<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
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<tr>
<td>K017</td>
<td>SS=E</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>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.) 19.3.8.1, 19.3.6.2.1, 19.3.6.5</td>
<td>1.) On 5/7/13, all identified areas were corrected. 2.) All residents who reside in the facility have the potential to be affected by this concern. 3.) The Maintenance Director made facility rounds on 5/7/13 to ensure that no other areas were not in compliance with 19.3.8.1, 19.3.6.2.1, and 19.3.6.5. Maintenance department staff will make rounds daily and will be vigilant during the course of ongoing maintenance activities to identify any potential areas that may indicate a breach of smoke barriers. Any areas that have an identified or potential problem shall be logged into the maintenance log for immediate action. 4.) The maintenance log will be trended by the Director of Maintenance monthly for two months and then will report his findings to the Quality Assurance Committee.</td>
<td>6/24/13</td>
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This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to prevent penetrations in walls.

The findings included:

Observations during the initial tour on 5/6/13 revealed the following:

a. At 4:25 PM, the 1 hour fire wall perpendicular to the corridor wall in the therapy office had 2 penetrations above the ceiling.
b. At 4:26 PM, the corridor wall at the therapy office was not sealed to the roof deck.
c. At 4:27 PM, the corridor wall at the medical records room had a 4 inch by 4 inch penetration above the ceiling and the wall was not sealed to

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the roof deck.
d. At 4:30 PM, the corridor wall at resident room E-25 had a penetration above the ceiling at the intersection of the of bathroom wall and the corridor wall.
e. At 4:40 PM, the corridor wall at resident room E-10 had a penetration above the ceiling at the intersection of the of bathroom wall and the corridor wall.
f. At 4:57 PM, the service corridor wall had 2 penetrations above the ceiling near the fire alarm strobe.
g. At 5:05 PM, the service corridor wall had a penetration above the door to the clean side of the laundry at the 3 inch rigid conduit.

These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 5/6/13.