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Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING _____ B. WING _____	04/24/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
MEADOW WIND ASSISTED LIVING COMMUNIT	3955 EAST 12TH STREET CASPER, WY 82609

(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) COMPLETE DATE
SALF	LIC REGS FOR ASSISTED LIVING FACILITIES	SALF		

Main Building #1
A Life Safety Code survey was conducted at your facility on April 23-24, 2012 by Healthcare Licensing and Surveys, (HLS).

The facility was a single story fully sprinkled building of Type V (111) construction built in 1998. The building was equipped with a supervised automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 75 licensed beds and a total census of 31 residents.

Wyoming Department of Health, Rules and Regulations for Licensure of Assisted Living Facilities Chapter 4
Section 10 Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules for Health Facilities apply.
(ii) Assisted Living Facilities operating prior to the effective date of these rules, shall meet the Life Safety Code of the National Fire Protection Association that was in effect at the time the facility was licensed as an Assisted Living Facility.

All references are based on the requirements of NFPA 101 Life Safety Code, New Board and Care, 1994 Edition, unless otherwise noted.

This regulation was NOT MET as evidence by:

A. Based on observation and staff interview, the

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
Executive Director 5/21/12

PoC Accepted & Modified w/ Robert Ford, RD, on 5/22/12.

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SALF	LIC REGS FOR ASSISTED LIVING FACILITIES Main Building #1 A Life Safety Code survey was conducted at your facility on April 23-24, 2012 by Healthcare Licensing and Surveys, (HLS). The facility was a single story fully sprinkled building of Type V (111) construction built in 1998. The building was equipped with a supervised automatic wet sprinkler system and an addressable fire alarm system. The facility had a capacity of 75 licensed beds and a total census of 31 residents. Wyoming Department of Health, Rules and Regulations for Licensure of Assisted Living Facilities Chapter 4 Section 10. Life Safety and Electrical Safety. The requirements in the Department of Health Chapter III, Construction Rules for Health Facilities apply. (ii) Assisted Living Facilities operating prior to the effective date of these rules, shall meet the Life Safety Code of the National Fire Protection Association that was in effect at the time the facility was licensed as an Assisted Living Facility. All references are based on the requirements of NFPA 101 Life Safety Code, New Board and Care, 1994 Edition, unless otherwise noted. This regulation was NOT MET as evidence by: --- A. Based on observation and staff interview, the	SALF	A. The maintenance director will loosen a screw in the self closing mechanism of the door. & ENSURE THE DOOR LATCHES We will check all doors in the facility that are supposed to be self closing to ensure each door is in compliance. We will put each door an a quarterly check for proper closing in regards to self closing This will be monitored quarterly for compliance by the environmental services director and the administrator. This will be completed by 6/18/2012 B The environmental service director and administrator will remove the wingback chairs from the hallways We will check all corridors to ensure they are free from chairs projecting into them. We will check each corridor monthly to ensure this does not occur again. This will be monitored monthly for compliance by the environmental services director and the administrator. This will be complete by 6/18/12	6/18/12 6/18/12

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SALF	Continued From page 1 facility failed to ensure hazardous areas were separated from use areas in 1 of 4 smoke compartments. The findings were: Observation of the kitchen mechanical room on 4/23/12 at 4:12 PM showed the corridor door was equipped with a self-closing device. Further observation showed the closing device was not able to fully latch the door into the door frame, with three attempts. At the time of the observation the maintenance director reported hazardous area were not routinely inspected to ensure doors were smoke resistant. Reference; 22-2.3.2 Hazardous Areas. Any hazardous area shall be protected in accordance with the following: (a) Any hazardous area that is on the same floor as, and is in or abuts a primary means of escape or a sleeping room, shall be protected by either: 1. An enclosure with a fire resistance rating of at least 1 hour ... 2. Automatic sprinkler protection, in accordance with 22-2.3.5, of the hazardous area and a separation that will resist the passage of smoke between the hazardous area and the sleeping area or primary escape route. Any door in such separation shall be self-closing or automatic-closing in accordance with 5-2.1.8. 22-3.3.6.6 Doors in walls required by 22-3.3.6.1 and 22-3.3.6.2 shall be self-closing or automatic-closing in accordance with 5-2.1.8 doors in walls separating sleeping rooms from corridors shall be automatic-closing in accordance with 5-2.1.8.... ...Exception No. 2: In buildings protected throughout by an approved, automatic sprinkler system installed in accordance with 22-3.3.5, doors, other than doors to hazardous areas,	SALF	C We will have a fire company synchronize all four strobes in the coffee shop. We will have all strobes monitored for synchronization when the fire inspection company is here. We will have these monitored annually by a fire inspection company for compliance. This will be corrected by 6/18/12 D We will have a sprinkler company hired to correct all sprinkler heads that are out of compliance mentioned in your findings. We will follow the example provided: Less than 1 foot ... ...0 inch 1 foot to2 feet ... ...1 inch 2 feet to 2 ½ feet ... ...2 inches 2 ½ feet to 3 feet ... ...3 inches 3 feet to 3 ½ feet ... ...4 inches Going forward, any sprinkler heads that are installed will be benchmarked against the given speculations provided in your report. We will monitor all sprinkler heads after any installation going forward, at a minimum annually. This will be monitored annually or upon any change or addition in sprinkler heads	6/18/12

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SALF	Continued From page 1 facility failed to ensure hazardous areas were separated from use areas in 1 of 4 smoke compartments. The findings were: Observation of the kitchen mechanical room on 4/23/12 at 4:12 PM showed the corridor door was equipped with a self-closing device. Further observation showed the closing device was not able to fully latch the door into the door frame, with three attempts. At the time of the observation the maintenance director reported hazardous area were not routinely inspected to ensure doors were smoke resistant. Reference; 22-2.3.2 Hazardous Areas. Any hazardous area shall be protected in accordance with the following: (a) Any hazardous area that is on the same floor as, and is in or abuts a primary means of escape or a sleeping room, shall be protected by either: 1. An enclosure with a fire resistance rating of at least 1 hour ... 2. Automatic sprinkler protection, in accordance with 22-2.3.5, of the hazardous area and a separation that will resist the passage of smoke between the hazardous area and the sleeping area or primary escape route. Any door in such separation shall be self-closing or automatic-closing in accordance with 5-2.1.8. 22-3.3.6.6 Doors in walls required by 22-3.3.6.1 and 22-3.3.6.2 shall be self-closing or automatic-closing in accordance with 5-2.1.8 doors in walls separating sleeping rooms from corridors shall be automatic-closing in accordance with 5-2.1.8.... ...Exception No. 2: In buildings protected throughout by an approved, automatic sprinkler system installed in accordance with 22-3.3.5, doors, other than doors to hazardous areas,	SALF	C. #1 All fire alarm testing will be completed on time going forward and the documents will be kept in an organized manner. These tests will be conducted by the environmental services manager and the paperwork will be turned in to the executive director for record keeping. This will be monitored by the executive director to ensure all drills are conducted in a timely manner. This program will be implemented and in use by 6/18/12 AS WELL AS REPLACE OR CLEAN SMOKE DETECTORS. #2 We will have a fire company synchronize all four strobes in the coffee shop. We will have all strobes monitored for synchronization when the fire inspection company is here. We will have these monitored annually by a fire inspection company for compliance. This will be corrected by 6/18/12	6/18/12

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SALF	Continued From page 2 vertical openings, and exit enclosures, shall not be required to be self-closing or automatic-closing. --- B. Based on observation and staff interview, the facility failed to ensure the corridor was unobstructed in 1 of 4 smoke compartments. The findings were: Observation of the north corridor near resident room #203 on 4/23/12 at 3:57 PM showed a wing back chair was placed in the corridor. Further observation showed the chair project 3 feet into the corridor and the chair was not secured from moving. At the time of the observation the maintenance director reported he was unaware chairs were prohibited from being placed in the corridor. Reference; 22-3.2.5.1 Access to all required exits shall be in accordance with Section 5-5. 5-5.1.1 Exits shall be located and exit access shall be arranged that exits are readily accessible at all times. --- C. Based on record review and staff interview, the facility failed to ensure 3 of 10 fire alarm tests had been conducted and failed to ensure strobes were synchronized in 1 of 4 smoke compartments. The findings were; 1 Review of the fire alarm system testing records showed the monthly receiver test had not been conducted during January and February of 2012. In addition, the semi-annual fire alarm battery	SALF	by the environmental services director and the administrator for compliance This will be corrected by 6/18/12 E We will have the "K" type fire extinguisher hooked to the wall as opposed to being on the floor. We will check all extinguishers to ensure they are in compliance with regulations. We will have this added to the kitchen side work checklist, so it is monitored daily. The environmental services director and administrator will check this monthly to ensure compliance. This will be complete by 6/18/12 F We will remove the extension cords from room #319 and the pop machine.	6/18/12 6/18/12

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SALF	Continued From page 3 load voltage had not been tested during the first half of 2011. The biannual smoke detector sensitivity test was completed on 11/29/11. The record showed 8 detectors were not within the permitted testing requirements and the heads were not cleaned or replaced. On 4/23/12 at 5:30 PM the maintenance director could not explain why the tests had not been conducted or why the detectors had not been modified. 2 Observation of the coffee shop on 4/24/12 at 9:44 AM showed there were four strobes in the line of sight. Further observation showed the strobes were not synchronized and the longer the system ran the further apart the strobes flashed. At the time of the observation the maintenance director could not explain why the strobes were not synchronized when recently installed. Reference; 23-2.3.4.1 Fire Alarm Systems. A manual fire alarm system shall be provided in accordance with Section 7-6. 7-6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with applicable requirements of ...NFPA 72, National Fire Alarm Code. NFPA 72, National Fire Alarm Code, 1993 Edition. 4-4.4.1.1 Strobe Spacing Shall be: 4. More than two in the same field of view shall be synchronized. Table 7-3.2 Testing Frequencies. 6. Batteries-Fire alarm systems d. Sealed Lead-Acid Type 3. Load Voltage Test,.....semi-annually 15. Initiating Devices i. Smoke Detectors-Sensitivity,.....bi-annually 23.	SALF	We will check all resident rooms and common areas for the use of extension cords. These same areas will be checked monthly going forward by the environmental service staff including housekeepers. This will be monitored monthly as well by the environmental supervisor and the administrator for compliance. This will be complete by 6/18/12 G We will have the curtains in resident room # 319 and #201 sprayed with flame retardant solution by the environmental services manager We will do a complete building wide check of all curtains to ensure compliance with the flame retardant spray and the proper documentation We will implement a quarterly check for all curtains to be completed by the environmental services staff including housekeepers. This will be monitored by the environmental services director and the administrator quarterly for compliance.\ This will be complete by 6/18/12	6/18/12 6/18/12

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SALF	Continued From page 4 Receivers,.....monthly --- D. Based on observation and staff interview, the facility failed to ensure sprinkler heads were unobstructed in 2 of 4 smoke compartments. The findings were: Observation of the sprinkler system on 4/23/12 between 3:30 PM and 4 PM showed the sprinkler head in the activities storeroom and business office were installed less than 12 inches from ceiling mounted lights. Further observation showed the sprinkler deflectors were above the bottom of the light. On 4/23/12 at 3:30 PM the maintenance director reported the sprinkler system was inspected quarterly by an outside contractor and the last inspection report, 3/16/12, did not indicate any heads were obstructed. Reference; 22-2.3.5.2 Where an automatic sprinkler system is installed, for either total or partial building coverage, the system shall be in accordance with Section 7-7 .... Exception No.4: In prompt and slow evacuation capability facilities up to an including four stories in height, systems installed in accordance with NFPA 13R ... Shall be permitted. NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, 1994 Edition. 2-5.2 Design Criteria - Outside Dwelling Unit. The design discharge, number of design sprinklers', water demand of the system, sprinkler coverage, and position of sprinklers for areas to be sprinklered outside the dwelling unit shall comply with specifications in NFPA 13, Standard for the	SALF	H All shifts will have fire drills conducted on them going forward and the documents will be kept in an organized manner. These drills will be conducted by the environmental services manager and the paperwork will be turned in to the executive director for record keeping. This will be monitored by the executive director to ensure all drills are conducted in a timely manner. This program will be implemented and in use by 6/18/12	6/18/12
		BLDG #2	A The maintenance director will loosen a screw in the self closing mechanism of the door. ENSURE THE DOOR LATCHES We will check all doors in the facility that are supposed to be self closing to ensure each door is in compliance. We will put each door an a quarterly check for proper closing in regards to self closing This will be monitored quarterly for compliance by the environmental services director and the administrator. This will be completed by 6/18/2012	6/18/12

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SALF	Continued From page 5 Installation of Sprinkler Systems. NFPA 13, Standard for the Installation of Sprinkler Systems, 1994 Edition. Table 5-6.5.1.2 Positioning of Sprinklers to Avoid Obstructions to Discharge (Standard Spray Upright/Standard Spray Pendent) Distance from sprinkler to side of obstruction — Maximum allowable distance from deflector above bottom of obstruction Less than 1 foot ... ...0 inch 1 foot to2 feet ... ...1 inch 2 feet to 2 ½ feet ... ...2 inches 2 ½ feet to 3 feet ... ...3 inches 3 feet to 3 ½ feet ... ...4 inches E. Based on observation and staff interview, the facility failed to ensure portable fire extinguishers were stored appropriately in 1 of 4 smoke compartments. The findings were: Observation of the kitchen on 4/23/12 at 4:19 PM showed the "K" type fire extinguisher was stored on the floor. Further observation showed a wall hook was not installed in the area. At the time of the observation the maintenance director reported the extinguisher had been sitting on the floor for more than 8 months. He could not explain why the hook had not been installed. Reference; 22-3.3.5.3 Portable Fire Extinguishers. Portable fire extinguishers in accordance with 7-7.4.1 shall be provided near hazardous areas. 7-7.4.1 ....Portable fire extinguishers shall be installed in accordance with NFPA 10, Standard for the Installation of Portable Fire Extinguishers.	SALF	B We will have a sprinkler company hired to correct all sprinkler heads that are out of compliance mentioned in your findings. We will follow the example provided: Less than 1 foot ... ...0 inch 1 foot to2 feet ... ...1 inch 2 feet to 2 ½ feet ... ...2 inches 2 ½ feet to 3 feet ... ...3 inches 3 feet to 3 ½ feet ... ...4 inches Going forward, any sprinkler heads that are installed will be benchmarked against the given speculations provided in your report. We will monitor all sprinkler heads after any installation going forward, at a minimum annually. This will be monitored annually or upon any change or addition in sprinkler heads by the environmental services director and the administrator for compliance This will be corrected by 6/18/12	6/18/12

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SALF	Continued From page 6 for the Installation of Portable Fire Extinguishers. NFPA 10 Standard for the Installation of Portable Fire Extinguishers, 1990 Edition. 1-6.7 Portable fire extinguishers other than wheeled types shall be securely installed on the hanger or in the bracket supplied or placed in a cabinets or wall recesses ... --- F. Based on observation and staff interview, the facility failed to ensure temporary electrical wiring did not replace permanent fixed wiring in 2 of 4 smoke compartments. The findings were: Observation on 4/23/12 between 3:30 PM and 4:15 PM showed the hair dryer in resident room #319 was plugged into an extension cord and then run under the bathroom door. Further observation showed the pop machine in the laundry was plugged into an extension cord. On 4/23/12 at 3:44 PM the maintenance director reported the electrical system was not inspected on a routine basis to ensure electrical adapters were not used. Reference; 22-3.6.1 Utilities. Utilities shall comply with provisions of Section 7-1. 7-1.2 Electrical wiring and equipment installed shall be in accordance with NFPA 70, National Electrical Code. NFPA 70, National Electrical Code, 1993 Edition. 400-8. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls ... (3) Where run through doorways, windows, or	SALF		

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SALF	Continued From page 7 similar openings (4) Where attached to building surfaces G. Based on observation and staff interview, the facility failed to ensure curtains were flame retardant in 2 of 4 smoke compartments. The findings were: Observation on 4/23/12 between 3:30 PM and 4:15 PM showed the window curtains in resident room #319 and #201 did not have flame retardant documentation attached to them. On 4/23/12 at 3:42 PM the maintenance director reported the curtains had not been sprayed with a flame retardant solution. He could not explain why the curtains had not been noticed and sprayed with a flame retardant solution during the quarterly safety inspections. Reference; 22-3.5 Operating Features. (See Chapter 31.) 31-7.5.1 New draperies, curtains and other similar loosely hanging furnishings and decorations in board and care facilities shall be in accordance with the provisions of 31-1.4.1. Wyoming Department of Health, Program Administration of Assisted Living Facilities Chapter 12 Section 7. Assisted Living Facility (ALF) Core Services. (o) Evacuation Capability, Emergency Procedures, and Fire Safety. (iii) Fire Safety. (E) Fire exit drills shall be conducted in accordance to the Life Safety Code Operating	SALF		

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SALF	Continued From page 8 Features sections. The minimum number of drills, as amended, shall be held at least twelve (12) times per year on a monthly basis with a minimum of one drill conducted each quarter on each shift. Fire exit drill records over a two-year period shall be available upon request at the facility. (I) The facility shall be responsible for recording fire exit drills on an evaluation form that include at least the following: (1.) Date of drill; (2.) Time of day; (3.) Type of drill (Practice, Announced, Surprise); (4.) Residents who participated including staff and family members; (5.) Time required (minutes and seconds) to evacuate all residents (including staff) from the occupied areas to a point of assembly as defined in the Life Safety Code; (6.) List of anyone, including staff and family members, who did not evacuate in the required time allowed by the evacuation capability rating of the facility. Evacuation capability rating for each facility shall be listed on the form; (7.) Comments on the factors that contributed to each individual ' s inability to evacuate successfully and any corrective actions recommended; and (8.) Signature and date of the person completing the form. This regulation was NOT MET as evidenced by: --- H. Based on record reviews and staff interview the facility failed to ensure fire drills were held on 3 of 3 shifts on a quarterly basis. The findings were:	SALF		

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(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) COMPLETE DATE
SALF	Continued From page 9 Review of the fire drill records showed the first shift occurred between 6 AM and 2 PM, second shift occurred between 2 PM and 10 PM and the third shift occurred between 10 PM and 6 AM. Further review showed a drill had not been conducted on the first shift during the second quarter of 2011 and the first quarter of 2012. A drill had not been conducted on the second shift during the third quarter of 2011 and the first quarter of 2012. A drill had not been conducted during the third shift for the fourth quarter of 2011 and the first quarter of 2012. On 4/23/12 at 5:30 PM the maintenance director could not explain why the drills had not been conducted. Reference; 22-3.5 Operating Features. (See Chapter 31.) 31-1.5.6* Drills shall be held at unexpected times and under varying conditions to simulate the unusual conditions that occur in the case of fire. --- New Building #2 A Life Safety Code survey was conducted at your facility on April 24, 2012 by Healthcare Licensing and Surveys, (HLS). The facility was a two story fully sprinkled building of Type V (111) construction built in 2010. The building was equipped with a supervised automatic wet sprinkler system with a dry branch and an addressable fire alarm system. The facility had a capacity of 93 licensed beds and a total census of 18 residents. Wyoming Department of Health, Rules and Regulations for Licensure of Assisted Living Facilities Chapter 4 Section 10. Life Safety and Electrical Safety. The	SALF		

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Healthcare Licensing and Surveys

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	ALF003	A. BUILDING _____ B. WING _____	04/24/2012

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MEADOW WIND ASSISTED LIVING COMMUNIT	3955 EAST 12TH STREET CASPER, WY 82609

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SALF	Continued From page 10 requirements in the Department of Health Chapter III, Construction Rules for Health Facilities apply. (ii) Assisted Living Facilities operating prior to the effective date of these rules, shall meet the Life Safety Code of the National Fire Protection Association that was in effect at the time the facility was licensed as an Assisted Living Facility. All references are based on the requirements of NFPA 101 Life Safety Code, New Board and Care, 2000 Edition, unless otherwise noted. This regulation was NOT MET as evidence by: --- A. Based on observation and staff interview, the facility failed to ensure hazardous areas were separated from use areas in 1 of 4 smoke compartments. The findings were: Observation of the first floor laundry on 4/24/12 at 8:26 AM showed the two corridor doors were equipped with self-closing devices. Further observation showed the east door was not able to fully latch into the door frame, with three attempts. At the time of the observation the maintenance director reported hazardous areas were not routinely inspected. Reference; 22-2.3.2 Hazardous Areas. Any hazardous area shall be protected in accordance with the following: (a) Any hazardous area that is on the same floor as, and is in or abuts a primary means of escape or a sleeping room, shall be protected by either: 1. An enclosure with a fire resistance rating of at least 1 hour ...	SALF		

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	ALF003	A. BUILDING _____ B. WING _____	04/24/2012

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SALF	Continued From page 11 2. Automatic sprinkler protection, in accordance with 22-2.3.5, of the hazardous area and a separation that will resist the passage of smoke between the hazardous area and the sleeping area or primary escape route. Any door in such separation shall be self-closing or automatic-closing in accordance with 5-2.1.8. 22-3.3.6.6 Doors in walls required by 22-3.3.6.1 and 22-3.3.6.2 shall be self-closing or automatic-closing in accordance with 5-2.1.8 doors in walls separating sleeping rooms from corridors shall be automatic-closing in accordance with 5-2.1.8.... ...Exception No. 2: In buildings protected throughout by an approved, automatic sprinkler system installed in accordance with 22-3.3.5, doors, other than doors to hazardous areas, vertical openings, and exit enclosures, shall not be required to be self-closing or automatic-closing. --- B. Based on observation and staff interview, the facility failed to ensure sprinkler heads were unobstructed in 1 of 4 smoke compartments. The findings were: Observation of the sprinkler system on 4/24/12 at 8:25 AM showed the sprinkler head in the first floor laundry room was installed 8 inches from the ceiling mounted light. Further observation showed the sprinkler deflector was 2 inches above the bottom of the light. At the time of the observation the maintenance director reported the sprinkler system was inspected quarterly by an outside contractor and the last inspection report, 3/16/12, did not indicate any heads were obstructed. Reference;	SALF		

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SALF	Continued From page 12	SALF		

is installed, for either total or partial building coverage, the system shall be in accordance with Section 7-7 ....
Exception No.4: In prompt and slow evacuation capability facilities up to an including four stories in height, systems installed in accordance with NFPA 13R ... Shall be permitted.
NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, 1994 Edition.
2-5.2 Design Criteria - Outside Dwelling Unit. The design discharge, number of design sprinklers', water demand of the system, sprinkler coverage, and position of sprinklers for areas to be sprinklered outside the dwelling unit shall comply with specifications in NFPA 13, Standard for the Installation of Sprinkler Systems. NFPA 13, Standard for the Installation of Sprinkler Systems, 1994 Edition.
Table 5-6.5.1.2 Positioning of Sprinklers to Avoid Obstructions to Discharge (Standard Spray Upright/Standard Spray Pendent)

Distance from sprinkler to side of obstruction	Maximum allowable distance from deflector above bottom of obstruction
Less than 1 foot	0 inch
1 foot to2 feet	1 inch
2 feet to 2 ½ feet	2 inches
2 ½ feet to 3 feet	3 inches
3 feet to 3 ½ feet	4 inches