K 018

<table>
<thead>
<tr>
<th>NFPA 101 LIFE SAFETY CODE STANDARD</th>
<th>K 018</th>
</tr>
</thead>
<tbody>
<tr>
<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.</td>
<td>1) Kitchen door next to elevator now latches and the door knob on the clean linen door on the secured unit has been repaired. 2) An audit was conducted via facility tour to ensure doors do not allow for smoke penetration. 3) Maintenance was re-educated regarding requirement to ensure doors are maintained to resist smoke. 4) Maintenance Dir / designee will monitor doors during weekly rounds. Any problems noted will be addressed at that time and findings forwarded to the Q&amp;A Committee for follow-up.</td>
</tr>
<tr>
<td><strong>SS=D</strong></td>
<td>2/3/14</td>
</tr>
</tbody>
</table>

Roller latches are prohibited by CMS regulations in all health care facilities.

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

The findings included:

1. Observation of the basement on 8/28/11 at 9:45 AM, revealed the kitchen door beside the elevator would not latch when closed.

2. Observation of the secured unit at 11:06 AM, revealed the clean linen door was penetrated around the door knob.

K 147

<table>
<thead>
<tr>
<th>NFPA 101 LIFE SAFETY CODE STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 147</td>
</tr>
</tbody>
</table>

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 30 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.
K 147  Continued From page 1

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 install ground fault circuit interrupter receptacles on all counters with sinks.

The findings included:
Observation of the pantry on the 300 hall on 8/28/11 at 9:25 AM, revealed the receptacle above the sink counter was not a ground fault interrupting receptacle. A microwave oven that was sitting by the sink was connected to the receptacle that was not a ground fault interrupting receptacle.

K 147

1) Receptacle in pantry on 300 hall has been replaced with a ground fault circuit interrupter receptacle.
2) Audit was conducted via facility tour to ensure receptacles next to water sources are ground fault circuit interrupter receptacles.
3) Maintenance was re-educated regarding requirement to have receptacles next to water sources on ground fault receptacles.
4) Maintenance Dir/designee will monitor receptacles during weekly rounds. Any problems noted will be addressed at that time and findings forwarded to the QA&A Committee for follow-up.