<table>
<thead>
<tr>
<th><strong>K 062</strong></th>
<th>NFPA 101 LIFE SAFETY CODE STANDARD</th>
</tr>
</thead>
</table>

Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

**This STANDARD is not met as evidenced by:**
Based on observation, the facility failed to maintain the sprinkler system.

The findings included:

- Observation of the boiler room on 4/23/12 at 11:00 AM, revealed a corroded sprinkler head.

This finding was acknowledged by the administrator and verified by the director of maintenance during the exit conference on 4/23/12.

<table>
<thead>
<tr>
<th><strong>K 069</strong></th>
<th>NFPA 101 LIFE SAFETY CODE STANDARD</th>
</tr>
</thead>
</table>

Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96

**This STANDARD is not met as evidenced by:**
Based on observation, it was determined the facility failed to protect the cooking facilities.

The findings include:

- Observation of the kitchen on 4/23/12 at 11:30 AM, revealed the fire suppression system nozzle’s not centered over the cooking equipment.

**K 062**

How the corrective action will be accomplished for those issues identified by the deficient practice.

1. On 5/7/12, a Koorens representative replaced the corroded sprinkler head in the boiler room.

**How the facility will identify other residents having the potential to be affected by the same deficient practice.**

2. The Maintenance Director completed a walk through on 4/27/12 to ensure that sprinkler heads are in good condition.

On May 7, 2012, the Koorens representative replaced the identified sprinkler head and completed a walk through other sprinkler heads identified were replaced.

**What measure will be put in place or systemic changes made to ensure that the deficient practice will not recur.**

3. The Administrator re-educated the Maintenance Director on maintaining sprinkler heads in...
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, 9.7.5

This STANDARD is not met as evidenced by:
Based on observation, the facility failed to maintain the sprinkler system.

The findings included:
Observation of the boiler room on 4/23/12 at 11:00 AM, revealed a corroded sprinkler head.

This finding was acknowledged by the administrator and verified by the director of maintenance during the exit conference on 4/12/12.

K 069  NFPA 101 LIFE SAFETY CODE STANDARD

Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to protect the cooking facilities.

The findings include:
Observation of the kitchen on 4/23/12 at 11:30 AM, revealed the fire suppression system nozzle's not centered over the cooking equipment.

How the facility will monitor its corrective actions to ensure the deficient practice is being corrected and will not recur.

4. The Maintenance Director will audit sprinkler heads monthly for three months. He will report on finding of the audits in the monthly Performance Improvement meeting for one quarter. The Performance Improvement committee consists of the Administrator, Director of Nursing Services, Assistant Director of Nursing Services, Maintenance Director, Medical Director, Business Office Manager, Social Services Director, Activities Director, Admissions/Marketing Director, Environmental Services Director, Staff Development Coordinator, Nutritional Services Director, Health Information Manager, Therapy Program Manager, Clinical Case Manager, and MDS Coordinator.

5/8/12
**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. 19.7.8, 4.6.12, NFPA 13, NFPA 25, 9.7.5

This STANDARD is not met as evidenced by:
Based on observation, the facility failed to maintain the sprinkler system.

The findings included:
Observation of the boiler room on 4/23/12 at 11:00 AM, revealed a corroded sprinkler head.

This finding was acknowledged by the administrator and verified by the director of maintenance during the exit conference on 4/24/12.

**K 069** NFPA 101 LIFE SAFETY CODE STANDARD

Cooking facilities are protected in accordance with 9.2.3, 19.3.2.6, NFPA 96

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to protect the cooking facilities.

The findings include:
Observation of the kitchen on 4/23/12 at 11:30 AM, revealed the fire suppression system nozzle's not centered over the cooking equipment.

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**K 069**

How the corrective action will be accomplished for these issues identified by the deficient practice.

1. On 4/23/12, the Maintenance Director centered the fire suppression system nozzle over the cooking equipment.

How the facility will identify other residents having the potential to be affected by the same deficient practice.

2. On 4/23/12 the Maintenance Director identified no additional issues with the fire suppression system nozzle.
## Statement of Deficiencies and Plan of Correction

<table>
<thead>
<tr>
<th>ID</th>
<th>Preceding Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>ID</th>
<th>Preceding Tag</th>
<th>Providers Plan of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>K062</td>
<td>NFPA 101 Life Safety Code Standard</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>K069</td>
<td>NFPA 101 Life Safety Code Standard</td>
<td>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</td>
</tr>
</tbody>
</table>

**Observation:** Observation of the boiler room on 4/23/12 at 11:00 AM, revealed a corroded sprinkler head. This finding was acknowledged by the administrator and verified by the director of maintenance during the exit conference on 4/12/12.

**Observation:** Observation of the kitchen on 4/23/12 at 11:30 AM, revealed the fire suppression system nozzle's not centered over the cooking equipment.

**What measures will be put in place or systemic changes made to ensure that the practice will not recur:**

3. The Administrator re-educated the Maintenance Director on ensuring the fire suppression system nozzle is centered over the cooking area on 4/30/12.

**How the facility will monitor its corrective actions to ensure the practice is being corrected and will not recur:**

4. The Maintenance Department will conduct routine rounds weekly for one month and monthly for two months to ensure the fire suppression nozzle is centered over the cooking equipment. He will report on findings of the audits in the monthly Performance Improvement meeting for one quarter. The Performance Improvement committee consists of the Administrator, Director of Nursing Services, Assistant Director of Nursing Services, Maintenance Director, Medical Director, Business Office Manager, Social Services Director, Activities Director, Admissions/Marketing Director, Environmental Services Director, Staff Development Coordinator, Nutritional Services Coordinator,...

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**Laboratory Directors or Providers/Suppliers Signatures**

**Title:** Administrator

**Date:** 5/11/2012

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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 disclosed to the 90-day deadline unless otherwise noted. For nursing homes, the above findings and plans of correction are disclosed 14 days following the date of survey whether or not a plan of correction is provided. If deficiencies are cited, an approved plan of correction is required to continued program participation.
K 069 Continued From page 1

This finding was acknowledged by the administrator and verified by the director of maintenance during the exit conference on 4/23/12.

K 147 NFPA 101 LIFE SAFETY CODE STANDARD

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 testing, it was determined the facility failed to maintain the electrical equipment.

The findings included:

1. Observation of the beauty shop on 4/23/12 at 11:20 AM, revealed the ground fault circuit interrupter did not work during testing.

2. Observation of the Shower on 4/23/12 at 11:23 AM, revealed the ground fault circuit interrupter did not work during testing.

These findings were acknowledged by the administrator and verified by the director of maintenance during the exit conference on 4/23/12.

Director, Health Information Manager, Therapy Program Manager, Clinical Case Manager, and MDS Coordinator.

5/8/12

K 0147

How the corrective action will be accomplished for those issues identified by the deficient practice.

1. On 4/27/12, the Maintenance Director repaired the ground fault circuit interrupters in the beauty shop and shower.

How the facility will identify other residents having the potential to be affected by the same deficient practice.

2. On 4/27/12 the Maintenance Director conducted an audit of other ground fault circuit interrupters to ensure they were in working condition.

No additional issues were identified.

What measures will be put in place or systemic changes made to ensure that the practice will not recur.
**K 069 Continued From page 1**

This finding was acknowledged by the administrator and verified by the director of maintenance during the exit conference on 4/23/12.

**K 147 NFPA 101 LIFE SAFETY CODE STANDARD**

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 testing, it was determined the facility failed to maintain the electrical equipment.

**The findings included:**

1. Observation of the beauty shop on 4/23/12 at 11:20 AM, revealed the ground fault circuit interrupter did not work during testing.

2. Observation of the Shower on 4/23/12 at 11:23 AM, revealed the ground fault circuit interrupter did not work during testing.

These findings were acknowledged by the administrator and verified by the director of maintenance during the exit conference on 4/23/12.

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3. The Administrator re-educated the Maintenance Director on ensuring the ground fault circuit interrupters are in working condition on 4/30/12.

How the facility will monitor its corrective actions to ensure the practice is being corrected and will not recur.

4. The Maintenance Department will conduct routine rounds weekly for one month and monthly for two months to ensure ground fault circuit interrupters are in working condition. He will report on findings of the audits in the monthly Performance Improvement meeting for one quarter. The Performance Improvement committee consists of the Administrator, Director of Nursing Services, Assistant Director of Nursing Services, Maintenance Director, Medical Director, Business Office Manager, Social Services Director, Activities Director, Admissions/Marketing Director, Environmental Services Director, Staff Development Coordinator, Nutritional Services Director, Health Information Manager, Therapy Program Manager, Clinical Case Manager, and MDS Coordinator.

5/8/12