<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Required automatic sprinkler systems are continously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5. This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the automatic sprinkler system to ensure that it is reliable operating condition. The findings include: Observation, on August 30, 2013 at 10:40 a.m. revealed the main entrance of the nursing home has a quick response sprinkler head that has lost the temperature filled fluid in the bulb. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on August 30, 2013.</td>
<td>1. The temperature filled fluid bulb was replaced. 9/18/13</td>
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<tr>
<td>K147 SS=D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K147 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, the facility failed to ensure electrical panels have a three (3) feet clearance in front of them. The findings include: Observation on August 30, 2013 at 11:15 a.m.</td>
<td>2. Residents or Visitors entering the building had the potential to be affected. 10/14/13</td>
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</tbody>
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BORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: [Signature]

TITLE: Administrator / Asst Administrator

DATE: 9/19/13

y deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the safeguards provide sufficient protection to the patients. (See instructions). Except for nursing homes, the findings stated above are discolosable 80 days owing the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are discolosable 14 vs following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued gram participation.
**K 147**

Continued from page 1 revealed the soiled utility room (RC#309) has storage within three (3) feet of the electrical panels.

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

**K 147**

K147 SS=D

NPPA 101 Life Safety Code Standard

1. Storage items were removed from in front of the electrical panel.

2. All residents on the 3rd Floor had the potential to be affected.

3. A sign will be placed on each electrical panel in each closet noting that the panel should not be blocked.

4. Engineering associates will randomly check to ensure electrical panels are free from clutter.

9/4/13

10/14/13

10/14/13