### Statement of Deficiencies and Plan of Correction

<table>
<thead>
<tr>
<th>ID TAG</th>
<th>Providers Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 018</td>
<td>K 018</td>
<td>10/22/13</td>
</tr>
<tr>
<td></td>
<td>Residents Affected</td>
<td></td>
</tr>
<tr>
<td></td>
<td>All residents have the potential to be affected.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Measures/Systemic Changes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Doors adjusted to assure doors close to a positive latch.</td>
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<tr>
<td></td>
<td>Monitoring Changes</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Maintenance will monitor doors daily during interior rounds for positive latch. Any future instances of non-compliance will be reported to Safety Committee Meeting (Nursing, Executive Director, Human Resource, Maintenance, Director of Clinical Education) monthly for (3) months and recommendations made as appropriate.</td>
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</tbody>
</table>

### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID TAG</th>
<th>Summary Statement of Deficiencies (Each Deficiency Must Be Precise by Full Regulatory or LCD Identifying Information)</th>
<th>Provider Identification Numbers</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 018</td>
<td>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1/2 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3.6</td>
<td>445135</td>
</tr>
<tr>
<td></td>
<td>Roller latches are prohibited by CMS regulations in all health care facilities.</td>
<td></td>
</tr>
</tbody>
</table>

### This Standard is Not Met as Evidenced by:

Based on observation and interview, it was determined that the facility failed to assure corridor doors closed to a positive latch. (NFPA 101, 19.3.6.3.)

The findings include:

- Observation and interview with the Maintenance Director, on September 9, 2013, between 8:00 a.m. and 2:00 p.m. confirmed the following doors failed to close to a positive latch:
  - The staff break room door
  - The staff Dining Services office
  - The fire door by the Admission office

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<table>
<thead>
<tr>
<th>Title</th>
<th>Signature</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nancy Clarkwood, Executive Director</td>
<td>9/25/13</td>
</tr>
<tr>
<td>K018</td>
<td>Continued From page 1</td>
</tr>
<tr>
<td>------</td>
<td>-----------------------</td>
</tr>
<tr>
<td>4. The fire door by room 222. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on September 9, 2013.</td>
<td></td>
</tr>
</tbody>
</table>

**K045**

**NFPA 101 LIFE SAFETY CODE STANDARD**

**SS=D:**

- 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.) 19.2.6

This STANDARD is not met as evidenced by:

- Based on observation and interview, it was determined the facility failed to assure exits were lighted.

  - The findings include:
    - Observation on September 9, 2013 at 6:50 a.m., confirmed the outside lights at the exits from the dining room exit and corridor exit by room 212 was not illuminated and missing 1 of 2 bulbs. This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on September 9, 2013.

**K082**

**NFPA 101 LIFE SAFETY CODE STANDARD**

**SS=D:**

- Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.4, 4.8.12, NFPA 13, NFPA 25, 9.7.5
### K 062
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This STANDARD is not met as evidenced by:
- Based on observation and interview, the facility failed to assure sprinkler heads in each compartment were the same types.

The findings include:
- Observation and interview with the Maintenance Supervisor on September 9, 2013 at 8:30 a.m. confirmed there were two different sprinkler heads in the North HVAC equipment room, one standard response and one quick response head.
- This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on September 9, 2013.

Residents Affected
All residents have the potential to be affected.

Measures/Systemic Changes
Authorized vendor will ensure sprinkler heads in the North HVAC equipment room meet code.

### K 147

**NFPA 101 LIFE SAFETY CODE STANDARD**

Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2

This STANDARD is not met as evidenced by:
- Based on observation and interview, the facility failed to assure electrical outlets were maintained.

The findings include:
- Observation and interview with the Maintenance Director on September 9, 2013 between 6:00 a.m. and 2:00 p.m. confirmed the following deficiencies with electrical outlets:
  1. Outlet in the exit alcove across from the DOC office was loose.
  2. Outlet next to the television at the North 200 hall sitting area was loose.
  3. Outlet in the corridor by room 103 was loose.
  4. Outlet in the private dining room was loose.
  5. Outlet in the front corridor across from the...
K 147

Residents Affected

K 147

All residents have the potential to be affected.

Measures/Systemic Changes

Electrical contractor contacted. Outlets will be repaired/ replaced to meet code.

Monitoring Changes

Electrical outlets will be checked during interior round and monthly room inspections. Any future reports of non-compliance will be reported to Safety Committee Meeting:
(Nursing, Executive Director, Human Resources, Maintenance, Director of Clinical Education) monthly for (3) months and recommendations made as appropriate.