### NFPA 101 LIFE SAFETY CODE STANDARD

#### K 025

**ID**
K 025

**PREFIX**
NFPA 101 LIFE SAFETY CODE STANDARD

**TAG**
K 025

**ID**
The center will protect smoke barriers as required by NFPA 101, 19.3.7.3.

**TAG**
The penetration along the air duct located above the existing drop tile ceiling above the classroom entry door will be sealed with Spessoal Firestop Mortar by the Maintenance Supervisor.

**COMPLETION DATE**
3/29/11

**TAG**
Maintenance Supervisor will inspect all walls above existing drop tile ceiling for any additional penetrations. If any are found they will be sealed with an appropriate smoke and/or fire sealant.

**COMPLETION DATE**
4/15/11

**TAG**
Maintenance Supervisor will conduct semiannual inspections of the area above the drop tile ceiling to observe for potential penetrations. Observations will be presented to the Center’s Quality Assurance Committee comprised of the Administrator, DON, Medical Director, (3) physicians, ADON, Medical Records, Social Services, and Rehab Coordinator. The Quality Assurance Committee will make recommendations and develop a plan of action if an area of non-compliance is noted.

**COMPLETION DATE**
ongoing

#### K 029

**ID**
The center will maintain hazardous areas in accordance with NFPA 101, 19.3.2.1.

**TAG**

#### K 029

**ID**
The center will maintain hazardous areas in accordance with NFPA 101, 19.3.2.1.

**TAG**

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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.
## Statement of Deficiencies and Plan of Correction

### (X1) Provider/Supplier/Clinic Identification Number:

| ID | Prefix | Tag | Summary Statement of Deficiencies
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>K029</td>
<td>Continued From page 1 other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or fire-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This standard is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the hazardous areas.

The findings included:


This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/15/11.

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
</tr>
</thead>
<tbody>
<tr>
<td>K046</td>
<td>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</td>
<td></td>
</tr>
</tbody>
</table>

This standard is not met as evidenced by: Based on observation and testing, it was determined the facility failed to maintain the emergency lights.

The findings included:

- Observation and testing of the emergency light located in the 300 hall mechanical room on 3/15/11.

| ID | Prefix | Tag | Provider's Plan of Correction
<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>K029</td>
<td>- The penetrations located in the 200 hall mechanical room in the roof deck and corridor wall will be sealed with Seca Seal Firestop Mortar by the Maintenance Supervisor. 3/29/11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Maintenance Supervisor will inspect all hazardous areas for any additional penetrations. If any are found they will be sealed with an appropriate smoke and/or fire sealant. 4/15/11</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- Maintenance Supervisor will conduct semiannual inspections of all hazardous areas to observe for potential penetrations. Observations will be presented to the Center's Quality Assurance Committee comprised of the Administrator, DON, Medical Director, (3) physicians, ADON, Medical Records, Social Services, and Rehabilitation Coordinator. The Quality Assurance Committee will make recommendations and develop a plan of action if an area of non-compliance is noted. 4/15/11 ongoing</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>- The center will maintain emergency lighting of at least 1½ hour duration in accordance with NFPA 101, 19.2.9.1. 3/28/11</td>
<td></td>
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</tr>
<tr>
<td>- Maintenance Supervisor has ordered a new battery from Grainger Supply and will install the battery upon delivery in the 300 hall mechanical room.</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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**RECEIVED**

**MAR 28 2011**
<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</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 046</td>
<td>K 046</td>
<td>Maintenance Supervisor will inspect all other emergency lighting throughout the center to ensure it is in compliance with NFPA 101, 19.3.2.1.</td>
<td>3/31/11</td>
</tr>
<tr>
<td>K 147</td>
<td>K 147</td>
<td>Maintenance Supervisor will check all emergency lighting weekly as part of the center preventive maintenance schedule. Observations will be presented to the Center's Quality Assurance Committee comprised of the Administrator, DON, Medical Director, (3) physicians, ADON, Medical Records, Social Services, and Rehab Coordinator. The Quality Assurance Committee will make recommendations and develop a plan of action if an area of non-compliance is noted.</td>
<td>ongoing</td>
</tr>
</tbody>
</table>

**Summary Statement of Deficiencies**

Continued From page 2

3/15/11 at 12:25 PM, revealed the light was not working when tested. National Fire Protection Association 101, 19.2.9.1

This finding was acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/15/11.

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 observations, it was determined the facility failed to maintain the electrical system as required.

The findings included:

1. Observations of the 200 hall ceiling space next to room 215 on 3/15/11 at 12:36 PM, revealed an open junction box without a cover plate. National Fire Protection Association (NFPA) 70, 410-56(d)

2. Observations of the 300 hall ceiling space next to room 323 on 3/15/11 at 1:00 PM, revealed an open junction box without a cover plate. NFPA 70, 410-56(d)

These findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 3/15/11.

The center will maintain the electrical system as required in accordance with NFPA 70, National Electrical Code 9.1.2.

Maintenance Supervisor replaced cover plates on junction boxes by rooms 215 and 323.

Maintenance Supervisor will inspect all areas above existing drop tile ceiling for any missing or loose junction box cover plates.

Maintenance Supervisor will conduct semiannual inspections of the area above