K 021: NFPA 101 LIFE SAFETY CODE STANDARD

SS=D

Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:

a) the required manual fire alarm system;

b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and

c) the automatic sprinkler system, if installed. 19.2.2.2.8, 7.2.1.8.2

This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to maintain hold open devices in exit doors as required.

The findings included:

Observations during the fire drill on 6/8/09 at 1:45 PM, revealed the set of fire doors by the south nurses' station did not instantly close when the fire alarm system was activated.

K 038: NFPA 101 LIFE SAFETY CODE STANDARD

SS=D

Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1

All fire doors in the facility must instantaneously close when the fire alarm activate. All fire doors will instantaneously close when the fire alarm activates. It has been determined that new hardware is needed to activate the fire doors properly; this hardware is available and will be installed for proper activation. The fire doors will be monitor monthly during the monthly fire drills by the Maintenance and Housekeeping supervisors.
<table>
<thead>
<tr>
<th>K 038</th>
<th>Continued From page 1</th>
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<tbody>
<tr>
<td></td>
<td>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain exits that were readily accessible at all times. The findings included: Observations of the Physical Therapy department on 6/8/09 at 7:55 AM, revealed a set of exit doors with a slide bolt lock installed at the top of the left door.</td>
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<table>
<thead>
<tr>
<th>K 062</th>
<th>NFPA 101 LIFE SAFETY CODE STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS=D</td>
<td>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>
</tr>
<tr>
<td></td>
<td>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain all components of the automatic fire sprinkler system. The findings included: Observations of the laundry supply room on 6/8/09 at 7:40 AM, revealed the sprinkler head had a buildup of lint on it.</td>
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<table>
<thead>
<tr>
<th>K 130</th>
<th>NFPA 101 MISCELLANEOUS</th>
</tr>
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<tbody>
<tr>
<td>SS=D</td>
<td>OTHER LSC DEFICIENCY NOT ON 2786</td>
</tr>
<tr>
<td></td>
<td>All automatic sprinkler heads must be maintain in a reliable operating condition. All sprinkler heads will be maintain in a reliable operating condition. All sprinkler heads will be dusted weekly and logged by the housekeeping department to remain in continuously compliance. This will be monitored by the Housekeeping Laundry Supervisor.</td>
</tr>
</tbody>
</table>
This STANDARD is not met as evidenced by:
AIA Guidelines for Construction and Design of Healthcare Facilities

10.3.4.2 Lighting requirements for specific locations

*(1) Resident rooms. Resident rooms and toilet rooms shall have general lighting, task lighting, and night lighting

(c) At least one low-level night light fixture in each room shall be located close to the floor and controlled at the room entrance

The STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to maintain night lighting in 13 of 29 (Rooms 1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 13, 14 and 15) resident rooms.

The findings included:

Observations of resident rooms 1, 2, 3, 4, 5, 6, 8, 9, 10, 11, 13, 14 and 15 on 6/8/09 from 8:30 AM until 10:00 AM, revealed the night lights did not work.

Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99 3.4.4.1.

Resident rooms and Toilet rooms must have general lighting, task lighting, and night lighting. All resident rooms and toilet rooms will have night lighting. Power failure night lights have been installed in each resident room. Room # 1,2,3,4,5,6,8,9,10,11,13,14,15. The maintenance department will monitor for compliance and the Administrator will monitor weekly to maintain compliance.

The facility must provide monthly documentation of a load test for its emergency generator. The facility will provide documentation of a monthly test load of its emergency generator. A new monthly documentation log has been implemented and will be maintained monthly by the Maintenance Supervisor and the Nursing Home Administrator.