K 054   NFPA 101 LIFE SAFETY CODE STANDARD
SS=F

All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications.  9.6.1.3

This STANDARD is not met as evidenced by:
Based on record review, it was determined the facility failed to have all smoke detectors tested for sensitivity.

The findings included:

Review of the facility's fire alarm testing reports on 1/14/14 at 8:45 AM, revealed the facility failed to conduct biannual sensitivity testing on all smoke detectors. The last sensitivity testing was done December 2011.

This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 1/14/14.

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JAN 30 2014

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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 disclosable 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 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.