<table>
<thead>
<tr>
<th>ID</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 029</td>
<td>Unsated penetrations in laundry room ceiling, kitchen ceiling, mechanical/electrical room ceiling and wall will have been sealed with appropriate fire caulk</td>
</tr>
<tr>
<td></td>
<td>Door closer provided for Medical Records room door.</td>
</tr>
<tr>
<td></td>
<td>Kitchen fire door to the dining room has been replaced to ensure positive latch.</td>
</tr>
<tr>
<td></td>
<td>The 100 hall shower room door adjusted and now closes freely.</td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by: Based on observation and interview, it was determined hazardous area’s one 1 hour fire rated construction is maintained. The findings include:

1) Observation and interview with the Maintenance Supervisor, on April 29, 2013 between 6:30 pm and 10:30 pm confirmed unsealed penetrations in the following locations:

1. Laundry room ceiling
2. Kitchen ceiling above the Ansul system
3. Mechanical/Electrical room ceiling and wall

2) Observation and interview with the Maintenance Supervisor, on April 29, 2013 2013 between 6:30 pm and 10:30 pm confirmed the following:

1. Medical record room door was not provided with door closers,
2. The kitchen fire door to the dining room failed
## Statement of Deficiencies and Plan of Correction

**Statement of Deficiencies**

- **K 029**: Continued from page 1
  - to close to a positive latch,
  - 3. The 100 hall shower room door failed to close freely and hung up on the door frame.
  - These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on April 29, 2013.

**K 052**: NFPA 101 Life Safety Code Standard

- **K 052**: Sensitivity test completed with follow up testing to be completed again in two years. Once two successful consecutive tests have been completed, frequency will be increased from 2 years to 5 years.
- **K 052**: Smoke detector at the 100 hall nurses’ station relocated

This STANDARD is not met as evidenced by:

- Based on record review, it was determined smoke detectors were installed and maintained properly.
- The findings include:
  - 1) Record review on April 29, 2013 at 8:30 pm confirmed the last sensitivity test was done on 4-24-2009 with two failed detectors. No other records were provided to allow sensitivity testing frequency to be increased from 2-years to 5-year intervals.
  - 2) Observation and interview with the Maintenance Supervisor on April 29, 2013 at 8:30 p.m. confirmed the smoke detector at the 100 hall...
K052: Continued From page 2
  nurses' station was located 1-foot from an air supply.
  These findings were verified by the Maintenance Supervisor and acknowledged by the
  Administrator during the exit conference on April 29, 2013.

K056: NFPA 101 LIFE SAFETY CODE STANDARD

<table>
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<td>K052</td>
<td></td>
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<td>(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</td>
</tr>
<tr>
<td>K056</td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

All combustible materials have been removed and
sprinkler head has been added to exit.

One of the sprinkler heads located in the 100 hall
break room has been removed.

This STANDARD is not met as evidenced by:
Based on observation and interview, it was determined all areas were properly sprinkled
under exterior canopies and sprinklers spaced at least six (6) feet apart.
The findings include:
1) Observation and interview with the Maintenance Supervisor on April 29, 2013 at 7:30
p.m. confirmed the exit and metal awning outside dietary used to store sixteen (16) combustible
plastic milk crates and a wooden picnic table was not provided with sprinkler protection.
2) Observation and interview with the
<table>
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<tr>
<th>ID</th>
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<th>ID Prefix Tag</th>
<th>PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCES TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K056</td>
<td></td>
<td>Continued From page 3 Maintenance Supervisor on April 29, 2013 at 9:10 p.m. confirmed the 100 hall break room had two (2) sprinkler heads located 4-feet apart. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on April 29, 2013.</td>
<td>K056</td>
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</tr>
<tr>
<td>K062</td>
<td>SS=F</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD 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>
<td>K062</td>
<td>Five year sprinkler system obstruction investigation performed and will completed every 5 years.</td>
<td>6/17/13</td>
</tr>
<tr>
<td>K067</td>
<td>SS=F</td>
<td>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. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</td>
<td>K067</td>
<td>Four year required maintenance to fire dampers completed and will be scheduled every four years on-going.</td>
<td>6/17/13</td>
</tr>
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<td>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSQ IDENTIFYING INFORMATION)</td>
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<td>K 067</td>
<td>Continued From page 4</td>
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<td>K 067</td>
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This STANDARD is not met as evidenced by:
Based on interview and record review, it was determined the facility failed to perform fire damper maintenance.
The findings include:
Record review and interview with the Maintenance Supervisor on April 29, 2013 at 7:30 p.m. confirmed the facility failed to perform the 4-year required maintenance to fire dampers.
This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on April 29, 2013.