<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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<tr>
<td>K050</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</td>
<td>K050</td>
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Residents affected:
Fire drill was conducted immediately on 11/12/13 per Administrator.

Staff educated on importance of fire drills and that drills are unannounced and treated as an actual fire per Plant Operation Manager/Administrator on 11/12/13

Residents potentially affected:
Staff will be educated on all three shifts regarding policy and procedure for fire drills by 12/13/13 per Administrator.

Systemic measures:
Plant Operation Manager will conduct one drill per shift per quarter. During drill Plant Operation Manager will evaluate the drill according to our Fire Plan. Based on these evaluations, the Administrator may increase the number of drills if deemed necessary.

Staff will be educated upon hire and quarterly per Plant Operations Manager. Administrator will review life safety records monthly to ensure compliance.

Monitoring measures:
Fire drills will be observed quarterly per Administrator. Findings will be reported to QA Committee Team during monthly meeting.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Title

RECEIVED

(Date)

Notes: Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting according to the following: If the deficiency is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.
This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to maintain the ventilating system in 1 of 3 (100 hall) halls in accordance with National Fire Protection Association (NFPA) 101, Life Safety Code, Chapter 19.5.2.1.

The findings included:

Observations during the tour of the 100 hall on 11/12/13 at 11:00 AM, revealed twelve rooms did not have bathroom ventilation fans in operation.

The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 11/12/13.

NFPA 101 LIFE SAFETY CODE STANDARD

Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.

(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.

(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

Residents affected:
Oxygen cylinder was removed immediately on 11/12/13 per Charge Nurse and placed in Oxygen containment room.
### Continued From page 2

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to maintain oxygen cylinders in a safe manner.

The findings included:

Observations in room 201 on 11/12/13 at 12:30 AM, revealed an unsecured oxygen cylinder leaning unsecured against the resident room wall.

The finding was acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit conference on 11/12/13.

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<td>K076</td>
<td>Continued From page 2</td>
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<td>Residents potentially affected: All residents’ rooms were inspected on 11/12/13 to ensure oxygen cylinder storage compliance per DON, ADON, Restorative Nurse, and Charge Nurses.</td>
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<td>Nursing staff were educated on 11/12/13 per DON, ADON, and SDC regarding policy and procedure for oxygen cylinder storage.</td>
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<td>Systemic measures: Nursing staff will be educated upon hire and annually regarding policy and procedure for containment of oxygen cylinders per Staff Development Coordinator/ADON.</td>
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<td>Charge Nurses will inspect rooms daily for proper storage of oxygen cylinders.</td>
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<td>Monitoring measures: During daily environmental rounds per Department Heads resident rooms will be inspected for compliance of oxygen cylinder storage. Findings will be reported during daily Department Manager meeting.</td>
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<td>Unit Manager/Central Supply Clerk will inspect resident rooms for compliance of oxygen cylinder storage weekly. Findings will be reported to DON per Unit Manager/Central Supply Clerk.</td>
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<td>DON will inspect resident rooms monthly to ensure compliance. Findings will be reported to QA Committee Team during monthly meeting.</td>
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