K 038 NFPA 101 LIFE SAFETY CODE STANDARD

Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1.1921

This STANDARD is not met as evidenced by:

Based on observation, the facility failed to assure exits and egress discharges were accessible.

The findings include:

Observation on October 16, 2012 between the hours of 12:00 p.m. and 1:30 p.m. revealed the following:
1. Delayed egress doors by boiler room 1 leading out to smoking area and the back of east corridor did not work properly or open upon testing.
2. Exits from the back of the building did not have a sidewalk that lead to the public way.

These findings were verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on October 16, 2012.

K 054 NFPA 101 LIFE SAFETY CODE STANDARD

All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer’s specifications. 9.6.1.3

This STANDARD is not met as evidenced by:

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider with the statement of deficiencies. The plan of correction is prepared and/or executed because it is required by provision of Federal and State regulations.

K-038

1. No residents suffered harm.
2. (1) Delayed egress door by boiler room door was repaired and operating properly on 10/16/2012. Delayed egress door located on the east corridor was repaired and operating properly on 10/31/2012
(2) Sidewalk will be installed by 12/1/2012.
3. The facility’s Maintenance Director will conduct QI monitoring to ensure that the facility’s delayed egress doors are operating properly. QI monitoring will be conducted 5 x weekly for 4 weeks, then 3 x weekly for 4 weeks, then 1 x weekly for 4 weeks, then 1 x monthly for 9 months. 100% of doors will be monitored.
4. The facility’s Maintenance Director will report results of QI monitoring to the Quality Assurance/Performance Improvement (QA/PI) Committee monthly x 12 months for continued compliance and/or revision.
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Based on record review and interview, the facility failed to assure smoke detectors were tested for sensitivity every two (2) years.

The findings include:

Record review and interview with the Maintenance Director on October 18, 2012 at 11:00 a.m. confirmed that the facility failed to test smoke detectors for sensitivity every two (2) years.

This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on October 16, 2012.

K 067 NFPA 101 LIFE SAFETY CODE STANDARD

Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications 195.2.1, 9.2, NFPA 90A, 195.2.2

This STANDARD is not met as evidenced by:
Based on observation, interview, and record review, the facility failed to assure the fire dampers were maintained in accordance with NFPA 90A.

The findings include:

Record review and interview with the Maintenance Director on October 16, 2012 at 11:05 a.m. confirmed the facility failed to perform the required 4-year fire damper maintenance.
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This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 16, 2012.

4. The facility's Maintenance Director will report results of QI monitoring to the Quality Assurance/Performance Improvement (QA/PI) Committee monthly x 12 months for continued compliance and/or revision.