This Comparative Federal Life Safety Code (LSC) Survey was conducted on October 31, 2012. It was conducted as per the requirements of the Federal Register at 42 CFR 483.70 (a) using the existing Health Care Section of the 2010 edition of the LSC and its referenced publications. This building was Type V (060), completely sprinkled and housed 141 beds. On the day of survey, census was 120.

The deficiencies determined during the survey are as follows:

K 046 NFPA 101 LIFE SAFETY CODE STANDARD

Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 192.3.1.1.

This STANDARD is not met as evidenced by:
Based upon observation and staff interview during the survey, it was determined that the facility failed to provide emergency lighting in accordance with LSC 7.9. The findings included:

- Approximately at 12:46 PM, it was observed that Bridge and East hall exit discharge areas did not have emergency lighting to the public way. This deficient practice affected 80 residents.

- This was verified with maintenance staff at the time of discovery.

Disclaimer:

The Bridge at Montegah does not believe and does not admit that any deficiencies existed prior to during or after the survey. The facility reserves the right to contest the survey findings through informal dispute resolution, formal appeal proceedings or any administrative or legal process. This plan of correction is not meant to establish any standard of care, contract obligation or position and the facility reserves all rights to raise all possible contentions and defenses in any type of civil or criminal claim, action or proceeding.

Nothing contained in this plan of correction should be considered as a waiver of any potentially applicable Peer Review, Quality Assurance or self-examination privilege which the facility does not waive and reserves the right to assert any administrative, civil or criminal claim, action or proceeding. The facility refuses to consent, credible allegations of compliance and plan of correction as part of its ongoing efforts to provide quality of care to residents.

K 046 NFPA 101 LIFE SAFETY CODE STANDARD

Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 192.3.1.1.

Residents affected:
The residents of The Bridge and East Hall were affected by the cited practice.

Residents potentially affected:
Residents of The Bridge and East Hall have the potential to be affected by the cited practice.

The facility will install emergency lighting for the discharge areas identified in accordance with LSC 7.9.

Systemic measures:
The maintenance director/assistant will visually inspect the emergency escape lighting monthly for proper functioning. The maintenance director/assistant will report to the administrator regarding any findings requiring repair.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be exempted 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 dischargeable 10 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above deficiencies and plans of correction are dischargeable 10 following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continue program participation.
<table>
<thead>
<tr>
<th>K 000</th>
<th>INITIAL COMMENTS</th>
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<tbody>
<tr>
<td>This Comparative Federal Life Safety Code (LSC) Survey was conducted on October 31, 2012. It was conducted as per the requirements of the Federal Register at 42 CFR 483.70 (a) using the existing Health Care Section of the 2000 edition of the LSC and its referenced publications. This building was Type V (000), completely sprinklered and housed 141 beds. On the day of survey, census was 126. The deficiency as determined during the survey are as follows:</td>
<td></td>
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<tr>
<th>K 048</th>
<th>SF44D</th>
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<tbody>
<tr>
<td>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 16.2.9.1.</td>
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</tbody>
</table>

This STANDARD is not met as evidenced by:
- Based upon observation and staff interview during the survey, it was determined that the facility failed to provide emergency lighting in accordance with LSC 7.9. The findings included:
  - Approximately at 12:45 PM, it was observed that Bridge and East Hall exit discharge locations did not have emergency lighting to the public way. This deficient practice affected 60 residents.
  - This was verified with maintenance staff at the time of discovery.

<table>
<thead>
<tr>
<th>K 000</th>
<th>Monitoring measures:</th>
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<tr>
<td>The maintenance director/assistant will report to the administrator regarding any findings requiring repairs. The administrator will address any repairs required related to the emergency egress lighting monthly to QA X 2 quarters.</td>
<td></td>
</tr>
</tbody>
</table>

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 tenant. (See instructions.) Except for nursing homes, the findings stated above are disclosable 60 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 disclosable 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.