**K 056 NFPA 101 LIFE SAFETY CODE STANDARD SS=D**

If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5

This STANDARD is not met as evidenced by:
Based on observation the facility failed to have proper sprinkler system components.

The findings include:

Observation on November 5, 2012 between the times of 11:00 a.m. and 12:00 p.m. revealed the following locations have mixed sprinkler head coverage (Quick and Standard Response).

1. 500 hall between the fire doors and the smoke doors.
2. Dining room area by exit door leading to the outside.

These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on November 5, 2012.

**K 066 NFPA 101 LIFE SAFETY CODE STANDARD SS=D**

The sprinkler head on Hallway 500 between the fire doors and the smoke doors will be replaced.

The sprinkler head in the Dining Room near the exit door will be replaced.

A visual inspection of all sprinkler heads on all facility rooms and hallways will be conducted. If any other older type sprinkler heads are identified they will also be replaced to eliminate the concern related to “mixed” sprinkler head coverage.

The facility will continue to employ the services of a licensed sprinkler company to ensure proper working order of the sprinkler systems.

Findings related to the sprinkler systems will be reported to and monitored by the facility's QA Committee.

A review of the outdoor smoking area will be conducted by the Interdisciplinary team to review...
| K 066 | Continued From page 1  
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 and 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.  

(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.  

This STANDARD is not met as evidenced by:  
Based on observation the facility failed to use noncombustible ashtray for cigarettes and ashes.  

The findings include:  
Observation on November 5, 2012 at 11:00 a.m. revealed that in the facilities smoking area had a combustible trash can with combustible material in it, in which cigarettes and ashes where disposed into.
K 066 Continued From page 2

The finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on November 5, 2012.

K 211 NFPA 101 LIFE SAFETY CODE STANDARD SS=F

Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor:
- The corridor is at least 6 feet wide
- The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms)
- The dispensers have a minimum spacing of 4 ft from each other
- Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet.
- Dispensers are not installed over or adjacent to an ignition source. 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

K 066

The hand sanitizing dispensers in every resident's room will be removed and remounted in a wall area which is not located over or adjacent to an ignition source.

All hand sanitizing dispensers in all other areas of the facility will be evaluated, and if found to be over or adjacent to an ignition source, they will be relocated.

Every department manager will receive an in-service session to educate them about this regulation and to prevent further or future sanitizer misplacements.

The facility Safety Committee will incorporate sanitizer placement into their routine facility reviews. The results of these reviews are reviewed in the facility's QA Committee which meets monthly.

This STANDARD is not met as evidenced by:
Based on observation the facility failed to install Alcohol Based Hand Rub (ABHR) properly.

The findings include:
Observation on November 5, 2012 between the times of 11:05 and 3:00 p.m. revealed that all Alcohol Based Hand Rub (ABHR) were installed above light fixtures in all resident rooms.

This finding was verified by the maintenance
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<th>ID TAG</th>
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**K 211**