<table>
<thead>
<tr>
<th>ID</th>
<th>Provider's Plan of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>K036</td>
<td>Exit access is routinely maintained in the dining room. However, tables and chairs had been rearranged to accommodate an activity. Exit access was arranged immediately so all dining room exits were readily accessible at all times in accordance with section 7.1.19.2.1.</td>
</tr>
<tr>
<td>K130</td>
<td>1. Fire barriers will extend from the foundation or floor below to the underside of the roof or floor deck above. Any voids or gaps between the meeting of the wall and floor below and the underside of the roof or floor deck above shall be filled with an approved material with a fire resistance rating at least equal to that of the fire barrier.</td>
</tr>
</tbody>
</table>

**Summarized Statement of Deficiencies**

- **K 036**
  - Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1.19.2.1.

- **K 130**
  - NFPA 101 Miscellaneous
  - Other LSC Deficiency Not on 2766

**Summary Statement of Deficiencies (Each deficiency must be preceded by full regulatory or LSC identifying information):**

- K 036
  - Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1.19.2.1.

- K 130
  - NFPA 101 Miscellaneous
  - Other LSC Deficiency Not on 2766

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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 patients. (See instructions.) Except for nursing homes, the findings stated above are dischargeable 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 dischargeable 21 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.

**Laboratory Directors or Provider/Supplier Representatives Signature**

**Title**

**Date**
<table>
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<tr>
<th>ID</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</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>
| K130 | Continued From page 1 wall.  
2. Compressed or liquefied gas cylinders in use or in storage shall be secured to prevent them from falling or being knocked over.  
This STANDARD is not met as evidenced by:  
Based on observations, it was determined the facility failed to maintain the fire barriers and failed to secure a compressed gas cylinder.  
The findings included:  
1. Observation of the fire barrier located in the attic of corridor C on 2/14/11 at 10:26 AM, revealed the top of the barrier was not sealed to the top of the roof deck, National Fire Protection Association (NFPA) 221, 3-2  
2. Observations of the activities office on 2/14/11 at 12:10 AM, revealed a "H" tank of Helium was unsecured in the corner of the office. NFPA 65, 6-9  
The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 2/14/11. | K130 | WB+ all penetrations in the fire barrier wall in the attic located in corridor "C" were sealed immediately.  
2) All fire barrier walls will be inspected for penetrations. If any additional penetrations are found they will be sealed immediately.  
3) If any issues of non-compliance are found they will be corrected immediately and referred to the QA Committee for corrective action.  
4) The Director of Maintenance will report all results of monitoring audits to the QA Committee who will review and implement corrective measures as necessary.  
Item 2.  
1) The helium "H" tank was secured immediately on February 16, 2011 to wall studs using link chain and 4" screws.  
2) No other helium tanks are present in the facility, however, if additional tanks are added they will be secured appropriately immediately upon being brought into the facility.  
3) The Director of Maintenance will monitor helium "H" tank security periodically. If any issues of non-compliance are found they will be corrected immediately and referred to the QA Committee for corrective action. |