<table>
<thead>
<tr>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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<tr>
<td>K018</td>
<td><strong>NFPA 101 LIFE SAFETY CODE STANDARD</strong>&lt;br&gt;Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1/2 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. &lt;br&gt;<strong>Roller latches are prohibited by CMS regulations in all health care facilities.</strong></td>
<td>K018</td>
<td>1. On 10/23/12, the 3 holes penetrating resident room 320 door were scaled/repairs by the Maintenance Assistant. &lt;br&gt;2. On 10/23/12, all doors were inspected by the Maintenance Assistant with no other deficiencies found. &lt;br&gt;3. All doors will be inspected monthly by the Maintenance Assistant to ensure compliance. &lt;br&gt;4. The monthly inspections by the Maintenance Assistant will be audited by the Environmental Services Director until no problems are found with the inspections for 3 consecutive months.</td>
<td>11/16/2012</td>
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This STANDARD is not met as evidenced by:<br>Besides observations, it was determined the facility failed to protect corridors with solid-bonded core doors.<br><br>The findings included:<br><br>On 10/22/12 at 8:00 PM, observation within resident room 320 revealed there were three (3) quarter-inch (1/4") diameter through penetrations on the closing side of the entry door.<br><br>This finding was acknowledged by the Administrator and verified by the Maintenance Director.

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 patient. (See instructions.) Except for nursing homes, the findings stated above are disclosable 50 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 90 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.
K 018
  Continued From page 1
  Director during the exit interview on 10/22/12.
  NFPA 101 LIFE SAFETY CODE STANDARD

K 067
  Heating, ventilating, and air conditioning comply
  with the provisions of section 9.2 and are installed
  in accordance with the manufacturer's
  specifications. 19.5.2.1, 9.2, NFPA 90A,
  19.5.2.2

This STANDARD is not met as evidenced by:
Based on observations and testing, it was
determined the facility failed to maintain the
Heating, Ventilation, and the Air-Conditioning
(HVAC) system.

The findings included:

On 10/22/12 at 7:45 PM, testing of the exhaust
fans in the administrators office area, 2nd floor
South Wing resident rooms, and the 3rd floor
shower room revealed the exhaust fans were not
working.

These findings were acknowledged by the
Administrator and verified by the Maintenance
Director during the exit interview on 10/22/12.

K 147
  NFPA 101 LIFE SAFETY CODE STANDARD

  Electrical wiring and equipment is in accordance
  with NFPA 70, National Electrical Code. 9.1.2

  1. On 10/24/12, repairs to the exhaust
     fan in question were completed by
     an outside contractor.

  2. On 10/25/12, all exhaust vents and
     fans were inspected by the
     Maintenance Assistant and Director
     of Environmental Services with no
     other deficiencies found.

  3. All exhaust fans and vents will be
     inspected monthly by the
     Maintenance Assistant to ensure
     compliance.

  4. The monthly inspections by the
     Maintenance Assistant will be
     audited by the Environmental
     Services Director until no problems
     are found with the inspections for 3
     consecutive months.
K 147 Continued From page 2
This STANDARD is not met as evidenced by:
Based on observations, it was determined the facility failed to maintain the electrical system.

The findings included:

On 10/22/12 at 10:00 PM, observation within the corridor ceiling located on the first floor next to the dietary side door revealed there was an electrical junction box without any cover plate to it.

This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 10/22/12.

1. On 10/23/12, the junction box cover plate in question was replaced with a proper cover plate by the Maintenance Assistant.

2. On 10/23/12, all junction boxes above the ceiling were inspected for missing or improper covers by the Maintenance Assistant and Director of Environmental Services with no other deficiencies found.

3. All junction boxes will be inspected monthly by the Maintenance Assistant to ensure compliance.

4. The monthly inspections by the Maintenance Assistant will be audited by the Environmental Services Director until no problems are found with the inspections for 3 consecutive months.