### Statement of Deficiencies and Plan of Correction

#### K000 Initial Comments

- **42 CFR 483.70(a)**
- **K3 BUILDING:** 0101
- **K8 PLAN APPROVAL:** 1955
- **K7 SURVEY UNDER:** 2000 Existing
- **K8 SNF**

Type of Structure: Type 1 (332) one story, fire resistant construction with a complete automatic (wet) sprinkler system, five smoke compartments and a partial basement.

A Comparative Federal Monitoring Survey was conducted on 03/11/10, following a State Survey Agency Survey on 01/19/10, in accordance with 42 Code of Federal Regulations, Part 483: Requirements for Long Term Care Facilities. During this Comparative Federal Monitoring Survey, Court Manor Nursing Center was found not to be in compliance with the Requirements for Participation in Medicare and Medicaid.

The findings that follow demonstrate noncompliance with Title 42, Code of Federal Regulations, 483.70 (a) et seq. (Life Safety from Fire).

**K038, NFPA 101 LIFE SAFETY CODE STANDARD 6S-F**

Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1

This STANDARD is not met as evidenced by:

- Based on observation and interview, the facility

**K038**

**NFPA 101 LIFE SAFETY CODES STANDARDS 6S-F**

Requirement:

Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1 19.2.1

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

**Title**

**X8 Date**

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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 30 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 date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.
K 036 Continued From page 1:

failed to maintain the required unobstructed headroom free of projections in the exit paths from the building and also failed to provide exit egress paths that could be kept clean and provide a hard surface during all weather conditions. The deficient practices affected all five smoke compartments, staff and all residents. The facility has a capacity of 88 beds with a census of 61 the day of survey.

Findings include:

A. Observation on 03/11/10 during a tour of the facility between 10:00 a.m. and 10:10 a.m. revealed exit signs near the center of the corridors were mounted such that they projected from the ceiling below the allowed headroom clearance height of 6 ft 6 in. above the floor. This condition was identified at the following locations: 6 ft 3 in. clearance near room 105, the two outside exit doors near room 116 and room 412, the two smoke doors near room 204 and room 404, and at the smoke doors near the kitchen. Interview with the facility Maintenance Supervisor on 03/11/10 at 10:30 a.m. revealed that the facility was not aware of the requirement that ceiling projections must not extend below 6 ft 6 in. above the floor.

B. Observation on 03/11/10 at 11:50 a.m. revealed that two of the five exits from the building that were located on the west side by resident rooms 116 and 300 consisted of a concrete pad approximately 4 feet x 6 feet in size which discharged onto a grassy area at both exits. This grass area was observed to be a level area with a distance of forty-five feet to a thirty-six inch retaining wall drop-off to the public sidewalk. The two exits were required for emergency

Corrective Action:
1. a.) The exit signs mounted in the corridors near rooms 105, 116, 412, 204, 404, and at the smoke doors near the kitchen were replaced to accommodate the minimum 6 ft. 6 in. required clearance by the Maintenance Supervisor on 4/30/2010.
   b.) The two emergency exits on the west side of the building located near rooms 116 and 300 now have in place an all weather surface that provides access to a public way on 4/30/2010.
2. a.) All ceiling mounted exit signs have been inspected by the Administrator and Maintenance Supervisor on 4/29/2010 and found them to meet the required clearance of 6 ft. 6 in.
   b.) All emergency exits have been inspected by the Administrator and Maintenance Supervisor on 4/30/2010 and found them to terminate directly into a public way.
3. The Maintenance Supervisor was in service on 4/30/2010 by the Administrator to ensure that exit signs maintain proper height clearance and emergency exits provide all occupants with a safe access to a public way.
4. The Q.A. Committee consisting of the Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Medical Records, Staffing Coordinator, Bookkeeper, Food Service Supervisor, Social Worker, Maintenance Supervisor, and Activity Coordinator will monitor to ensure compliance.

Completion Date: 4/30/2010

4/30/2010
K 038 Continued From page 2

Egress from the building and were identified by emergency illuminated exit signs from the two egress corridors leading out of the west side of the building. There were no all weather surfaces that would provide access to a public way located fifty feet away from the concrete landings.

Interview with the facility Maintenance Supervisor on 03/11/10 at 11:50 a.m. revealed that the facility was aware that the exit required a hard surface path for travel to a public way.

The census of 81 was verified by the Administrator on 03/11/10. The findings were acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 03/11/10.

Actual NFPA Standard: NFPA 101, 7.1.5

Headroom. Means of egress shall be designed and maintained to provide headroom as provided in other sections of this Code and shall be not less than 7 ft 6 in. (2.3 m) with projections from the ceiling not less than 6 ft 6 in. (2 m) nominal height above the finished floor. The minimum ceiling height shall be maintained for not less than two-thirds of the ceiling area of any room or space, provided the ceiling height of remaining ceiling area is not less than 6 ft 8 in. (2 m).

Headroom on stairs shall be not less than 6 ft 8 in. (2 m) and shall be measured vertically above a plane parallel to and tangent with the most forward projection of the stair tread.

Exception No. 1: In existing buildings, the ceiling height shall not be less than 7 ft (2.1 m) from the floor with no projection below a 6-ft 8-in. (2-m) nominal height from the floor.

Actual NFPA Standard: NFPA 101, 7.5.1.1. Exit access shall be arranged that exits are readily accessible at all times.
<table>
<thead>
<tr>
<th>ID</th>
<th>ID PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSQ IDENTIFYING INFORMATION)</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K047</td>
<td>Continued From page 4 acknowledged by the Administrator and verified by the Maintenance Supervisor at the exit interview on 03/11/10.</td>
<td>K047</td>
<td>Maintenance Supervisor, and Activity Coordinator will monitor to ensure compliance.</td>
<td>Completion Date: 4/30/2010</td>
<td>4/30/2010</td>
</tr>
</tbody>
</table>