<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>K18</td>
<td>SS=F</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K18</td>
<td></td>
<td></td>
<td>K018 The facility will continue to maintain doors that latch within the door frame completely as well as be free of penetrations to the doors in accordance with NFPA 80.</td>
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<td>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ 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. 19.3.6.3.3. Roller latches are prohibited by CMS regulations in all health care facilities.</td>
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<td></td>
<td>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the doors protecting the corridors.</td>
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<td></td>
<td></td>
<td>The findings included:</td>
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<td>1. Observations of the 2nd floor on 2/21/10 at 12:45 AM, revealed the doors to resident rooms 2039, 2040, 2067, 2068 and 2086 did not latch within the door frame. National Fire Protection Association (NFPA) 101, 19.3.6.3.2</td>
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<td>2. Observations of the 3rd floor's soiled utility fire door on 2/21/10 at 11:45 AM, revealed four</td>
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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 80 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 required to continued program participation.
<table>
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<tr>
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<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
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<tbody>
<tr>
<td>K 018</td>
<td>Continued From page 1 penetrations where the old self closing device had been removed. NFPA 80, 15-2.5.4</td>
<td>K 018</td>
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<td></td>
<td>These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 2/21/10. NFPA 101 LIFE SAFETY CODE STANDARD</td>
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<tr>
<td>K 062</td>
<td>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</td>
<td>K 062</td>
<td>The facility will maintain documentation that the sprinkler gauges were tested or replaced every 5 years.</td>
<td>3-1-10</td>
</tr>
<tr>
<td>SS=F</td>
<td>This STANDARD is not met as evidenced by: Based on record review, it was determined the facility failed to maintain the sprinkler system.</td>
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<td>The findings included:</td>
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<tr>
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<td>Record review on 2/21/10 at 1:10 PM, revealed the facility was unable to provide documentation that the sprinkler gauges were tested or replaced every 5 years. National Fire Protection Association (NFPA) 25, 2-1</td>
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<tr>
<td>K 067</td>
<td>This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 2/21/10. NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K 067</td>
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<tr>
<td>SS=F</td>
<td>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</td>
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Completion Date: 3-1-10
This STANDARD is not met as evidenced by: Based on observations and record review, it was determined the facility failed to maintain the heating, ventilating and air conditioning (HVAC) system.

The findings included:

1. Observations of the bathroom to resident room 3058 on 2/21/10 at 11:26 AM, revealed the ventilating fan was not working. National fire Protection Association (NFPA) 90A

2. Observations of the elevator equipment room on 2/21/10 at 12:45 PM, revealed there was no HVAC fire damper installed at the fire wall. NFPA 90A, 3-3.5.2

3. Record review on 2/21/10 at 1:00 PM, revealed the facility was unable to provide documentation that the HVAC fire dampers were inspected every 4 years. NFPA 80A, 3-4.7

These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 2/21/10. NFPA 101 LIFE SAFETY CODE STANDARD

Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96

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

K 067 Continued From page 2

K 067

The facility will continue to maintain the heating, ventilating and air conditioning systems in compliance with NFPA 90A.

1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice:

a) Observation revealed that ventilating fan was not working - Maintenance staff inspected the exhaust fan unit and found damper had closed. This has be corrected to ensure that damper will remain open.

b) Observation revealed that elevator equipment room had no fire damper installed - Contracted STS heat and air conditioning company to install fire damper in the ducts for the equipment room.

c) Facility was unable to provide documentation that HVAC dampers were inspected every 4 years - Facility will have fire dampers inspected every 4 years and maintain records accordingly.

2. How will facility identify other residents having the potential to be affected and what corrective action will be taken:

- The corrective actions in #1 will ensure that all corrective actions have been accomplished for all residents who are potentially affected.

3. What measures will be put into place to ensure that deficient practices will not recur:

- The items listed will be inspected by maintenance staff to ensure the proper maintenance and function of the HVAC system.

4. How will the corrective action be monitored to ensure the deficient practice will not recur:

- The maintenance staff will contract with the sprinkler company who conducts annual inspections of the facility sprinkler system to include the inspection and/or replacement of gauges within the time frames specified by the regulations.

Completion Date: 2-26-10
<table>
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<tbody>
<tr>
<td>K 069</td>
<td>Continued From page 3 The findings included: Observations of the kitchen on 2/21/10 at 12:39 PM, revealed the deep fat fryer was not centered under the fire extinguisher nozzle. National Fire Protection Association 96, 9.1 This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 2/21/10. NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786</td>
<td>K 069</td>
<td>The facility will continue to maintain cooking facilities in accordance with NFPA 96. It was revealed during inspection that the deep fat fryer was not centered under the fire extinguisher nozzle. 1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice: • The fire extinguisher nozzle was moved and centered over the deep fryer. 2. How will we identify other residents having the potential to be affected: • The corrective action in #1 indicated that the problem was rectified, therefore, alleviating any further problems for residents who are potentially affected. 3. What measures will be put into place to ensure that the deficient practice will not recur: • The Director of Dietary will monitor routinely to ensure that positioned properly. 4. How will the corrective action be monitored to ensure that the deficient practice will not recur: • The Maintenance staff will be responsible for monitoring this ensure continued compliance.</td>
</tr>
<tr>
<td>K 130</td>
<td>SS=F This STANDARD is not met as evidenced by: Every opening in a fire barrier shall be protected to limit the spread of fire and restrict the movement of smoke from one side of the fire barrier to the other. National Fire Protection Association (NFPA) 8.2.3.2.3.1 This STANDARD is not met as evidenced by the following: Based observations, it was determined the facility failed to protect the fire barriers. The findings included: 1. Observations on the 2nd and 3rd floors, on 2/21/10 at 11:10 AM, revealed the 2nd and 3rd floor North elevator fire walls smoke detectors' conduct were not sealed at the wall and ends. National Fire Protection Association (NFPA) 101, 8.2.3.2.3.1</td>
<td>K 130</td>
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Completion Date: 3-1-10
K 130
Continued From page 4

2. Observations of the 2nd floor elevator's fire wall on 2/21/10 at 11:53 AM, revealed the conduit located next to elevator #2 was not sealed at the wall. NFPA 101, 8.2.3.2.3.1

3. Observations of the 2nd floor center stairwell (corridor Side) on 2/21/10 at 12:08 PM, revealed one conduit was not sealed at the wall. NFPA 101, 8.2.3.2.3.1

These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 2/21/10. NFPA 101 LIFE SAFETY CODE STANDARD

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 the electrical equipment.

The findings included:

Observations on the 2nd and 3rd floors on 2/21/10 at 12:12 PM, revealed there were no covers installed on the electrical junction boxes located above the ceiling tiles next to the 2nd and 3rd floor North elevators. National Fire Protection Association 70, 370-26(e)

This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 2/21/10.

K 130
The facility will protect the fire barriers in the facility in accordance with NFPA 101.

1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice:

   a) It was observed that on the 2nd and 3rd floor elevator fire wall smoke detectors' conduits were not sealed at the wall at ends - the wall and end of pipes were sealed with fire caulk

   b) It was observed that the 2nd floor stairwell had one conduit that was not sealed at the wall - the pipe and wall were sealed with fire caulk.

   c) It was observed that the 2nd floor elevator fire wall had a conduit that was not sealed at the wall - the conduit was sealed with fire caulk.

2. How will you identify other residents having the potential to be affected and what corrective action will be taken:

   • All corrective actions taken in #1 will prevent any further problems for residents who are potentially affected.

3. What measures will be put into place to ensure that this will not recur:

   • All future contracted projects will be inspected upon completion of work to ensure that we are in compliance with NFPA 101.

4. How will the corrective action be monitored to ensure the deficient practice will not recur:

   • Maintenance staff will monitor situation on an ongoing basis to ensure compliance.

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<th>(X5) COMPLETION DATE</th>
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| K 130         | Continued From page 4  
2. Observations of the 2nd floor's elevator's fire wall on 2/21/10 at 11:53 AM, revealed the conduit located next to elevator #2 was not sealed at the wall. NFPA 101, 8.2.3.2.3.1  
3. Observations of the 2nd floor center stairwell (corridor Side) on 2/21/10 at 12:08 PM, revealed one conduit was not sealed at the wall. NFPA 101, 8.2.3.2.3.1  
These findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 2/21/10. NFPA 101 LIFE SAFETY CODE STANDARD  
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 the electrical equipment.  
The findings included:  
Observations on the 2nd and 3rd floors on 2/21/10 at 12:12 PM, revealed there were no covers installed on the electrical junction boxes located above the ceiling tiles next to the 2nd and 3rd floor North elevators, National Fire Protection Association 70, 370-28(c)  
This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 2/21/10. | K 130 |
| K 147 SS=E    | The facility will maintain the electrical equipment in accordance with NFPA 70.  
1. What corrective action will be accomplished for those residents found to have been affected by the deficient practice:  
• The maintenance staff will ensure that all junction boxes in the facility will have a cover on them.  
2. How will you identify other residents having the potential to be affected and what corrective action will be taken:  
• The actions taken to correct the situation will ensure that the problem has been rectified and will not recur.  
3. What measures will be put into place to ensure that the deficient practice will not recur:  
• All junction boxes will be inspected by maintenance staff to ensure that covers on are there and any future work will be inspected.  
4. How will the corrective action be monitored so that problem will not recur:  
• The Maintenance staff will be responsible for monitoring any future boxes and making sure that all current junction boxes have covers on them.  
Completion Date: 2-23-10 | K 147 |