<table>
<thead>
<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX</th>
<th>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>
</thead>
<tbody>
<tr>
<td>K 018</td>
<td>SS=D</td>
<td>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 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</td>
<td>K 018</td>
<td></td>
<td>The Plan of Correction is submitted as required under State and Federal law. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct.</td>
<td>2/23/10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Roller latches are prohibited by CMS regulations in all health care facilities.</td>
<td></td>
<td></td>
<td>On 2/23/10 the fire exit door on One East corridor was repaired. All fire doors in the HealthCenter were inspected and are in compliance. Maintenance will monitor main egress fire doors to ensure they close properly weekly for three months and will report findings to the QA Committee.</td>
<td></td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by: Based on observation during the survey, it was determined, the facility failed to maintain the fire barrier doors.

The findings included:

On 2/22/10 at approximately 11:05 AM observation within the one East corridor revealed, the main egress fire doors did not close properly. National Fire Protection Association (NFPA) 101, 7.1.10.1; 101,19.2.1.

The finding was noted by the Maintenance Director, verified and acknowledged by the

LABORATORY DIRECTOR'S 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.

MAR 15 2010
MCKENDREE VILLAGE INC

Continued From page 1
Facility Administrator during the exit interview on 2/22/10.

K 062
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 observation during the survey, it was
determined, the facility failed to maintain the fire
barriers.

The findings included:

On 2/22/10 at approximately 11:50 AM
observation within the main dietary office closet
revealed, the escutcheon plate around the
sprinkler head was hanging loosely. National Fire
Protection Association (NFPA) 13, 6.2.8.

The finding was noted by the Maintenance
Director, verified and acknowledged by the
Facility Administrator during the exit interview on
2/22/10.

K 147
NFPA 101 LIFE SAFETY CODE STANDARD
Electrical wiring and equipment is in accordance
with NFPA 70, National Electrical Code, 9.1.2

On 2/23/10 a ground fault circuit in
the dietary kitchen next to the dish
washing area was installed.

On 2/23/10 the power strip to the
wall under a desk in the chart
room was mounted.
K 147 Continued From page 2

The findings included:

1. On 2/22/10 at approximately 11:35 PM observation within the dietary area revealed, the electric outlet next to the dish washing area was not a Ground Fault Circuit Interrupter. National Fire Protection Association (NFPA) 70, 210-8(a)(6).

2. On 1/22/10 at 1:55 PM observation within the two (2) East hall chart room next to the Nurses Station revealed there was a powerstrip hanging under the desk. NFPA 70, 110-13(a).

3. Observation within the dietary area to the rear wall revealed the main electric panel had two open slots among the circuit breakers. NFPA 70, 373-4.

The findings were noted by the Maintenance Director, verified and acknowledged by the Facility Administrator during the exit interview on 2/22/10.

K 147 On 2/23/10 blanks in the two open slots in the electrical panel in the hall going into the dietary kitchen were installed. 2/23/10