<table>
<thead>
<tr>
<th>K 000</th>
<th>INITIAL COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>This Comparative Federal Life Safety Code (LSC) Survey was conducted on August 20, 2012. It was conducted as per the requirements of the Federal Register at 42CFR 483.70 (a) using the existing Health Care Section of the 2000 edition of the LSC and its referenced publications. It is of Type III (222) single story. It was completely sprinklered and housed 233 beds.</td>
</tr>
</tbody>
</table>

The deficiencies determined during the survey are as follows: Census was 207

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 resistant 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

This STANDARD is not met as evidenced by:
Based upon observation and staff interview during the survey, it was determined that the facility failed to provide hazardous areas of smoke tight construction. The findings included:

1. Observation and staff interview at approximately 12:30 PM on the day of the survey

Social Service office was immediately cleared of boxes and paper.
Social Service staff were in-serviced by Administrator on keeping office free of boxes and paper.
Maintenance Director to check office on a weekly basis to assure that office is clear of boxes and paper.
Maintenance Director to report his findings to the Quality Assurance Committee on a monthly basis.

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K 029 Continued From page 1
indicated the Social Services Storage Area was
filled with boxes and paper.

This was verified with maintenance staff during
the survey.

K 056
NFPA 101 LIFE SAFETY CODE STANDARD
SS=6
If there is an automatic sprinkler system, it is
installed in accordance with NFPA 13, Standard
for the Installation of Sprinkler Systems, to
provide complete coverage for all portions of the
building. The system is properly maintained in
accordance with NFPA 25, Standard for the
Inspection, Testing, and Maintenance of
Water-Based Fire Protection Systems. It is fully
supervised. There is a reliable, adequate water
supply for the system. Required sprinkler
systems are equipped with water flow and tamper
switches, which are electrically connected to the
building fire alarm system. 19.3.5

This STANDARD is not met as evidenced by:
Based upon record review, observation, and staff
interview it was determined during the survey that
the facility failed to provide a complete sprinkler
system. The findings included:

Based upon observation and staff interview at
approximately 1:00 PM on the day of the survey it
was determined that the Ambulance Entrance
were the combustible canopy was located did not
have sprinkler coverage.

This was verified with maintenance staff during
the survey.

Maintenance Director immediately reviewed
all exits to determine if combustible canopies
were at other facility exits. Maintenance
Director to check all facility exits on a monthly
basis to assure that facility has no other
combustible canopies at exits.

Sprinklers will be installed by Life Safety
Contractor. Maintenance Director to verify on a monthly basis that Sprinkler
is in place under canopy. Maintenance
Director report his findings to the Quality
Assurance Committee on a monthly basis.
### SUMMARY STATEMENT OF DEFICIENCIES

**K 070**: NFPA 101 LIFE SAFETY CODE STANDARD

Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8

This STANDARD is not met as evidenced by: Based upon observation and staff interview during the survey it was determined that the facility failed to meet portable space heating devices where the heating elements of such devices do not exceed 212°F (100°C). The findings included:

- Observation and staff interview at approximately 11:30 AM on the day of the survey indicated that the facility was using portable space heating devices in the business office and staffing office.

This was verified with maintenance staff during the survey.

**K 070**

Maintenance Director immediately removed space heating device from the two offices. Maintenance Director searched all offices for heating devices. Maintenance Director to search all offices on a weekly basis for heating devices. Maintenance Director to report his findings to the Quality Assurance Committee on a monthly basis.

**9/16/20**