K 018  
NFPA 101 LIFE SAFETY CODE STANDARD

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 are permitted. 19.3.6.3

Roller latches are prohibited by CMS regulations in all health care facilities.

This STANDARD is not met as evidenced by:
Based on observations, it was determined the facility failed to maintain the doors protecting the corridors.

The findings included:

1. Observations during the facility tour on 2/23/09 at approximately 9:13 AM, revealed the 200 housing keeping office door latch was sticking to the door frame. National Fire Protection Association (NFPA) 80, 15-1.2

2. Observations during the fire drill on 2/23/09 at approximately 9:47 AM, the doors to resident

1. 200 hall housekeeping door has been repaired to prevent sticking to the door frame. Resident rooms 308 and 309 have been repaired to latch upon door closing.

2. All hall doors have been checked by maintenance department to latch upon closure.

3. Maintenance department will do a monthly audit to ensure proper closing of hall doors.

4. Director of Maintenance and Administrator will monitor.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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.
K 018

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rooms 308 and 309 did not latched to the door frame. NFPA 101, 19.3.6.3

During the tour of the facility on 2/23/09 the maintenance supervisor verified the findings as documented above.

K 050

NFPA 101 LIFE SAFETY CODE STANDARD

Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a cored announcement may be used instead of audible alarms. 19.7.1.2

This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the sprinkler system.

The findings included:

Observations during the fire drill on 2/23/09 at approximately 9:45 AM, the staff member selected to react to the drill failed to clear the room and did not close the door to the room.

National Fire Protection Association 101, 19.7.1.2

During the tour of the facility on 2/23/09 the maintenance supervisor verified the findings as documented above.

K 052

NFPA 101 LIFE SAFETY CODE STANDARD

A fire alarm system required for life safety is
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installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72.  9.6.1.4

This STANDARD is not met as evidenced by:
Based on observations, testing and record review, it was determined the facility failed to maintain the fire alarm system.

The findings included:

1. Observations during the fire drill on 2/23/09 at approximately 9:50 AM, the fire alarm strobes located next to the 100 clean utility room and room 117 were not working. National Fire Protection Association (NFPA) 101, 9.6.1.4

2. Observations during the testing of the fire alarm system on 2/23/09 at approximately 10:05 AM, revealed that when phone lines #1 or #2 were disconnected from the main fire alarm panel, there were no visible or audible signals at the main panel or at the panel located in the 100 nurses station. NFPA 101, 9.6.1.4

3. Record review on 2/23/09 at approximately 10:20 AM, revealed the smoke detectors' sensitivity test was overdue. NFPA 72, 7-3.2.1

1. All fire alarm strobes have been checked and replaced by Southeastern Sound to ensure that they are working properly and are in sequence.

2. Southeastern Sound has repaired the phone lines #1 & #2 to ensure connection and proper notification of failure.

3. ADT Corp has conducted a smoke detector sensitivity test and will conduct such test on an annual basis under a contract executed by facility.

4. Fire alarm strobes, phone lines will be monitored on monthly fire drills. Contracts for annual testing will be monitored by the Contract Company and Facility.

5. Director of Maintenance, Safety Director and Administrator will monitor.
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Continued from page 3  
During the tour of the facility on 2/23/09 the maintenance supervisor verified the findings as documented above.

**K 062**  
**SS-F**  
NFPA 101 LIFE SAFETY CODE STANDARD  
Required automatic sprinkler systems are continuously maintained in reliable operating 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 and record review, it was determined the facility failed to maintain the sprinkler system.

The findings included:

1. Observations during the tour of the facility on 2/23/09 at approximately 7:40 AM, revealed 2 sprinklers under the main entrance canopy were corroded. The sprinklers must be replaced not cleaned. National Fire Protection Association (NFPA) 25, 2-2.1.1

2. Observations during the tour of the facility on 2/23/09 at approximately 9:08 AM, the sprinkler at the 200 employees entrance canopy was corroded. The sprinkler must be replaced not cleaned. NFPA 25, 2-2.1

3. Observations during the tour of the facility on 2/23/09 at approximately 9:30 AM, the sprinklers in the laundry room and the kitchen's food storage room had a build up of lint. NFPA 25, 2-2.1.1

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1. Sprinklers under entrance canopy will be replaced. Kentucky sprinkler under contract with facility has ordered replacement sprinklers for corroded heads. Delivery for special orders will arrive in about two weeks and be immediately installed under contract.

2. Sprinklers in laundry and kitchen food area have been cleaned and will be set on weekly schedule to ensure lack of lint buildup.

3. Quarterly inspection of the sprinkler system has been completed and Contract have been established with Kentucky to conduct quarterly inspections ongoing.

4. Director of Maintenance and Administrator will monitor to ensure compliance with above.
The findings included:

1. Observations during the facility tour on 2/23/09 at approximately 8:00 AM, the fire walls located next to the lobby, employee break room, and room 209 had penetrations that were sealed with non-fire rated caulk. National Fire Protection Association (NFPA) 101, 8.2.3.2.4.2

2. Observations during the facility tour on 2/23/09 at approximately 8:05 AM, the 100, 200, 300, and 400 corridors had penetrations in 1 hour fire rated corridor walls. NFPA 101, 8.2.3.2.4.2

3. Observations during the facility tour on 2/23/09 at approximately 8:15 AM, the fire walls located above the fire doors next to room 209 and the Director of Nurses' office had penetrations in the
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walls. NFPA 101, 8.2.3.2.4.2

During the tour of the facility on 2/23/09 the
maintenance supervisor verified the findings as
documented above.