K 018

NFPA 101 LIFE SAFETY CODE STANDARD

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 19.3.6.3.6 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 1 of 3 whirlpool room doors.

The findings included:
Observation of the whirlpool room door in front of resident room 127 on 6/31/11 at 8:05 AM, would not latch when closed.

This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 5/31/11.
**DOUGLAS NURSING HOME**

**K 054 SS-D**

**NFPA 101 LIFE SAFETY CODE STANDARD**

All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications.  

This STANDARD is not met as evidenced by:

Based on observation, it was determined that the facility failed to ensure 1 of 6 smoke detectors had the required clearance from the air supply vent.

The findings included:

Observations of the facility on 5/31/11 at 9:15 AM, revealed the smoke detector outside the vending room was too close to the air supply vents.

This finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 5/31/11.

<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 054 SS-D</td>
<td>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</td>
</tr>
</tbody>
</table>

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<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
</table>
| K 054         | 1. No sample residents were found to have been harmed by this practice.  
2. No other residents were found to have been harmed by this practice.  
3. On 6/14/11 the smoke detector is scheduled to be moved away from the air supply vents to a distance of 36" by Maintenance Director.  
4. The smoke detectors in the building will be left in the appropriate locations as will any future additions per codes. Monitoring will be done by Resource Director of Environmental Compliance and by Director of Maintenance on a monthly basis. Any discrepancy will be reported to the monthly QA/QI meeting to determine Root Cause of movement and recommend method to maintain appropriate distance.  
5. The QA/QI team consists of the Medical Director, the Pharmacist, the Administrator, DON, ADON, Maintenance, Business Office Manager, HK/Laundry, Dietary, Social Service, Activities, Medical Records, and RAC (MDS). |

| COMPLETION DATE | 7/13/11 |