**K 018**

**NFPA 101 LIFE SAFETY CODE STANDARD**

- Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3

- Roller latches are prohibited by CMS regulations in all health care facilities.

This STANDARD is not met as evidenced by:

Based on observation and interview, the facility failed to assure corridor doors closed to a positive latch. (NFPA 101, 19-3.6.3.)

The findings include:

Observation and interview with the Maintenance Director, on November 28, 2012, between 10:00 a.m. and 2:00 p.m. confirmed corridor doors to the West Nurses station pantry door, shower room door near room #502, and resident room 205 failed to close to a positive latch.

This finding was verified by the Maintenance

| 1. The West Nurse’s station pantry Door, shower room door near Room #502, and resident room 205 were all adjusted to close to a positive latch on 11/29/12. | 11/29/12 |
| 2. All doors having positive latches were checked to ensure they maintained a positive latch. | |
| 3. A checklist of all positive latch doors will be created and maintained on a regular basis. | 12/14/12 |
| 4. Random audits of all positive latch doors will be done by the Maintenance dept. and reported to the regular monthly QA&A meeting X three months. | 1/13/13 |
K 018
Continued From page 1
Supervisor and acknowledged by the Administrator during the exit conference on November 26, 2012.

K 029
NFPA 101 LIFE SAFETY CODE STANDARD SS-D
One hour fire rated construction (with 1/2 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 resisting 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

1. On 11/27/12, the Medical Records office was provided with a door closer. The laundry door was adjusted to ensure that there were no gaps. 11/27/12
2. All self-closing doors were checked to ensure a positive latch on 11/27/12. 11/27/12
3. A checklist of all positive latch doors will be created and maintained on a regular basis. 12/14/12
4. Random audits of all positive latch doors will be done by the Maintenance Dept. and reported to the regular monthly QA&A meeting x three months. 1/13/13
**K 029**
Continued From page 2

- top and failed to be self-closing.
- These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on November 26, 2012.

**K 050**
NFPA 101 LIFE SAFETY CODE STANDARD

- 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. 19.7.1.2

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to assure staff was familiar with fire procedures.
- The findings include:
  - Observation during a fire drill conducted on November 26, 2012 at 2:10 p.m. confirmed the staff in the fire compartment failed to clear all residents out of the area. There were five (5) residents in the immediate area of the nurses' station that were not taken to a safe area and were left in the open activity area during the drill.
  - These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on November 26, 2012.

**K 052**
NFPA 101 LIFE SAFETY CODE STANDARD SS=F

1. Reeducation of the employees on the East wing was done immediately and miscommunication was resolved. 11/26/12
2. All residents have the potential to be affected. All employees will be re-educated by in-service and return demonstration relating to fire drill procedures. 12/21/12
3. Fire drills will be conducted on a regular basis until correct procedures are accomplished X three. All employees will be re-educated on fire drill procedures. 1/11/13
4. Fire drill documentation will be reviewed By the Safety committee at the regular monthly Meeting and presented to the QA&A meeting X 1 quarter. 1/13/13
K 052
Continued From page 3
A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4

This STANDARD is not met as evidenced by: NFPA 72, 7-3.2.1 Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed.

Based on record review, the facility failed to assure smoke detectors were tested for sensitivity every two (2) years (NFPA 72-7.3.2.1). The findings include:

1. Fire alarm company was notified
2. All residents have the potential to be Affected. Fire company was notified and date set for completion of testing.
3. Sensitivity testing of all smoke alarms will be done and any alarms that require adjustment or replacement will be calibrated or replaced.
4. Fire alarm system reports will be submitted by the Maintenance Dept. to the Safety committee for review and presented to the QA&A meeting at the regular monthly meeting.

1/13/13
<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>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>Completion Date</th>
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<tbody>
<tr>
<td>K052</td>
<td>Continued From page 4 had been tested for sensitivity. The fire alarm system report dated 7-24-12 stated &quot;5 year sensitivity due.&quot; These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on November 26, 2012.</td>
<td>K052</td>
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<tr>
<td>K062</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD 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</td>
<td>K062</td>
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This STANDARD is not met as evidenced by: NFPA 13 states: 5-3.1.5.2 When existing light hazard systems are converted to use quick-response or residential sprinklers, all sprinklers in a compartmented space shall be changed. Based on record review, observation and interview, the facility failed to assure when quick response sprinkler heads were used, all sprinkler heads in that compartment were also quick response heads. NFPA 13 states: 5-3.1.5.2 When existing light hazard systems are converted to use quick-response or residential sprinklers, all sprinklers in a compartmented space shall be changed. The findings include: Observation, record review, and interview with the Maintenance Director, on November 26, 2012 between 10:00 am and 2:20 pm confirmed quick response sprinkler heads were installed in areas.

1. The 300 hall, 400 short hall, Central supply room, and 100/200 Nurses's Station sprinkler heads will be replaced by the appropriate heads to ensure compliance with NFPA.
2. All sprinkler heads in building will be checked to ensure they are in compliance with NFPA.
3. Sprinkler company was called and date set for removal and installing of sprinkler heads. Extra heads will be replaced with appropriate kind of heads to ensure ongoing compliance. 1/4/13
4. Maintenance Dept. will report to Safety at the regular monthly meeting and will present completed project information to the QA&Q regular monthly meeting. 1/13/13
K 062 Continued From page 5
where standard response heads were also installed in the 300 hall, 400 short hall, in Central Supply room, and by the 100/200 Nurses station. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on November 26, 2012.

K 067 NFPA 101 LIFE SAFETY CODE STANDARD
SS=F 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

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<tr>
<th>ID</th>
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<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
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<th>PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
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<td>K 062</td>
<td>Continued From page 5 where standard response heads were also installed in the 300 hall, 400 short hall, in Central Supply room, and by the 100/200 Nurses station. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on November 26, 2012.</td>
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<tr>
<td>K 067</td>
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1. Heating and Air conditioning company was called to set date for performing fire damper maintenance.
2. All residents have the potential to be affected. All fire dampers in building will be checked to ensure compliance with NFPA.
3. Ventilation company will perform required Maintenance on fire dampers to ensure Compliance with NFPA. 12/21/12
4. Results of completed maintenance of the Fire dampers will be reported to the Safety Committee at the regular monthly meeting.

And presented to QA&A at the regular monthly meeting. 1/13/13
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<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
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<tbody>
<tr>
<td>SS=F</td>
<td>K 144 NFPA 101 LIFE SAFETY CODE STANDARD</td>
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</tbody>
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Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.

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<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
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<td>K 144</td>
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1. Generator company called and Date set for a 2-hour load bank Test

2. All residents have the potential to be Affected. Generator 2-hour load bank Test will be performed and annually Thereafter.

3. A two-hour load bank test will be performed and a log will be kept to indicate all generator testing in order to ensure compliance with NFPA. Maintenance Dept. employees will be inserviced as to the specifics of a 2-hour load bank test to ensure compliance with NFPA. 1/11/13

4. Completion report from the Generator company will be submitted to the Safety committee at the regular monthly meeting and presented to the QA&A at the regular monthly meeting. 1/13/13
K 144 Continued From page 7

minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours.

Based on observation and record review and interview, the facility failed to assure the emergency generator had an annual 2-hour load bank test performed.

The findings include:

Record review of the Emergency Generator logs with the Maintenance Director, on November 26, 2012, at 11:15 a.m. failed to show a 2-hour load bank test had ever been performed. During the testing of the emergency generator under load, on November 26, 2012, at 1:15 p.m. it was observed the generator load was less than 10 amps which is less than the 30% of rated capacity for a 50Kw generator.

These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on November 26, 2012.