**N 831** 1200-8-6-08 (1) Building Standards

(1) A nursing home shall construct, arrange, and maintain the condition of the physical plant and the overall nursing home environment in such a manner that the safety and well-being of the residents are assured.

This Rule is not met as evidenced by:
Based on observation, the facility failed to have the automatic sprinkler sprinkler system installed correctly.

The findings include:
Observation on January 23, 2013 at 1:00 p.m. revealed that sprinkler lines were penetrating through three (3) out of three (3) four (4) hour fire walls.

This finding was verified by the Maintenance Director and acknowledged by the Administrator during the exit conference on January 23, 2013.

**N 831**

What corrective action will be accomplished for the residents found to have been affected by the deficient practices?

On 2/5/13 Century Fire Company was contacted by the Regional Plant Ops Director to do a site visit and proposal to add risers to the facility to maintain the integrity of the four hour fire wall.

Drawings for the recommended changes will be submitted to Bill Harmon at the State Office for review by 2/22/13. Upon approval of plans, the work will begin with an estimated completion date of 5/8/13.

How will you identify other residents having the potential to be affected by the same deficient practices and what corrective action will be taken?

Three of three 4 hour fire walls were inspected by plant ops staff on 1/23/13.

On 2/5/13 Century Fire Company was contacted by the Regional Plant Ops Director to do a site visit and proposal to add risers to the facility to maintain the integrity of the four hour fire wall.

Drawings for the recommended changes will be submitted to Bill Harmon at the State Office for review by 2/22/13. Upon approval of plans, the work will begin with an estimated completion date of 5/8/13.

What Measures will be put into place or what systemic changes will you make to ensure the deficient practice does not recur?

All plant ops staff were interviewed that penetrations are not allowed through 4 hour fire walls and that any areas of concern identified during repairs or maintenance from outside vendors are to be addressed immediately and reported to the Plant Ops Director and the Administrator.
<table>
<thead>
<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETE DATE</th>
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<tbody>
<tr>
<td>NB31</td>
<td>How will the corrective action be monitored to ensure the deficient practice will not reoccur, i.e., what quality assurance program will be put into place? The Performance Improvement Process Committee (Administrator, DON, ADON’s, SSD, Dietary Manager, Maintenance Director, Env. Service Director, BOM, HRD, QOIS, Medical Director, PNP and Chaplain) will review maintenance reports related to repairs and or installations in the facility to assure that the work is completed while maintaining the integrity of the 4 hour fire wall and that any areas of concern identified are addressed immediately.</td>
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