<table>
<thead>
<tr>
<th>K 144</th>
<th>NFPA 101 LIFE SAFETY CODE STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS=D</td>
<td>Generated are inspected weekly and exercised under load for 20 minutes per month in accordance with NFPA 99. 3.4.4.1.</td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by: Based on observation and interview, it was determined the facility failed to provide a remote alarm for the emergency generator.

The findings included:

Observation and interview on 7/8/13, the maintenance director revealed the facility failed to provide and an annunciator panel for the emergency generator. The panel must be located in a site readily observable by staff. National Fire Protection Association 110, 3-5.6.1

This finding was verified by the maintenance director and acknowledged by the facility administrator during the exit conference on 7/8/13.

<table>
<thead>
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<th>K 147</th>
<th>NFPA 101 LIFE SAFETY CODE STANDARD</th>
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<tbody>
<tr>
<td>SS=D</td>
<td>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</td>
</tr>
</tbody>
</table>

On 7/8/13, Maintenance Director removed oxygen concentrator’s from power strips and plugged directly into wall outlet in rooms 140, 141, 149, and 124.

The Plan of Correction is submitted as required under State and Federal law. The facility’s submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct.

K144 7/24/13

Announcer Panel cannot be fitted to our current generator. Replacement Generator process has begun 7/24/13.

No other action can be taken at this time, as we are replacing our generator to include announcer panel.

Generator will take 10 weeks to order. Additional time may be needed for proper installation. Overseen by maintenance director, all future generator regulation updates will be monitored annually.

K147 7/25/13

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 147  Continued From page 1

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to ensure the electrical wiring and equipment is in accordance with National Fire Protection Association 70, National Electric Code.

The findings included:

Observations in rooms 140 A hall, 141 A hall, 149 B hall and 124 D hall on 7/8/13 at 10:46 AM, revealed oxygen concentrators plugged into power strips.

This finding was verified by the maintenance director and acknowledged by the facility administrator during the exit conference on 7/8/13.

K 211 NFPA 101 LIFE SAFETY CODE STANDARD

SS=D

Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor:
- The dispenser is at least 6 feet wide
- The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms)
- The dispensers have a minimum spacing of 4 ft from each other
- Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet.
- Dispensers are not installed over or adjacent to an ignition source.
- If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623

Overseen by Maintenance Director, all rooms with oxygen concentrators were inspected for building wide compliance on 7/18/13.

Overseen by Maintenance Director, Licensed Nurses and Respiratory therapist were in-service on 7/22/13 concerning “Appropriate oxygen concentrator plugging into wall outlet and not using power strips for oxygen concentrators”. All in-service will be completed by 7/25/13 or prior to next shift worked.

Overseen by maintenance director, a quality assurance study will occur weekly x 4, reviewing appropriate plugging in of oxygen concentrators. Also, overseen by maintenance director, 2 licensed staff will be randomly selected for interview to ensure future compliance and understanding of appropriate oxygen concentrator plugging into wall outlet. All Quality Assurance studies and monitors will be reported to the center’s Quality Assurance committee which consists of the administrator, DON, medical director, rehab medical director, registered dietician, social worker and health information manager. Each study and monitor will continue as directed by the Quality Assurance Committee.

K 211

7/8/13

Overseen by Maintenance Director, ABHR dispenser in the A hall dirty linen room was moved to the side at an appropriate distance from light switch on 7/8/13.
K 211 Continued From page 2

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to ensure alcohol based hand rub (ABHR) dispensers were not installed over an ignition source.

The findings included:

Observation of the A hall dirty linen room on 7/8/13 at 10:44 AM, revealed an ABHR dispenser had been installed over a light switch.

This finding was verified by the maintenance director and acknowledged by the facility administrator during the exit conference on 7/8/13.

K 211 Overseen by Maintenance Director, all ABHR dispensers were inspected on 7/8/13 to ensure they were each an appropriate distance and appropriate positioning from ignition sources.

Overseen by Administrator, in-service training for appropriate ABHR dispenser installation was conducted for maintenance department on 7/8/13.

Overseen by maintenance director, a Quality Assurance study will be conducted assessing 4 random ABHR dispensers a week x 4 weeks for appropriate ABHR dispenser installation until substantial compliance is achieved. All Quality Assurance studies and monitors will be reported to the center's Quality Assurance committee which consists of the administrator, DON, medical director, rehab medical director, registered dietician, social worker and health information manager. Each study and monitor will continue as directed by the Quality Assurance Committee.