<table>
<thead>
<tr>
<th>K050</th>
<th>NFPA 101 LIFE SAFETY CODE STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted before 9 PM and 6 AM a coded announcement must be used instead of audible alarms. 19.7.1.2</td>
</tr>
</tbody>
</table>

K050 Finding #1

Mitigation

Action: Because staff response to Fire affects all residents of the facility, all staff were re-educated on the Fire Drill Procedures (Code Red) including closing the door to the affected room and providing the correct room number to the operator by February 12, 2010. New employees will receive the education during New Employee Orientation. Fire drills will be held at least monthly and will be monitored by the Nursing Home Administrator and Facility Safety Officer for appropriate response. Monitoring: The results will be reported monthly to Safety Committee and quarterly to the PI committee.
K 062 Continued From page 1

This STANDARD is not met as evidenced by:
Based on observations and records review, it was
determined the facility failed to maintain the
sprinkler system.

The findings include:

Records review on 1/27/10, at 9:55 a.m. revealed
the facility was unable to provide documentation
that the sprinkler gauges 6 year calibration or
replacement were completed in 2009. National
Fire Protection Association (NFPA) 25, 2-2.1

This finding was acknowledged by the
Administrator and verified by the Director of Plant
Operations at the exit interview on 1/27/10

K 062
Finding #1
Mitigation
Action: Because potential failure of the
automatic sprinkler system would affect all
residents, documentation was obtained from
SimplexGrinnell including the inspection on
12/7/09 stating gauges had been replaced new
in 2008 and this documentation was faxed to
Nelson Rodriguez, Fire Safety Specialist for
the State Department of Health on 2/4/10.
Copy is attached to this document.

020410
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>DSGI COMPLETION DATE</th>
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Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2

This STANDARD is not met as evidenced by:
Based on observations it was determined the facility failed the fire drill.

The findings include:

Observations during the fire drill on 1/27/10, at 9:35 a.m. revealed the staff member selected to react to the drill failed to announce the location of the fire (code red). National Fire Protection Association (NFPA) 101, 19.7.1.2

This finding was acknowledged by the Administrator and verified by the Director Of Plant Operations at the exit interview on 1/27/10

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

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>
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<tr>
<th>(X4) ID</th>
<th>PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>(X5) COMPLETION DATE</th>
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</table>
| K 062  |            | Continued From page 1
This STANDARD is not met as evidenced by: Based on observations and records review, it was determined the facility failed to maintain the sprinkler system. The findings include:
Records review on 1/27/10 at 9:55 AM, revealed the facility was unable to provide documentation that the sprinkler gages 5 year calibration or replacement were completed in 2009. National Fire Protection Association (NFPA) 25, 2-2.1
This finding was acknowledged by the Administrator and verified by the Director of Plant Operations at the exit interview on 1/27/10 |         |