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<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
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<tr>
<td>K 018</td>
<td>SSF</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3.6 Roller latches are prohibited by CMS regulations in all health care facilities.</td>
<td>K 018</td>
<td></td>
<td>The doors to resident rooms 111, 112, 120, 202 and 210 will be repaired to latch within their frames. The south and west hall fire doors will be repaired to close and latch in their frames. 7-1-09 Maintenance Director will inspect all fire doors for proper close and latch. Maintenance Director will conduct QA study monthly to ensure compliance.</td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by: Based on observations and testing, it was determined the facility failed to maintain the corridor openings as required by the National Fire Protection Association 101, 19.3.6.3.

The findings included:

Observations and testing during the tour of the facility on 5/4/09 revealed the following:

a. At approximately 10:35 AM, the doors to resident rooms 111, 112, 120, 202 and 210 entry doors would not close to latch within their frames.

b. At approximately 11:33 AM, the south hall fire doors would not close to latch in their frames.
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| K 018  | Continued From page 1  
|        | c. At approximately 12:08 PM, the west hall fire doors would not close to latch in their frames. The Maintenance Director verified the presence of the above noted findings. |

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<td>K 018</td>
<td>The penetration in the walls in respiratory therapy and front hall fire doors will be repaired. Maintenance Director will inspect fire walls for penetration and repair using fire rated materials. Maintenance Director will conduct QA study on fire wall penetration monthly x3.</td>
</tr>
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<td>K 025</td>
<td>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the smoke and the fire walls as required by the National Fire Protection Association 101, 191.6.4.

The findings included:

Observations during the tour of the facility on 5/4/09 revealed the following:  
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<tr>
<td>K 027</td>
<td>The Maintenance Director verified the presence of the above noted findings.</td>
</tr>
</tbody>
</table>
K 027
SS=D

Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1\1/4-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7

This STANDARD is not met as evidenced by:
Based on observations, it was determined the facility failed to maintain the smoke and fire barrier doors as required by the National Fire Protection Association 101, 19. 3.7.5.

The findings included:

Observations during the tour on 5/4/09 revealed the following:

a. In the main front hall area at approximately 10:45 AM, revealed the doors leading into the dining room had penetrations one inch below their top edges.
b. Resident rooms 201 and 203 at approximately 11:15 AM, revealed the entry doors had penetrations one inch below their top edges.
The Maintenance Director verified the presence of the above noted findings.

K 051
SS=D

NFPA 101 LIFE SAFETY CODE STANDARD  

A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide...
### Summary of Deficiencies

**K051** Continued From page 3

Effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of 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

**K056** NFPA 101 LIFE SAFETY CODE STANDARD

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**The items blocking the alarm panel have been moved. Maintenance Director will inspect all alarm panels and breaker boxes to ensure that none are blocked. Maintenance Director will in-service all staff on this regulation. QA study will be conducted for 3 months to ensure compliance.**

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

Based on observation, it was determined the facility failed to maintain the fire alarm system as required by the National Fire Protection Association 72, 101, 9.6.1.4.

The findings included:

Observations during the tour of the facility on 5/4/09 at approximately 10:28 AM, revealed the telephone room direct access to the alarm panel was blocked with stored items.

The Maintenance Director verified the presence of the above noted finding.
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<tr>
<td>K 056</td>
<td>SS=E</td>
<td>Continued From page 4 If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</td>
<td>K 056</td>
<td></td>
<td>The north side canopy will be sprinkled according to NFPA standards.</td>
<td>7-1-09</td>
</tr>
<tr>
<td>K 147</td>
<td>SS=E</td>
<td></td>
<td></td>
<td></td>
<td>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</td>
<td></td>
</tr>
</tbody>
</table>
This STANDARD is not met as evidenced by:
Based on observations and testing, it was determined the facility failed to maintain the electrical system as required by the National Fire Protection Association (NFPA) 70, 110-13(a); 70, 210-8(a)(7); 70, 373-4; 70, 410-56(d).

The findings included:

Observations and testing during the facility tour on 5/4/09 revealed the following:

a. At approximately 9:45 AM, the dining room area's electric panel was blocked with food carts. NFPA 70, 110-26(a)
b. At approximately 10:00 AM, the reception area had a loose junction box next to the receptionist.
c. At approximately 10:05 AM, the Social Service Office junction box was loose in the wall.
d. At approximately 10:55 AM, the laundry area's junction box did not have a cover plate.
e. At approximately 11:00 AM, the training classroom area had an open junction box without a cover plate. NFPA 70, 410-56(d).
f. At approximately 11:10 AM, the South-side Nurses station had an open slot in the electric panel circuit breakers. NFPA 70, 373-4.
g. At approximately 12:35 PM, testing of the Ground Fault Current Interceptor (GFCI) in resident room 205 unit did not trip.
h. At approximately 12:45 PM, resident room 112's GFCI unit was not wired correctly NFPA 70, 110-12; 70, 210-8(a)(7).

The Maintenance Director verified the presence of the above noted findings.