**K 052**

**NFPA 101 LIFE SAFETY CODE STANDARD**

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.

This STANDARD is not met as evidenced by:

Based on observations and testing it was determined the facility failed to maintain the fire alarm system.

The findings included:

Observations and testing of the main fire alarm panel on 4/27/10, at 8:30 p.m., revealed that when phone lines #1 or #2 were disconnect from the panel, there were no audible signals at the panel. National Fire Protection Association (NFPA) 70, 1-5.4.6

This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 4/27/10.

**K 130**

**NFPA 101 MISCELLANEOUS**

OTHER LSC DEFICIENCY NOT ON 2786

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**Signature**

Stephanie Bryant

**Title**

Administrator

5/12/10

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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 60 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 required to continued program participation.
<table>
<thead>
<tr>
<th>K 052</th>
<th>NFPA 101 LIFE SAFETY CODE STANDARD</th>
<th>K 052</th>
<th>Director and Staff also tested the current system to ensure audible and visual alarms were working correctly. This test revealed the system was functioning properly.</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS=F</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></td>
<td>2) HOW WILL YOU IDENTIFY OTHER RESIDENTS HAVING THE POTENTIAL TO BE AFFECTED BY THE SAME DEFICIENT PRACTICE? All residents have the potential to be effected by this practice.</td>
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<tr>
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<td>This STANDARD is not met as evidenced by: Based on observations and testing it was determined the facility failed to maintain the fire alarm system. The findings included: Observations and testing of the main fire alarm panel on 4/27/10, at 8:30 p.m. revealed that when phone lines #1 or #2 were disconnect from the panel, there were no audible signals at the panel. National Fire Protection Association (NFPA) 72, 1-5.4.6 This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 4/27/10.</td>
<td></td>
<td>3) WHAT MEASURES WILL BE PUT INTO PLACE OR WHAT CHANGES</td>
</tr>
<tr>
<td>K 130</td>
<td>NFPA 101 MISCELLANEOUS</td>
<td>K 130</td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>Prefix</td>
<td>Tag</td>
<td>Summary Statement of Deficiencies</td>
</tr>
<tr>
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</tr>
<tr>
<td>K 062</td>
<td>SS=F</td>
<td>NFPA 101 Life Safety Code Standard</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.</td>
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<tr>
<td>K 130</td>
<td>SS=F</td>
<td>NFPA 101 Miscellaneous</td>
<td>Other LSC deficiency not on 2786</td>
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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 disclosed 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 discloseable 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.
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<td>K052</td>
<td></td>
</tr>
<tr>
<td>K130</td>
<td>SS=F</td>
<td>K130</td>
<td></td>
</tr>
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**SUMMARY STATEMENT OF DEFICIENCIES**

(A) Building: 01 - Main Building 01
(B) Wing: 01

**PROVIDER'S PLAN OF CORRECTION**

(Each corrective action should be cross-referenced to the appropriate deficiency)

**LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

<table>
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</table>

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K052: **NFPA 101 LIFE SAFETY CODE STANDARD**

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.

Staff will also perform quarterly checks to ensure the system is functioning properly.

4) **HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR?**

ADT Security System will perform quarterly checks to ensure the system is functioning properly. The Maintenance Staff will also perform quarterly checks to ensure the system is functioning properly.

This STANDARD is not met as evidenced by:

Based on observations and testing it was determined the facility failed to maintain the fire alarm system.

The findings included:

Observations and testing of the main fire alarm panel on 4/27/10, at 8:30 p.m. revealed that when phone lines #1 or #2 were disconnect from the panel, there were no audible signals at the panel. National Fire Protection Association (NFPA) 72, 1-5.4.8

This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 4/27/10.

K130: **NFPA 101 MISCELLANEOUS**

OTHER LSC DEFICIENCY NOT ON 2736
This STANDARD is not met as evidenced by: Penetrations and miscellaneous openings in fire barriers such as pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall be protected as follows:

1) The space between the penetrating item and the fire barrier shall meet one of the following conditions:
   a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.
   b. It shall be protected by an approved device that is designed for the specific purpose.

Based on observations it was determined the facility failed to maintain fire barriers.

The findings included:

Observation of residents' room 102 on 4/27/10 at 7:15 p.m. revealed a penetration around the sprinkler. National Fire Protection Association (NFPA) 101, 8.2.3.2.4.2

Observations of the three (3) fire walls located in the attic on 4/27/10, at 8:15 p.m. revealed penetrations in the walls. NFPA 101, 8.2.3.2.4.2

These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 4/27/10.
K 130. Continued From page 1

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<td>KEVER</td>
<td>445222</td>
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<td>4) HOW THE CORRECTIVE ACTION(S) WILL BE MONITORED TO ENSURE THE DEFICIENT PRACTICE WILL NOT RECUR? Maintenance Director with cooperation of all departments will continue to monitor and all departments will report any conditions of the physical plant to ensure the safety and well being of residents.</td>
<td>04/27/2010</td>
<td></td>
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