K 038
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 accessibility to exits at all times.

The findings included:
Observations of the court yard on 5/29/13 at 11:00 AM, revealed the exit path from the court yard to the gate was blocked by a cooking grill.

K 064
NFPA 101 LIFE SAFETY CODE STANDARD
Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to conduct monthly inspections of all the fire extinguishers.

K038  No adverse effects resulted from this deficient practice. All residents have the potential to be affected by this deficient practice. On 5/29/13, the cooking grill was removed from the exit path from the courtyard to the gate by the Maintenance Director. The Maintenance Director was in-serviced by the facility Administrator on 5/29/13 regarding ensuring exits are readily accessible at all times. All facility staff was in-serviced on 6/5/13 by the Maintenance Director regarding ensuring exits are readily accessible at all times. Exit access will be monitored through random observation by the Maintenance Director or designee on a daily basis X 1 week, weekly X 4, monthly X 2, and randomly thereafter to ensure the requirement is met. All findings will be reported to the facility’s Quality Improvement (QI) Committee for review and further recommendations. The Quality Improvement Committee consists of the Administrator, Director of Nursing, Clinical Advocate, MDS Coordinator, Social Services Director, Activities Director, Maintenance and Housekeeping Director, Dietary Manager, and Medical Director.

K 064  No adverse effects resulted from this deficient practice. All residents have the potential to be affected by this deficient practice. On 5/29/13, the facility Maintenance Director was in-serviced by the facility Administrator regarding monthly program participation.

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 patients. (See instructions.) Except for nursing homes, the above findings, plans of correction are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings, 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.
K 064 Continued From page 1
The findings included:

Observations of the fire extinguishers on 5/29/13 beginning at 11:00 AM, revealed the following:
a. The inspection tag on the fire extinguisher in the laundry room did not have an inspection for April 2013.
b. The inspection tag on the fire extinguisher in the outside storage room did not have an inspection for February, March and April, 2013.

This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 5/29/13.

NFPA 101 LIFE SAFETY CODE STANDARD

K 211
SS=D
Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor:
  o The corridor is at least 6 feet wide
  o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms)
  o The dispensers have a minimum spacing of 4 ft from each other
  o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet
  o Dispensers are not installed over or adjacent to an ignition source.
  o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623

This STANDARD is not met as evidenced by:
Based on observation, it was determined the inspections of all fire extinguishers. The Administrator will monitor fire extinguisher inspections monthly x 3, and then randomly thereafter to ensure this requirement is being met. All findings will be reported to the facility's Quality Improvement (QI) Committee for review and further recommendations. The Quality Improvement Committee consists of the Administrator, Director of Nursing, Clinical Advocate, MDS Coordinator, Social Services Director, Activities Director, Maintenance and Housekeeping Director, Dietary Manager, and Medical Director.

K 211
K211 No adverse effects resulted from this deficient practice. All residents have the potential to be affected by this deficient practice. On 5/31/2013, the Alcohol Based Hand Rub dispensers adjacent to the ignition switch in the beauty shop and housekeeping office were removed by the Maintenance Director. The location of all alcohol based hand rub dispensers will be evaluated and dispensers will be removed/relocated as necessary by the Maintenance Director, in order to comply with this requirement. Staff will be in-serviced by the Maintenance Director as to the new location of the alcohol based hand rub dispensers. All findings will be reported to the facility's Quality Improvement (QI) Committee for review and further recommendations. The Quality Improvement Committee consists of the Administrator, Director of Nursing.
**K 211** Continued From page 2

facilities had installed an alcohol based hand rub dispenser adjacent to an ignition source.

The findings included:

Observations in the beauty shop and the housekeeping office on 5/29/13 at 11:20 AM, revealed an alcohol based hand rub dispenser had been installed adjacent to an electrical switch.

This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 5/29/13.

**K 211**

Clinical Advocate, MDS Coordinator, Social Services Director, Activities Director, Maintenance and Housekeeping Director, Dietary Manager, and Medical Director.