<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEG IDENTIFYING INFORMATION)</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
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<tbody>
<tr>
<td>K 029</td>
<td>SS=E</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</td>
<td>1. The penetration in 300 Hall mechanical room has been repaired with sheetrock and fire rated chalk at block wall and water pipe. The 600 hall maintenance room penetration through ceiling at the television cables and the penetration around the perimeter of the air conditioning duct have been sealed with fire-rated chalk. The short hall soiled linen room had a penetration at the sink flush control lever which has been sealed. 2. Maintenance has inspected the entire building to locate any penetrations of smoke barriers and all penetrations are sealed. Maintenance and Environmental Services were serviced on 7/28/10 to look for and report to Administrator and Maintenance any penetrations in walls, floors and ceilings. 3. Maintenance will inspect the building monthly for holes in walls and ceilings as well as following any work done by outside contractors to ensure this deficient practice does not recur. 4. A Maintenance Log will be maintained by the Maintenance Department recording quarterly inspections and inspections after an outside contractor has done work in the facility. Administrator will inspect this log quarterly to insure this deficient practice does not recur.</td>
<td>07/28/10</td>
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<tr>
<td>K 062</td>
<td>SS=D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>Required automatic sprinkler systems are continuously maintained in reliable operating condition.</td>
<td>1. Key Fire Protection has been contacted about installing a sprinkler head at the front entrance canopy. This work should be completed by 9/18/10. The sprinkler heads in the medical</td>
<td>09/08/10</td>
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K062

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condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

This STANDARD is not met as evidenced by:

Based on observations, it was determined the facility failed to maintain a complete automatic sprinkler system.

The findings included:

Observations during a tour of the facility on 7/19/10 revealed the following:

a. At 8:26 AM, the front entrance canopy, which measured 6 foot 4 inches wide by (x) 5 feet long, was constructed of a metal frame with fabric covering that was not sprinklered.

b. At 1:54 PM, the medical record storage room in the basement had 2 different types of sprinkler heads.

K147

NFPA 101 LIFE SAFETY CODE STANDARD

SS=E

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 observations, it was determined the facility failed to maintain all electrical wiring and components.

The findings included:

Observations during a tour of the facility on 7/19/10 revealed the following:

a. At 10:19 AM, the electrical receptacles at the record storage room in the basement have been replaced to all be the same type of sprinkler head.

2. Maintenance has inspected the entire building to locate any areas which do not have the same type of sprinkler head or may require sprinkler protection.

3. No new sprinkler heads will be installed by Key Fire Protection unless they are the same type in that area. Additions to the building will not be done without considering the requirement for sprinkler coverage to insure this deficient practice does not reoccur.

4. Maintenance and Administrator will monitor and ensure any changes made by Key Fire Protection or other contractor meet the requirement of the same type of sprinkler head in the room and additions to the building are sprinkled if required by law to insure this deficient practice does not reoccur.

K147 SS=E

1. Electrical receptacles at the lavatories in the bathrooms of resident rooms 406, 409, and 412 which were not ground fault circuit interrupter receptacles have been permanently disconnected and covered. The basement room with the water heater had exposed 110 volt wires at the fluorescent light fixture has been removed from wall and wires placed in junction box. The east basement room had exposed 110 volt wires at the water recirculating pump have been encased.
**NAME OF PROVIDER OR SUPPLIER**

**CHESTER COUNTY NURSING HOME**

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                        lavatories in the bathrooms of resident rooms 406, 409, and 412 were not ground fault circuit interrupter receptacles.  
b. At 1:57 PM, the basement room with the water heater had exposed 110 volt wires at the fluorescent light fixture.  
c. At 1:59 PM, the east basement room had exposed 110 volt wires at the water recirculating pump. | K 147 | in metal conduit and junction box.  
2. Maintenance has inspected the entire building for ground fault circuit interrupter receptacles and exposed wiring which is in compliance.  
3. Maintenance will monitor all contractors which work in the building to ensure all wiring is placed in covered junction boxes and wires are not left exposed to insure this deficient practice does not reoccur.  
4. Maintenance will complete a log for all work done by contractors. They will sign the log when the work is complete stating they have inspected and the wiring has been left in compliance to insure this deficient practice does not reoccur. | 07/19/2010 |