### Summary Statement of Deficiencies

<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>
<th>ID PREFIX TAG</th>
<th>PROVIDER’S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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</thead>
<tbody>
<tr>
<td>K 029 S8-D</td>
<td><strong>NFPA 101 LIFE SAFETY CODE STANDARD</strong> One hour fire rated construction (with ¾ 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</td>
<td>K 029</td>
<td>“This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Renaissance Terrace Care &amp; Rehabilitation Center does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.”</td>
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**Laboratory Director or Provider/Supplier Representative’s Signature:**

<table>
<thead>
<tr>
<th>LABORATORY DIRECTOR OR PROVIDER/SUPPLIER REPRESENTATIVE’S SIGNATURE</th>
<th>TITLE</th>
<th>DATE</th>
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<td>04-05-13</td>
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Any deficiency statement ending with an asterisk (*) denotes a deficiency which the Institution may be excused from correcting provided it is determined that other safeguards provide sufficient protection to the patients. (See Instructions.) Except for nursing homes, the findings stated above are discardable 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 discardable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisit before continued program participation.
RK 029
SS=D

NFPA 101 LIFE SAFETY CODE STANDARD

One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.6.4 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-retired 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, it was determined that the facility failed to maintain its one (1) hour rated fire construction.

The findings include:

Observation on March 20, 2013 between 12:00 p.m. and 3:00 p.m. revealed the following areas had unsealed penetrations in its one (1) fire rated construction:
1. Mechanical room in B Hall across from room 115.
2. Janitors closet in Secure Unit across from 227
3. Mechanical room in Secure Unit across from room 219

These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on March 20, 2013.

RK 062
NFPA 101 LIFE SAFETY CODE STANDARD

Identifying other residents having the potential to be affected, and what corrective action will be taken:
An audit was conducted 03/27/13 thru 04/05/13 to identify any other areas of penetrations. Any identified areas were corrected immediately.

Measures and systemic changes to prevent recurrence:
Maintenance staff were re-educated by the administrator on April 2, 2013 to include insuring any penetrations in the fire rated walls are to be repaired once they are identified. Maintenance staff will report areas of penetrations during daily standup meeting and actions being taken to correct the penetrations.

Monitoring Corrective Action for sustained corrections:
One hour rated fire construction including mechanical rooms, janitor closets, and smoke barrier walls will be monitored by the Maintenance Director and/or designee weekly for 4 weeks, and monthly for 2 months to validate they are free from penetrations. Monthly reporting of findings will be reviewed at the facility PI for the next quarter for root cause analysis and recommendations.
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<td>NFPA 101 LIFE SAFETY CODE STANDARD 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</td>
<td>K029</td>
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<td>The next PI meeting is April 16, 2013 and includes the Administrator, Director of Nursing, Assist Administrator, Nutritional Services Manager, Director, Business Office Manager, Health Information Manager, Maintenance Supervisor, Activity Director, Staff Development Coordinator, Social Services, Medical Director and Pharmacist.</td>
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This STANDARD is not met as evidenced by:

Based on observation, it was determined that the facility failed to maintain its one (1) hour rated fire construction.

The findings include:

Observation on March 20, 2013 between 12:00 p.m. and 3:00 p.m. revealed the following areas had unseated penetrations in its one (1) fire rated construction:

1. Mechanical room in B Hall across from room 115.
3. Mechanical room in Secure Unit across from room 219.

These findings were verified by the maintenance director and acknowledge by the administrator during the exit conference on March 20, 2013.

K062 | NFPA 101 LIFE SAFETY CODE STANDARD | K062 | | | | |

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 patients. (See instructions.) Except for nursing homes, the findings stated above are discloseable 60 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 discloseable 14 days following the data these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.
Continued From page 1

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

This STANDARD is not met as evidenced by. Based on observation and record review, it was determined that the facility failed to maintain their sprinkler system and its components.

The findings include:

Observation and record review with the maintenance director on March 20, 2013 between 10:00 a.m. and 12:30 p.m. revealed the following.

1. Record review stated that the water motor gong does not work when tested.
2. Mixed sprinkler heads of standard response and quick response are used through the facility's corridors.

These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on March 20, 2013.

K 062 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, 8.2, NFPA 90A, 19.5.2.2


Corrective actions for residents affected:
No residents were affected by this deficiency. On 03/25/13 the Nursing Home Administrator contacted our sprinkler vendor to replace any standard delay heads in the areas identified and to repair the water motor gong.

Identifying other residents having the potential to be affected, and what corrective action will be taken:
An audit was completed on 03/25/13 by the Maintenance Director and/or designee of the facility's sprinkler heads to identify the areas of mixed standard and quick response sprinkler heads for replacement. There is an electronic alarm attached to the sprinkler system at the current time that will notify the facility staff if the system is actuated.

Measures and systemic changes to prevent recurrence:
Bids have been obtained by the Nursing Home Administrator and/or designee and forwarded to the corporate property manager on 04/02/13 to replace the sprinkler...
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<td>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 10.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</td>
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- This STANDARD is not met as evidenced by: Based on observation and record review, it was determined that the facility failed to maintain their sprinkler system and its components.

- The findings include:

  - Observation and record review with the maintenance director on March 20, 2013 between 10:00 a.m. and 12:30 p.m. revealed the following:
    1. Record review stated that the water motor gong does not work when tested.
    2. Mixed sprinkler heads of standard response and quick response are used through the facility's corridors.

- These findings were verified by the maintenance director and acknowledged by the administrator during the exit conference on March 20, 2013.

| K 067 | 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, 8.2, NFPA 90A, 19.5.2.2 |

K 082 heads that require quick response sprinkler heads. Work will be completed at the earliest convenience of the vendor. Any work complete on the sprinkler afterward will be reviewed by the maintenance supervisor, or designated person, to insure appropriate work is completed and no heads are mixed. The water motor gong will be placed on a preventative maintenance program and checked quarterly for proper functioning.

**Monitoring Corrective Action for sustained corrections:**

- The Maintenance Director and/or designee will review any sprinkler repair work to insure no mixing of sprinkler heads occurs. The water motor gong will be tested for operation at least quarterly. Discrepancies will be reported to the PI Committee for review and/or recommendations for the next quarter. The next PI meeting is April 16, 2013 and includes the Administrator, Director of Nursing, Asst. Administrator, Nutritional Services Manager, Registered Dietician, Business Office Manager, Health Information Manager, Maintenance Supervisor, Activity Director, Staff Development.
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<td>K067</td>
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<td><strong>K067 NFPA 101 Life Safety Code Standard: Heating, ventilating, and air conditioning fire dampers.</strong> Corrective actions for residents affected: No residents were affected by this deficiency. Local HVAC vendors were contacted by the Nursing Home Administrator on 03/25/13 to determine building codes at the time the additional vents were installed in the facility.</td>
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<td>K 067</td>
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<td>This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to have all fire dampers installed in its one (1) fire rated ceiling. The findings include: Observation on March 20, 2013 at 3:46 p.m. revealed that ceiling radiant dampers were not installed in all areas of the facility's one (1) hour fire rated ceilings. Throughout the corridors, dampers were not installed in all air ducts that penetrated the ceiling. This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on March 20, 2013. NFPA 101 LIFE SAFETY CODE STANDARD K 069 SS*D Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 98</td>
<td>K 067</td>
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<td>Identifying other residents having the potential to be affected, and what corrective action will be taken: An audit was conducted on 03/25/13 to identify all areas in the center that may require ceiling radiant dampers. Measures and systemic changes to prevent recurrence: Bids have been obtained by the Nursing Home Administrator and/or designee and forwarded to the corporate property manager on 04/03/13 to remedy the identified noncompliant vents in the ceiling as identified and required. Work will be completed at the earliest convenience of the contractor. Monitoring Corrective Action for sustained corrections: Any future HVAC ductwork completed in the facility will be reviewed by the Maintenance Director and/or designee, to insure compliance with Life Safety and building codes. Findings will be reported at the next PI meeting on April 16, 2013 and includes the Administrator, Director of Nursing, Asst. Administrator, Nutritional Services Manager, Registered Dietician, Business Office Manager, Health Information Manager,</td>
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K 067 Continued From page 2

This STANDARD is not met as evidenced by:
Based on observation, it was determined that the facility failed to have all fire dampers installed in its one (1) fire rated ceiling.

The findings include:

Observation on March 20, 2013 at 3:45 p.m. revealed that ceiling radiant dampers were not installed in all areas of the facility's one (1) hour fire rated ceilings. Throughout the corridors, dampers were not installed in all air ducts that penetrated the ceiling.

This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on March 20, 2013.

NFPA 101 LIFE SAFETY CODE STANDARD

Cooking facilities are protected in accordance with 9.2.3. 18.3.2.6, NFPA 96

This STANDARD is not met as evidenced by:
Based on interview and record review, it was determined that the facility failed to maintain its kitchen hood extinguishing agent.

The findings include:

Record review and interview with the maintenance director and the company that services the kitchen hood extinguishing system on March 20, 2013 at 11:20 a.m. revealed that the twelve (12) year hydrostatic test was not performed and is past due.


Corrective actions for residents affected:
No residents were affected by this deficiency. Knox Fire Extinguisher came out on March 28, 2013 and installed a new agent tank, nozzles and upgraded the system to UL300 standards.

Identifying other residents having the potential to be affected, and what corrective action will be taken:
No other areas are affected.
K 069

Continued From page 3

This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on March 20, 2013.

K 069

Measures and systemic changes to prevent recurrence:
The Maintenance Director will insure the Ansul system is placed on the proper preventative maintenance program and the appropriate system testing is accomplished per manufacturers guidelines.

Monitoring Corrective Action for sustained corrections:
The Ansul testing will be reported to PI Committee on April 16, 2013 for repair and/or replacement as identified by the Maintenance Director. The P.I. Committee consists of the Medical Director, Pharmacist, Administrator, Assistant Administrator, Director of Nursing, Social Services, Registered Dietician, Dietary Manager, Staff Development Coordinator, Medical Records, Activities Director, Maintenance Supervisor, Business Office Manager.

05/02/13