requirements under paragraph (a) of this section.	2			Recertification, Validation, State Licensure	Recertification, Validation				
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.	3			Recertification, State Licensure	Recertification, Validation, State Licensure	Recertification, Validation			
R 0673	Anesthesia use requirements. 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 recorded within 48 hours after surgery by the individual who administers the anesthesia.		3		Recertification, Validation, State Licensure	Recertification, Validation, State Licensure	Recertification, Validation			



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Pharmaceutical Services		3	8							
C 0276	[The policies include the following:] Rules for the storage, handling, dispensation, and administration of drugs and biologicals. These rules must provide that there is a drug storage area that is administered in accordance with accepted professional principles, that current and accurate records are kept of the receipt and disposition of all scheduled drugs, and that outdated, mislabeled, or otherwise unusable drugs are not available for patient use.	3			Recertification, State Licensure	Recertification, Validation, State Licensure	Recertification, Validation, State Licensure			
R 0517	Storage and equipment. Drugs shall be stored under proper conditions of sanitation, temperature, light, moisture, ventilation, segregation and security. In a pharmacy, current reference materials and equipment shall be provided for the compounding and dispensing of drugs. Hospitals utilizing automated dispensing systems must meet the requirements under Phar 7.09.		3		Recertification, Follow-up, State Licensure	Recertification, State Licensure	Recertification, Validation, State Licensure			
R 0519	Control. Drug stocks and all medication areas shall be routinely reviewed by the pharmacist. All floor stocks shall be properly controlled.		2		Recertification, State Licensure	Recertification, Validation, State Licensure				
R 0530	Responsibility. All hospitals shall have written policies relating to the selection, intrahospital distribution and handling and safe administration of drugs. The medical staff shall develop and monitor the administration of these policies and procedures in cooperation with the pharmacist and with representatives of other disciplines in the hospital.		3		Recertification, State Licensure	Recertification, Validation, State Licensure	Recertification, Validation			



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Organ, Tissue, Eye Procurement		0	3							
R 0264	Anatomical gifts. Every hospital shall comply with the Anatomical Gift Act under s.157.06, Stats.		3		Recertification, Validation, State Licensure	Recertification, Validation	Recertification, Validation, State Licensure			
Patient Rights		0	4							
R 0237	Patient rights and responsibilities. Every hospital shall have written policies established by the governing board on patient rights and responsibilities which shall provide that: Patients shall be treated with consideration, respect and recognition of their individuality and personal needs, including the need for privacy in treatment;		4		Complaint	Recertification, Validation, State Licensure	Recertification, Validation, State Licensure	Recertification, Validation, State Licensure		
Physical Environment (all K tags are counted as federal cites)		64	0							
A 0700	The hospital must be constructed, arranged, and maintained to ensure the safety of the patient, and to provide facilities for diagnosis and treatment and for special hospital services appropriate to the needs of the community.		3		Recertification, Validation, State Licensure	Complaint	Recertification, Validation, State Licensure			
A 0701	The condition of the physical plant and the overall hospital environment must be developed and maintained in such a manner that the safety and well-being of patients are assured.		2		Complaint	Complaint				



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A 0709	Life Safety from Fire (Standard) Interpretive Guideline: The hospital must ensure that the life safety from fire requirements are met.	2			Recertification, Validation, State Licensure	Recertification, Validation, State Licensure				
A 0726	There must be proper ventilation, light, and temperature controls in pharmaceutical, food preparation, and other appropriate areas.	2			Recertification, Validation, State Licensure	Recertification, Validation, State Licensure				
C 0220	Physical Plant and Environment (Condition of Certification) Interpretive Guideline Text: This CoP applies to all locations of the CAH, all campuses, all satellites, all provider-based activities, and all inpatient and outpatient locations. The CAH's departments or services responsible for the CAH's building and equipment maintenance (both facility equipment and patient care equipment) must be incorporated into the CAH's QA program and be in compliance with the QA requirements.	4			Recertification, Validation, State Licensure	Recertification, Validation, State Licensure	Recertification, Validation	Recertification, Validation, Follow-up		
C 0222	The CAH has housekeeping and preventive maintenance programs to ensure that-- all essential mechanical, electrical, and patient care equipment is maintained in safe operating condition;	3			Recertification, Validation, State Licensure	Recertification, Validation	Recertification, Validation, Follow-up			



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C 0231 (Cont.)	(ii) Chapter 19.3.6.3.2, exception number 2 of the adopted edition of the Life Safety Code does not apply to a CAH. After consideration of State survey agency findings, CMS may waive specific provisions of the Life Safety Code that, if rigidly applied, would result in unreasonable hardship on the CAH, but only if the waiver does not adversely affect the health and safety of patients.	4			Recertification, State Licensure	Recertification, Validation, State Licensure	Recertification, Validation	Recertification, Validation, Follow-up		
K 0012	Building construction type and height meets one of the following: 18.1.6.2, 18.1.6.3, 18.2.5.1	2		Regs for New Structures (OBS)	Recertification, Validation, State Licensure, Life Safety Code	Recertification, Validation, State Licensure, Follow-up, Life Safety Code				
K 0018	Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3	2		Regs for New Structures (OBS)	Recertification, Validation, State Licensure, Life Safety Code	Recertification, Validation, State Licensure, Follow-up, Life Safety Code				



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K 0018	Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3	2		Regs for Existing Structures	Recertification, Life Safety Code	Recertification, Validation, Life Safety Code				
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	2		Regs for New Structures (OBS)	Recertification, Validation, State Licensure, Life Safety Code	Recertification, Validation, State Licensure, Follow-up, Life Safety Code				



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K 0029	Hazardous areas are protected in accordance with 8.4. The areas shall be enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors shall be self-closing or automatic closing in accordance with 7.2.1.8. Hazardous areas are protected by a sprinkler system in accordance with 9.7, 18.3.2.1, 18.3.5.1.	2		Regs for New Structures	Recertification, Validation, Life Safety Code	Recertification, Validation, Life Safety Code				
K 0039	Width of aisles or corridors (clear and unobstructed) serving as exit access in hospitals and nursing homes is at least 8 feet. In limited care facilities and psychiatric hospitals, width of aisles or corridors is at least 6 feet. 18.2.3.3, 18.2.3.4	2		Regs for New Structures (OBS)	Recertification, Validation, State Licensure, Life Safety Code	Recertification, Validation, State Licensure, Follow-up, Life Safety Code				
K 0046	Emergency lighting of at least 1 1/2 hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1.	2		Regs for Existing Structures	Recertification, Life Safety Code	Recertification, Validation, Life Safety Code				
K 0046	Emergency lighting of at least 1 1/2 hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1.	2		Regs for New Structures	Recertification, Validation, Life Safety Code	Recertification, Validation, Life Safety Code				



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K 0050	Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2	2		Regs for Existing Structures	Recertification, Life Safety Code	Recertification, Validation, Life Safety Code				
K 0050	Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2	2		Regs for New Structures	Recertification, Validation, Life Safety Code	Recertification, Validation, Life Safety Code				



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K 0056	There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5.	2		Regs for New Structures (OBS)	Recertification, Validation, State Licensure, Life Safety Code	Recertification, Validation, State Licensure, Follow-up, Life Safety Code				
K 0056	Where required by section 19.1.6, Health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with section 9.7. Required sprinkler systems are equipped with water flow and tamper switches which are electrically interconnected to the building fire alarm. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 19.3.5, 19.3.5.1, NPFA 13	2		Regs for Existing Structures	Recertification, Life Safety Code	Recertification, Validation, Life Safety Code				



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Hospital Citation Report for January 1, 2016 - March 31, 2016

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Tag	Regulation	# Fed Cites	# State Cites	Special Purpose Regulation Sets	Deficiency #1 Survey Category	Deficiency #2 Survey Category	Deficiency #3 Survey Category	Deficiency #4 Survey Category	Deficiency #5 Survey Category	Deficiency #6 Survey Category
K 0056	There is an automatic sprinkler system installed in accordance with NFPA13, Standard for the Installation of Sprinkler Systems, with approved components, device and equipment, to provide complete coverage of all portions of the facility. Systems are equipped with waterflow and tamper switches, which are connected to the fire alarm system. In Type I and II construction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specific areas where State or local regulations prohibit sprinklers. 18.3.5, 18.3.5.1.	2		Regs for New Structures	Recertification, Validation, Life Safety Code	Recertification, Validation, Life Safety Code				
K 0062	Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	2		Regs for Existing Structures	Recertification, Life Safety Code	Recertification, Validation, Life Safety Code				
K 0062	Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5	2		Regs for New Structures	Recertification, Validation, Life Safety Code	Recertification, Validation, Life Safety Code				
K 0063	Required automatic sprinkler systems have an adequate and reliable water supply which provides continuous and automatic pressure. 9.7.1.1, NFPA 13	2		Regs for Existing Structures (OBS)	Recertification, Validation, State Licensure, Life Safety Code	Recertification, Validation, State Licensure, Follow-up, Life Safety Code				



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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. 18.7.5.5	2		Regs for New Structures	Recertification, Validation, Life Safety Code	Recertification, Validation, Life Safety Code				
K 0130	OTHER LSC DEFICIENCY NOT ON 2786	4		Regs for Existing Structures	Recertification, Validation, Life Safety Code					
K 0130	Miscellaneous -- List in the REMARKS sections, any items that are not listed previously, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.THER LSC DEFICIENCY NOT ON 2786	4		Regs for New Structures	Recertification, Validation, Life Safety Code					
K 0144	Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)	2		Regs for New Structures	Recertification, Validation, Life Safety Code	Recertification, Validation, Life Safety Code				

