K025 NFPA 101 LIFE SAFETY CODE STANDARD
SS=E

Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to protect the fire and smoke barriers.

The finding included:

On 8/27/12 at 12:50 PM observation within the ceiling space above the egress door next to the shower room of the Winchester Facility revealed a penetration in the fire wall.

This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 8/27/12.

K147 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2

Corrective actions: Plant Operations repaired the missing section of upper-rated wall approximately 3"x2" with fire barrier packing and fire caulk on 8/28/12. Identification of other residents potentially affected: Because penetrations in fire walls have the potential to affect the safety of all residents, the following actions were taken: Action for both buildings: Plant Operations performs a semi-annual Preventive Maintenance inspection to inspect fire walls and smoke walls for penetrations. We are currently inspecting all fire and smoke walls throughout the facilities for penetrations. Audits for both buildings:

Findings and repairs will be reported at the monthly Safety Committee meeting beginning on 9/18/12. The members of the Safety Committee include the Plant Operations Director of both facilities, CNO, COO, Patient Safety Officer/Quality Manager, Materials Management Director, OB Manager, ED Manager, Lab Manager, Patient/Staff Educator, Risk Manager, EVS Manager and Imaging Director.
K 147 Continued From page 1

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

The finding included:

On 8/27/12 at 1:16 PM, observation within the ceiling space above the activity room fire door of the Winchester Facility revealed an unsecured junction box.

This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 8/27/12.

K 147

Corrective actions: Plant Operations secured the junction box within the ceiling space above the activity room fire door at the Winchester facility on 8/28/12. Identification of other residents potentially affected: Because unsecured junction boxes have the potential to affect the safety of all residents, the following actions were taken: Action for both buildings: Plant Operations performs a semi-annual Preventive Maintenance to inspect junction boxes and wiring within the ceiling spaces. Plant Operations is currently inspecting all ceiling spaces throughout the facilities for unsecured junction boxes or other issues. Audits for both buildings: Findings and repairs will be reported at the monthly Safety Committee meeting beginning on 9/18/12. The members of the Safety Committee include the Plant Operations Director of both facilities, CNO, COO, Patient Safety Officer/Quality Manager, Materials Management Director, OB Manager, ED Manager, Lab Manager, Patient/Staff Educator, Risk Manager, EVS Manager and Imaging Director.
**K 067**

**NFPA 101 LIFE SAFETY CODE STANDARD**

SS=E

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 testing and observation, it was determined the facility failed to maintain the heating and air-conditioning system.

This finding included:

On 8/27/12 at 2:50 PM observation within resident rooms 17 and 19 of the Sewanee Facility revealed the exhaust fan units in the bathrooms were not working.

This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 8/27/12.

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**Corrective actions:** Plant Operations replaced the loose drive belt for the exhaust fan units for the bathrooms in resident rooms 17 and 19 at the Sewanee facility on 8/29/12. Plant Operations then replaced all other drive belts on exhaust fans in the unit. Identification of other residents potentially affected: Because non-functional exhaust fans have the potential to affect all residents, the following actions were taken: Actions for both buildings: Plant Operations performs a semi-annual Preventive Maintenance to inspect exhaust fans in the facilities. Audits for both buildings: Findings and repairs will be reported at the monthly Safety Committee meeting beginning on 9/18/12. The members of the Safety Committee include the Plant Operations Director of both facilities, CNO, COO, Patient Safety Officer/Quality Manager, Materials Management Director, OB Manager, ED Manager, Lab Manager, Patient/Staff Educator, Risk Manager, EVS Manager and Imaging Director.

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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.