<table>
<thead>
<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
</table>
| K 038 | SS=D | **NFPA 101 LIFE SAFETY CODE STANDARD**  
Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1  
This STANDARD is not met as evidenced by:  
Based on observation, it was determined the facility failed to maintain the exits.  
The findings included:  
Observations of the office area exit on 12/15/10 at 9:00 AM, revealed the passage way to a place of refuge was not handicapped accessible.  
National Fire Protection Association 101, 7.5.4.3  
This findings was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 12/15/10. | K 038 | | 1. On 12/15/10, the Plant Operations Manager began preparations for a handicapped accessible passage way from the office area exit to a place of refuge.  
2. All residents within the facility have the potential to be affected.  
3. A handicapped accessible passage way from the office area exit to a place of refuge will be installed.  
4. Plant Operations Manager (POM) will ensure installation of handicapped accessible passage way from the office area exit to a place of refuge and will report to the QA/ Committee until compliance has been met. | |
| K 062 | SS=D | **NFPA 101 LIFE SAFETY CODE STANDARD**  
Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically.  
19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  
This STANDARD is not met as evidenced by:  
Based on observation, it was determined the facility failed to maintain the sprinkler system.  
The findings included:  | K 062 | | 1. On 12/15/10, the Dietary Manager removed boxes stored within the 18-inch rule of the sprinkler head clearance.  
2. All residents within the facility have the potential to be affected.  
3. a) On 12/15/10, the POM re-educated the Dietary Manager regarding the 18-inch rule of the sprinkler head clearance.  
b) On 12/20/10, the POM re-educated staff regarding the 18-inch rule of the sprinkler head clearance.  
c) Weekly random dry storage room audits will be conducted by the Administrator, POM and/or Designee to ensure continued compliance. | 12/30/10 |

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 patient. (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.

**Administrator**

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*Signature*

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<tbody>
<tr>
<td>K 062</td>
<td>Continued From page 1 Observations of the kitchen dry storage room on 12/15/10 at 8:15 AM, revealed boxes stored within the 18-inch rule of the sprinkler head clearance. National Fire Protection Association 13, 5.5.6</td>
<td>K 062</td>
<td>4. Random dry storage room audits will be conducted by the Administrator, POM and/or Designee with findings reported monthly to the QA/QI Committee until resolved.</td>
</tr>
<tr>
<td>K 064</td>
<td>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, 9.3.5.6, NFPA 10</td>
<td>K 064</td>
<td>1. On 12/15/10, staff removed equipment from in front of the fire extinguishers located by nurses' station A and in the kitchen.</td>
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<tr>
<td>SS=E</td>
<td>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 12/15/10. NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>SS=E</td>
<td>2. All residents within the facility have the potential to be affected.</td>
</tr>
<tr>
<td>K 067</td>
<td>Observations of the corridor by A nurses station and in the kitchen on 12/15/10 at 8:10 AM, revealed the fire extinguishers in each location was blocked with equipment. National Fire Protection Association 10, 5.5.3</td>
<td>K 067</td>
<td>3. a) On 12/20/10, the POM re-educated staff regarding the requirement to keep area surrounding fire extinguishers clear.</td>
</tr>
<tr>
<td>SS=E</td>
<td>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 12/15/10. NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>SS=E</td>
<td>b) Weekly random audits will be conducted by the Administrator, POM and/or Designee to ensure continued compliance.</td>
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<td>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's</td>
<td></td>
<td>4. Random audits will be conducted by the Administrator, POM and/or Designee with findings reported monthly to the QA/QI Committee until resolved.</td>
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</tbody>
</table>
K 067 Continued From page 2

specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to maintain the heating, ventilating, and air conditioning (HVAC).

The findings included:
Observations of the the four resident bathrooms in A and B corridors on 12/15/10 at 8:00 AM, revealed the door closures were unhocked. National Fire Protection Association 101, 19.5.2.1

These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 12/15/10. National Fire Protection Association 101 LIFE SAFETY CODE STANDARD

K 147

SS=D

Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code 8.1.2

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to maintain the electrical system.

The findings included:
Observations of nurses station B on 12/15/10 at 8:30 AM, revealed an open space in an electrical panel. National Fire Protection Association 70, 110-12(e)
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<td>K147</td>
<td></td>
<td>Continued From page 3</td>
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This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 12/15/10.