<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX 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 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>
<tbody>
<tr>
<td>K050</td>
<td>SS=E</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD: 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.</td>
<td>K050</td>
<td></td>
<td>Maintenance will ensure that fire drills are conducted on each shift each quarter. Maintenance/Administrator conducted review of fire drills for compliance. Maintenance will track fire drills through a quarterly grid, and report occurrence rate to Administration and Fire &amp; Safety Committee, as needed, and at Fire &amp; Safety meeting. Fire drills will be assigned quarterly to Fire &amp; Safety members.</td>
<td>09/26/11</td>
</tr>
<tr>
<td>K052</td>
<td>SS=E</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD: A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72.</td>
<td></td>
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</tr>
</tbody>
</table>

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it 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.
K 052: Continued From page 1

This STANDARD is not met as evidenced by:
Based on observations, testing, and interview with the director of maintenance it was determined the facility failed to maintain the fire alarm system.

The findings included:
1. Testing of the fire alarm system on 9/26/11 at 12:50 PM, revealed the fire alarm annunciating panel did not receive a trouble alarm when the monitoring station communication wire was disconnected.
2. The monitoring station did not acknowledge the loss of communication with the facilities fire alarm panel.
3. The batteries in the fire alarm panel did not have a posted installation date on them.
4. There was no remote fire alarm annunciating panel in a occupied and monitored area.

K 082: NFPA 101 LIFE SAFETY CODE STANDARD SS= E

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

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

K 052
1. Koorsen Fire Protection has been notified of the problem with the fire alarm annunciating panel not receiving a trouble alarm when disconnected. Repaired 10/19/11.

2. Koorsen Fire Protection has been notified of the problem with the monitoring station not acknowledging loss of communication with the facilities fire alarm panel. Repaired 10/19/11.

3. Koorsen Fire Protection has been notified of the batteries not having a posted installation date. Corrected 10/19/11.

4. Koorsen Fire Protection has been notified of the lack of a remote fire alarm annunciating panel in an occupied and monitored area. Corrected 10/19/11.

K 082
Maintenance Director will review fire alarm system for needed repairs on an ongoing basis.

Problems related to fire alarm system will be reported to Administration as they occur.

Maintenance will perform needed repairs, or contact fire protection services, as needed.
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(NAME OF PROVIDER OR SUPPLIER)
LINCALN DONALSON CARE CENTERS

STREET ADDRESS, CITY, STATE, ZIP CODE
501 AMANA AVENUE
FAYETTEVILLE, TN 37334

(DATE SURVEY COMPLETED)
09/26/2011

K 052 Continued From page 2

The findings included:
Observation on 9/28/11 at 1:00 PM, revealed hanging fabrics over the shelves of the clean linen room not allowing proper sprinkler coverage.

This finding was acknowledged by the administrator and director of maintenance at the exit conference on 9/26/11.

K 072 NFPA 101 LIFE SAFETY CODE STANDARD
SS=E
Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10

This STANDARD is not met as evidenced by:
Based on observations, it was determined the facility failed to maintain the means of egress.
The findings included:
Observation on 9/28/11 between 11:45 AM and 12:12 PM, revealed 2 patient lifts stored in the corridor doors at the '4 Hall'.

This finding was acknowledged by the administrator and director of maintenance at the exit conference on 9/26/11.

K 073 NFPA 101 LIFE SAFETY CODE STANDARD
SS=U

No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4

This STANDARD is not met as evidenced by:

K 052 Curtains were removed from the shelves of the clean linen room by Housekeeping on 9/26/11. Housekeeping Supervisor reviewed linen storage in other areas for compliance.

Maintenance & Housekeeping will periodically check for compliance and correct as needed.

K 072 Lifts were moved to storage area on Hall 4 to maintain means of egress on Hall 4.

Nursing Supervisor and Maintenance personnel immediately conducted observation of facility to ensure compliance.

Nursing Service and Education Director to instruct nursing personnel regarding proper storage of equipment and maintaining a clear egress.

Nursing D.O.N. and Nursing Supervisors will perform random checks to ensure proper storage of equipment and that egress is maintained and correct and instruct staff as needed.
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
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<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 073</td>
<td>Continued From page 3</td>
<td></td>
<td>Based on observations, it was determined the facility failed to maintain furnishings and decorations in the patients' room. The findings included: Observation on 9/28/11 at 12:21 PM, revealed excessive combustible materials on the walls and door of room 125. This finding was acknowledged by the administrator and director of maintenance at the exit conference on 9/28/11.</td>
<td>K 073</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>K 144</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>SS=E</td>
<td>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>09/26/11</td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by:

Based on observations, it was determined the facility failed to provide a remote alarm for the generator. The findings included:

Observation on 9/28/11 at 12:35 PM, revealed the facility had the generators announcing panel in an unoccupied and unmonitored area. This finding was acknowledged by the administrator and director of maintenance at the exit conference on 9/28/11.

K 147 | NFPA 101 LIFE SAFETY CODE STANDARD | SS=E | Electrical wiring and equipment is in accordance | K 147 | | | | 10/07/11 |

Annunciator Panel has been relocated to an active Nurses' station by Noah Plumbing & Electric on 10/07/11. Maintenance Director will monitor for further compliance issues and address as needed.
<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Summary Statement of Deficiencies (Each deficiency must be preceded by full regulatory or LSO 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>
<tbody>
<tr>
<td>K 147</td>
<td>Continued From page 4 with NFPA 70, National Electrical Code. 9.1.2</td>
<td></td>
<td>Electrical outlet cover was replaced by Maintenance on 09/27/11.</td>
<td>09/27/11</td>
</tr>
<tr>
<td></td>
<td>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical equipment. The findings included: Observation on 9/26/11 at 12:05 PM, revealed an electrical outlet cover was missing between the tilt skillet and stove in the kitchen. This finding was acknowledged by the administrator and director of maintenance at the exit conference on 9/26/11.</td>
<td></td>
<td>Facility staff will report to Maintenance through Maintenance Log indicating needed repairs. Maintenance employees will monitor facilities on a monthly basis for needed replacements of other electrical equipment. Needed repairs will be fixed immediately.</td>
<td></td>
</tr>
</tbody>
</table>
Lincoln Donalson Care Centers

Street Address, City, State, Zip Code
501 Amana Avenue
Fayetteville, TN 37334


Roller latches are prohibited by CMS regulations in all health care facilities.

K018: Corridor fire door next to room 58 has been adjusted to close in frame and latch. This was completed by Maintenance on 09/27/11.

Maintenance will perform audits on fire doors during fire drills, and at random, to ensure compliance.

Maintenance will repair door closure as needed.


Exit access is arranged so that exits are readily accessible.
K038  Continued From page 1
accessibile at all times in accordance with section
7.1.  19.2.1

This STANDARD is not met as evidenced by:
Based on observations, it was determined the
facility failed to maintain the exit access from the
exit discharge to the public way.
The findings included:
1. Observation of the side exit located at nurses' station 6 on 9/26/11 at 12:38 PM, revealed a tree branch was obstructing the exit access to the public way.

2. Observation of the physical therapy room on 9/26/11 at 1:15 PM, revealed wheel chairs were stored in the path of egress.

3. Observation of corridor #5 during the fire drill on 9/26/11 at 1:53 PM, revealed the exit discharge to the public way was obstructed with laundry carts.

These findings were acknowledged by the administrator and director of maintenance at the exit conference on 9/26/11.

K050  NFPA 101 LIFE SAFETY CODE STANDARD
SS=E
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
K 050
Continued From page 2

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

This STANDARD is not met as evidenced by:
Based on records review, it was determined the facility failed to conduct the required fire drills.
The findings included:
Record review on 9/26/11 at 2:00 PM, revealed the facility failed to conduct a fire drill during the 3rd shift 2nd quarter 2011.
The findings were acknowledged by the administrator and director of maintenance at the exit conference on 9/26/11.

K 062
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

This STANDARD is not met as evidenced by:
Based on observations and records review, it was determined the facility failed to maintain the sprinkler system.
The findings included:
1. Observation of the main entrance porch on 9/26/11 at 11:59 AM, revealed the sprinklers were corroded.
2. Observation of the sitting area located across the rear nurses’ station on 9/26/11 at 12:15 PM,

K 062

1) Sprinkler work on the corroded sprinkler at the main entrance porch will be completed by Bouchard Fire Protection by 12/28/11.
2) Sprinkler located at the rear Nurses’ station will be relocated by Bouchard Fire Protection by 12/28/11.
3) Sprinkler for shower stall #2 will be corrected by Bouchard Fire Protection by 12/28/11.
4) Three (3) corroded sprinkler heads in kitchen dish washing area will be corrected by Bouchard Fire Protection by 12/28/11.
5) Dirty sprinkler head at the kitchen’s exit canopy was cleaned by Maintenance on 09/27/11.
6) Sprinkler gauges 5-year test will be conducted by Bouchard Fire Protection by 12/28/11.
<table>
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<tr>
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<th>DSS COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 062</td>
<td>Continued From page 3 revealed the sprinkler was installed 3/4&quot; from the ceiling.</td>
<td>K 062</td>
<td>Maintenance Supervisor/Staff will conduct monthly audits of sprinkler heads to determine need for cleaning or repairs. Sprinkler heads will be cleaned as needed.</td>
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<tr>
<td></td>
<td>3. Observation of the back corridor's shower room on 9/26/11 at 12:28 PM, revealed there was no sprinkler coverage for shower stall #2.</td>
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<tr>
<td></td>
<td>4. Observation of the kitchens' dish washing room on 9/26/11 at 1:33 PM, revealed 3 corroded sprinklers.</td>
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<tr>
<td></td>
<td>5. Observation of the kitchen's exit canopy on 9/26/11 at 1:34 PM, revealed the sprinkler was dirty.</td>
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<tr>
<td></td>
<td>6. Record review on 9/26/11 at 2:05 PM, revealed the sprinkler gages' 5 year test were not conducted.</td>
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<tr>
<td></td>
<td>These findings were acknowledged by the administrator and director of maintenance at the exit conference on 9/28/11.</td>
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</tr>
<tr>
<td>K 067</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD S5=E 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>K 067</td>
<td>1) Motor was replaced by Maintenance on soiled work room ventilation system on 10/03/11.</td>
<td>10/03/11</td>
</tr>
<tr>
<td></td>
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<td></td>
<td>2) New exhaust fan will be installed by Maintenance in the soiled holding room on corridor 3 by 12/28/11.</td>
<td>12/28/11</td>
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<tr>
<td></td>
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<td>3) New exhaust fan will be installed by Maintenance in Storage room 3 by 12/28/11.</td>
<td>12/28/11</td>
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<td></td>
<td>4) New exhaust fan will be installed by Maintenance in Room 49 by 12/28/11.</td>
<td>12/28/11</td>
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<td></td>
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<td></td>
<td>5) New exhaust fan will be installed by Maintenance in Bio-hazard room on corridor 3 by 12/28/11.</td>
<td>12/28/11</td>
</tr>
<tr>
<td></td>
<td>This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the ventilation system. The findings included: Observations on 9/26/11 at 12:43 PM, revealed the negative ventilation pressure was not maintained in the following rooms: 1. Soiled work room located next to the rear nurses' station. 2. Soiled holding room located in corridor 3.</td>
<td></td>
<td>Maintenance Supervisor/Staff will monitor ventilation system on a monthly basis.</td>
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<td></td>
<td>Facility staff will report needed repairs through facility reporting system to Maintenance on a monthly basis.</td>
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<tr>
<td></td>
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<td></td>
<td>Maintenance will monitor equipment for further compliance, and repair or have repaired as needed.</td>
<td></td>
</tr>
<tr>
<td>ID</td>
<td>PREFIX</td>
<td>TAG</td>
<td>SUMMARY STATEMENT OF DEFICIENCIES</td>
<td>ID</td>
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<tr>
<td>K067</td>
<td>Continued From page 4</td>
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<td></td>
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<tr>
<td>4. The bathroom located in residents’ room 49.</td>
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<tr>
<td>These findings were acknowledged by the administrator and director of maintenance at the exit conference on 9/26/11.</td>
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</tr>
<tr>
<td>K069</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>SS=F</td>
<td>Cooking facilities are protected in accordance with 9.2.3, 19.3.2.6, NFPA 89.0</td>
<td></td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by:
- Based on records review, it was determined the facility failed to maintain the kitchen hood system.

The findings included:
1. Records review on 9/26/11 at 2:10 PM, revealed the facility was unable to provide documentation that the kitchen hood system was cleaned every 6 months.
2. Records review on 9/26/11 at 2:15 PM, revealed the facility was unable to provide documentation that the kitchen hood’s fire extinguishing system was inspected every 6 months.
3. Records review on 9/26/11 at 2:15 PM, revealed the facility was unable to provide documentation that the kitchen hood system’s fusible links were replaced annual.

These findings were acknowledged by the administrator and director of maintenance at the exit conference on 9/26/11.

K130 | NFPA 101 MISCELLANEOUS | SS=F | OTHER LSC DEFICIENCY NOT ON 2786 | | | | |

Documentation on the kitchen’s hood system was located on these items on 10/13/11. 
Documentation was faxed to State Fire Marshall on 10/13/11. Confirmation of fax and documentation of service provided is attached to Plan of Correction.

1) Kitchen hood system was cleaned as required every 6 months on 06/05/11.
2) Kitchen hood fire extinguishing system was inspected every 6 months as required on 08/29/11.
3) Fusible links were replaced on 08/29/11. See attached documentation of service.

Maintenance reviews cleaning schedule for kitchen hood system and contacts service as needed.

Maintenance will continue to monitor and have equipment inspected as required.
**K 130:** Continued From page 5

This STANDARD is not met as evidenced by: Penetrations and miscellaneous openings in fire barriers such as pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier.

Based on observations, it was determined the facility failed to maintain the fire barriers.

The findings included:

1. Observation on 9/26/11 at 12:00 PM, revealed the ceiling's fire barrier located above the fire doors at front nurses' station was damaged.
2. Observation on 9/26/11 at 12:05 PM, revealed the 2 hour fire wall located between the nursing home and the assisted living was damaged. The fire wall located in the attic couldn't be inspected, the facility failed to provide a ladder capable of reaching the attic.
3. Observation of the equipment storage room located in corridor #6 on 9/26/11 at 12:10 PM, revealed the telephone and cable lines were not sealed.
4. Observations on 9/26/11 at 12:15 PM, revealed the ceiling's fire barriers were damaged (cracked) in the following areas: Resident rooms 9, 71, 74, 76, 80, 82, 84, 85, 86, 87, 95, 96, 97, 99, and 100.
5. Observation on 9/26/11 at 12:20 PM, revealed penetrations around the sprinklers in the resident rooms 48, 68, 81, and 102.

These findings were acknowledged by the administrator and director of maintenance at the exit conference on 9/26/11.

<table>
<thead>
<tr>
<th>K 130</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>
<tbody>
<tr>
<td>1) Ceiling's fire barrier located above the fire doors at front nurses' station has been repaired by Maintenance on 10/03/11.</td>
<td>10/03/11</td>
<td></td>
</tr>
<tr>
<td>2) Ladder was purchased on 10/03/11. The 2-hour wall was repaired.</td>
<td>10/03/11</td>
<td></td>
</tr>
<tr>
<td>3) Conduits in the equipment storage room on Hall 6 were sealed by Maintenance on 10/03/11.</td>
<td>10/03/11</td>
<td></td>
</tr>
<tr>
<td>4) Ceiling fire barriers in rooms 9, 71, 74, 76, 80, 82, 84, 85, 86, 87, 95, 96, 97, 99, and 100 were repaired by Maintenance on 10/10/11.</td>
<td>10/10/11</td>
<td></td>
</tr>
<tr>
<td>5) Penetrations around the sprinklers in rooms 48, 68, 81, and 102 were repaired by Maintenance on 10/10/11.</td>
<td>10/10/11</td>
<td></td>
</tr>
</tbody>
</table>

Maintenance will monitor facility on monthly basis for needed repair of fire barriers.

Facility staff will notify Maintenance department through facility reporting system as repairs are identified.

Maintenance supervisor will monitor and replace equipment and/or make repairs as needed.