<table>
<thead>
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<th>K 064</th>
<th>NFPA 101 LIFE SAFETY CODE STANDARD SS=D</th>
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<tbody>
<tr>
<td>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6. NFPA 10</td>
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<td>This STANDARD is not met as evidenced by: National Fire Protection Association (NFPA) 10 Portable Fire Extinguishers 1998 edition 4-3 Inspection. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require. 4-3.2* Procedures. Periodic inspection of fire extinguishers shall include a check of at least the following items: (a) Location in designated place (b) No obstruction to access or visibility This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain clearance for 1 of 14 fire extinguishers. The findings included: Observations of the nurses station on 4/11/13 at 9:15 AM, revealed a white metal rolling cart stored in front of the fire extinguisher.</td>
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<tr>
<td>K 067</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD SS=D</td>
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<td>1) On 4/11/13, the metal cart was moved to maintain clearance of fire extinguisher by Maintenance Supervisor. 2) Maintenance Supervisor in-serviced on 4/14/13 on Life Safety Codes Standards related to fire extinguishers. All staff has been in-service on 4/5/13 by Maintenance Supervisor and Administrator to not block the path of any fire extinguisher in the facility. 3) On 4/10/13 all fire extinguishers were checked by the administrator to ensure that all fire extinguishers were visible and free of obstruction. Random daily audits and weekly audits will be done by Maintenance Supervisor. 4) The O.A. Committee, consisting of Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinator, Staffing Coordinator, Medical Records, Registered Dietitian, Social Worker, Maintenance Supervisor, Activities Coordinator, will monitor for compliance through review of facility rounds and documented audits for three months. If compliance is not met, facility staff will be re-in-serviced and audits will continue until substantial compliance is met. Completed by 4/10/13</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 required to continued program participation.
K 067. Continued from page 1

Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2

This STANDARD is not met as evidenced by: Based of observation, it was determined the facility failed to provide constant air circulation in 14 of 46 resident rooms and maintain ventilation in 1 of 19 resident toilet rooms.

The findings included:

1. Observation of resident rooms 104, 105, 108, 205, 208, 210, 215, 301, 302, 303, 304, 305, 315, and 317 on 4/1/13 from 9:30 AM to 11:45 AM, revealed the heating, air, and ventilation wall units were the only source of air exchange. The units in these rooms were all turned off.

2. Observation in room 317's bathroom on 4/1/13 at 9:37 AM, revealed the exhaust fan in the ceiling was not working.

K 067

NFPA 301 LIFE SAFETY CODE STANDARD 55D

REQUIREMENT:
Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2

Corrective Action:

1) The exhaust fan in resident room #317 was repaired on 4/1/13 by the Maintenance Supervisor. The PTAC units in resident rooms 104, 105, 108, 205, 208, 210, 215, 301, 302, 303, 304, 305, 315, and 317 were turned on by the Maintenance Supervisor on 4/1/13.

2) All staff has been in services on keeping PTAC units on at all times to maintain air flow and reporting broken equipment on 4/5/13.

3) On 4/6/13, the Administrator audited each room to ensure all units were turned on and running. Maintenance/housekeeping will monitor daily. They will report to the administrator each morning to ensure the facility is in compliance.

4) The Q.A. Committee, consisting of Medical Director, Administrator, Director of Nursing, Assistant Director of Nursing, MDS Coordinators, Staffing Coordinator, Medical Records, Registered Dietician, Social Worker, Maintenance Supervisor, Activities Coordinator, will monitor for compliance through random facility daily rounds for next three months. If compliance is not met, facility staff will be re-in services and monitoring will continue until substantial compliance is met.

Completed by 4/6/13