K 038 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D
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 the exits.

The finding included:
Observations of D hall on 3/30/14 at 12:40 PM, revealed the exit door was equipped with a 15 second delayed egress, but did not have the required signage indicating this.

The finding was acknowledged by the maintenance director and the facility administrator during the exit conference on 3/30/14.

K 066 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D
Smoking regulations are adopted and include no less than the following provisions:

(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.

(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.
K 066 Continued From page 1

(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.

(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4

This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to provide the required equipment in smoking areas.

The finding included:

Observations of the smoking area on 3/30/14 at 12:41 PM, revealed there was no metal containers with self-closing cover devices into which ashtrays can be emptied readily available to all areas where smoking was permitted.

This finding was acknowledged by the maintenance director and the facility administrator during the exit conference on 3/30/14.

K 130

NFPA 101 MISCELLANEOUS

OTHER LSC DEFICIENCY NOT ON 2786

K 130

This STANDARD is not met as evidenced by:

National Fire Protection Association Life Safety

On or before 4/30/14, maintenance director will be inserviced. The in-service will be conducted by the Administrator or Designee and will include:

- Review of the regulation
- Review of the statement of deficiency
- Review of the plan of correction
- A metal self closing cover container will be located in the designated safe smoking area at all times

A metal self closing container was placed in the smoking area on 4/4/14. Beginning 5/1/14 The Administrator or designee will monitor for continued compliance thorough Quality Improvement audits. (See Attachment K) The audits will be completed weekly for one month and monthly for one quarter. The Administrator or designee will report to the QA/QI committee who will determine the frequency of further monitoring.

Completion date: 5/1/14

K 130 NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786

K 130

Penetrations and miscellaneous Openings in fire barriers

a. It will be filled with a material that is capable of maintaining fire resistance of the fire barrier.
K 130 Continued From page 2

Code 101 2000 Edition 8.2.3.2.4 Penetrations and Miscellaneous Openings in Fire Barriers.

8.2.3.2.4.2
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.
(2) Where the penetrating item uses a sleeve to penetrate the fire barrier, the sleeve shall be solidly set in the fire barrier, and the space between the item and the sleeve 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.
(3) Insulation and coverings for pipes and ducts shall not pass through the fire barrier unless one of the following conditions is met:
a. The material shall be capable of maintaining the fire resistance of the fire barrier.
b. The material shall be protected by an approved device that is designed for the specific purpose.
(4) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following conditions:
   a. It shall be made on either side of the fire barrier.
   b. It shall be made by an approved device that is designed for the specific purpose.

K 130

On or before 4/30/14, Maintenance Director will be inserviced. The in-service will be conducted by the Administrator or Designee and will include:

- Review of the regulation
- Review of the statement of deficiency
- Review of the plan of correction
- All penetrations through fire wall will be caulked with appropriate material capable of maintaining fire resistance of the fire barrier.

Penetrations in the E hall fire wall were filled with appropriate fire resistive material on 3/31/14
Beginning 5/1/14 The Administrator or designee will monitor for continued compliance thorough Quality Improvement audits. (See Attachment K) The audits will be completed weekly for one month and monthly for one quarter. The Administrator or designee will report to the QA/QI committee who will determine the frequency of further monitoring.
Completion date: 5/1/14
K 130  Continued From page 3

This STANDARD is not met as evidenced by:

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

The finding included:

Observations in the attic above E hall on 3/30/14 at 12:12 PM, revealed penetrations around conduits in the 1 hour wall.

This finding was acknowledged by the maintenance director and the facility administrator during the exit conference on 3/30/14.