<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 050</td>
<td>SS=D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K 050</td>
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<td>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms.</td>
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<td>This STANDARD is not met as evidenced by: Based on record review of fire drills, it was determined the facility failed to conduct 2 of 12 fire drills.</td>
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<td>The findings included: During record review in the conference room on 6/3/13 from 11:55 AM until 12:45 PM, the facility was unable to provide a fire drill for the 3rd shift of the third quarter of 2012 and a 3rd shift fire drill for the 1st quarter of 2013.</td>
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<tr>
<td>K 062</td>
<td>SS=D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K 062</td>
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<td>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically.</td>
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<td>This STANDARD is not met as evidenced by: Based on observations, it was determined the</td>
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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 disclosable 90 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 disclosable 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 062 Continued From page 1

facility failed to maintain all sprinkler heads.

The findings included:

1. Observations in the women's public restroom in the center corridor on 6/3/13 at 10:35 AM, revealed 1 of 2 sprinkler head assemblies did not have an escutcheon ring.

2. Observations in the laundry department on 6/3/13 at 1:55 PM, revealed 1 of 5 sprinkler heads in the drying room with a buildup of lint and 2 of 4 sprinkler heads with a build up of lint in the soiled washing room.

3. Observations of the walk in cooler in the kitchen on 6/3/13 at 1:35 PM, revealed the sprinkler head assembly did not have an escutcheon ring.

K 076

NFPA 101 LIFE SAFETY CODE STANDARD

SS=D

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

(K 062 continued)

The escutcheon ring was replaced in the women's public rest room.

The lint was removed from the sprinkler head in the drying room and the soiled washing room.

The escutcheon ring was replaced on the sprinkler head in the walk in cooler in the kitchen.

The Head, Maintenance Department shall be responsible for ensuring that the automatic sprinkler systems are continuously maintained and are in reliable operating condition to include that the heads are free from dust and lint.

(K 076)

The King's Daughters and Sons Home will ensure that oxygen bottles are maintained in a secured manner.

The oxygen bottle in the Yellow Hall Nursing Unit was removed from the unit and properly stored in the oxygen storage unit.

The Director of Nursing Service shall be responsible of ensuring that oxygen bottles are properly used and stored in a secured manner. She shall conduct daily rounds to ensure that oxygen bottles are properly stored.
K 076  Continued From page 2
Based on observation, it was determined the facility failed to keep all oxygen bottles in a secure condition to prevent damage.

The findings included:

Observations of the yellow hall nurses' station on 6/4/13 at 9:00 AM, revealed 1 of the 2 bottles of oxygen was not secured.

K 104  NFPA 101 LIFE SAFETY CODE STANDARD
Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6.

This STANDARD is not met as evidenced by:
Based on observation, of was determined the facility failed to maintain the fire walls.

The findings included:

Observations during the facility tour on 6/3/13 beginning at 10:30 AM revealed the following:

a. The 200 corridor had a 1 inch penetration through the 1 hour fire wall and 2 conduits were not sealed above the fire doors by resident room 202.

b. The one 1 hour fire wall outside the north maintenance room revealed an unsealed penetration with flexible conduit and two 1 inch conduits were not sealed above the doors.

c. The 1 hour fire walls inside the electrical transfer switch had a penetration to the east wall.

K 130  NFPA 101 MISCELLANEOUS
SS=D

The King’s Daughters and Sons Home shall ensure that penetrations of smoke barriers by ducts are protected.

The penetrations above the fire doors by resident room 202; penetrations outside the north maintenance room and the penetration to the east wall of the electrical transfer switch were sealed by maintenance staff.

The Director, Maintenance Department shall be responsible to check for and ensuring that all penetrations are properly sealed following work within the building.
<table>
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<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
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<td>K 130</td>
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<td>OTHER LSC DEFICIENCY NOT ON 2786</td>
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This STANDARD is not met as evidenced by:
Guidelines for Design and Construction of Health Care Facilities, 2010 edition Nursing Facilities Table 4.1 Ventilation Requirements for Areas Affecting Resident Care in Nursing Facilities.

This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to provide ventilation and outside exhaust to all resident toilets and support areas.

The findings included:

1. Observations of the south hallway on 6/3/13 from 10:55 AM to 11:42 AM, revealed there was not working ventilation to remove odors in the following areas:
   a. Soiled utility room with soiled linens in carts.
   b. The janitor’s room located in the back of the south maintenance room.
   c. Resident toilet room 128.
   d. Resident toilet room 146.

2. Observation of the north hallway on 6/3/13 from 11:40 AM to 11:55 AM, revealed there was not working ventilation to remove odors in the following areas:
   a. The north west waste room did not have working exhaust.
   b. The north soiled linen did not have an exhaust vent.

The King’s Daughters and Sons Home shall ensure proper ventilation and outside exhaust to all resident toilets and support areas.

Exhaust units will be installed in the soiled utility room with soiled linens in carts, the janitor’s room located in the back of the south maintenance room, the north-west waste room and the north soiled linen room.

An engineering company has been contracted to determine why proper air flow is not maintained in resident toilet rooms 128 and 146. These exhaust units will be repaired to ensure proper exhaust air flow.

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 Jun 17 2013