<table>
<thead>
<tr>
<th>ID Prefix Tag</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 038 SS=D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</td>
</tr>
<tr>
<td>K 062 SS=D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>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>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure exits were accessible.

The findings include:

Observation on June 25, 2012 at 11:00 a.m. revealed the exit discharge leading out by room 136 had a gate that was pad locked.

The finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on June 25, 2012.

1. The padlock on the egress gate to the garden area was immediately removed by the Maintenance Director during survey on June 25, 2012. The padlock was replaced with plastic break away clips. A key fire box was ordered by the Nursing Home Administrator on July 2, 2012 and the key to the padlock will be placed in it by the Maintenance Director.
2. There are no other padlocked gates used as a means of egress at the facility.
3. The Maintenance Director completed education for the facility staff on the use of a plastic break away clip at the egress gate to the garden on June 29, 2012. Education will continue for the facility staff upon installation of the key box and storage of the gate key.
4. The Maintenance Director will audit the locked gate twice weekly for 2 weeks, weekly for 2 weeks, and monthly for 2 months. The monthly Performance Improvement Committee will review the audit results and make further recommendations as necessary to maintain substantial compliance. The Performance Improvement committee consists of the Administrator, Director of Nursing Services, Assistant Director of Nursing Services,}

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 60 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  
The findings include:  

Observation and record review with the Maintenance Supervisor on June 25, 2012 at 10:30 a.m. revealed and confirmed that no full flow trip test was done within the past three (3) years.

The finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on June 25, 2012.

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.

This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure corridors were clear and unobstructed.

The findings include:

Observation on June 25, 2012 between the times of 10:00 a.m. and 2:30 p.m. revealed wheel chairs and portable patient equipment was being used in the corridors for storage.

The finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on June 25, 2012.

K 062  Maintenance Director, Medical Director, Business Office Manager, Social Services Director, Activities Director, Admissions/Marketing Director, Environmental Services Director, Staff Development Coordinator, Nutritional Services Director, Health Information Manager, Therapy Program Manager, Clinical Case Manager, and MDS Coordinator.

K062  

1. On June 27, 2012, the Maintenance Director presented the Inspection Report completed by Century Fire Protection, LLC on June 17, 2010, indicating that a full flow trip test had been completed within the past three years.

2. The Maintenance Director reviewed other inspection records on July 2, 2012 to ensure they would be available upon request.

3. On June 29, 2012, the Nursing Home Administrator re-educated the Maintenance director on the regulation for full flow trip testing and the importance of accurate record keeping.

4. The Nursing Home Administrator or designee will audit monthly the mandatory records of the Maintenance Director for one quarter. The monthly Performance
K 072
Continued From page 2
25, 2012
K 147
NFPA 101 LIFE SAFETY CODE STANDARD
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, the facility failed to assure electrical panels have a three (3) feet clearance.
(NFPA 70, 110-26(a))

The findings include:
Observation on June 25, 2012 between the times of 11:30 a.m. and 3:00 p.m. revealed storage in front of electrical panels in the following locations.
1. Electrical room by across from room 131.
2. Electrical room in between Nurses Station and dining area.
3. Mechanical room by room 103.

These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on June 25, 2012

K 072
Improvement Committee will review the audit results and make further recommendations as necessary to maintain substantial compliance. The Performance Improvement committee consists of the Administrator, Director of Nursing Services, Assistant Director of Nursing Services, Maintenance Director, Medical Director, Business Office Manager, Social Services Director, Activities Director, Admissions/Marketing Director, Environmental Services Director, Staff Development Coordinator, Nutritional Services Director, Health Information Manager, Therapy Program Manager, Clinical Case Manager, and MDS Coordinator.
7/9/12

1. On June 25, 2012, facility staff immediately removed chairs and equipment from the hallways not assigned to a resident.

2. On June 25, 2012, wheelchairs and other resident equipment for assigned to a resident was removed from the building.

3. On June 26, 2012, the Staff Development Coordinator began re-education of facility staff and completed the re-education on July 6, 2012, regarding the placement of resident equipment in resident rooms and it can not be stored in the hallways.
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K072</td>
<td>Continued From page 2 25, 2012</td>
<td>K072</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD 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, the facility failed to assure electrical panels have a three (3) feet clearance. (NFPA 70, 110-26(a)) The findings include: Observation on June 25, 2012 between the times of 11:30 a.m. and 3:00 p.m. revealed storage in front of electrical panels in the following locations. 1. Electrical room by across from room 131. 2. Electrical room in between Nurses Station and dining area. 3. Mechanical room by room 103. These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on June 25, 2012</td>
</tr>
<tr>
<td>K147</td>
<td>SS/D</td>
<td>K147</td>
<td>4. An audit of hallway storage will be completed the Maintenance Director twice weekly for 2 weeks, the weekly for 2 weeks, and monthly for 2 months. The monthly Performance Improvement Committee will review the audit results and make further recommendations as necessary to maintain substantial compliance. The Performance Improvement committee consists of the Administrator, Director of Nursing Services, Assistant Director of Nursing Services, Maintenance Director, Medical Director, Business Office Manager, Social Services Director, Activities Director, Admissions/Marketing Director, Environmental Services Director, Staff Development Coordinator, Nutritional Services Director, Health Information Manager, Therapy Program Manager, Clinical Case Manager, and MDS Coordinator. 7/9/12</td>
</tr>
</tbody>
</table>

4. On July 2, 2012, the Maintenance Director completed removing items obstructing three electrical panels.
5. On July 2, 2012, the Maintenance Director completed a review other electrical panels.
<table>
<thead>
<tr>
<th>ID</th>
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<th>Summary Statement of Deficiencies</th>
<th>Provider's Plan of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 072</td>
<td>Continued From page 2 25, 2012</td>
<td></td>
<td></td>
<td>and any obstructions found were removed.</td>
</tr>
<tr>
<td>K 147</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2</td>
<td></td>
<td>3. On June 26, 2012, the Nursing Home Administrator re-educated the Maintenance Director regarding the regulation for clearance around electrical panels.</td>
</tr>
<tr>
<td>SS-D</td>
<td>This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure electrical panels have a three (3) feet clearance. (NFPA 70, 110-26(a))</td>
<td></td>
<td></td>
<td>4. The Nursing Home Administrator or designee will audit the electrical panel clearance twice weekly for 2 weeks, weekly for 2 weeks then monthly for 2 months. The monthly Performance Improvement Committee will review the audit results and make further recommendations as necessary to maintain substantial compliance. The Performance Improvement committee consists of the Administrator, Director of Nursing Services, Assistant Director of Nursing Services, Maintenance Director, Medical Director, Business Office Manager, Social Services Director, Activities Director, Admissions/Marketing Director, Environmental Services Director, Staff Development Coordinator, Nutritional Services Director, Health Information Manager, Therapy Program Manager, Clinical Case Manager, and MDS Coordinator.</td>
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The findings include:

Observation on June 25, 2012 between the times of 11:30 a.m. and 3:00 p.m. revealed storage in front of electrical panels in the following locations.
1. Electrical room by across from room 131.
2. Electrical room in between Nurses Station and dining area.
3. Mechanical room by room 103.

These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit conference on June 25, 2012.

K 072 and K 147