K 056
NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

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 on observation, it was determined the facility failed to maintain the required automatic sprinkler system.

The finding included:
Observation S on 5/21/12 at 1:07 PM, revealed that the required Fire Department Connection (FDC) sign was not present.

This finding was verified by the maintenance director and the director of nursing during the exit conference on 5/21/12.

K 062
NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

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

1. The escutcheon plates on the 4 sprinkler heads, outside room 428, main dining room, in office next to conference room and in station 1 bubble room, were properly attached to the ceiling by Nashville Sprinkler Company.

2. All escutcheon plates on all the
K 062 Continued From page 1
25, 9.7.5

This STANDARD is not met as evidenced by:
Based on observation, it was determined the facility failed to maintain the required automatic sprinkler system.

The findings included:

Observations on 5/21/12 at 11:44 AM, revealed the escutcheon plates on the following four sprinkler heads were not properly attached to the ceiling:

a. Sprinkler outside room 428.
b. Sprinkler head in dining room.
c. Sprinkler head in office next to conference room.
d. Sprinkler head in station 1 bubble room.

These findings were verified by the maintenance director and the director of nursing during the exit conference on 5/21/12.

K 064

Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10

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

K 062

Sprinkler heads were inspected and checked to insure they were properly attached to the ceiling by Nashville Sprinkler Company.

3. All maintenance staff was in-serviced on the proper escutcheon plate's attachment to the ceiling. The Maintenance Supervisor will contact Nashville Sprinkler Company to come repair any escutcheon plates that are found not properly attached.

4. The maintenance supervisor will conduct monthly audits times six months to insure proper attachment of sprinkler head escutcheon plates to the ceiling. The Nashville Sprinkler Company will conduct quarterly inspections to inspect all escutcheon plates on all sprinkler heads. The results of these audits will be noted and reviewed in the monthly Quality Assurance meeting. Any issues or trends identified will be addressed by the Quality Assurance Committee as they arise and the plan will be revised as needed to insure continued compliance.

K 064

1. The Fire extinguishers near room 114, room 121 and in electrical room across the hall from room 410, were checked by Industrial Fire and Safety Equipment Company.

2. All Fire extinguishers were checked to insure a monthly check had been completed by Industrial Fire and Safety Equipment Company.
**K 064 Continued From page 2**

The findings included:

Observations on 5/21/12 at 11:09 AM, revealed the monthly check on the following portable fire extinguishers was not conducted:
- a. Extinguisher near room 114.
- b. Extinguisher near room 121.
- c. Extinguisher in electrical room across hall from room 410.

These findings were verified by the maintenance director and the director of nursing during the exit conference on 5/21/12.

**K 067 NFPA 101 LIFE SAFETY CODE STANDARD**

- 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 on observation, it was determined the facility failed to maintain the proper ventilation in required areas.

The findings included:

1. Observations on 5/21/12 at 12:01 PM, revealed the janitor's closet in the memory care unit had positive air pressure.
2. Observations on 5/21/12 at 12:11 PM, revealed the exhaust fan in the bathroom of room

**K 064**

- An in-services was conducted by Administrator on the completion of monthly Fire extinguisher checks.
- The maintenance supervisor will conduct a monthly audit times 12 months to insure all Fire extinguishers are properly checked. In addition annual fire extinguisher inspections are completed annually. The results of these audits will be noted and reviewed in the monthly Quality Assurance meeting. Any issues or trends identified will be addressed by the Quality Assurance Committee as they arise and the plan will be revised as needed to insure continued compliance.

**K 067**

- A new vent was installed to provide negative air pressure in the janitor's closet on the memory care unit by Rackly Roofing and maintenance supervisor.
- A new exhaust fan was installed in room 221 by maintenance supervisor.
- A new door was ordered on 05-30-12 from Door Tech and will be installed upon arrival for the area between the clean and dirty laundry to provide the correct air balance between the two areas.
- All janitors' closets were checked for negative air pressure by Maintenance Supervisor.
- All exhaust fans throughout facility where checked by Maintenance Supervisor for proper working condition.
- All maintenance staff was in-serviced on negative air pressure ventilation, working
**K 067** Continued From page 3

221 was not working.

3. Observations on 5/21/12 at 12:15 PM, revealed the separation door between clean and dirty laundry did not close within the frame, preventing the correct air balance between the two areas.

These findings were verified by the maintenance director and the director of nursing during the exit conference on 5/21/12.

**K 072**

NFPA 101 LIFE SAFETY CODE STANDARD

Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10

This STANDARD is not met as evidenced by:

Based on observation, it was determined the facility failed to keep the means of egress free of all obstructions.

The finding included:

Observations on 5/21/12 at 12:07 PM, revealed storage of bins outside exit doors at the section 28 smoking porch.

This finding was verified by the maintenance director and the director of nursing during the exit conference on 5/21/12.

**K 147**

NFPA 101 LIFE SAFETY CODE STANDARD

exhaust fans and closing of separation door between clean and dirty laundry areas.

4. The maintenance supervisor will conduct weekly audits for 12 weeks, then monthly times 3 months to insure proper negative pressure ventilation, working exhaust fans and closing of door between clean and dirty laundry. The results of these audits will be noted and reviewed in the monthly Quality Assurance meeting. Any issues or trends identified will be addressed by the Quality Assurance Committee as they arise and the plan will be revised as needed to insure continued compliance.

**K 072**

1. All storage bins outside exit doors on station 28 porch were removed. By Maintenance Supervisor. 05/21/12

2. All exit doors were checked by Maintenance Supervisor to insure means of egress were free of all obstructions. 05/21/12

3. An in-service was conducted by the Administrator and DON for all staff to insure means of egress were continually free of obstructions. 06/07/12

4. The Maintenance Supervisor will check weekly for 12 and then monthly for 3 to insure that means of egress are continually free of obstructions. The results of these audits will be noted and reviewed in the monthly Quality Assurance meeting. Any issues or trends identified will be addressed by the Quality Assurance Committee as they arise and a plan will be revised as needed to insure continued compliance.
K 147 Continued From page 4

SS=D

Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2

This STANDARD is not met as evidenced by: Based on observation, it was determined that the facility failed to maintain the electrical wiring and equipment.

The findings included:

1. Observations on 5/21/12 at 11:26 AM, revealed an electrical outlet above the sink in the newer addition corridor was not a Ground Fault Circuit Interrupter (GFCI) outlet.

2. Observations on 5/21/12 at 12:59 PM, revealed a junction box was missing a cover above the ceiling at the fire wall by nurse station 1.

These findings were verified by the maintenance director and the director of nursing during the exit conference on 5/21/12.

K 147

1. A GFCI outlet was installed by the electrical maintenance supervisor.

A cover was installed on the junction box by maintenance supervisor at the fire wall by nursing station 1.

2. All electrical outlets requiring GFCI outlets were checked and all junction boxes were checked for covers by maintenance supervisor.

3. An in-service for the maintenance staff by the Administrator was conducted on the GFCI outlets, and having junction box covers in place.

4. The maintenance supervisor will conduct weekly audits times 12 weeks, then monthly audits times three months to insure all electrical outlets requiring GFCI outlets were in place and all junction boxes covers where in place. The results of these audits will be noted and reviewed in the monthly Quality Assurance meeting. Any issues or trends identified will be addressed by the Quality Assurance Committee as they arise and the plan will be revised as needed to insure continued compliance.