K 046 SS-D
NFPA 101 LIFE SAFETY CODE STANDARD
Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.

This STANDARD is not met as evidenced by:
Based on observation it was determined the facility failed to provide emergency lighting from the exit discharge to a public way.

The findings included:
Observation of the exit discharges from the A, B, C, and D wings on 10/15/13 at 12:55 P.M. revealed the pathways did not have emergency lighting.

These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 10/14/13.

K 054 SS-D
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:
Based on observation it was determined the facility failed to maintain 1 of 40 fire alarm components.

The findings included:
Observation of the electrical room on C hall on
3. The Maintenance Director will
emergency lights during daily rounds at
a minimum of 5 days a week to ensure
compliance. Results will be reported
daily during morning start up at least 5
days a week. This will be done weekly
times 4 weeks and monthly times 2
months.

4. Findings will be reported monthly to
the QA&A Committee by the NHA
monthly x 3 months to access the
effectiveness of plan.
Continued From page 1

10/15/13 at 9:50 A.M. revealed the smoke detector cover was damaged. The maintenance supervisor stated he had called the fire alarm test company to come and replace the smoke detector. He stated the technician came and stated the damage would not affect the operation of the detector. The maintenance supervisor also stated the technician did not test the detector.

This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit interview on 10/15/13.

If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5

This STANDARD is not met as evidenced by:
Based on observation, it was determined that the facility failed to assure all areas of the facility were provided with sprinkler coverage.

The findings included:

<table>
<thead>
<tr>
<th>Deficiency</th>
<th>Action Required</th>
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</thead>
<tbody>
<tr>
<td>K 054</td>
<td>Based on the alleged deficiency current residents have the potential to be affected.</td>
</tr>
<tr>
<td>K 056</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
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<td>SS=D</td>
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<td></td>
<td>The facility will ensure that all areas of the facility are provided with sprinkler coverage.</td>
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<tr>
<td></td>
<td>Superior Fire Protection Company has installed sprinklers in the walk in cooler and freezer.</td>
</tr>
<tr>
<td></td>
<td>Based on the alleged deficiency current residents have the potential to be affected.</td>
</tr>
</tbody>
</table>

12/19/13
Continued From page 2

Observation of the kitchen on 9/15/13 at 1:15 P.M. revealed the walk-in cooler and freezer were not sprinkled.

This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 10/15/13

K 062 SS=D

NFPA 101 LIFE SAFETY CODE STANDARD

Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.8, 4.6.12, NFPA 13, NFPA 25, 9.7.5

This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain all sprinkler heads assemblies.

The findings included:

1. Observation of the kitchen pantry on 10/15/13 at 1:15 P.M. revealed 1 of 1 sprinkler head assemblies obstructed with a light fixture and water pipes.
2. Observation of the laundry department at 9:25 A.M. revealed 1 of 1 sprinkler head assemblies behind the dryers was covered in lint.
3. Observation of resident room 105 at 11:55 A.M. revealed 1 of 2 sprinkler heads covered in lint over the

3. The Maintenance Director will check sprinklers in the walk in cooler and freezer during daily rounds at a minimum of 5 days a week to ensure compliance. Results will be reported daily during morning start up at least 5 days a week. This will be done weekly times 4 weeks and monthly times 2 months.

4. Findings will be reported monthly to the QA&A Committee by the NHA monthly x 3 months to access the effectiveness of plan.

K062 SS=D

NFPA 101 LIFE SAFETY CODE STANDARD

The facility will ensure that all sprinkler head assemblies.

a. Superior Fire Protection Company has moved the sprinkler head assembly in the kitchen pantry so it doesn’t obstruct the light fixture and water pipes.

b. The sprinkler head in the laundry department has been cleaned to remove lint

c. Sprinkler head assembly in Room 105 has been cleaned to remove lint

d. Sprinkler head assembly in bathroom of Room 304 has been replaced.

e. Sprinkler head assembly in Room 404 has been replaced.
Continued From page 3

4. Observation of the bathroom in resident room 304 at 9:10 A.M. revealed 1 of 1 sprinkler head with paint on the pendant.

5. Observation of resident room 404 at 10:45 A.M. revealed 1 of 2 sprinkler heads with paint on the pendant and a damaged escutcheon located over the B side of the bed.

These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 10/15/13.

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

This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to provide constant air circulation in 19 of 46 resident rooms.

The findings included:

Observation of resident rooms on 10/15/13 from 8:15 A.M. until 2:30 PM revealed the only source of air exchanges were the heating and air conditioning units. The following resident rooms

Based on the alleged deficiency current residents have the potential to be affected.

The Maintenance Director will monitor sprinkler heads during daily rounds at a minimum of 5 days a week to ensure compliance. Results will be reported daily during morning start up at least 5 days a week. This will be done weekly times 4 weeks and monthly times 2 months.

Findings will be reported monthly to the QA&A Committee by the NHA monthly x 3 months to access the effectiveness of plan.

The facility will ensure constant air circulation in 19 of 46 rooms.

The PTAC units in Rooms 101, 103, 109, 112, 306, 307, 308, 309, 313, 316, 317, 408, 409, 411 412, 413, 414, 415, and 416 have been repaired so the fans run constantly.

Based on the alleged deficiency current residents have the potential to be affected.
K 067 Continued From page 4

had the fan function of the heat and air units turned off.
1. Resident rooms 101, 103, 109, and 112 on the A hall.

These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 10/15/13.

K 069 SS=D

NFPA 101 LIFE SAFETY CODE STANDARD

Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96

This STANDARD is not met as evidenced by:
Based on review of documentation, it was determined the facility failed to provide documentation the kitchen hood fire suppression system was professionally tested semi-annually.

The findings included:
During the document review on 10/15/13 the facility provided kitchen hood fire suppression inspection reports for the kitchen hood conducted on 7/8/12 and 7/9/13.

This finding was verified by the maintenance supervisor and verified by the administrator during the exit conference on 10/14/13.

K 104 NFPA 101 LIFE SAFETY CODE STANDARD

3. The Maintenance Director will educate staff on not unplugging or tripping breakers on PTAC units so they run constantly. The Maintenance Director will educate staff on putting work order in book for any PTAC unit that does not run constantly.

K 067

K 069

K 104

NFPA 101 LIFE SAFETY CODE STANDARD

The cooking facilities are protected in accordance with 9.2.3.

1. The fire suppression on the kitchen hood was done on 7/9/13

2. Based on the alleged deficiency current residents have the potential to be affected.
Maintenance Director will monitor PTAC units fans running constantly during daily rounds at a minimum of 5 days a week to ensure compliance. Results will be reported daily during morning start up at least 5 days a week. This will be done weekly times 4 weeks and monthly times 2 months.

4. Findings will be reported monthly to the QA&A Committee by the NHA monthly x 3 months to access the effectiveness of plan.
3. The Maintenance Director was educated on doing the fire suppression inspection on the hood semi annually by the Administrator. The Maintenance Director will set this up with Simplex Grinnell to automatically be done semi annually. The Maintenance Director will put this on his calendar to follow up on in January and July of 2014.

4. Findings will be reported to the QA&A Committee by the NHA monthly x 3 months to access the effectiveness of the plan.
K 104
SS=D
Continued from page 5

Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.

This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain all rated assemblies.

The findings included:

1. Observation of the ceiling in hall B had 3 penetrations in front of rooms 203 and 3 penetrations in front of room 208.

2. Observation of resident room 101 had penetrations around the 2 sprinkler head assemblies in the ceiling.

The finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 10/15/13.

NFPA 101 LIFE SAFETY CODE STANDARD

Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code 9.1.2.

This STANDARD is not met as evidenced by: Based on observation it was determined the facility failed to maintain all electrical components.

K 104

NFPA 101 LIFE SAFETY CODE STANDARD

The facility will ensure that electrical wiring and equipment is in accordance with National Electrical Code 9.1.2

1. The ground fault interrupting circuits has been replaced in rooms 105, 106, 107, 108 and 109.

2. Based on the alleged deficiency current residents have the potential to be affected.

Cont on 6A
3. The Maintenance Director will ensure that ground fault interrupting circuits are working properly during daily rounds at a minimum of 5 days a week to ensure compliance. Results will be reported daily during morning start up at least 5 days a week. This will be done weekly times 4 weeks and monthly times 2 months.

4. Findings will be reported monthly to the QA&A Committee by the NHA monthly x 3 months to access the effectiveness of plan.
K 147 Continued From page 6  
The findings included:  

1. Observation of resident bathroom 315 on 10/15/13 at 8:15 A.M. revealed the ground fault interrupting circuit (GFIC) receptacle would not reset after the test button was pushed.  
2. Observation of resident bathrooms on A hall on 10/15/13 from 11:40 A.M. until 12:15 P.M. revealed 5 of 17 ground fault interrupting circuit (GFIC) receptacles would not reset after the test button was pushed in the following rooms: 105, 106, 107, 108, and 109.  

These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 10/15/13.

K 147  
1. The ground fault interrupting circuit (GFIC) has been ordered and replaced in the bathrooms of 105, 106, 107, 108 and 109.  
2. Based on the alleged deficiency current residents have the potential to be affected.  
3. The Maintenance Director was educated by the Administrator on checking GFIC outlets on a regular basis. The Maintenance Director did an audit of rooms to ensure that the GFIC outlet was working properly. The Maintenance Director will monitor the GFIC outlets during daily rounds at a minimum of 5 days a week to ensure compliance. Results will be reported daily during morning start up at least 5 days a week. This will be done weekly times 4 weeks and monthly times 2 months.  
4. Findings will be reported monthly to the QA&A Committee by the NHA monthly x 3 months to access the effectiveness of plan.