<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION)</th>
<th>PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 021</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K 021 This plan of correction is submitted as required under State and Federal Law and does not constitute an admission on the part of the center that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.</td>
</tr>
<tr>
<td>SS-D</td>
<td>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:</td>
<td>4/23/10</td>
</tr>
<tr>
<td></td>
<td>a) the required manual fire alarm system;</td>
<td>Equipment holding open soiled linen room door was removed.</td>
</tr>
<tr>
<td></td>
<td>b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and</td>
<td>House wide audit occurred to ensure no other door was being held open by equipment.</td>
</tr>
<tr>
<td></td>
<td>c) the automatic sprinkler system, if installed, 19.2.2.6, 7.2.1.8.2</td>
<td>Doors will be monitored during rounds daily to ensure compliance is maintained.</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 the corridor doors.</td>
<td>Center wide in-service will educate employees on the importance of ensuring no doors are held open by equipment.</td>
</tr>
<tr>
<td></td>
<td>The findings included:</td>
<td>Maintenance Director is responsible for continued compliance.</td>
</tr>
<tr>
<td></td>
<td>Observations during the facility tour on 3/29/10 at 6:30 AM, the soiled linen room door was being held open with equipment, National Fire Protection Association (NFPA) 101, 7.2.1.8.1</td>
<td>Maintenance Director was responsible for this corrective action.</td>
</tr>
<tr>
<td>K 029 SS-D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>4/14/10</td>
</tr>
<tr>
<td></td>
<td>One hour fire rated construction (with 3/4 hour</td>
<td></td>
</tr>
</tbody>
</table>

*By 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 allowing 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

**K 029**

**Summary Statement of Deficiencies**

- **ID Prefix Tag**: K029
- **ID Prefix**: Fire-rated doors required in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system 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

- **ID Prefix**: Penetration in outside boiler room was eliminated. Total building inspection occurred to ensure no other similar issues exist throughout the building.

- **ID Prefix**: Maintenance will ensure that any building repairs happen by outside contractors that they follow behind to ensure no penetrations go unnoticed.

- **ID Prefix**: Maintenance Director is responsible for continued compliance.

**K 051**

**NFPA 101 Life Safety Code Standard**

- **ID Prefix Tag**: X051
- **ID Prefix**: B-Hall strobe lights were corrected within hours of discovery on 3/29/10 by Columbia Fire.

- **ID Prefix**: Total building inspection occurred to ensure no other similar issues exist throughout building.

- **ID Prefix**: During monthly fire drills, Maintenance will monitor the strobe lights in all areas of the building to ensure proper working condition.

- **ID Prefix**: Maintenance Director is responsible for continued compliance.

- **ID Prefix**: Maintenance Director was responsible for this corrective action.
K 051 Continued From page 2

nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6

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 3/29/10 at 7:09 AM, revealed the B hall strobe lights did not work. National Fire Protection Association (NFPA).

During the facility tour on 3/29/10 this deficiency was noted and verified by the Director of Maintenance.

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

K 052 Dining room and back kitchen hall equipment was moved to ensure clear access to the pull stations.
Total building inspection occurred to ensure no other similar issues existed throughout the building.
Center wide in-service to occur to reiterate the importance of never blocking a pull station. Maintenance Director, through daily rounds, is responsible for continued compliance.
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDERS PLAN OF CORRECTION</th>
<th>(x5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K052</td>
<td>Continued From page 3 requirements of NFPA 70 and 72. 9.6.1.4</td>
<td>Maintenance Director was responsible for this corrective action.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K064</td>
<td></td>
<td>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, 19.3.5.6, NFPA 10</td>
<td>Equipment blocking kitchen hall fire extinguisher was removed to ensure clear access to the fire extinguisher. Total building inspection occurred by maintenance director to ensure no other similar issues exist throughout the building. Centerwide in-service to occur to ensure re-educate on the importance of never blocking a fire extinguisher. Maintenance Director, through daily rounds, is responsible for continued compliance.</td>
<td>4/23/10</td>
</tr>
<tr>
<td></td>
<td></td>
<td>This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the fire extinguishers.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**K 064** Continued From page 4

The findings included:

Observations during the facility tour on 3/29/10 at 6:05 AM revealed that the kitchen hall fire extinguisher was blocked with equipment. National Fire Protection Association (NFPA). 10, 1.8.3

During the facility tour on 3/29/10 this deficiency was noted and verified by the Director of Maintenance.

**K 130**

**NFPA 101 MISCELLANEOUS**

**OTHER LSC DEFICIENCY NOT ON 278B**

This **STANDARD** is not met as evidenced by: Based on observation, it was determined the facility failed to comply with the life safety codes.

The findings included:

Observations during the facility tour on 3/29/10 at 6:35 AM revealed that the oxygen storage room had 2 cylinders of oxygen stored unsecured. National Fire Protection Association (NFPA). 55, 6-6

During the facility tour on 3/29/10 this deficiency was noted and verified by the Director of Maintenance.

**K 147**

**NFPA 101 LIFE SAFETY CODE STANDARD**

Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2

**K 064** Maintenance Director was responsible for this corrective action.

**K 130** Both cylinders of oxygen were transported to secure storage.

Center wide in-service to occur to ensure to re-evaluate on the importance of never leaving an oxygen tank unsecured. During daily rounds, Maintenance Director will ensure tanks are being stored securely. Maintenance Director responsible for continued compliance.

**K 147** Equipment blocking outside boiler room electrical panel was removed. Total building inspection occurred to ensure no other similar issues exist throughout the building. Since access to electrical rooms is limited, Maintenance was in-service on the importance of never blocking access to the electrical panels throughout building. Maintenance Director is responsible for continued compliance.
**Summary Statement of Deficiencies**

- **K 147** Continued From page 5
  - This STANDARD is not met as evidenced by:
    - Based on observation, it was determined the facility failed to maintain the electrical system.
    - Observations during the facility tour outside the boiler room on 3/29/10 at 7:30 AM, revealed the electrical panel was blocked with equipment.
    - National Fire Protection Association (NFPA) 70, 110-26(a)
    - During the facility tour on 3/29/10 this deficiency was noted and verified by the Director of Maintenance.

- **K 147** Maintenance Director was responsible for this corrective action.