<table>
<thead>
<tr>
<th>Statement of Deficiencies and Plan of Correction</th>
<th>Identification Number: 445149</th>
<th>Multiple Construction</th>
<th>A. Building 01 - Main Building 01</th>
<th>Date Survey Completed: 07/29/2013</th>
</tr>
</thead>
</table>

**Name of Provider or Supplier:**

**Signature Healthcare at Saint Francis**

<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>
</tr>
</thead>
<tbody>
<tr>
<td>K 054 SS=D</td>
<td><strong>NFPA 101 Life Safety Code Standard</strong>&lt;br&gt;All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3&lt;br&gt;This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain smoke detectors in accordance with manufacturer's specifications.&lt;br&gt;The findings included:&lt;br&gt;Observations of room 9619, on the 5th floor, on 7/29/13 beginning at 5:45 AM, revealed the smoke detector had been removed from the base and the smoke detector battery had been removed.&lt;br&gt;The findings were acknowledged by the Maintenance Supervisor at the exit interview on 7/29/13.</td>
<td>K 054 SS=D</td>
<td>Facility staff are being re-inserviced on the requirements for maintaining smoke detectors in the facility. They are being inserviced that batteries are available at the front receptionist desk to replace if a battery starts &quot;chirping&quot;. Staff have also been inserviced that no smoke detectors should be removed or altered. Maintenance Department will perform weekly audits daily for 30 days to ensure compliance. Then for 90 days monthly audits will be performed on each floor. The results of the audits will be reviewed monthly in the QA meeting for 3 months.</td>
<td>8/31/13</td>
</tr>
<tr>
<td>K 062 SS=D</td>
<td><strong>NFPA 101 Life Safety Code Standard</strong>&lt;br&gt;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&lt;br&gt;This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to maintain sprinkler heads in accordance with National Fire Protection Association (NFPA) 13.</td>
<td>K 062 SS=D</td>
<td>The sprinkler head was immediately corrected to meet regulatory compliance. The maintenance department will conduct weekly audits to ensure compliance is maintained. These audits will be reported to the monthly QA meeting for 3 months and then quarterly for 6 months to maintain compliance.</td>
<td>8/31/13</td>
</tr>
</tbody>
</table>
K 062  Continued From page 1

The findings included:

Observations in room 9321 on 7/29/13 beginning at 5:45 AM, revealed a sprinkler head had paint spray on it.

The finding was acknowledged by the Maintenance Supervisor at the exit interview on 7/29/13.

K 076  NFPA 101 LIFE SAFETY CODE STANDARD

Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.

(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.

(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside.  NFPA 99

4.3.1.1.2, 19.3.2.4

Staff are being inserviced by the Staff Development Coordinator and/or designee about securing the oxygen bottles in their secure location/holders. To be completed by 08/31/13.

This STANDARD is not met as evidenced by:

Based on observations, it was determined the facility failed to keep oxygen bottles in a secure condition to prevent damage.

The findings included:

Observations during the facility tour on 7/29/13 beginning at 5:45 AM revealed the following:

a. One (1) of 19 oxygen cylinders were
K 076  Continued From page 2
   unsecured on the 4th floor in room 9424.
   b. One unsecured oxygen cylinder at the nurse's
      station on the 3rd floor.
   c. One unsecured oxygen cylinder on the 2nd
      floor in room 9211.

   The findings were acknowledged by the
   Maintenance Supervisor at the exit interview on
   7/29/13.

K 160  NFPA 101 LIFE SAFETY CODE STANDARD

SS=S

   All existing elevators, having a travel distance of
   25 ft. or more above or below the level that best
   serves the needs of emergency personnel for fire
   fighting purposes, conform with Firefighter’s
   Service Requirements of ASME/ANSI A17.3,
   Safety Code for Existing Elevators and
   Escalators.  19.5.3, 9.4.3.2

   This STANDARD is not met as evidenced by:
   Based on observation, it was determined the
   facility failed to maintain elevator’s in accordance
   with National Fire Protection Association 101, Life
   Safety Code, Chapter 19.5.3.

   The findings included:

   Observations during the facility tour on 7/29/13
   beginning at 6:45 AM, revealed the #1 elevator
   did not stop level with the exit floors. This
   occurred on all 5 floors.  

On 7/29/13 #1 elevator was taken out of service.
The hospital administration was notified along
with the elevator company that the elevator did
not stop level. The elevator company sent a
technician out and the elevator has been
repaired as of 8/12/13.