K 017 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D
Corridors are separated from use areas by walls constructed with at least 1/2 hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.)
19.3.6.1, 19.3.6.2.1, 19.3.6.5

This STANDARD is not met as evidenced by:
Based on observations, it was determined the facility failed to maintain the corridor walls in 1 of 4 (400 corridor) corridors.

The findings included:

Observations of the 400 corridor on 9/27/09 revealed the following:
 a. At 1:04 PM, the corridor wall above the janitor’s closet in the rehabilitation (400) corridor had a 2 inch by (x) 4 inch penetration above the ceiling.
 b. At 1:28 PM, the corridor wall above resident room 411 had a 4 inch x 4 foot penetration above the ceiling at the top of the wall.

K 050 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D
K 050: Continued From page 1

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 to familiarize staff on fire drill procedures on 1 of 4 (300 corridor) corridor.

The findings included:

Observations during the fire drill conducted on 9/27/09 at 1:26 PM, at resident room 312, revealed a staff member responded to resident room 312. The staff member announced the code word for the fire but failed to announce the resident room number until prompted to do so by the Maintenance Director. The staff failed to completely close resident room doors 301 and 303.

K 052: NFPA 101 LIFE SAFETY CODE STANDARD

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

K 052: The facility will provide a properly installed, maintained and tested 1-15-10 fire alarm system with approved functioning components. All plant operations personnel were inserviced on the requirements for a properly installed, maintained and tested fire alarm system with approved functioning components.
K 052 Continued From page 2

This STANDARD is not met as evidenced by:
Based on observations, testing and interview, it was determined the facility failed to provide a properly installed, maintained and tested fire alarm system with approved functioning components.

The findings included:

Observations during testing of the facility fire alarm system on 9/27/09 at 9:29 AM, revealed the fire alarm system consisted of a main fire alarm control panel (FACP) and an automatic dialer component located in the closet of the Director of Social Service’s office. When the automatic dialer component was placed in trouble from phone line failure, the FACP failed to indicate a telephone line problem. The fire alarm annunciator panel (FAAP) located at the south nurses’ station also failed to indicate a telephone line problem.

During an interview in the Director of Social Service’s office on 9/27/09 at 9:35 AM, the facility Maintenance Director confirmed the facility monitoring company did not receive a trouble signal from the facility for phone line interruption.

K 072

NFPA 101 LIFE SAFETY CODE STANDARD SS=E.

Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct

K 072 The facility will ensure that 10-27-09 the means of egress will be free from obstructions in the corridors.
<table>
<thead>
<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 072</td>
<td>Continued From page 3 exits, access to, egress from, or visibility of exits. 7.1.10</td>
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<tr>
<td></td>
<td>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to ensure the means of egress were free from obstructions for 2 of 4 (200 and 300 corridors) corridors. The findings included: Observations on 9/27/09 revealed the following: a. At 8:16 AM, a resident lift apparatus was stored in the corridor outside of the Environmental Services room on the 200 corridor. b. At 8:18 AM, a resident's motorized wheelchair was stored in the 200 corridor outside of resident room 208. c. At 8:21 AM, a set of scales was stored in the 300 corridor outside of resident room 308.</td>
<td>K 072 Staff members will be inserviced on keeping the corridors free from obstructions that would impede the means of egress. This will include specifics for resident lifts, motorized wheelchairs and scales. The items observed in the corridors on 9-27-09 were removed from the corridors that morning. Plant operations personnel will check the corridors on a regular basis to ensure that the means of egress is free from obstructions. Documentation will be maintained in the plant operations office.</td>
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</tr>
<tr>
<td>K 144</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD SS=F Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</td>
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<tr>
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<td>This STANDARD is not met as evidenced by: Based on observation and interview, it was</td>
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<tr>
<td></td>
<td>The facility will maintain the 1-15-10 emergency generator power supply. The plant operations personnel will be inserviced on ensuring that the annunciator system needs to be located in a continuously occupied location to indicate when the generator system was in trouble status. An annunciator system will be installed in a continuously occupied location to indicate when the generator system is in trouble status.</td>
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</tbody>
</table>
### K 144 Continued From page 4

determined the facility failed to maintain the emergency generator power supply.

The findings included:

Observations during a tour of the facility on 9/27/09 at 9:25 AM, revealed the emergency generator for the nursing home was located outside, in a location that was not continuously occupied.

During an interview at the south nurses' station on 9/27/09 at 9:31 AM, the Maintenance Director confirmed the facility did not have an annunciator system in a continuously occupied location to indicate when the generator system was in trouble status.

### K 144

After installation, plant operations personnel will check the annunciator system on a regular basis to ensure that it indicates trouble status with the generator system. Documentation will be maintained in the plant operations office.