K 018

**NFPA 101 LIFE SAFETY CODE STANDARD**

This provider submits the following plan of correction in good faith and to comply with Federal Law. This plan is not an admission of wrong doing nor does it reflect agreement with the facts and conclusions stated in the statement of deficiencies.

- Blue binder was removed from Unit Manager's office on 06/15/10
- Unit Manager was in serviced by the Administrator on 06/25/10 on the importance maintaining the resistance of smoke through the corridor.
- Administrator and/or Maintenance Director will check for propped door during weekly rounds using the Maintenance Round Check-list
- Maintenance Director to report his findings on a monthly basis to the Quality Assessment & Assurance Committee x 3 months
- The QA&A Committee will determine the need for continued audit frequency at this time if 100% compliance has been met.

K 086

**NFPA 101 LIFE SAFETY CODE STANDARD**

- New metal containers were ordered on 06/15/2010
- Mulched Shrub Bed was cleaned on 06/15/2010.

Any deficiency statement dealing with an asterisk (*) denotes a deficiency which cannot be corrected providing it is determined that other safeguards provide sufficient protection to the patient(s). (See instructions.) This is not the case for nursing homes, the findings stated above are not correctable (Caution 90 days following the date of survey either the facility or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are correctable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.)
K 066 Continued From page 1

(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.

(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 provide metal containers with self-closing lids.

The findings included:

Observations of the smoking areas on 6/14/10 at 9:25 AM, did not have a metal container with a self-closing lid.

Observations of the facility campus on 6/14/10 at 9:30 AM, revealed more than 30 cigarette butts lying around a desk chair in a mulched shrub bed.


Administrator and/or Maintenance Director to check on a weekly basis that metal containers are being utilized in the smoking areas.

Maintenance Director to assure that mulch bed is free from cigarette butts during weekly rounds using the Weekly Preventative Maintenance Program Check-list.

Maintenance Director to report his findings of audits on a monthly basis to the Quality Assurance Committee x 3 months

The QA&A Committee will determine the need for continued audit frequency at this time if 100% compliance has been met.
<table>
<thead>
<tr>
<th>ID</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K144</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>Back up light was installed in the electrical control room on 06/15/2010</td>
<td>7/15/10</td>
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<td></td>
<td>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</td>
<td>New generator was ordered on 06/30/2010. Maintenance Director to assure light is functioning on weekly rounds using Maintenance Weekly Rounds Check-list. Administrator to assure light is functioning on weekly rounds using the Maintenance Weekly Rounds Check-list. Maintenance Director to report his findings on a monthly basis to the Quality Assurance Committee x 3 months. The QA&amp;A Committee will determine the need for continued audit frequency at this time if 100% compliance has been met.</td>
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<td>K144</td>
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This STANDARD is not met as evidenced by:
Based on observations, it was determined that the facility failed to provide remote annunciators from the generators to a continuously occupied area and the main electrical room did not have an emergency back up light.

The findings included:
Observations of the facility on 6/14/10 from 9:15 AM until 2:30 PM, revealed that the facility did not install remote annunciators from the generators to an area that was continuously occupied.

Observations of the main electrical control room on 6/14/10 at 9:35 AM, revealed that there was not an emergency back up light.