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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	435080	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/15/2024

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BETHESDA OF BERESFORD	606 W CEDAR BERESFORD, SD 57004

(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 000	INITIAL COMMENTS 42 CFR 483.90(a) K3 BUILDING: 0101 K6 PLAN APPROVAL: 1984 K7 SURVEY UNDER: 2012 Existing K8 SNF/NF Type of Structure: A one (1) story, 1984, Type III (200), unprotected ordinary construction, with six (6) smoke compartments and a complete automatic (wet and dry) sprinkler system. A Comparative Federal Monitoring Survey was conducted on 5/15/24, following a State Agency Annual Survey on 4/25/24, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Bethesda of Beresford was found to not be in compliance with the Requirements for Participation in Medicare and Medicaid. The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.90 (a) et seq. (Life Safety from Fire).	K 000	Reviewed by Nathan Johns Ascellon Corporation 8/6/24 ACCEPTABLE	
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm	K 345	Unable to correct the noncompliance for failure to inspect and test the Fire Alarm. All residents and staff have been affected by this deficiency. Fire Alarm - Testing and Maintenance policy will be reviewed	06/03/2024

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 06/05/24

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 345	Continued From page 1 and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on records review and interviews, the facility failed to inspect and test the Fire Alarm in accordance with the code. The deficient practice affected six (6) of six (6) smoke compartments, staff, and all residents. The facility had a capacity for 35 beds with a census of 34 on the day of the survey. The findings include: 1. Records review, on 5/15/24, at 9:30 a.m., of the fire alarm inspection reports for the 12-month period prior to the survey revealed there was no documentation of a second semi-annual visual inspection of the smoke detectors, as required by table 14.3.1 of NFPA 72, National Fire Alarm and Signaling Code. An interview with the Administrator, on 5/15/24, at 9:30 a.m., revealed the facility was not aware of the requirements for semi-annual visual inspections for the smoke detectors, and that only annual inspections were taking place at the facility. 2. Records review, on 5/15/24, at 9:36 a.m., of the fire alarm inspection reports for the 12-month period prior to the survey revealed there was no documentation of a second semi-annual load voltage testing of the Fire Alarm Control Panel (FACP) batteries, as required by table 14.4.5(6)(3) of NFPA 72, National Fire Alarm and Signaling Code.	K 345	and revised as necessary to ensure proper testing of second semi-annual visual inspection and semi-annual load voltage testing is completed. Maintenance Director and all other staff responsible for initiating semi-annual compliance testing, will be re-educated by Administrator to include visual inspections of smoke detectors once per quarter and semi-annual load voltage testing. Administrator of designee will audit inspection of Fire Alarm - Testing and Maintenance quarterly for 1 year on visual inspections of smoke detectors and semi-annual voltage testing. Administrator or designee will present the findings from audit at QAPI committee meetings until QAPI advises to discontinue monitoring.	

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K 345	Continued From page 2 An interview with the Administrator, on 5/15/23, at 9:36 a.m., revealed the facility was not aware of the requirements for semi-annual load voltage testing for the FACP batteries, and that only annual inspections were taking place at the facility. The census of 34 was verified by the Administrator on 5/15/24, at 10:00 a.m. The findings were acknowledged and verified by the Administrator at the exit interview on 5/15/24, at 3:00 p.m. Actual NFPA Standard: NFPA 101, Life Safety Code (2012) 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 9.6 Fire Detection, Alarm, and Communications Systems. 9.6.1* General. 9.6.1.1 The provisions of Section 9.6 shall apply only where specifically required by another section of this Code. 9.6.1.2 Fire detection, alarm, and communications systems installed to make use of an alternative permitted by this Code shall be considered required systems and shall meet the provisions of this Code applicable to required systems. 9.6.1.3 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code, unless it is an approved existing installation, which shall be permitted to be continued in use. 9.6.1.4 All systems and components shall be approved for the purpose for which they are installed.	K 345		

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K 345	Continued From page 3 Actual NFPA Standard: NFPA 72, National Fire Alarm and Signaling Code (2010) 14.3 Inspection. 14.3.1* Unless otherwise permitted by 14.3.2 visual inspections shall be performed in accordance with the schedules in Table 14.3.1 or more often if required by the authority having jurisdiction. 14.4.5* Testing Frequency. Unless otherwise permitted by other sections of this Code, testing shall be performed in accordance with the schedules in Table 14.4.5, or more often if required by the authority having jurisdiction. Table 14.3.1 Visual Inspection Frequencies Table 14.4.5 Testing Frequencies	K 345		
K 914 SS=F	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results.	K 914	Unable to correct past non-compliance for failure to inspect and test Electrical System located in patient bed locations. This deficiency impacted all residents and staff. Admin, DON, and interdisciplinary team will create a Patient Care Receptacles policy and procedure to ensure physical integrity and continuity of grounding circuit. Record keeping log will include the date, room and indication of performance will be established including, but not limited to, physical integrity of receptacles being visually inspected, continuity of grounding circuit, correct polarity of the hot and neutral connections, and the retention force of the grounding blade. A routine maintenance and testing of electrical systems in patient bed locations will be established on routine yearly intervals, not to exceed 12 months in length.	06/03/2024

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K 914	Continued From page 4 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on record review, observation, and interview, the facility failed to maintain the electrical receptacles in patient care areas. The deficient practice affected six (6) of six (6) smoke compartments, staff, and all residents. The facility had a capacity for 35 beds with a census of 34 on the day of the survey. The findings include: Record review, on 5/15/24, at 11:30 a.m., revealed that non-hospital grade electrical receptacles located in patient bed locations throughout the facility did not have annual physical integrity, continuity, polarity, or retention testing documentation as required by sections 6.3.3.2 through 6.3.4.2.1.2 of NFPA 99 Health Care Facilities Code. An interview with the Administrator, on 5/14/24, at 11:30 a.m., revealed the facility was not familiar with receptacle testing requirements. Observation during the building inspection tour, on 5/14/24, from 12:30 p.m., to 2:45 p.m., revealed every resident bedroom throughout the facility had non-hospital grade electrical receptacles. The census of 34 was verified by the Administrator on 5/15/24, at 10:00 a.m. The findings were acknowledged and verified by the Administrator at the exit interview on 5/15/24, at 3:00 p.m. Actual NFPA Standard NFPA 99, Health Care Facilities Code (2012)	K 914	Maintenance Director and all other staff responsible for testing and maintenance of patient care receptacles will be re-educated by Administrator. Administrator or designee will audit inspection of proper Patient Care Electrical Receptacles, monthly for 6 months. Administrator or designee will present the findings from audit at QAPI committee meeting until QAPI advises to discontinue monitoring	

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K 914	Continued From page 5 6.3.3.2 Receptacle Testing in Patient Care Rooms 6.3.3.2.1 The physical integrity of each receptacle shall be confirmed by visual inspection. 6.3.3.2.2 The continuity of the grounding circuit in each electrical receptacle shall be verified. 6.3.3.2.3 Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed. 6.3.3.2.4 The retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 g (4 oz). 6.3.4.1 Maintenance and Testing of Electrical System. 6.3.4.1.1 Where hospital-grade receptacles are required at patient bed locations and in locations where deep sedation or general anesthesia is administered, testing shall be performed after initial installation, replacement, or servicing of the device. 6.3.4.1.2 Additional testing of receptacles in patient care rooms shall be performed at intervals defined by documented performance data. 6.3.4.1.3 Receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months. 6.3.4.1.4 The LIM circuit shall be tested at intervals of not more than 1 month by actuating the LIM test switch (see 6.3.2.6.3.6). For a LIM circuit with automated self-test and self-calibration capabilities, this test shall be performed at intervals of not more than 12 months. Actuation of the test switch shall activate both visual and audible alarm indicators. 6.3.4.1.5 After any repair or renovation to an electrical distribution system, the LIM circuit shall	K 914		

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K 914	Continued From page 6 be tested in accordance with 6.3.3.3.2. 6.3.4.2 Record Keeping. 6.3.4.2.1* General. 6.3.4.2.1.1 A record shall be maintained of the tests required by this chapter and associated repairs or modification. 6.3.4.2.1.2 At a minimum, the record shall contain the date, the rooms or areas tested, and an indication of which items have met, or have failed to meet, the performance requirements of this chapter. 6.3.4.2.1.1 A record shall be maintained of the tests required by this chapter and associated repairs or modification. 6.3.4.2.1.2 At a minimum, the record shall contain the date, the rooms or areas tested, and an indication of which items have met, or have failed to meet, the performance requirements of this chapter.	K 914		
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual	K 918	Unable to correct prior non-compliance. All residents have the potential to be affected by this deficiency. Facility will obtain from the Natural Gas vendor a Letter of Reliability to ensure a reasonable delivery and low probability of interruption. Implementation and revision of generator run log has been revised to ensure wattage on the emergency generator is being recorded and kept each exercised load. Maintenance Director and all other staff responsible for exercising load testing will be re-educated.	6/3/2024

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K 918	Continued From page 7 transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on records review, observation, and interview, the facility failed to maintain the required documentation for the emergency generator. The deficient practice affected six (6) of six (6) smoke compartments, staff, and all residents. The facility had a capacity for 35 beds with a census of 34 on the day of the survey. The findings include: Records review, on 5/15/24, at 10:50 a.m., of the emergency generator inspection and testing records dating back 12 months prior to the survey revealed there was no documentation from the facility's natural gas supplier that the fuel supply for the emergency generator was deemed reliable, as required by section 6.4.1.1.15 of NFPA 99 Health Care Facilities Code, and sections 5.5 and 7.9 of NFPA 110, Standard for Emergency and Standby Power Systems. Additional record review revealed the facility did	K 918	Administrator or designee will audit monthly that the letter of reliability is obtained and appropriately documented once a month for 6 months. Administrator or designee will present the findings from audit at QAPI committee meeting until QAPI advises to discontinue monitoring	

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K 918	Continued From page 8 not have the required CMS Letter of Reliability that contained the following statements: 1. A statement of reasonable reliability of the natural gas delivery. 2. A brief description that supports the statement regarding reliability. 3. A statement that there is a low probability of interruption of the natural gas. 4. A brief description that supports the statement regarding the low probability of interruption. 5. The signature of technical personnel from the natural gas vendor. The letter was required by a CMS S&C Memorandum, dated May 29, 2009, titled: Natural Gas Generator Backup Fuel Source Letter Requirements, which provided guidance and clarification, distributed by the CMS Regional Office V. An interview, on 5/15/24, at 10:50 a.m., with the Administrator revealed the facility had no letter and was not aware of the requirement for their gas generator. Observation, on 5/15/24, at 2:30 p.m., revealed the facility was provided with a 55kw spark initiated (natural gas) emergency generator installed in 1984. The census of 34 was verified by the Administrator on 5/15/24, at 10:00 a.m. The findings were acknowledged and verified by the Administrator at the exit interview on 5/15/24, at 3:00 p.m. Actual NFPA Standard NFPA 99, Health Care Facilities Code (2012) 6.4.1.1.15 Fuel Supply. The fuel supply for the generator set shall comply with Sections 5.5 and 7.9 of NFPA 110, Standard for Emergency and	K 918		

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K 918	Continued From page 9 Standby Power Systems. Actual NFPA Standard: NFPA 110 Standard for Emergency and Standby Power Systems (2010) 5.5 Energy Converters - Fuel Supply. 5.5.1 The fuel supplies specified in 5.1.1(1) and 5.1.1(2) for energy converters intended for Level 1 use shall not be used for any other purpose. (For fuel system requirements, see Section 7.9.) 5.5.1.1 Enclosed fuel tanks shall be permitted to be used for supplying fuel for other equipment, provided that the drawdown level always guarantees the quantity needed for the EPSS. 5.5.1.2 Vapor-withdrawal LP-Gas systems shall have a dedicated fuel supply. 5.5.2* A low-fuel sensing switch shall be provided for the main fuel supply tank(s) using the energy sources listed in 5.1.1(1) and 5.1.1(2) to indicate when less than the minimum fuel necessary for full load running, as required by the specified class in Table 4.1(a), remains in the main fuel tank. 5.5.3* The main fuel tank shall have a minimum capacity of at least 133 percent of either the low-fuel sensor quantity specified in 5.5.2 or that specified in Table 4.1(a) (class). 6.4.1.1.5 Where the normal source consists of generating units on the premises, the alternate source shall be either another generating set or an external utility service. 7.9 Fuel System. 7.9.1 Fuel tanks shall be sized to accommodate the specific EPS class. 7.9.1.1 All fuel tanks and systems shall be installed and maintained in accordance with NFPA 30, Flammable and Combustible Liquids Code, NFPA 37, Standard for the Installation and Use of Stationary Combustion Engines and Gas Turbines, NFPA 54, National Fuel Gas Code, and	K 918		

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K 918	Continued From page 10 NFPA 58, Liquefied Petroleum Gas Code. 7.9.1.2* Fuel system design shall provide for a supply of clean fuel to the prime mover. 7.9.1.3 Tanks shall be sized so that the fuel is consumed within the storage life, or provision shall be made to replace stale fuel with clean fuel. 7.9.2 Fuel tanks shall be close enough to the prime mover for the fuel lift (suction head) of the prime mover fuel pump to meet the fuel system requirements, or a fuel transfer pump and day tank shall be provided. 7.9.2.1 If the engine manufacturer's fuel pump static head pressure limits are exceeded when the level of fuel in the tank is at a maximum, a day tank shall be utilized. 7.9.3 Fuel piping shall be of compatible metal to minimize electrolysis and shall be properly sized, with vent and fill pipes located to prevent entry of groundwater or rain into the tank. 7.9.3.1 Galvanized fuel lines shall not be used. 7.9.3.2 Approved flexible fuel lines shall be used between the prime mover and the fuel piping. 7.9.4 Day tanks on diesel systems shall be installed below the engine fuel return elevation. 7.9.4.1 The return line to the day tank shall be below the fuel return elevation. 7.9.4.2 Gravity fuel oil return lines between the day tank and the main supply tank shall be sized to handle the potential fuel flow and shall be free of traps so that fuel can flow freely to the main tank. 7.9.5 Integral tanks of the following capacities shall be permitted inside or on roofs of structures, or as approved by the authority having jurisdiction: (1) Maximum of 2498 L (660 gal) diesel fuel (2) Maximum of 95 L (25 gal) gasoline fuel 7.9.6* The fuel supply for gas-fueled and liquid-fueled prime movers shall be installed in accordance with applicable standards.	K 918		

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K 918	Continued From page 11 7.9.7* Where the gas supply is connected to the building gas supply system, it shall be connected on the supply side of the main gas shutoff valve and marked as supplying an emergency generator. 7.9.8 The building's main gas shutoff valve shall be marked or tagged to indicate the existence of the separate EPS shutoff valve. 7.9.9 The fuel supply for gas-fueled and liquid-fueled prime movers shall be designed to meet the demands of the prime mover for all of the following factors: (1) Sizing of fuel lines (2) Valves, including manual shutoff (3) Battery-powered fuel solenoids (4) Gas regulators (5) Regulator vent piping (6) Flexible fuel line section (7) Fuel line filters (8) Fuel vaporizers (LP-Gas) (9) Ambient temperature effect of fuel tank vaporization rates of LP-Gas where applicable 7.9.10 The fuel storage and supply lines for an EPSS shall be in accordance with this standard or with the specific authority having jurisdiction, or both. 7.9.11 All manual fuel system valves shall be of the indicating type. 7.9.12 Listed generator subbase secondary containment fuel tanks of 2498 L (660 gal) capacity and below shall be permitted to be installed outdoors or indoors without diking or remote impounding. 7.9.12.1 A minimum clearance of 0.9 m (36 in.) shall be maintained on all sides. S&C Memorandum dated May 29, 2009, distributed by CMS Regional Office V and titled: Natural Gas Generator Backup Fuel Source	K 918		

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K 918	Continued From page 12 Letter Requirements.	K 918		
K 921 SS=F	Electrical Equipment - Testing and Maintenanc CFR(s): NFPA 101 Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 This REQUIREMENT is not met as evidenced by: Based on records review, observation, and interview, the facility failed to maintain documentation of inspections on the Patient-Care Related Electrical Equipment (PCREE). The	K 921	Unable to correct prior non-compliance. All residents have the potential to be affected by this deficiency. All portable patient-care related electrical equipment (PCREE) will be maintained, inspected, tested, and documented. Maintenance director or designee will test equipment before being put into service or after repairs or modifications to the equipment have been made. Service manuals, instructions, and procedures from the equipment manufacturer will be followed. Administrator or designee will audit that the PCREE has been tested and documented once per month for 6 months. Administrator or designee will present the findings from audit at QAPI committee meeting until QAPI advises to discontinue monitoring	6/3/2024

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K 921	Continued From page 13 deficient practice affected six (6) of six (6) smoke compartments, staff, and all residents. The facility had the capacity for 35 beds with a census of 34 on the day of survey. The findings include: Records review, on 5/15/24, at 10:15 a.m., revealed there was no documentation of testing of the PCREE in use throughout the facility, as required by section 10.5.6.2 of NFPA 99, Health Care Facilities Code. An interview with the Administrator, on 5/15/24, at 10:15 a.m., revealed the facility was not aware that the PCREE was required to be tested. Observation during the building inspection tour, on 5/15/24, from 12:30 p.m., to 2:45 p.m., revealed that the facility provided electric beds for most residents and that PCREE such as nebulizers, oxygen concentrators, portable suction units, and other electrical medical equipment was present at the facility. The census of 34 was verified by the Administrator on 5/15/24, at 10:00 a.m. The findings were acknowledged and verified by the Administrator at the exit interview on 5/15/24, at 3:00 p.m. Actual NFPA Standard: NFPA 99, Health Care Facilities Code (2012) 3.3.137 Patient-Care-Related Electrical Equipment. Electrical equipment appliance that is intended to be used for diagnostic, therapeutic, or monitoring purposes in a patient care vicinity. 10.3 Testing Requirements - Fixed and Portable. 10.3.1* Physical Integrity. The physical integrity of the power cord assembly composed of the power	K 921		

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K 921	Continued From page 14 cord, attachment plug, and cord-strain relief shall be confirmed by visual inspection. 10.3.2* Resistance. 10.3.2.1 For appliances that are used in the patient care vicinity, the resistance between the appliance chassis, or any exposed conductive surface of the appliance, and the ground pin of the attachment plug shall be less than 0.50 ohm under the following conditions: (1) The cord shall be flexed at its connection to the attachment plug or connector. (2) The cord shall be flexed at its connection to the strain relief on the chassis. 10.3.2.2 The requirement of 10.3.2.1 shall not apply to accessible metal parts that achieve separation from main parts by double insulation or metallic screening or that are unlikely to become energized (e.g., escutcheons or nameplates, small screws). 10.3.3* Leakage Current Tests. 10.3.3.1 General. 10.3.3.1.1 The requirements in 10.3.3.2 through 10.3.3.4 shall apply to all tests. 10.3.3.1.2 Tests shall be performed with the power switch ON and OFF. 10.3.3.2 Resistance Test. The resistance tests of 10.3.3.3 shall be conducted before undertaking any leakage current measurements. 10.3.3.3* Techniques of Measurement. The test shall not be made on the load side of an isolated power system or separable isolation transformer. 10.3.3.4* Leakage Current Limits. The leakage current limits in 10.3.4 and 10.3.5 shall be followed. 10.3.4 Leakage Current - Fixed Equipment. 10.3.4.1 Permanently wired appliances in the patient care vicinity shall be tested prior to installation while the equipment is temporarily insulated from ground. 10.3.4.2 The leakage current flowing through the	K 921		

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K 921	Continued From page 15 ground conductor of the power supply connection to ground of permanently wired appliances installed in general or critical care areas shall not exceed 10.0 mA (ac or dc) with all grounds lifted. 10.3.5 Touch Current - Portable Equipment. 10.3.5.1* Touch Current Limits. The touch current for cord connected equipment shall not exceed 100 ?A with the ground wire intact (if a ground wire is provided) with normal polarity and shall not exceed 500 ?A with the ground wire disconnected. 10.3.5.2 If multiple devices are connected together and one power cord supplies power, the leakage current shall be measured as an assembly. 10.3.5.3 When multiple devices are connected together and more than one power cord supplies power, the devices shall be separated into groups according to their power supply cord, and the leakage current shall be measured independently for each group as an assembly. 10.3.5.4 Touch Leakage Test Procedure. Measurements shall be made using the circuit, as illustrated in Figure 10.3.5.4, with the appliance ground broken in two modes of appliance operation as follows: (1) Power plug connected normally with the appliance on (2) Power plug connected normally with the appliance off (if equipped with an on/off switch) 10.3.5.4.1 If the appliance has fixed redundant grounding (e.g., permanently fastened to the grounding system), the touch leakage current test shall be conducted with the redundant grounding intact. 10.3.5.4.2 Test shall be made with Switch A in Figure 10.3.5.4 closed. 10.3.6* Lead Leakage Current Tests and Limits - Portable Equipment. 10.3.6.1 The leakage current between all patient	K 921		

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K 921	Continued From page 16 leads connected together and ground shall be measured with the power plug connected normally and the device on. 10.3.6.2 An acceptable test configuration shall be as illustrated in Figure 10.3.5.4. 10.3.6.3 The leakage current shall not exceed 100 ?A for ground wire closed and 500 ?A ac for ground wire open. 10.5.2.1 Testing Intervals. 10.5.2.1.1 The facility shall establish policies and protocols for the type of test and intervals of testing for patient care-related electrical equipment. 10.5.2.1.2 All patient care-related electrical equipment used in patient care rooms shall be tested in accordance with 10.3.5.4 or 10.3.6 before being put into service for the first time and after any repair or modification that might have compromised electrical safety. 10.5.2.5* System Demonstration. Any system consisting of several electric appliances shall be demonstrated to comply with this code as a complete system. 10.5.3 Servicing and Maintenance of Equipment. 10.5.3.1 The manufacturer of the appliance shall furnish documents containing at least a technical description, instructions for use, and a means of contacting the manufacturer. 10.5.3.1.1 The documents specified in 10.5.3.1 shall include the following, where applicable: (1) Illustrations that show the location of controls (2) Explanation of the function of each control (3) Illustrations of proper connection to the patient or other equipment, or both (4) Step-by-step procedures for testing and proper use of the appliance (5) Safety considerations in use and servicing of the appliance (6) Precautions to be taken if the appliance is used on a patient simultaneously with other	K 921		

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K 921	Continued From page 17 electric appliances (7) Schematics, wiring diagrams, mechanical layouts, parts lists, and other pertinent data for the appliance (8) Instructions for cleaning, disinfection, or sterilization (9) Utility supply requirements (electrical, gas, ventilation, heating, cooling, and so forth) (10) Explanation of figures, symbols, and abbreviations on the appliance (11) Technical performance specifications (12) Instructions for unpacking, inspection, installation, adjustment, and alignment (13) Preventive and corrective maintenance and repair procedures 10.5.3.1.2 Service manuals, instructions, and procedures provided by the manufacturer shall be considered in the development of a program for maintenance of equipment. 10.5.6 Record Keeping - Patient Care Appliances. 10.5.6.1 Instruction Manuals. 10.5.6.1.1 A permanent file of instruction and maintenance manuals shall be maintained and be accessible. 10.5.6.1.2 The file of manuals shall be in the custody of the engineering group responsible for the maintenance of the appliance. 10.5.6.1.3 Duplicate instruction and maintenance manuals shall be available to the user. 10.5.6.1.4 Any safety labels and condensed operating instructions on an appliance shall be maintained in legible condition. 10.5.6.2* Documentation. 10.5.6.2.1 A record shall be maintained of the tests required by this chapter and associated repairs or modifications. 10.5.6.2.2 At a minimum, the record shall contain all of the following:	K 921		

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K 921	Continued From page 18 (1) Date (2) Unique identification of the equipment tested (3) Indication of which items have met or have failed to meet the performance requirements of 10.5.6.2 10.5.6.3 Test Logs. A log of test results and repairs shall be maintained and kept for a period of time in accordance with a health care facility's record retention policy. 10.5.8 Qualification and Training of Personnel. 10.5.8.1* Personnel concerned for the application or maintenance of electric appliances shall be trained on the risks associated with their use. 10.5.8.1.1 The health care facilities shall provide programs of continuing education for its personnel. 10.5.8.1.2 Continuing education programs shall include periodic review of manufacturers' safety guidelines and usage requirements for electrosurgical units and similar appliances. 10.5.8.2 Personnel involved in the use of energy-delivering devices including, but not limited to, electrosurgical, surgical laser, and fiberoptic devices shall receive periodic training in fire suppression. 10.5.8.3 Equipment shall be serviced by qualified personnel only.	K 921		