This facility will maintain egress in our corridors by removing empty chairs from the hallways when residents are not occupying them. Guest chairs are most frequently placed in front of the nurses' station on each wing. Residents and visitors enjoy sitting in this area. The charge nurse, or his/her designee on each wing, will be responsible for removing the chairs after they have been vacant for 10 minutes or longer. Staff was educated regarding the removal of chairs from the corridor.

7/23/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Shirley Williams, Administrator

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 discloseable 50 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 discloseable 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.
K 038  Continued From page 1
administrator during the exit conference on
7/16/13.

K 052  NFPA 101 LIFE SAFETY CODE STANDARD

SS=D  A fire alarm system required for life safety is
installed, tested, and maintained in accordance
with NFPA 70 National Electrical Code and NFPA
72. The system has an approved maintenance
and testing program complying with applicable
requirements of NFPA 70 and 72.  9.6.1.4

This STANDARD is not met as evidenced by:
NFPA 72 National Fire Alarm Code, 1999 edition
Chapter 2 initiating devices
2-8.2 Location and Spacing. Manual fire alarm
boxes shall be located throughout the protected
area so that they are unobstructed and
accessible.

This STANDARD is not met as evidenced by:

Based on observation, it was determined the
facility failed to protect 1 of 15 manual fire alarm
boxes from obstruction and accessibility.

The findings included:

Observation of mechanical room 2 on 7/16/13 at
9:15 AM, revealed a manual fire alarm box was
obstructed with newly installed water pipes.

K 038  All fire alarm systems located
throughout this facility are now
free from obstruction and are
accessible for use. Water
pipes that were obstructing the
manual fire alarm box in
mechanical room 2 have been
removed.

7/23/13
<table>
<thead>
<tr>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>K052</td>
<td>Continued From page 2</td>
</tr>
<tr>
<td>K052</td>
<td>All fire walls in this facility are maintained and penetrations of smoke barriers by ducts are protected in accordance with 8.3.6. Fire wall above door to mechanical room 1 has had penetration corrected with fire caulk.</td>
</tr>
<tr>
<td>K104</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
</tr>
<tr>
<td>SS=D</td>
<td>Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.</td>
</tr>
<tr>
<td></td>
<td>This STANDARD is not met as evidenced by:</td>
</tr>
<tr>
<td></td>
<td>Based on observation, it was determined the facility failed to maintain fire walls.</td>
</tr>
<tr>
<td></td>
<td>The findings included:</td>
</tr>
<tr>
<td></td>
<td>Observation of the service corridor on 7/16/13 at 2:00 PM, revealed a penetration to the fire wall above the door to mechanical room 1.</td>
</tr>
<tr>
<td></td>
<td>This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 7/16/13.</td>
</tr>
</tbody>
</table>