K 018 NFPA 101 LIFE SAFETY CODE STANDARD

SS = 0

Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1/2 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 are permitted. 19.3.6.3

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 required to resist the passage of smoke in corridors.

The findings included:

Observation of the employee break room in the laundry area on 4/17/12 at 10:26 AM, revealed a trash container obstructing the door from closing.

NFPA 101 LIFE SAFETY CODE STANDARD

K 038 SS = E

Exit access is arranged so that exits are readily accessible at all times in accordance with section

K 038

The facility will maintain doors required to resist the passage of smoke in corridors.

Active staff has been educated regarding the necessity of keeping doors required to resist the passage of smoke in corridors closed.

Audits will be completed 2 x’s daily x’s 1 month then 3 x’s weekly for 2 weeks then 1 x weekly for 2 weeks then quarterly for 1 year.

Information collected from the audit tool will be presented to the Quality Assurance Committee as described above.

Allegation of compliance May 15, 2012

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.
K 038 Continued From page 1

7.1. 19.2.1

This STANDARD is not met as evidenced by:
Based on observation and interview, it was determined the facility failed to maintain the egress to a public way for 1 of 8 (secured unit) exits.

The findings included:

Observation of the exit discharge from the secured unit, by the housekeeping storage room on 4/17/12 at 8:57 AM, revealed a wooden gate approximately 10 feet away from the exit door with a key turn dead bolt.

During an interview at the exit discharge from the secured unit on 4/17/12 at 8:57 AM, the maintenance man was asked if residents smoked in this area. The maintenance man stated, "No, the nurses take the residents outside sometimes." The maintenance man was asked if he had a key for evacuating purposes and he replied, "Yes."

During interviews on the secured unit on 4/17/12 from 9:10 AM until 9:20 AM, one (the maintenance man) of seven employees on the unit stated they had a key to open the gate. The housekeeper and certified nursing assistant (CNA) #1 stated the housekeeping manager also had a key. CNA #2 and the 2 licensed practical nurses (LPNs) said they did not have a key. The housekeeping manager was asked if he had a
K 038
Continued From page 2
key. The housekeeping manager replied "No."
The maintenance man showed the housekeeping manager which key on his key ring that open the gate.

K 054
NFPA 101 LIFE SAFETY CODE STANDARD
SS=0
All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3

This STANDARD is not met as evidenced by:
National Fire Protection Association (NFPA) 72, 1999 edition
2-3.5 Heating, Ventilating, and Air-Conditioning (HVAC).2-3.5.1 "In spaces served by air-handling systems, detectors shall not be located where airflow prevents operation of the detectors."

This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to install 2 of 71 smoke detectors over 3 feet from the airflow registers.

The findings included:

1. Observation of the work room on the 100 hall, behind the oxygen storage room, on 4/17/12 at 10:40 AM, revealed the smoke detector was installed within 3 feet of the supply vent.

2. Observation of the 100 hall medication room, behind the 100 hall nurses' station, on 4/17/12 at 10:43 AM, revealed the smoke detector was installed within 3 feet of the exhaust vent.

K 054
The facility will install and/or relocate smoke detectors over 3 feet from the airflow registers or as far as possible, in accordance with the manufactures specifications.

A local vendor has been contacted regarding the installation and/or relocation of smoke detectors over 3 feet from the airflow registers or as far as possible, in accordance with the manufactures specifications.

Allegation of compliance May 15, 2012
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, 9.7.6

This STANDARD is not met as evidenced by:

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

The findings included:

Observations of the front entrance on 4/17/12 at 8:30 AM, revealed 1 of the 6 sprinkler head pendants had a buildup of lint and dust on it.

Record review in the activities room on 4/17/12 from 11:20 AM until 12:15 PM, the facility was unable to provide documentation that a five year internal pipe inspection had been performed.

K 067 NFPA 101 LIFE SAFETY CODE STANDARD

Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2

This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to maintain ventilation in 1 of 6 toilet

K 062

The facility will maintain an automatic sprinkler system assuring that it is continuously maintained in a reliable operating condition and is inspected and tested periodically.

Sprinkler heads in the sited area were dusted prior to the survey team leaving the facility. 100% audit of sprinkler heads was completed by the Maintenance Director and dust was removed as needed.

Audits will be completed 2 x's daily x's 1 month then 3 x's weekly for 2 weeks then 1 x weekly for 2 weeks then quarterly for 1 year.

Information collected from the audit tool will be presented to the Quality Assurance Committee as described above.

Allegation of compliance date: 5/15/12

K 067

The facility will assure that heating, ventilating and air conditioning comply with the provisions of section 9.2 and are installed in accordance with manufacturer's specifications.

The exhaust vent fan in the toilet room shared by resident room 115 and 117 was replaced. 100% audit was completed by the Maintenance Director and exhaust vent fans were replaced as needed.

Allegation of compliance date: 5/15/12
<table>
<thead>
<tr>
<th>ID</th>
<th>TAG</th>
<th>Summary Statement of Deficiencies</th>
</tr>
</thead>
<tbody>
<tr>
<td>K067</td>
<td>Continued From page 4 rooms.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The findings included:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Observation of the 100 hall resident rooms on 4/1/12 at 10:55 AM, revealed the exhaust vent in the toilet room shared by resident room 115 and 117 was not working.</td>
<td></td>
</tr>
<tr>
<td>K104</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td></td>
</tr>
<tr>
<td>SS=0</td>
<td>Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain fire and smoke walls.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>The findings included:</td>
<td></td>
</tr>
<tr>
<td></td>
<td>1. Observations of the fire wall by room 224 on 4/17/12 at 2:40 PM, revealed a penetration below a 1 inch conduit with a red, low voltage cable and a penetration above (2) two inch conduits that are installed side by side.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>2. Observations above the smoke resistant doors next to the dining room on 4/17/12 at 2:50 PM, revealed an electrical box mounted to the smoke wall with penetrations.</td>
<td></td>
</tr>
<tr>
<td>K147</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td></td>
</tr>
<tr>
<td>SS=0</td>
<td>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2</td>
<td></td>
</tr>
<tr>
<td>K067</td>
<td>Staff has been educated regarding the necessity of exhaust vent fans operating properly.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Audits will be completed 2 x's weekly x's 1 month then 3 x's monthly for 2 months then 1 x monthly for 2 months then quarterly for 1 year.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Information collected from the audit tool will be presented to the Quality Assurance Committee as described above.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Allegation of compliance May 15, 2012</td>
<td></td>
</tr>
<tr>
<td>K104</td>
<td>The facility will assure that penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Penetrations of smoke barriers by ducts have been repaired where needed and any penetrations of smoke barriers in the future will be closed with appropriate caulking.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Allegation of compliance: May 15, 2012</td>
<td></td>
</tr>
</tbody>
</table>
K 147 Continued From page 5

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to maintain 1 of 8 electrical receptacles in the dining room and failed to install ground fault circuit interrupting circuits in 2 of 6 (pantry and medication room) ancillary rooms on the 100 hall.

The findings included:

1. Observation of the dining room on 4/17/12 at 8:35 AM, revealed 1 of 8 electrical receptacles was damaged.

2. Observations of the pantry on the 100 hall on 4/17/12 at 10:35 AM, revealed 2 electrical receptacles within 6 feet of the sink that were not ground fault interrupting circuits.

3. Observations of the medication room at the 100 hall nurses' station revealed 2 electrical receptacles within 6 feet of the sink that were not ground fault interrupting circuits.

K 147 The facility will maintain electrical wiring and equipment in accordance with NFPA 70. National Electrical Code 9.1.2.

The damaged electrical receptacles in the dining room have been replaced. The electrical receptacles in the pantry and the nurses' station on the 100 hall that were not ground fault interrupting circuits receptacles, have been replaced with ground fault interrupting circuit receptacles. Any receptacles installed in the future that is within 6 feet of a sink will be ground fault interrupting circuits receptacles.

Allegation of compliance May 15, 2012