<table>
<thead>
<tr>
<th>ID</th>
<th>PREVIOUS TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREVIOUS TAG</th>
<th>PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)</th>
<th>DUE DATE COMPLETION</th>
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<tbody>
<tr>
<td>K064</td>
<td>SS=D</td>
<td><strong>NFPA 101 LIFE SAFETY CODE STANDARD</strong>&lt;br&gt;&lt;br&gt;Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, 19.3.5.8, NFPA 10</td>
<td>K064</td>
<td></td>
<td><strong>CORRECTIVE ACTION:</strong>&lt;br&gt;&lt;br&gt;The vendor was called on 2-5-13 to come to facility and perform hydrostatic testing to fire extinguisher. Work was completed on 2-8-13.</td>
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<td><strong>RESIDENTS WITH POTENTIAL TO BE AFFECTED:</strong>&lt;br&gt;&lt;br&gt;All residents have the potential to be affected from missed hydrostatic test to fire extinguishers.</td>
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<td><strong>SYSTEMATIC CHANGES:</strong>&lt;br&gt;&lt;br&gt;Outside vendor will continue with biannual checks of all fire extinguishers to assure hydrostatic testing. Maintenance within facility will continue with monthly check of all extinguishers to assure compliance with expiration dates and assure the checks do not go past the date of expiration. An audit toll will be used to assure accuracy of tracking.</td>
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<tr>
<td>K076</td>
<td>SS=D</td>
<td><strong>NFPA 101 LIFE SAFETY CODE STANDARD</strong>&lt;br&gt;&lt;br&gt;Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.&lt;br&gt;&lt;br&gt;(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.&lt;br&gt;&lt;br&gt;(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</td>
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**Deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patient. (See Instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey.**
This STANDARD is not met as evidenced by:

Based on observation and interview, the facility failed to assure electrical components in medical gas storage locations were located greater than five (5) feet above the floor.
The findings include:
Observation with the maintenance director on February 5, 2013 at 9:45pm confirmed the oxygen storage room light switch was installed at 48-inches above the finished floor.
This finding was verified by the Maintenance Supervisor and acknowledge by the administrator during the exit conference on February 5, 2013.

Corrective Action:
Work to move light switch up to five feet above level of the floor was completed by Maintenance Director on 2-8-13.

Residents with potential to be affected:
No residents affected.

Systematic Changes:
No other oxygen storage areas in facility.

Monitoring:
No required monitoring, work complete.