N 901 1200-6-6-09(1) Life Safety

(1) Any nursing home which complies with the required applicable building and fire safety regulations at the time the board adopts new codes or regulations will, so long as such compliance is maintained (either with or without waivers of specific provisions), be considered to be in compliance with the requirements of the new codes or regulations.

This Rule is not met as evidenced by: Based on observation, it was determined the facility failed to comply with the applicable fire safety regulations.

The findings included:
Observation of the dining room on 4/23/12 at 11:45 AM, revealed burning cans of sterno keeping food warm in the dining room area.

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

N 901

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

1. On 4/23/12, the Maintenance Director removed the burning cans of sterno from the dining room area.

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 burning cans of sterno used in the facility.

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 that the center cannot use of burning cans of sterno to keep food warm in the dining room on 4/30/12.

How the facility will monitor its corrective actions to ensure the practice is being corrected and will not recur.
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
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</thead>
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<tr>
<td>N901</td>
<td>1200-8-9-09(1)</td>
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4. The Maintenance Department will conduct routine rounds weekly for one month and monthly for two months to ensure the center is not using burning cans of sterno. 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