### K045: NFPA 101 LIFE SAFETY CODE STANDARD

**SS#D: 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 provide adequate exit discharge lighting.
- The findings include:
  - Observation and interview with the maintenance director on July 30, 2013 at 1:06 p.m. revealed that the exit discharge lighting at exits by rooms 114 and 215 did not have at least a 2 bulb light fixture on emergency power.

This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on July 30, 2013.

**K052: 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

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**K045 Life Safety Code Standard**

- 2 bulb light fixture on emergency power system scheduled to be placed by Maintenance staff, at exits by rooms 114 and 215.
- Staff and residents have the potential to be affected.
- Maintenance Staff to inspect the exits at rooms 114 and 215 for proper illumination monthly on routine maintenance schedule.
- Inspection findings will be reported by the Maintenance Director to the Quality Assurance committee monthly for 2 months (Quality Assurance committee consists of minimally: Administrator, DON, physician, Chaplain, Unit Mgrs. and Social Services). Next Quality Assurance meeting scheduled for August 21st, 2013. Quality Assurance Committee will Review, discuss, and make any necessary revisions or recommendations.
K 052 Continued From page 1

This STANDARD is not met as evidenced by:

Based on record review and interview, the facility failed to maintain all fire alarm equipment.

The findings include:

Record review and interview with the maintenance director on July 30, 2013 at 10:45 a.m. revealed that the sprinkler pit will accumulate water or become wet and cause the tamper switches to short circuit and not function properly.

This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on July 30, 2013.

K 147 SS-E

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, the facility failed to install and use electrical equipment properly.

The findings include:

Observation on July 30, 2013 between 12:00 p.m. and 12:15 p.m. revealed that resident rooms 304, 307, 308, and 312 were using oxygen concentrators that were plugged into a power strip.

K 062 Life Safety Code Standard

1. Completed on 8/13/13 - The concrete lid to the sprinkler pit was removed and all soil located in the bottom of the tank was removed, tank was cleaned and all pipes were sealed and water-proofed. A new seal was installed underneath the lid to prevent leaking and to prevent electrical shorts. Sprinkler contractor was contacted by the maintenance staff to inspect switches or replace as needed to ensure system is working properly.

2. Residents have the potential to be affected.

3. Maintenance Director will inspect the sprinkler pit on a monthly basis and more often during rainy periods for reoccurrence of water entering the pit.

4. Inspection findings will be reported by the Maintenance Director to the Quality Assurance committee monthly for 3 months (Quality Assurance committee consists of minimally: Administrator, DON, physician, Chaplain, Unit Managers, and Social Services). Next Quality Assurance meeting scheduled for August 21st, 2013. Quality Assurance Committee will review, discuss and make any necessary revisions or recommendations.
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This finding was verified by the maintenance director and acknowledged by the administrator during the exit conference on July 30, 2013.

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**K 147** Life Safety Code Standard

1. Oxygen Concentrators in Resident Rooms 304, 307, 308 and 312 were removed from power strips and plugged into wall outlet on 7/30/13.

2. All residents with physician order for oxygen have the potential to be affected.

3. All nursing staff in-serviced on assuring all oxygen concentrators are plugged into wall outlets. Maintenance Director/Designee to complete audit for all rooms with oxygen concentrators weekly for 4 weeks then monthly for 2 months to assure concentrators are plugged into wall outlets.

4. Audit findings will be reported by the Maintenance Director to the Quality Assurance committee monthly. (QA/PI committee consists of: Administrator, DON, physician, Chaplain, Unit Mgrs. and Social Services.) Next Quality Assurance meeting scheduled for August 21st, 2013. Quality Assurance Committee will Review, discuss and make any necessary revisions or recommendations.