K 029  
**SS=D**  
**NFPA 101 LIFE SAFETY CODE STANDARD**  
One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1  

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

The findings included:  
Observations of the main mechanical room on 10/11/11 at 8:25 AM, revealed a penetration in the wall.  

This finding was acknowledged by the administrator and verified by the director of maintenance at the exit conference on 10/11/11.  

K 052  
**SS=D**  
**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. 9.6.1.4  

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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 patient. (See Instructions.) Except for nursing homes, the findings stated above are deemed 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 disclosed 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.
**4.** The Maintenance Director will report the results of the monthly wall penetration review to the Performance Improvement Committee. 

**NOTE:** The Performance Improvement Committee (PIC Committee) meets monthly and consists of the Medical Director, Director of Nursing (DON), Social Services Director, Activities Director, Rehab Services Manager, Director of Food and Nutrition Services, Medical Records Director, and Executive Director (Administrator). Business Office Manager, ESM, Maintenance.

**K-052 (D) NFPA Life Safety Code Standard**

1. The following corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:

   1. A contract vendor replaced the fire pull station by room 102 on October 11, 2011.

   2. How other residents are identified as having the potential to be affected by the same deficient practice and what corrective action will be taken:

   2. The Maintenance Director and Assistant will check all fire pull stations starting October 27, 2011 through November 14, 2011 to determine that all fire pull stations properly activate.
K 052

Continued From page 1

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

The findings included:

Observations during the fire drill on 10/11/11 at 9:00 AM, revealed the pull station by room 102 did not activate when pulled.

This finding was acknowledged by the administrator and verified by the director of maintenance at the exit conference on 10/11/11.

K 054

NFPA 101 LIFE SAFETY CODE STANDARD

All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3

This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the smoke detectors.

The findings included:

Observations of the North hall clean utility room on 10/11/11 at 9:00 AM, revealed the smoke

K 052

3. What measures will be put into place or what systematic changes will be made to ensure the deficient practice does not recur:

4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:

4. The Maintenance Director will report the results of the monthly fire pull station review to the Performance Improvement Committee.

NOTE: the Performance Improvement Committee (PI Committee) meets monthly and consists of the Medical Director, Director of Nursing (DON), Social Services Director, Activities Director, Rehab Services Manager, Director of Food and Nutrition Services, Medical Records Director, and Executive Director (Administrator), Business Office Manager, ESM, Maintenance.

K 054 (D) NFPA Life Safety Code Standard

1. The following corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:
<table>
<thead>
<tr>
<th>ID PREFIX</th>
<th>TAG</th>
<th>PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K54</td>
<td></td>
<td>1. A contract vendor moved the smoke detector outside the three foot radius of the air return vent on October 11, 2011.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2. How other residents are identified as having the potential to be affected by the same deficient practice and what corrective action will be taken:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3. The Maintenance Director and/or Assistant will monitor any future repair work completed by the fire alarm vendor companies.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4. The Maintenance Director will report any future discrepancies of the smoke alarm locations to the Performance Improvement Committee for a minimum of ninety (90) days until it is satisfied that compliance is met.</td>
</tr>
</tbody>
</table>

NOTE: the Performance Improvement Committee (PI Committee) meets monthly and consists of the Medical Director, Director of Nursing (DON), Social Services,
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(X6) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 054</td>
<td></td>
<td></td>
<td>Continued from page 2 detector was installed within 3 feet of the air return vent.</td>
<td>K 054</td>
<td></td>
<td></td>
<td>Director, Activities Director, Rehab Services Manager, Director of Food and Nutrition Services, Medical Records Director, and Executive Director (Administrator), Business Office Manager, ESM, Maintenance.</td>
<td>10/11/2011</td>
</tr>
<tr>
<td>K 082</td>
<td></td>
<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>
<td>K 082</td>
<td></td>
<td></td>
<td>K - 082 (D) NFPA Life Safety Code Standard</td>
<td></td>
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<tr>
<td></td>
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<td>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the sprinkler system.</td>
<td></td>
<td></td>
<td></td>
<td>1. The following corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>The findings included:</td>
<td></td>
<td></td>
<td></td>
<td>1. The cabinet was moved outside the eighteen inch radius of the sprinkler head on October 13, 2011 by the Maintenance Director,</td>
<td></td>
</tr>
<tr>
<td></td>
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<td></td>
<td>Observations of the infection control coordinator's office on 10/11/11 at 8:15 AM, revealed a file cabinet was stored within 18-inches of the sprinkler.</td>
<td></td>
<td></td>
<td></td>
<td>2. How other residents are identified as having the potential to be affected by the same deficient practice and what corrective action will be taken:</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td></td>
<td>This finding was acknowledged by the administrator and verified by the director of maintenance at the exit conference on 10/11/11. NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td></td>
<td></td>
<td></td>
<td>2. The Maintenance Director inspected the facility on October 13, 2011 and determined that nothing else was located less than an eighteen inch radius of sprinkler heads.</td>
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<td></td>
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<td></td>
<td>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></td>
<td></td>
<td></td>
<td>3. What measures will be put into place or what systematic changes will be made to ensure the deficient practice does not recur:</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td><strong>NFPA 101 LIFE SAFETY CODE STANDARD</strong></td>
<td></td>
<td></td>
<td></td>
<td>3. The Maintenance Director and Assistant will audit facility sprinkler heads monthly for 3 consecutive months for compliance of</td>
<td></td>
</tr>
</tbody>
</table>
**K 067 Continued From page 3**

This **STANDARD** is not met as evidenced by:

Based on observations, it was determined the facility failed to maintain the heating, ventilating and air conditioning system.

The findings included:

1. Observations of the men's public restroom on 10/11/11 at 8:00 AM, revealed the exhaust fan vent cover was dirty.

2. Observations of following areas on 10/11/11 beginning at 8:06 AM, revealed the exhaust fans in the following areas were inoperable.
   a. South hall janitor's closet
   b. Physical therapy bathroom
   c. South hall nurses station's bathroom
   d. Alzheimer's secured unit area

These findings were acknowledged by the administrator and verified by the director of maintenance at the exit conference on 10/11/11.

**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 observation, it was determined the facility failed to maintain the electrical system.

The findings included:

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**K 067 (D) NFPA Life Safety Code Standard**

1. The following corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:

   1. The Maintenance Assistant cleaned the men's public restroom exhaust fan on October 21, 2011.
   2. The South Hall janitor's closet exhaust fan motor was replaced on October 13, 2011 by a contract vendor.
<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>
<tbody>
<tr>
<td>K67</td>
<td>The Physical Therapy bathroom exhaust fan belt was replaced by the Maintenance Assistant on October 12, 2011. The South Hall nurses station exhaust fan motor was replaced by a contract vendor on October 13, 2011. 2. How other residents are identified as having the potential to be affected by the same deficient practice and what corrective action will be taken: 2. The Maintenance Director and Assistant inspected the facility on October 12, 2011 and determined that all other exhaust fans were operable. 3. What measures will be put into place or what systematic changes will be made to ensure the deficient practice does not recur: 3. The Maintenance Director and Assistant will audit facility exhaust fans monthly for three (3) consecutive months for proper operation and correct issues as they arise. 4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place: 4. The Maintenance Director will report any future discrepancies of the exhaust fans to the Performance Improvement Committee for a minimum of ninety (90) days until it is satisfied that compliance is met. NOTE: the Performance Improvement Committee (PI Committee) meets monthly and consists of the Medical Director.</td>
<td></td>
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</tbody>
</table>
K 147 Continued From page 4

Observation of the laundry room on 10/11/11 at 8:30 AM, revealed the electrical panel was blocked with a cart.

This finding was acknowledged by the administrator and verified by the director of maintenance at the exit conference on 10/11/11.

K 147 (D) NFPA Life Safety Code Standard

1. The following corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:

   1. The Maintenance Director moved the laundry dryer cart from directly in front of the electrical panel on October 20, 2011.

   2. How other residents are identified as having the potential to be affected by the same deficient practice and what corrective action will be taken:

   2. The Maintenance Director has inserviced all laundry staff on the proper placement of laundry carts away from electrical panels by October 27, 2011.

   3. What measures will be put into place or what systematic changes will be made to ensure the deficient practice does not recur:

   3. The Maintenance Director and Assistant will audit the placement of laundry carts in front of electrical panels for 3 consecutive months and correct issues as they arise.
<table>
<thead>
<tr>
<th>IDPrefix Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>IDPrefix Tag</th>
<th>Provider's Plan of Correction</th>
<th>Completion Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>K147</td>
<td>4. How the corrective action(s) will be monitored to ensure the deficient practice will not recur; what quality assurance program will be put into place:</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

4. The Maintenance Director will report any future discrepancies of the placement of laundry carts in front of electrical panels to the Performance Improvement Committee for a minimum of ninety (90) days until it is satisfied that compliance is met.

NOTE: the Performance Improvement Committee (PI Committee) meets monthly and consists of the Medical Director, Director of Nursing (DON), Social Services Director, Activities Director, Rehab Services Manager, Director of Food and Nutrition Services, Medical Records Director, and Executive Director (Administrator), Business Office Manager, ESM, Maintenance.