K018

LIFE SAFETY CODE STANDARD

1) The door to the Assistant Director of Nurses' office was adjusted to determine proper closure on 10/12/10 by Maintenance Supervisor.

2) Remaining corridor doors were inspected and adjusted as needed by the maintenance staff to ensure that doors closed properly and will remain closed on 10-12-10.

3) Re-education was provided to the Maintenance Staff regarding doors closing properly on 10-25-10 by the Administrator. The maintenance supervisor will inspect corridor doors during routine weekly rounds for proper closure and perform repairs as indicated.

4) The Administrator will monitor corridor doors weekly for 4 weeks, then monthly for 2 additional months for proper closure. The Administrator or designee will review, analyze, and report the results monthly in the Performance Laboratory Directors or Provider/Supplier Representative's Signature

Any deficiency statement ending with an asterisk (*) denote a deficiency which the institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patient. (See instructions.) Except for nursing homes, the findings stated above are disclosed to CMS 90 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 disclosed 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.
<table>
<thead>
<tr>
<th>Tag</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K029</td>
<td>Continued from page 1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</td>
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<tr>
<td>K029</td>
<td>Improvement Committee meetings for one quarter to determine continued compliance and need for further monitoring. Compliance Date 10-29-10</td>
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<tr>
<td>K062</td>
<td>Life Safety Code Standard</td>
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<tr>
<td>K062</td>
<td>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</td>
</tr>
<tr>
<td>K062</td>
<td>This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to provide proper clearance for the 4 sprinkler heads in the 200 hall storage room.</td>
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</tbody>
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walls weekly for 4 weeks, then monthly for 2 additional months. The Administrator or designee will review, analyze, and report the results monthly in the Performance Improvement Committee meetings for one quarter to determine continued compliance and need for further monitoring.

Compliance Date 10-29-10

K062
LIFE SAFETY CODE STANDARD

1) Maintenance Supervisor will replace light fixtures in the 200 hall storage room to provide proper clearance of the sprinkler head by 10-29-10.

2) Maintenance Supervisor will inspect remaining storage closets to determine that sprinkler heads are not blocked by light fixtures and replace light fixtures as needed by 10-29-10.

3) Re-education was provided to the maintenance staff regarding...
K062 continued...

maintaining proper clearance of sprinkler heads on 10-25-10 by the Administrator.

4) The Maintenance supervisor or designee will monitor that proper clearance of sprinkler heads is maintained through rounds and inspection 5 times weekly for 4 weeks, and then weekly for 2 additional months. The Administrator or designee will review, analyze and report the results monthly in the Performance Improvement Committee meetings for one quarter to determine continued compliance and need for further monitoring.

Compliance Date 10-29-10