## State of Deficiencies and Plan of Correction

### (K1) PROVIDER/SUPPLIER/CLA Identification Number:
445004

### (K2) MULTIPLE CONSTRUCTION
A. BUILDING
   01 - MAIN BUILDING 01
B. WING

### (K3) DATE SURVEY COMPLETED
11/17/2010

### (K4) ID PREFIX TAG
K 012

### SUMMARY STATEMENT OF DEFICIENCIES
(NOTIFY EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K012</td>
<td>All combustible overhangs throughout center checked to ensure that sprinkler coverage exists if greater than 4 feet.</td>
</tr>
<tr>
<td></td>
<td>The west exit across from resident room 111, the west exit across from 121, and above the door to southeast courtyard across from education room will have installed complete automatic sprinkler systems. Will QA entire building and report to QA committee until substantial compliance is met.</td>
</tr>
</tbody>
</table>

### (K5) COMPLETION DATE
11/18/2010

### NFPA 101 LIFE SAFETY CODE STANDARD
Building construction type and height meets one of the following: 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.6.1

This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to provide a construction type with a complete automatic sprinkler system throughout.

The findings included:

Observations during the initial tour on 11/17/10 beginning at 8:25 AM revealed sprinkler coverage was not provided for the combustible (wood) overhangs at the following locations:
- West exit across from resident room 111 measuring 5 feet by (x) 12 feet.
- West exit beside resident room 121 measuring 5 feet x 12 feet.
- Above door to southeast courtyard across from education room measuring 4 feet 10 inches x 7 feet 8 inches.

### (K6) ID PREFIX TAG
K 052

### SUMMARY STATEMENT OF DEFICIENCIES
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<tr>
<td>K052</td>
<td>The FACP located at the unit 2 nurses station was repaired to notify when the automatic dialer component was placed in trouble from phone failure.</td>
</tr>
<tr>
<td></td>
<td>The Director of Maintenance will QA the FACP on side 2 nurses station weekly and report to QA committee monthly beginning 12/23/10 until substantial compliance is met.</td>
</tr>
</tbody>
</table>

### (K7) COMPLETION DATE
11/26/2010

### NFPA 101 LIFE SAFETY CODE STANDARD
A fire alarm system required for life safety is 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

### (K8) DATE
12/2/10

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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 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.
This STANDARD is not met as evidenced by: Based on observation and testing, it was determined the facility failed to provide for a properly installed, maintained and tested fire alarm system with approved functioning components.

The findings included:

Observations during testing of the facility's fire alarm system on 11/16/10 at 2:45 PM, revealed the fire alarm system consisted of a main fire alarm control panel (FACP) located at side 2 nurses station and an automatic dialer component located in the side 1 mechanical room. When the automatic dialer component was placed in trouble from phone line failure, the FACP located at the unit 2 nurse's station failed to indicate a telephone line problem.