<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
</tr>
</thead>
</table>
| K 025 SS=D    | **NFPA 101 LIFE SAFETY CODE STANDARD**  
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  
This STANDARD is not met as evidenced by:  
Based on observations, it was revealed the facility failed to maintain the smoke barriers.  
The findings included:  
1. Observation of the dirty side of the laundry room on 2/4/13 at 9:33 AM, revealed a ceiling penetration at the sprinkler.  
2. Observation of the sprinkler riser room on 2/4/13 at 9:45 AM, revealed a ceiling penetration at the sprinkler.  
3. Observation of the Physical Therapy mechanical room on 2/4/13 at 10:22 am, revealed a ceiling penetration above the door.  
These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 2/4/13. |

**Laboratory Director or Provider/Supplier Representative's Signature**  

**Title**  

**Date**  

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 patient. (See instructions.) Except for nursing homes, the findings stated above are discernible 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 discernible 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.
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<th>PROVIDER'S 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>K062</td>
<td>SS=D</td>
<td>Continued From page 1</td>
<td>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</td>
<td>K062</td>
<td>SS=D</td>
<td>NFPA 101 Life Safety Code Standard</td>
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<tr>
<td>K067</td>
<td>SS=D</td>
<td>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</td>
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**K 067** Continued From page 2

Based on testing, it was determined the facility failed to maintain the ventilation system.

The findings included:

1. Testing of the air flow in dirty side of the laundry room on 2/4/13 at 9:31 AM, revealed the room has positive air pressure.

2. Testing of the bathroom ventilation fans of the 500 hall on 2/4/13, revealed the fans not working.

These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on 2/4/13.

**K 067**

Corrective Action:
1. On 2/7/13 the exhaust fan in 500 hall was replaced to correct issue of ventilation fans in 500 bathrooms not working.
2. On 2/8/13 the Maintenance Director inspected the facility to ensure that there were no other issues regarding incorrect air pressure and ventilation fans not operating properly.
3. On 2/15/13 the maintenance department was inspected by the Administrator regarding the need for negative air pressure in the dirty side of laundry as well as ensuring that ventilation fans are operating properly for bathroom ventilation.
4. The Maintenance Director and Assistant Maintenance will monitor for compliance through weekly observations X20 days. If compliance is maintained, a new audit to monthly findings will be reviewed in Quality Assurance Committee.

**K 147**

NFPA 101 LIFE SAFETY CODE STANDARD

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

This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the electrical equipment.

The finding included:

Observation of the sprinkler room on 2/4/13 at 9:47 AM, revealed an extension cord in use.

The finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on 2/4/13.

**K 147**

Corrective Action:
1. On 2/9/13 the Maintenance Director removed the extension cord in use in the sprinkler room. On 2/7/13 the facility contracted with Smith Electric to properly wire for sprinkler system backup generator.
2. On 2/7/13 the Maintenance Director inspected the facility to ensure that there were no other extension cords in use.
3. On 2/15/13 the maintenance department was intervened by the Administrator regarding the concern with having extension cords in use.
4. The Maintenance Director and Assistant Maintenance will monitor for compliance through weekly observations X20 days. If compliance is maintained, a new audit to monthly X2 months.

Findings will be reviewed in Quality Assurance Committee.