K 027 SS-D
NFPA 101 LIFE SAFETY CODE STANDARD

Requirement:
Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1-1/2-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latch is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7.

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to maintain smoke resistant partitions.

These findings included:

1. Observation of the 400 hall nourishment storage room on 2/24/14 at 5:50 AM, revealed the door was propped open with a case of supplement.

2. Observation of the 300 hall nursing supply room on 2/24/14 at 7:00 AM, revealed the door would not latch when closed.

3. Observation of the 100 hall shower room on 2/24/14 at 10:07 AM, revealed the door would not latch and a gap of greater than one quarter of an inch was revealed at the top of the door.

These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 3/17/14.

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.
<table>
<thead>
<tr>
<th>ID</th>
<th>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</th>
<th>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 027</td>
<td>Continued From page 1</td>
<td>2/24/14.</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 027</td>
<td></td>
<td></td>
<td>Compliance is achieved. Different members of the QA Team will participate depending on the nature of the audit.</td>
<td></td>
</tr>
<tr>
<td>K 062</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>SS=D</td>
<td>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>SS=D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>Requirement: Required automatic sprinkler systems will be 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>03/26/2014</td>
</tr>
</tbody>
</table>

**Corrective Action:**
- The facility will maintain clearance below all sprinkler heads. The trash container lid stored on the top shelf of the 300 hall soiled utility room was removed. Staff will receive inservice training regarding prohibiting placing items within 18 inches of sprinkler heads. The QA Team, consisting of the Medical Director, Administrator, Director of Nursing, MDS Coordinator, Staffing Coordinator, Medical Records, Business Office Coordinator, Registered Dietitian, Food Service Supervisor, Social Worker, Maintenance Supervisor, and Activities Coordinator, will monitor for compliance monthly for three months through random observation audits to ensure compliance. If compliance is not met, the team will re-inservice the staff and continue monitoring until substantial compliance is achieved. Different members of the QA Team will participate depending on the nature of the audit.

Completion date: 03/26/2014
<table>
<thead>
<tr>
<th>K 072</th>
<th>NFPA 101 LIFE SAFETY CODE STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS=D</td>
<td>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to maintain egress in exit corridors.

The findings included:
Observation of the 300 hall on 2/24/14 at 6:35 AM, revealed 4 small potted plants stored in front of the exit door.

This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 2/24/14.

<table>
<thead>
<tr>
<th>K 144</th>
<th>NFPA 101 LIFE SAFETY CODE STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS=D</td>
<td>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA.99. 3.4.4.1.</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>K 072</th>
<th>NFPA 101 LIFE SAFETY CODE STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS=D</td>
<td>Requirement:</td>
</tr>
<tr>
<td></td>
<td>Means of egress will be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects will obstruct exits, access to, egress from, or visibility of exits. 7.1.10</td>
</tr>
</tbody>
</table>

Corrective Action:
There are now no potted plants stored in front of the 300 hall exit door. Staff have received inservice training regarding the requirement that exits cannot be obstructed. The QA Team, consisting of the Medical Director, Administrator, Director of Nursing, MDS Coordinator, Staffing Coordinator, Medical Records, Business Office Coordinator, Registered Dietitian, Food Service Supervisor, Social Worker, Maintenance Supervisor, and Activities Coordinator, will monitor for compliance monthly for three months through random observation audits to ensure compliance. If compliance is not met, the team will re-inservce the staff and continue monitoring until substantial compliance is achieved. Different members of the QA Team will participate depending on the nature of the audit.

Completion date: 03/26/2014
K 144 Continued From page 3

This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to maintain battery operated task lighting inside the electrical transfer switch room.

The findings included:

Observation of the battery operated emergency task light in the electrical transfer switch room on 2/24/14 at 10:15 AM, revealed the test button would not illuminate the bulbs.

This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 2/24/14.

K 147 NFPA 101 LIFE SAFETY CODE STANDARD

SS=D

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 observation, it was determined the facility failed to maintain electrical receptacles.

The findings included:

1. Observation of the 400 hall dining room on 2/24/14 at 5:45 AM, revealed 3 of 9 electrical receptacles were not securely attached to the electrical boxes in the walls.

2. Observation of the 300 dining room on 2/24/14 at 6:10 AM, revealed 1 of 7 emergency electrical receptacles was not securely attached to the electrical box in the wall.

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

Corrective Action:
The battery operated emergency task light bulbs in the electrical transfer switch room were replaced, and now illuminate when the test button is activated. The maintenance supervisor will monitor and test the battery operated emergency task light bulbs weekly for compliance. The QA Team, consisting of the Medical Director, Administrator, Director of Nursing, MDS Coordinator, Staffing Coordinator, Medical Records, Business Office Coordinator, Registered Dietitian, Food Service Supervisor, Social Worker, Maintenance Supervisor, and Activities Coordinator, will monitor for compliance monthly for three months through random observation audits to ensure compliance. If compliance is not met, the team will re-inservice the maintenance supervisor and continue monitoring until substantial compliance is achieved.

Different members of the QA Team will participate depending on the nature of the audit.

Completion date: 02/28/2014

K 147 SS=D

NFPA LIFE SAFETY CODE STANDARD

Requirement:
Electrical wiring and equipment will be in accordance with NFPA 70, National Electrical Code. 9.1.2
K 147 Continued From page 4

These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 2/24/14.

Corrective Action:
The electrical receptacles in the 400 hall dining room have been securely attached to the electrical boxes in the walls. The emergency electrical receptacle in the 300 dining room has been securely attached to the electrical box in the wall. All electrical receptacles will be inspected by the maintenance supervisor and/or his assistant to ensure they are securely attached to the electrical boxes in the walls. The QA Team, consisting of the Medical Director, Administrator, Director of Nursing, MDS Coordinator, Staffing Coordinator, Medical Records, Business Office Coordinator, Registered Dietitian, Food Service Supervisor, Social Worker, Maintenance Supervisor, and Activities Coordinator, will monitor for compliance monthly for three months through random observation audits to ensure compliance. If compliance is not met, the team will re-inservice the maintenance supervisor and continue monitoring until substantial compliance is achieved. Different members of the QA Team will participate depending on the nature of the audit.

Completion date: 02/28/2014