**K 021**  
**NFPA 101 LIFE SAFETY CODE STANDARD**

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:

a) the required manual fire alarm system;

b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and

c) the automatic sprinkler system, if installed.  
19.2.2.6, 7.2.1.8.2

This **STANDARD** is not met as evidenced by:  
Based on observation and interview, it was determined the facility failed to ensure corridor fire doors closed to a positive latch. (**NFPA 101, 19-3.6.3.**)

The findings include:

Observation and interview with the Maintenance Director, on October 14, 2013 at 2:25 p.m. confirmed the corridor fire door by room 204 failed to close to a positive latch.  
This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on October 14, 2013.

**K 029** **NFPA 101 LIFE SAFETY CODE STANDARD**
**K 029**

**SS=E**

One hour fire rated construction (with ½ 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 observation and interview, the facility failed to ensure the building’s fire rated construction is maintained.

The findings include:

Observation and interview with the Maintenance Director, on October 14, 2013 between 10:15 am and 2:45 p.m. confirmed the following:

1. Damaged sheetrock in ceiling of dryer room around dryer duct.
2. Damaged sheetrock in ceiling of sprinkler riser room and non-approved fire stop material used (sheetrock mud) for penetrations.
3. Damaged 4” X 8” piece of sheetrock in kitchen ceiling.
4. The attic headwall joint, by access opening by rooms 104 and 202, was not sealed. The wall was labeled as 1-hour firewall and was only sheet rocked on one side by room 104 access.

These findings were verified by the Maintenance Supervisor and acknowledged by the administrator during the exit conference on October 14, 2013.

**K 029**

**NFPA 101 LIFE SAFETY CODE STANDARD**

The damaged sheetrock in the dryer room was repaired on October 29, 2013.

The damaged sheetrock in the ceiling of the sprinkler riser room was repaired on October 29, 2013. The fire stop was applied on October 30, 2013.

The 4 X 8 piece of sheetrock in the kitchen ceiling was repaired on October 22, 2013.

The attic headwall joint will be repaired by November 15, 2013, along with the firewall rating verified ensure proper documentation for the wall.

The Maintenance Director will monitor and repair any damage sheetrock in the facility and report the finding the Quality Assurance Committee/Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Business Office Manager, Dietary Manager, Social Service Director, Medical Records, Housekeeping and Laundry Supervisor, Therapy Manager, MDS Coordinator Activities Director and Pharmacy Consultant), monthly for 3 months for further review or corrective action if indicated.
**K 045**

**NFPA 101 LIFE SAFETY CODE STANDARD**

Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to assure outside egress paths were provided with egress lighting to the public way. The findings include:
- Observation and interview with the Maintenance Director, on October 14, 2013 at 10:45 a.m.
- Confirmed the outside lights at the exits from the front sidewalk, sunroom exit, rear physical therapy exit sidewalk to the parking lot area were not provided with egress lighting (must be on emergency power).
- This finding was verified by the Maintenance Supervisor and acknowledged by the administrator during the exit conference on October 14, 2013.

**K 052**

**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
K 052 Continued From page 3

This STANDARD is not met as evidenced by:
Based on observation, the facility failed to provide a smoke detector in the location of each fire alarm control unit(s) when located in areas that are not continuously occupied (NFPA 72, 1-5.6.) or a strobe in the Handicap accessible bathroom.
The findings include:
1. Observation and interview with the Maintenance Director, on October 14, 2013 at 2:45 p.m., confirmed the main Fire Alarm Control Panel (FACP) was located in the sprinkler room that was not provided with a smoke detector.
2. 1. Observation and interview with the Maintenance Director, on October 14, 2013 at 2:35 p.m., confirmed the handicap accessible bathroom was not provided with a visual notification appliance (strobe).

These findings were verified by the Maintenance Supervisor and acknowledged by the administrator during the exit conference on October 14, 2013.

K 067

NFPA 101 LIFE SAFETY CODE STANDARD

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
**K 067**

Continued From page 4

This **STANDARD** is not met as evidenced by: NFPA 90A, 3-4.7 Maintenance - At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary.

Based on observation and interview, interview and record review, it was determined the facility failed to ensure fire dampers were maintained in accordance with NFPA 90A.

The findings include:

- Record review and interview with the maintenance director on October 14, 2013 at 1:30 p.m. confirmed the facility failed to perform the 4-year required maintenance to fire dampers.
- This finding was verified by the Maintenance Supervisor and acknowledged by the administrator during the exit conference on October 14, 2013.

**K 069**

**NFPA 101 LIFE SAFETY CODE STANDARD**

Cooking facilities are protected in accordance with 9.2.3. 19.3.2.5, NFPA 96

This **STANDARD** is not met as evidenced by: NFPA 96, 8-2" An inspection and servicing of the fire-extinguishing system and listed exhaust hoods containing a constant or fire-actuated water system shall be made at least every 6 months by properly trained and qualified persons.

Based on observation and interview, it was determined the facility failed to ensure the kitchen hood suppression system was serviced semi-annually.

The findings include:

- Record review and interview with the

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**K 067**

**NFPA 101 LIFE SAFETY CODE STANDARD**

The four year required maintenance to the fire dampers will be completed by November 29, 2013.

The Maintenance Director will report the completion to the Quality Assurance Committee (Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Business Office Manager, Dietary Manager, Social Service Director, Medical Records, Housekeeping and Laundry Supervisor, Therapy Manager, MDS Coordinator Activities Director and Pharmacy Consultant), review or corrective action if indicated.

**K 069**

**NFPA 101 LIFE SAFETY CODE STANDARD**

Upon review by the Maintenance Director and confirm by the outside contractor the inspection of the kitchen hood suppression system was done in a timely matter. The inspection was completed on May 14, 2013. The next inspection will be conducted by November 15, 2013.
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
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<tbody>
<tr>
<td>K 069</td>
<td>Continued From page 5</td>
<td>Maintenance Director, on October 14, 2013 at 9:45 a.m. confirmed the kitchen hood supression system was last inspected on 11-13-2012. This finding was verified by the Maintenance Supervisor and acknowledged by the administrator during the exit conference on October 14, 2013.</td>
<td>K 069</td>
<td>The Maintenance Director will monitor to ensure that semi-annual inspection is conducted in a timely manner. The Maintenance Director will report the completion to the Quality Assurance Committee (Administrator, Director of Nursing, Assistant Director of Nursing, Medical Director, Business Office Manager, Dietary Manager, Social Service Director, Medical Records, Housekeeping and Laundry Supervisor, Therapy Manager, MDS Coordinator Activities Director and Pharmacy Consultant), review or corrective action if indicated.</td>
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<td>K 144</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</td>
<td>K 144</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>The Generator 2-hour load bank test will be conducted by November 22, 2013. The Generator 2-hour load bank test will be conducted on an annual basis to meet the required standard. The Maintenance Director will monitor to ensure the annual load test is done timely. The Maintenance Director will report the completion to the Quality Assurance Committee (Administrator, Director of Nursing, Assistant Director of Nursing).</td>
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This STANDARD is not met as evidenced by:
Based on record review and interview, it was determined the facility failed to ensure the emergency generator had an annual 2-hour load bank test.
The findings include:
Record review of the Emergency Generator logs with the Maintenance Director, on October 14, 2013 at 10:00 a.m. revealed the emergency generator was run under load monthly with a load less than 30% of nameplate rating. The last emergency Generator 2-hour load bank test was on 9-16-2008 and was not performed on an annual basis. Interview with the Maintenance Director revealed he was not aware of this annual requirement.
This finding was verified by the Maintenance Director.
**K 144** Continued From page 6
Supervisor and acknowledged by the administrator during the exit conference on October 14, 2013.

**K 144**
Medical Director, Business Office Manager, Dietary Manager, Social Service Director, Medical Records, Housekeeping and Laundry Supervisor, Therapy Manager, MDS Coordinator Activities Director and Pharmacy Consultant), review or corrective action if indicated.