<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<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>
</thead>
<tbody>
<tr>
<td>K 046 SS=E</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD System was not tested. The facility failed to test the smoke detectors.</td>
<td>K 046 SS=E</td>
<td>NFPA 101 Life Safety Code Standard System was not tested. The facility failed to test the smoke detectors.</td>
<td>1/15/11</td>
</tr>
<tr>
<td>K 054 SS=D</td>
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<td>1/15/11</td>
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</tbody>
</table>

This STANDARD is not met as evidenced by:

Based on observation, it was determined that the facility failed to properly test and maintain the emergency battery powered-back-up lighting fixtures.

The findings included:

- Observations during the initial tour on 12/13/10 beginning at 9:23 AM revealed the smoke detectors were not installed at least 3 feet from

The findings included:

- Observations during the initial tour on 12/13/10 beginning at 9:23 AM revealed the smoke detectors were not installed at least 3 feet from
## Continued From page 1

The air supply diffusers in the following locations:

- The smoke detector in the 500 hall dining room.
- The smoke detector in the vending machine room next to the 500 hall dining room.

Observations during the initial tour on 12/13/10 at 1:32 PM, revealed the smoke detectors on each side of the fire doors in the corridor by resident room 200 were located more than the 5 feet limit from the fire doors.

### NFPA 101 LIFE SAFETY CODE STANDARD SS=E

Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.5, 4.6.12, NFPA 13, NFPA 25, 9.7.5

This STANDARD is not met as evidenced by:

Based on observation and record review, it was determined the facility failed to maintain all components of the sprinkler system.

The findings included:

Observations during the initial tour on 12/13/10 revealed the following:

- At 9:53 AM, 3 of 3 sprinkler heads at the 500 hall entrance porch were corroded and in need of replacement.
- At 10:24 AM, 2 of 2 sprinkler heads at the 300 hall entrance porch were corroded and in need of replacement.
- At 11:02 AM, 4 of 4 sprinkler heads at the 100 hall entrance porch were corroded and in need of replacement.

### Corrective Action:

1. A) On or before 1/15/11 the smoke detector in the 500 hall dining room will be relocated to be at least 3 feet from the air supply diffuser.
   B) On or before 1/15/11 the smoke detector in the vending machine room next to the 500 hall dining room will be relocated to be at least 3 feet from the air supply diffuser.
   C) On or before 1/15/11 the smoke detectors on each side of the fire doors in the corridor by resident room 200 will be relocated to be within the 5 feet limit of fire doors.

2. On 12/13/10 the administrator and maintenance director conducted facility rounds to ensure other smoke detectors were properly located.

3. The maintenance department was in-serviced on 12/13/10, by the administrator, regarding proper locations of smoke detectors.

4. The administrator and/or the maintenance department will monitor for compliance through monthly routine facility rounds and report findings to the QA&A committee quarterly.

### Requirement:

The facility will maintain all components of the sprinkler system.
K 062

Continued From page 2

d. At 1:03 PM, the cover on the tamper switch for the sprinkler system post indicator valve (PIV) at the north end of the facility was detached from its housing.
e. At 1:15 PM, the sprinkler heads at the dietary service porch were corroded and in need of replacement.

Review of the facility's sprinkler test reports on 12/13/10 at 2:20 PM, revealed the sprinkler system was inspected on 6/18/10 and 12/11/10. This time span indicates the sprinkler system was not inspected quarterly as required.

K 069

SS=E

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 record review, it was determined the facility failed to conduct inspections of the kitchen suppression system every 6 months as required.

The findings included:

Review of the facility's records on 12/13/10 at 2:22 PM, revealed the kitchen suppression system was inspected on 12/30/09 and 7/29/10. This time span indicated the suppression system was not inspected every 6 months as required.

NFPA 101 LIFE SAFETY CODE STANDARD

K 144

SS=F

Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99, 3.4.4.1.

Corrective Action:
1. A) On or before 1/15/11 the 3 sprinkler heads at the 500 hall entrance porch will be replaced.
   B) On or before 1/15/11 the 2 sprinkler heads at the 300 hall entrance porch will be replaced.
   C) On or before 1/15/11 the 4 sprinkler heads at the 100 hall entrance porch will be replaced.
   D) On 12/13/10 the cover on the tamper switch for the sprinkler system post indicator valve (PIV) at the north end of the facility was replaced.
   E) On or before 1/15/11 the sprinkler heads at the dietary service porch will be replaced.
   F) On 12/13/10 the facility's sprinkler testing company was contacted by the administrator to establish a routine quarterly inspection as required.

2. On 12/13/10 the administrator and maintenance director conducted facility rounds to ensure other sprinkler heads and covers for tamper switches for the sprinkler system post indicator valve (PIV) were in acceptable condition.

3. The maintenance department was in-service on 12/13/10 by the administrator regarding the maintenance of all components of the sprinkler system.

4. The administrator and/or maintenance department will monitor for compliance through monthly routine facility rounds and report the findings to the QA&A committee quarterly.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>(X1) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER</th>
<th>(X2) MULTIPLE CONSTRUCTION</th>
<th>(X3) DATE SURVEY COMPLETED</th>
</tr>
</thead>
<tbody>
<tr>
<td>445451</td>
<td>A. BUILDING 01 - MAIN BUILDING 01</td>
<td>12/13/2010</td>
</tr>
</tbody>
</table>

**NAME OF PROVIDER OR SUPPLIER**

DECATUR COUNTY MANOR

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</table>
| K 144              | Continued From page 3                                                                                           | K 144         | K 069  
Requirement:  
Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96  
Corrective Action:  
1. The facility's kitchen suppression system will be inspected every 6 months as stated in the contract with the outside Inspection Company.  
2. The maintenance department was in-serviced on 12/13/10 by the Administrator regarding every 6 months inspections of the kitchen suppression system.  
3. The administrator and/or maintenance department will monitor for compliance through monthly routine facility rounds and record review and report findings to the QA&A committee quarterly.  
1/15/11 | |
| K 147              | NFPA 101 LIFE SAFETY CODE STANDARD  
SS=E  
Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 | K 147         | K 144  
Requirement:  
Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99, 3.4.4.1. | |

This STANDARD is not met as evidenced by:  
Based on observation, it was determined the
K 147
Continued From page 4
facility failed to maintain all electrical wiring and components.

The findings included:

Observations during the initial tour on 12/13/10 revealed the following:
- At 9:40 AM, the 220 volt receptacle by the 500 hall dining room doors was broken.
- At 1:45 PM, 2 of 8 electrical service panels in the electrical room off of the service hall were missing breakers causing voids in the panels.
- At 3:06 PM, 1 of 2 ground fault circuit interrupter (GFCI) receptacles at the 500 hall dining room sink failed to test.

Corrective Action:
1. On 12/29/10 the maintenance director installed a maintenance free battery at the emergency generator serving 100 and 200 halls.
2. On 12/13/10 the administrator and maintenance director conducted an inspection to insure a maintenance free battery was in place on other generators that service the facility.
3. The maintenance department was instructed on 12/13/10 by the administrator regarding use of maintenance free batteries at the emergency generators.
4. The administrator and/or maintenance department will ensure compliance through monthly routine facility rounds and report findings to the QA&A committee.

K 147

Requirement:
The facility will maintain all electrical wiring and components.

Corrective Action:
1. A) On 12/13/10 the 220 volt receptacle by the 500 hall dining room doors was replaced.
   B) On 12/13/10 the missing breakers for the 2 electric service panels in the electrical room off the service hall were replaced.
K 147
 facility failed to maintain all electrical wiring and components.

The findings included:

Observations during the initial tour on 12/13/10 revealed the following:

a. At 9:40 AM, the 220 volt receptacle by the 500 hall dining room doors was broken.

b. At 1:45 PM, 2 of 8 electrical service panels in the electrical room off of the service hall were missing breakers causing voids in the panels.

c. At 3:00 PM, 1 of 2 ground fault circuit interrupter (GFCI) receptacles at the 500 hall dining room sink failed to test.

K 147

C) On 12/13/10 the ground fault circuit interrupter (GFCI) receptacle in the 500 hall dining room sink area was replaced.

2. The administrator and maintenance director conducted facility rounds to ensure receptacles, electric service panels, and ground fault circuit interrupters (GFCI) were properly maintained.

3. The maintenance department was serviced on 12/13/10 by the administrator regarding properly maintaining receptacles, electric service panels, and ground fault circuit interrupters (GFCI).

4. The administrator and/or maintenance department will monitor compliance through monthly routine facility rounds and report findings to the QA&A committee quarterly.

1/15/11