

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

PRINTED: 02/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435093	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  02/08/2024
NAME OF PROVIDER OR SUPPLIER  SUN DIAL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 410 SECOND STREET BRISTOL, SD 57219	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments  42 CFR 483.73  K6 PLAN APPROVAL: 1968  K7 SURVEY UNDER: 2012 Existing  K8 SNF/NF  Type of Structure:  A one (1) story, 1968, Type V (000), unprotected combustible wood frame construction with 1970 and 1993 one (1) story additions of the same construction type. The building has complete coverage by an automatic (wet) sprinkler system and a total of five (5) smoke compartments.  A Comparative Federal Monitoring Survey was conducted on 2/8/24, following a State Agency Annual Survey on 12/21/23, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Sun Dial Manor was found to be in compliance with the Requirements for Participation in Medicare and Medicaid.	E 000	Reviewed by Erik Wilhelm Ascellon Corporation 2/27/24 Acceptable	
E9999	Final Observations  Sun Dial Manor was found to be in compliance with Title 42, Code of Federal Regulations, 483.73 et seq. (Emergency Preparedness).	E9999		
K 000	INITIAL COMMENTS  42 CFR 483.90(a)  K3 BUILDING: 0101	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Clay Browner*

*Administrator*

*02/26/2024*

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 293 SS=E	Exit Signage CFR(s): NFPA 101  Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system.	K 293	<ul style="list-style-type: none"> <li>•Illuminated exit sign installed in the dining/activity room.</li> <li>•Administrator, Maintenance Manager, and Interdisciplinary Team will review and revise as necessary the facility's emergency evacuation plan.</li> <li>•All residents and staff can be affected by this deficient practice.</li> </ul>	02/26/24

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K 293	<p>Continued From page 2</p> <p>19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Based on observation, record review and interview, the facility failed to provide signs for the means of egress in accordance with the code. The deficient practice affected one (1) of five (5) smoke compartments, staff, and 18 residents. The facility had the capacity for 37 beds with a census of 27 on the day of survey.</p> <p>The findings include:</p> <p>Observation during the building inspection tour, on 2/8/24, at 11:50 a.m., revealed the door leading out of the main dining room to the exterior of the building was not equipped with an illuminated exit sign. Additional observation revealed the door was not obvious and clearly identifiable as an exit, and the door had a label on the door that stated, "Emergency Exit Only."</p> <p>Records review of the facility's emergency evacuation plan, on 2/8/24, at 11:54 a.m., revealed the door leading out of the main dining room to the exterior of the building was indicated to be an exit in the means of egress from the main dining room. The facility failed to provide an illuminated exit sign for the exit door out of the main dining room as required by section 7.10.1.2.1 and section 7.10.5.1 of NFPA 101, Life Safety Code.</p> <p>An interview with the Maintenance Manager, on 2/8/24, at 11:54 p.m., revealed the facility was not aware an illuminated exit sign was required to be</p>	K 293	<p>All other emergency exits were audited to ensure there were installed illuminated exit signs.</p> <ul style="list-style-type: none"> <li>•Administrator or designee will re-educate the maintenance manager on 02/23/2024 on the proper "marking of means of egress."</li> <li>•Maintenance manager or designee will audit all means of egress to ensure proper means of egress illumination signs are installed and working properly weekly for four weeks and monthly for two additional months.</li> <li>•Maintenance manager of designee will present findings from the audits at the monthly QAPI meetings.</li> </ul>		

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K 293	<p>Continued From page 3</p> <p>installed for the exit door from the main dining room to the exterior of the building.</p> <p>The census of 27 was verified by the Social Services Director on 2/8/24, at 10:00 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Manager during the exit interview on 2/8/24, at 2:30 p.m.</p> <p>Actual NFPA Standard: NFPA 101 Life Safety Code (2012)</p> <p>19.2.10 Marking of Means of Egress.</p> <p>19.2.10.1 Means of egress shall have signs in accordance with Section 7.10, unless otherwise permitted by 19.2.10.2, 19.2.10.3, or 19.2.10.4.</p> <p>7.10 Marking of Means of Egress.</p> <p>7.10.1 General.</p> <p>7.10.1.1 Where Required.</p> <p>Means of egress shall be marked in accordance with Section 7.10 where required in Chapters 11 through 43.</p> <p>7.10.1.2 Exits.</p> <p>7.10.1.2.1* Exits, other than main exterior exit doors that obviously and clearly are identifiable as exits, shall be marked by an approved sign that is readily visible from any direction of exit access.</p> <p>7.10.5 Illumination of Signs.</p> <p>7.10.5.1* General. Every sign required by 7.10.1.2, 7.10.1.5, or 7.10.8.1, other than where operations or processes require low lighting levels, shall be suitably illuminated by a reliable light source. Externally and internally illuminated signs shall be legible in both the normal and emergency lighting mode.</p> <p>7.10.5.2* Continuous Illumination.</p> <p>7.10.5.2.1 Every sign required to be illuminated by 7.10.6.3, 7.10.7, and 7.10.8.1 shall be continuously illuminated as required under the provisions of Section 7.8, unless otherwise</p>	K 293			

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K 293	Continued From page 4 provided in 7.10.5.2.2.	K 293			
K 324 SS=D	<p>Cooking Facilities CFR(s): NFPA 101</p> <p>Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</p> <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by: Based on records review and interview, the facility failed to maintain the kitchen exhaust hood and kitchen hood extinguishing system in accordance with the code. The deficient practice affected one (1) of five (5) smoke compartments, staff, and no residents. The facility had the</p>	K 324	<ul style="list-style-type: none"> <li>•Kitchen hood and duct exhaust system cleaned and inspected on 02/22/2024. The second annual cleaning and inspection scheduled for August 2024.</li> <li>•Administrator, Maintenance Manager, and Interdisciplinary Team will review and revise as necessary the documentation for proper cleaning of the kitchen hood and duct exhaust system so that it is performed semi-annually.</li> <li>•All staff have the potential to be affected by this deficient practice.</li> <li>•Administrator or designee will educate the maintenance manager on the proper scheduling for cleaning of the kitchen hood and exhaust systems on 02/23/2024.</li> <li>•Maintenance manager or designee will audit the kitchen hood and duct exhaust system to ensure proper scheduling for cleaning and inspection weekly for four weeks and monthly for two additional months.</li> <li>•Maintenance manager or designee will present findings from the audits at the monthly QAPI meetings.</li> </ul>	2/26/24	

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K 324	<p>Continued From page 5</p> <p>capacity for 37 beds with a census of 27 on the day of survey.</p> <p>The findings include:</p> <p>Records review, on 2/8/24, at 2:24 p.m., revealed the facility only had documentation of the kitchen hood and duct exhaust system being inspected for grease buildup annually. Additional records review revealed that the only kitchen hood and duct exhaust system inspection and cleaning for the calendar year 2023 was dated 8/1/23. The facility failed to inspect the kitchen hood and duct exhaust system inspection semi-annually, as required for moderately greasy cooking in accordance with section 11.4 of NFPA 96, Standard for Ventilation Control and Fire Protections of Commercial Cooking Operations.</p> <p>An interview with the Maintenance Manager, on 2/8/24, at 2:24 p.m., revealed the facility was not aware inspection of the kitchen hood and duct exhaust system for grease buildup was required to be performed semi-annually.</p> <p>The census of 27 was verified by the Social Services Director on 2/8/24, at 10:00 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Manager during the exit interview on 2/8/24, at 2:30 p.m.</p> <p>Actual NFPA Standard: NFPA 101 Life Safety Code (2012) 19.3.2.5 Cooking Facilities. 19.3.2.5.1 Cooking facilities shall be protected in accordance with 9.2.3, unless otherwise permitted by 19.3.2.5.2, 19.3.2.5.3, or 19.3.2.5.4. 19.3.2.5.2* Where residential cooking equipment is used for food warming or limited cooking, the</p>	K 324			

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K 324	Continued From page 6 equipment shall not be required to be protected in accordance with 9.2.3, and the presence of the equipment shall not require the area to be protected as a hazardous area. 9.2.3 Commercial Cooking Equipment. Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless such installations are approved existing installations, which shall be permitted to be continued in service. Actual NFPA Standard: NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations (2011) Chapter 5 Hoods 5.1 Construction. 5.1.1 The hood or that portion of a primary collection means designed for collecting cooking vapors and residues shall be constructed of and be supported by steel not less than 1.09 mm (0.043 in.) (No. 18 MSG) in thickness, stainless steel not less than 0.94 mm (0.037 in.) (No. 20 MSG) in thickness, or other approved material of equivalent strength and fire and corrosion resistance. 5.1.2 All seams, joints, and penetrations of the hood enclosure that direct and capture grease-laden vapors and exhaust gases shall have a liquidtight continuous external weld to the hood ' s lower outermost perimeter. 5.1.3 Seams, joints, and penetrations of the hood shall be permitted to be internally welded, provided that the weld is formed smooth or ground smooth, so as to not trap grease, and is cleanable. 5.1.4* Internal hood joints, seams, filter support frames, and appurtenances attached inside the hood shall be sealed or otherwise made	K 324			

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K 324	Continued From page 7 greasetight. 5.1.5 Penetrations shall be permitted to be sealed by devices that are listed for such use and whose presence does not detract from the hood's or duct's structural integrity. 10.6 System Annunciation. 10.6.1 Upon activation of an automatic fire-extinguishing system, an audible alarm or visual indicator shall be provided to show that the system has activated. 10.6.2 Where a fire alarm signaling system is serving the occupancy where the extinguishing system is located, the activation of the automatic fire-extinguishing system shall activate the fire alarm signaling system. 11.2 Inspection, Testing, and Maintenance of Fire-Extinguishing Systems. 11.2.1* Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at least every 6 months. 11.2 Inspection, Testing, and Maintenance of Fire-Extinguishing Systems. 11.2.1* Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at least every 6 months. 11.4* Inspection for Grease Buildup. The entire exhaust system shall be inspected for grease buildup by a properly trained, qualified, and certified person(s) acceptable to the authority	K 324			

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K 324	Continued From page 8 having jurisdiction and in accordance with Table 11.4. Table 11.4 Schedule of Inspection for Grease Buildup Type or Volume of Cooking Inspection Frequency Systems serving moderate-volume cooking Semiannually	K 324		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on records review, observation, and interview, the facility failed to properly test or replace the gauges on the automatic sprinkler system. The deficient practice affected five (5) of five (5) smoke compartments, staff, and all residents. The facility had a capacity for 37 beds with a census of 27 on the day of the survey.	K 353	<ul style="list-style-type: none"> <li>•All gauges on the automatic sprinkler have been replaced or calibrated by Midwestern Mechanical Inc. on 02/14/2024.</li> <li>•Administrator, Maintenance Mgr, and Interdisciplinary Team will review and revise as necessary the system design, maintenance, inspection, and testing of the gauges on the automatic sprinkler to include intervals of every five years.</li> <li>•All residents and staff can be affected by this deficient practice.</li> <li>•Administrator or designee will re-educate the maintenance manager on the proper inspection time of the automatic sprinkler system on 02/23/2024. Maintenance manager or designee will keep and provide documentation on the "maintenance and testing of the automatic sprinkler and standpipe systems."</li> <li>•Maintenance manager or designee will audit all labels or written dates on the gauges weekly for four weeks and monthly for two additional months to ensure that they have been replaced or calibrated following the inspection.</li> <li>•Maintenance manager or designee will present findings from the audits at the monthly QAPI meetings.</li> </ul>	2/26/24

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K 353	<p>Continued From page 9</p> <p>The findings include:</p> <p>Records review of the facility's sprinkler system inspection reports on 2/8/24, at 2:14 p.m., revealed the facility did not have documentation of sprinkler gauges on the sprinkler riser being replaced or calibrated within the last five (5) years.</p> <p>Observation during the building inspection tour, on 2/8/24, at 2:24 p.m., of the gauges on the sprinkler system revealed there was no label or written dates on the sprinkler gauges to indicate when the gauges were last replaced or calibrated. The only date visible on the gauges was the date of manufacture, which was 2006. The gauges on the sprinkler system were overdue for replacement or calibration at intervals of every five (5) years, as required by sections 13.3.7.2 and 13.3.7.3 of NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>An interview, on 2/8/24, at 2:14 p.m., revealed the facility was unaware that gauges on the sprinkler system were required to be replaced or calibrated at intervals of every five (5) years.</p> <p>The census of 27 was verified by the Social Services Director on 2/8/24, at 10:00 a.m. The findings were acknowledged by the Administrator and verified by the Maintenance Manager during the exit interview on 2/8/24, at 2:30 p.m.</p> <p>Actual NFPA Standard: NFPA 101 Life Safety Code (2012) 19.3.5 Extinguishment Requirements. 19.3.5.1 Buildings containing nursing homes shall</p>	K 353			

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K 353	Continued From page 10 be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5. 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.  Actual NFPA Standard: NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems (2011) 4.3 Records. 4.3.1 * Records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request. 4.3.2 Records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. 4.3.3 * Records shall be maintained by the property owner. 13.2.7 Gauges. 13.2.7.2 Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge. 13.2.7.3 Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced.	K 353			
K 761 SS=F	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101  Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard	K 761	<ul style="list-style-type: none"> <li>All fire doors and window assemblies to be tested and inspected by 02/26/2024.</li> <li>All residents and staff can be affected by this deficient practice.</li> </ul>	02/26/24	

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

PRINTED: 02/16/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  435093	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  02/08/2024
NAME OF PROVIDER OR SUPPLIER  SUN DIAL MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 410 SECOND STREET BRISTOL, SD 57219		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 761	<p>Continued From page 11</p> <p>for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This REQUIREMENT is not met as evidenced by:</p> <p>Based on records review and interview, the facility failed to document the inspection and testing of all the required fire doors installed throughout the facility. The deficient practice affected five (5) of five (5) smoke compartments, staff, and all residents. The facility had a capacity for 37 beds with a census of 27 on the day of the survey.</p> <p>The findings include:</p> <p>Records review, on 2/8/24, at 11:22 a.m., revealed there was no documentation available to indicate fire doors throughout the facility were inspected on an annual basis as required by section 5.2.1 of NFPA 80, Standard for Fire Doors and Other Opening Protectives.</p> <p>An interview, on 2/8/24, at 11:22 a.m., with the Maintenance Manager revealed the facility was not aware of the requirement for annual fire door testing.</p> <p>The census of 27 was verified by the Social Services Director on 2/8/24, at 10:00 a.m. The</p>	K 761	<ul style="list-style-type: none"> <li>•Administrator, Maintenance Manager, and Interdisciplinary reviewed and revised as necessary the documentation to include annual fire door testing and inspection.</li> <li>•Maintenance manager will be re-educated on the testing of fire doors and window assemblies on 02/23/2024.</li> <li>•Maintenance manager or designee will audit fire doors and window assemblies weekly for four weeks and monthly for two additional months and keep a written record of the inspection.</li> <li>•Maintenance manager or designee will present findings from the audits at the monthly QAPI meetings.</li> </ul>		

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NAME OF PROVIDER OR SUPPLIER  <b>SUN DIAL MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>410 SECOND STREET BRISTOL, SD 57219</b>		
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K 761	<p>Continued From page 12</p> <p>findings were acknowledged by the Administrator and verified by the Maintenance Manager during the exit interview on 2/8/24, at 2:30 p.m.</p> <p>Actual NFPA Standard: NFPA 101 Life Safety Code (2012) 19.7.6 Maintenance and Testing. See 4.6.12. 4.6.12 Maintenance, inspection, and Testing. 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or other feature shall thereafter be continuously maintained. Maintenance shall be provided in accordance with applicable NFPA requirements or requirements developed as part of a performance-based design, or as directed by the authority having jurisdiction. 8.3.3 Fire Doors and Windows. 8.3.3.1 Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this Code.</p> <p>Actual NFPA Standard: NFPA 80 Standard for Fire Doors and Other Opening Protectives (2010) 5.2* Inspections. 5.2.1* Fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept</p>	K 761		

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K 761	Continued From page 13 for inspection by the AHJ. 5.2.3 Functional Testing. 5.2.3.1 Functional testing of fire door and window assemblies shall be performed by individuals with knowledge and understanding of the operating components of the type of door being subject to testing. 5.2.3.2 Before testing, a visual inspection shall be performed to identify any damaged or missing parts that can create a hazard during testing or affect operation or resetting.	K 761			