K 017

NFPA 101 LIFE SAFETY CODE STANDARD

Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by fire-rated walls if the gift shop is fully sprinklered.)

19.3.6.1, 19.3.6.2.1, 19.3.6.5

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to ensure the ceilings and walls were maintain in 4 of 4 (A1, A2, B1 and B2 corridors) corridors.

The findings included:

Observations of the A1, A2, B1 and B2 corridors on 9/22/09 at approximately 8:10 AM, revealed penetrations in the ceilings and walls where the network system cables had been installed.

National Fire Protection Association (NFPA) 101, 8.2.4.4.2

During the facility tour on 9/22/09 the maintenance supervisor verified this deficiency.

Plan of Correction for Glen Oaks Health and Rehabilitation

This Plan of Correction (POC) has been developed in compliance with State and Federal Regulation. This plan affirms Glen Oaks Health and Rehabilitation’s intent and allegation of compliance with those regulations. This POC does not constitute an admission or concession of either accuracy or factual allegation made in, or existence of scope of significance, of any cited deficiency.

K 017

1. Immediate Corrective Action. On 10/24/09 all penetrations were sealed using 3M fire caulk.

2. Identify other residents at risk. All residents who reside in any of these corridors are at risk.

3. Systemic Changes. Any future penetrations in walls or ceilings due to cabling will be back filled.

4. Monitoring. The Plant Ops Director (POD) will ensure that all penetrations from network cable or otherwise will be back filled.

LABORATORY DIRECTOR’S OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE: [Signature]

DATE: 10/7/09

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution can provide a safe environment. (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.
### Statement of Deficiencies and Plan of Correction

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>Summary Statement of Deficiencies (Each Deficiency Must Be Preceded by Full Regulatory or LSC Identifying Information)</th>
<th>ID PREFIX TAG</th>
<th>Provider's Plan of Correction (Each Corrective Action Should Be Cross-Referenced to the Appropriate Deficiency)</th>
</tr>
</thead>
</table>
| K 025         | NFPA 101 Life Safety Code Standard Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.5.3, 19.1.6.4 | K 025         | K 025
|               |                                                                                                              |               | 1. **Immediate Corrective Action.** 5/8” fire rated sheet rock is to be installed and all penetrations sealed no later than 10/24/09.  
2. Identify other residents at risk. All residents who reside in the facility are at risk.  
3. **Systemic Changes.** All changes in conduits, cables, and pipes will be sealed at the wall.  
4. Monitoring. The POM will monitor any vendor or contractor who comes into the facility to ensure that all changes are sealed at the wall. |
| SS=D          |                                                                                                              |               | 16/24/4 |

### Observations during the tour of the A2 corridor on 9/22/09 at approximately 7:45 AM, revealed the smoke wall located in the attic above the fire doors next to room A-26 revealed the conduits, cables and pipes were not sealed at the wall. National Fire Protection Association (NFPA) 101, 8.2.4.4.2

During the facility tour on 9/22/09 the maintenance supervisor verified this deficiency. NFPA 101 Life Safety Code Standard

### One hour fire rated construction (with 2½ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When
### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Summary Statement of Deficiencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 029</td>
<td>Continued From page 2&lt;br&gt;the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resistant partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</td>
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<tr>
<td>SS=E</td>
<td>Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3</td>
</tr>
</tbody>
</table>

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The findings included:

Observations of the main mechanical room on 9/22/09 at approximately 8:46 AM, revealed the side fire wall located next to the electrical panels was not sealed at the ceiling. National Fire Protection Association (NFPA) 101, 8.2.4.4.2

During the facility tour on 9/22/09 the maintenance supervisor verified this deficiency.

NFPA 101 LIFE SAFETY CODE STANDARD

This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the corridor clear of equipment in 3 of 4 (A1, A2 and B1 corridors) corridors.
K 039
Continued From page 3
The findings included:

Observation during the facility tour of A1, A2 and B1 corridors on 9/22/09 at approximately 8:26 AM, revealed chairs, lifts and carts were stored in the corridors. Further observations of the A1, A2 and B1 corridors at approximately 9:10 AM, revealed the equipment remained in the corridor for more than 30 minutes. National Fire Protection Association (NFPA) 101, 19.2.3.3

During the facility tour on 9/22/09 the maintenance supervisor verified this deficiency.

NFPA 101 LIFE SAFETY CODE STANDARD

Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.

This STANDARD is not met as evidenced by:
Based on observation and testing, it was determined the facility failed to maintain the emergency lighting in the kitchen and dining room.

The findings included:

1. Observations in the kitchen on 9/22/09 at approximately 9:06 AM, revealed the emergency lights located next to the sink were not working when tested. National Fire Protection Association (NFPA) 101, 7.9.1.1

2. Observations in the kitchen on 9/22/09 at approximately 9:15 AM, revealed the emergency lights located above the dining room exit were not working when tested. National Fire Protection Association (NFPA) 101, 7.9.1.1

K 046

1. Immediate Corrective Action
New emergency lights have been ordered and will be installed no later than 10/20/09.

2. Identify other residents at risk
All staff members in the kitchen are at risk and all residents in the dining room are at risk.

3. Systemic Changes
The POM will regularly test emergency light in the building to ensure that they are in working order.

4. Monitoring
The POM will monitor all emergency lights to ensure they are in working order.
**Summary Statement of Deficiencies**

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix Tag</th>
<th>Description</th>
<th>Completion Date</th>
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</thead>
<tbody>
<tr>
<td>K045</td>
<td>Continued From page 4</td>
<td>During the facility tour on 9/22/09 the maintenance supervisor verified these deficiencies. NFPA 101 Life Safety Code Standard</td>
<td>1/24/09</td>
</tr>
<tr>
<td>K052</td>
<td>SS=2</td>
<td>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</td>
<td>1/24/09</td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by: Based on observation, testing and record review, it was determined the facility failed to maintain the fire alarm system.

The findings included:

1. Observations and testing of the main fire alarm panel on 9/22/09 at approximately 9:58 AM, revealed that when phone lines #1 or #2 were disconnect from the panel, there were no audible or visual signals at the nurses' station panel. National Fire Protection Association (NFPA) 101, 9.6.1.4

2. Review of the biannual smoke detector tests on 9/22/09 at approximately 10:15 AM, revealed the smoke detectors biannual test was overdue.

**Provider's Plan of Correction**

1. Immediate Corrective Action. 1) The facility is working with the fire alarm service company to ensure that there will be an audible and/or visual signal at the nurse station panel when the phone lines are disconnected. Resolution will be reached by 10/24/09. 2) A test of the facilities smoke detectors was completed on 2/20/09 (copy is submitted with this POC). 3) The facility has contacted an HVAC company to move dual detectors to a location where they can be tested and the facilities fire alarm service company will test the devices. This will be completed by 10/24/09.

2. Identify other residents at risk. All residents who reside in the facility are at risk.

3. Systemic Changes. The facility will have these systems checked by its fire alarm service company as required.

4. Monitoring. The POM will monitor the system to ensure that it is functional and schedule appropriate contractor testing as dictated.
<table>
<thead>
<tr>
<th>(X4) ID</th>
<th>ID 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>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
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</thead>
<tbody>
<tr>
<td>K 052</td>
<td></td>
<td>Continued From page 5 NFPA 72, 10, 4.3.2.3 3. Review of the annual (February 2009) fire alarm inspection report on 9/22/09 at approximately 10:24 AM, revealed the attic duct smoke detectors were not tested. NFPA 72, 7.2.3.1 During the facility tour on 9/22/09 the maintenance supervisor verified these deficiencies.</td>
<td>K 052</td>
<td>K 052</td>
<td>K 062 1. Immediate Corrective Action. A) The sprinkler deflectors on the porch will be parallel by 10/30/09. B) Both lights have been removed. C) The wheel chair storage will be removed by 10/24/09. D) The lock on the PIV was replaced on 10/2/09. E) New sprinkler heads will be installed by 10/30/09. F) The metal roof covering the O2 tanks will be removed by 10/30/09. G) The cabinet installed close to the sprinkler heads will be removed by 10/30/09. H) A sprinkler head wrench was placed in the sprinkler box on 9/23/09.</td>
<td>10/24/09</td>
</tr>
<tr>
<td>K 062</td>
<td>SS=E</td>
<td>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 observations, it was determined the facility failed to maintain the sprinkler system for the facility. The findings included: Observations during the facility tour on 9/22/09 revealed the following: a. At approximately 7:20 AM, the main entrance porch revealed the sprinklers' deflectors were not parallel to the ceiling. National Fire Protection Association (NFPA) 13, 5.5.5.3 b. At approximately 7:21 AM, the main entrance porch revealed one sprinkler was obstructed by a light assembly. NFPA 13, 5.5.5.3 c. At approximately 7:26 AM, the main lobby wheelchair storage area revealed there was no</td>
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</table>
| K 062     |     | Continued From page 6
sprinkler head installed in the area. NFPA 13, 1.6.1
d. At approximately 8:30 AM, the sprinkler system's post indicating value (PIV) revealed the PIV was not locked. NFPA 13, 5-15.1.2
e. At approximately 8:45 AM, the main mechanical room revealed the 3 sprinklers were corroded. NFPA 25, 2.2.1.1
f. At approximately 8:50 AM, the kitchen's loading dock canopy revealed oxygen cylinders were being stored under the canopy with no sprinkler system installed. NFPA 13, 5.13.8.2
g. At approximately 9:53 AM, the physical therapy room revealed a cabinet installed within 7 inches (") of a sprinkler head. NFPA 13, 5.5.6
h. At approximately 11:05 AM, the sprinkler riser room revealed there was no sprinkler wrench in the spare sprinkler box. NFPA 13, 3.2.9.2

During the facility tour on 9/22/09 the maintenance supervisor verified these deficiencies.

NFPA 101 LIFE SAFETY CODE STANDARD
Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2

This STANDARD is not met as evidenced by:
Based on observation and record review, it was determined the facility failed to maintain the heating, ventilation and air conditioning system for the entire facility.

| ID PREFIX | TAG | |
|-----------|-----| |
| K 067     |     | 1. Immediate Corrective Action. 1a) All fire dampers will be cleaned and inspected by 10/23/09. 1b) Leak in HVAC drain was repaired on 9/25/09. 1c) On 9/21/09 during maintenance rounds it was discovered that the exhaust motor for this area was not working and a replacement was ordered. On 9/25 the wrong motor was delivered. A re-order has been made and will be installed by 10/9/09. 2) The fire damper inspection will take place by 10/30/09.
2. Identify other residents at risk. All residents are at risk who reside in the facility. (K 067 cont.)
K067 Continued From page 7

The findings included:

1. Observations during the facility tour on 9/22/09 revealed the following:
   a. At approximately 8:25 AM, the fire dampers located in the heating, ventilation and air conditioning (HVAC) system revealed the dampers were dirty. National Fire Protection Association (NFPA) 90A, B-2
   b. At approximately 8:47 AM, the main mechanical room revealed the HVAC unit's drain system was broken and was leaking water internally onto the floor. NFPA 90A
   c. At approximately 9:28 AM, resident room B-17’s bathroom ventilating system was not working. NFPA 90A

2. Review of the HVAC inspection reports on 9/22/09 at approximately 11:00 AM, revealed the HVAC fire dampers 4 year inspection/maintenance had not been conducted. NFPA 90A, 3-4.7

During the facility tour on 9/22/09 the maintenance supervisor verified these deficiencies.

K130

NFPA 101 MISCELLANEOUS

OTHER LSC DEFICIENCY NOT ON 2786

This STANDARD is not met as evidenced by:

Based on observations, it was determined the facility failed to comply with the life safety codes as required in 3 of 4 (A1, B1 and B2 corridors) corridors, the main lobby, the activities room, the kitchen and the old housekeeping office.

K067

3. Systemic Changes. Fire dampers will be monitored regularly by the POM to ensure they are functional, and a record will be kept to ensure they are inspected every 4 years.

4. Monitoring. POM will monitor the system and ensure inspections occur as prescribed.

K130

1. Immediate Corrective Action A & B)
   All sprinkler heads will be checked and penetrations filled by 10/9/09. C) Crack was repaired in both the activity room and penetrations in the housekeeping office on 9/25/09. D) All penetrations in the kitchen were filled on 9/28/09. E) The door exiting the dining room was fitted and corrected so it will close in its frame on 9/28/09.
**K 130** | Continued From page 8
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**The findings included:**

Observations during the facility tour on 9/22/09 revealed the following:

a. At approximately 7:20 AM, the sprinkler in the main lobby located next to the wheelchair storage area had a penetration around it. National Fire Protection Association (NFPA) 101, 8.2.4.4.2

b. At approximately 8:15 AM, the bathrooms for resident rooms A-3 (A1 corridor), 8-3 (B1 corridor) and 8-28 (B2 corridor) had penetrations around the sprinklers. NFPA 101, 8.2.4.4.2

c. At approximately 8:40 AM, the ceiling in the activities room had a 12 inch (") crack (penetration) next to the old exhaust vent grill. NFPA 101, 8.2.4.4.2

d. At approximately 8:48 AM, the old housekeeping office had penetrations in the ceiling. NFPA 101, 8.2.4.4.2

e. At approximately 9:16 AM, the conduits and cables were not sealed at the ceiling in the kitchen. NFPA 101, 8.2.4.4.2

During the facility tour on 9/22/09 the maintenance supervisor verified these deficiencies.

**K 147** | SS=D
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**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, it was determined the...

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**K 130 cont.**

2. **Identify Other Residents at Risk** All residents who reside in the facility are at risk.

3. **Systemic Changes** All penetrations when discovered will be properly filled at the time they are found.

4. **Monitoring** The POM will monitor the facility on regular rounds to look for penetrations or cracking and fill them at the time they are discovered.

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**K 147**

1. **Immediate Corrective Action** On 10/2/09 the old housekeeping office furniture was removed.

2. **Identify Other Residents at Risk** All residents who reside in the facility are at risk.

3. **Systemic Changes** The old housekeeping office has been vacated and will not be used as office space any longer.
<table>
<thead>
<tr>
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<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 147</td>
<td>Continued From page 9 facility failed to maintain the electrical system.</td>
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<tr>
<td></td>
<td>The findings included:</td>
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<tr>
<td></td>
<td>Observations during the facility tour on 9/22/09 at approximately 8:48 AM, revealed the old housekeeping office's electrical panel was blocked with a chair and desk. National Fire Protection Association (NFPA) 70, 110-26(a)</td>
<td></td>
<td>4. Monitoring The POM will monitor this space to ensure that it is not used in any way for storage or office space.</td>
<td></td>
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<tr>
<td></td>
<td>During the facility tour on 9/22/09 the maintenance supervisor verified this deficiency.</td>
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</table>