**K018 SS-0**

NFPA 101 LIFE SAFETY CODE STANDARD

- Doors protecting corridor openings in lieu of required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1-1/2 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with means suitable for keeping the door closed. Dutch doors meeting 18.3.6.3.6 are permitted. 19.3.6.3.

- Roller latches are prohibited by CMS regulations in all healthcare facilities.

This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to maintain doors in corridor openings.

The findings included:

1. Observations of the dining room door on 5/4/10 at 10:10 AM, revealed the door would not latch when closed.

2. Observations the fire doors by the quiet room on 5/4/10 at 10:45 AM, revealed the fire doors would not latch when closed.

**K062 NFPA 101 LIFE SAFETY CODE STANDARD**

- Not resident specific
- All residents have the potential to be affected.
- Fire door entering dining room and fire doors by the quiet room were repaired by maintenance staff on 5/4/10.
- Maintenance Director will monitor fire doors throughout the building during routine daily, weekly and monthly rounds to ensure proper closure and repair as needed. Maintenance Director will maintain documentation of repairs.

- Maintenance Director will report monitoring results to the QA Committee monthly for three months or until resolved.

**K018**

5/4/10

**K062**

6/3/10
<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
</table>
| K 062 SS=0   | 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 | K 062        | Not resident specific  
All residents have the potential to be affected.  
Sprinkler head covers in room 201 were repaired by Key Fire Protection 5/10/10.  
Maintenance Director and maintenance staff repaired remaining sprinkler head covers throughout the facility on 5/14/10.  
- Maintenance Director will monitor sprinkler head covers throughout the building for separation from the ceiling during routine daily, weekly and monthly rounds and repair as needed.  
- Maintenance Director will maintain documentation of repairs.  
- Maintenance Director will report monitoring results to the QA Committee monthly for three months or until resolved. | 5/14/10 |