All residents have the potential to be affected by this deficient practice. By 5/4/12, all evacuation letters on file at Perry County Nursing Home were updated per standard. Effective immediately, all evacuation letters held by Perry County Nursing Home will be updated yearly. These letters will be available in the maintenance supervisors office.

All residents have the potential to be affected by this deficient practice. As of 4/19/12, the manually activating fire alarm devices mentioned in this deficiency were moved to appropriate heights by Columbia Fire Inc. Documentation of this service is held in the maintenance office.
### K051 Continued from page 1

System to an approved central station. 19.3.4, 9.6

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This STANDARD is not met as evidenced by:

- **National Fire Protection Association 72 FIRE ALARM SYSTEMS 1999 edition chapter 2**
  - 2.6 Manually Activated Alarm-Initiating Devices. Manual fire alarm boxes shall be used only for fire alarm, smoke detector, or fire suppression system control purposes. However, combination fire alarm and smoke detector manual boxes shall be permitted.
  - 2.6.1 Mounting. Each manual fire alarm box shall be securely mounted. The operable part of each manual fire alarm box shall be not less than 31/2 ft (1.1 m) and not more than 41/2 ft (1.37 m) above floor level.

The STANDARD is not met as evidenced by:

- Based on observation, it was determined the facility failed to install 4 of 12 manually-activating fire alarm devices less than 48 inches from the operable part of the box.

The findings included:

- Observation of the manually-activated fire alarm devices on the west wing on 4/10/12 at 10:41 AM, revealed four manual fire alarm devices were installed at 53 inches to 58 inches from the top of

### K051

As of 4/19/12, all manually activating fire alarm devices in Perry County Nursing Home are below 48 inches in height per standard.

Columbia Fire Inc. will do monitoring of all manually activating fire alarm devices at least 2 times yearly per contract. Documentation of this will be kept in the maintenance supervisors office.
K.051 Continued From page 2
the device to the floor in the following locations:
 a. One across from resident room 112.
 b. One by the dining room entrance.
 c. One by the west wing exit door.
 d. One by the entrance to the north lobby.

K.062 NFPA 101 LIFE SAFETY CODE STANDARD
SSNC
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

K.051

K.082 All residents have the potential to be affected by this deficient practice.

4/17/12

As of 4/10/12, all boxes in question were moved at least 18 inches below the sprinkler deflector level in the medical records storage room behind the north nurses station.

Effective immediately, the maintenance supervisor will check all areas of Perry County Nursing Home for obstructions to sprinkler flow every week x 4, then monthly. Documentation of these checks will be kept in the maintenance supervisor’s office.
**K.062** Continued from page 3 by removing two cross main flushing connections.

This STANDARD is not met as evidenced by:

Based on observation and record review, it was determined the facility failed to maintain the water based fire protection system and all its components.

The findings included:

1. Observation of the medical records storage room behind the north nurses station on 4/10/12 at 11:30 AM revealed five file boxes obstructing the path of one of the sprinkler heads.

2. Record review in the conference room on 4/12/12 from 1:45 PM until 2:00 PM the quarterly inspection test documents for the water based fire protection system stated that a 5 year internal inspection had not been done. This statement was recorded on quarterly test documents for 8/29/11, 10/20/11, 1/3/12 and 4/4/12.

**K.066**

**NFPA 101 LIFE SAFETY CODE STANDARD**

Smoking regulations are adopted and include no less than the following provisions:

1. Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.

2. Smoking by patients classified as not responsible is prohibited, except when under direct supervision.

**K.062**

As of 4/17/12, the 5 year internal inspection of the fire protection system was completed by Columbia Fire Inc. A report of this inspection is located in the maintenance supervisor office.

Effective immediately, the 5 year internal inspection of the fire protection system will be completed per standard by Columbia Fire Inc. Records of these inspections will be kept in the maintenance supervisors office.

**K.066**

All residents have the potential to be affected by this deficient practice.

As of 4/30/12, all employees of Perry County Nursing Home were inserviced on the Perry County Nursing Home smoking policy and designated smoking areas.
# K 066 Continued From page 4

(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.

(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to prevent residents from smoking in non-designated smoking areas.

The findings included:

1. Observation of the front entrance on 4/10/12 at 10:30 AM, revealed a male resident from room 120B sitting in a chair smoking a cigarette. There was a certified nurse assistant standing beside the resident.

2. Observation of the courtyard on 4/10/12 at 11:31 AM, revealed a male resident from room 121B sitting in the swing smoking a cigarette.

These two areas were not a designated smoking area.

# K 130

NFPA 101 MISCELLANEOUS

OTHER LSC DEFICIENCY NOT ON 2786

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**K 066**

A record of the inservice will be kept in the nursing office.

Effective immediately, the maintenance supervisor will do random checks of smoking areas and areas outside the facility to monitor for compliance of smoking policy and the policy on designated smoking areas, weekly x 4, then monthly. A copy of these checks will be kept in the maintenance supervisors office.

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**K 130**

All residents have the potential to be affected by this deficient practice.

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4/10/12
K 130 Continued From page 5

This STANDARD is not met as evidenced by:

- National Fire Protection Association (NFPA) 101, 2000 edition MEANS OF EGRESS chapter 7.2.16. DELAYED EGRESS DOORS
  (d) * On the door adjacent to the release device, there shall be a readily visible, durable sign in
  letters not less than 1 in. (2.5 cm) high and not
  less than 1/8 in. (0.3 cm) in stroke width on a
  contrasting background that reads as follows:
  PUSH UNTIL ALARM SOUNDS
  DOOR CAN BE OPENED IN 15 SECONDS.

This STANDARD is not met as evidenced by:

- Based on observation and interview, it was
determined the facility failed to install signage on
1 of 5 exit doors with delayed egress

The findings included:

- During an interview in the south west wing on
  4/10/12 at 10:39 AM, the maintenance manager
  was asked if there was a delayed egress lock on
  the exit doors. The maintenance manager stated,
  "Yes, we have eight, and all have delayed
  egress."

- Observations of the exit door beside resident
  room 112 on 4/10/12 at 10:39 AM, revealed the
  door or wall did not have the required signage.

- During an interview beside the exit door by room
  112 on 4/10/12 at 10:39 AM, the maintenance
  manager was asked, "Does this door have
  delayed egress?" The maintenance manager
  stated, "Yes, we replaced the door and have not

As of 4/10/12, all exit doors in Perry County Nursing Home have required signage showing delayed egress per standard.

Effective immediately, the maintenance supervisor will do checks on all doors weekly x 4, then monthly for proper functioning of delayed egress and appropriate signage. A copy of these checks will be kept in maintenance supervisors office.
K 130. Continued From page 6
put the signage up." The maintenance manager
was asked, "When did you install the door?" The
maintenance manager stated, "About 2 or 3
months ago."