<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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| K045 | SS-D | **NFPA 101 LIFE SAFETY CODE STANDARD**  
Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) | K045 | SS-D | This Plan of Correction is submitted as required under State and Federal Law and does not constitute an admission on the part of the facility that the findings constitute a deficiency or that the scope and severity regarding any of the deficiencies cited are correctly applied. |
| | | 1. Lights will be installed at Exit 3 and 4 to illuminate the sidewalks. | | | 2. No other areas were affected | |
| | | 3. There are no other areas identified that would need additional lighting | | | 4. When installed this will correct these 2 areas, the only monitoring will be periodic to ensure fixtures are properly functioning. Monitoring will be by the Maintenance Director. |
| K066 | SS-D | **NFPA 101 LIFE SAFETY CODE STANDARD**  
Smoking regulations are adopted and include no less than the following provisions:  
(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. | | | | |
K066  Continued From page 1
(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.

(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.

(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to provide metal containers with self-closing devices into which ashtrays can be emptied into.

The findings include:
Observation and interview with the maintenance director on September 30, 2013 at 10:51 a.m. revealed that 2 of 2 smoking areas are not provided with a metal container with self-closing lids into which ashtrays can be emptied into.

This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on September 30, 2013.

K147  NFPA 101 LIFE SAFETY CODE STANDARD
Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code 9.1.2

K066 1. A metal container with a self-closing lid was purchased on 10-2-13 for the purpose of emptying ashtrays. The Smoking Policy was changed to reflect only one designated smoking area.

2. No other areas were affected with the policy change.

3. Since the purchase of the container and policy modification the prior situation is resolved.

4. Periodic visual inspection to ensure proper container is in place and in working order. 11-16-13
K 147 Continued From page 2

This STANDARD is not met as evidenced by:
Based on observation and testing, the facility failed to maintain electrical equipment.

The findings include:

Observation and testing on September 30, 2013 at 1:55 p.m. revealed the following:
1. Ground Fault Circuit Interrupter (GFCI) electrical outlets in the clean utility room on Wing 1 were repaired and tested on 10-1-13. The 3 outlets in the Physical Therapy corridor Zone A were repaired/tightened to wall on 10-1-13.
2. No other issues were identified.
3. Maintenance Director will monitor to ensure the annual testing of wall outlets is completed in its entirety.
4. Maintenance Director will monitor and follow-up regarding this issue.

11-16-13