<table>
<thead>
<tr>
<th>K 018</th>
<th>NFPA 101 LIFE SAFETY CODE STANDARD</th>
</tr>
</thead>
<tbody>
<tr>
<td>SS=D</td>
<td>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1/4 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. 19.3.6.3.3 Roller latches are prohibited by CMS regulations in all health care facilities.</td>
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</tbody>
</table>

This STANDARD is not met as evidenced by:
Based on observations, it was determined the facility failed to maintain the corridor egress doors and corridor openings as required.

The findings included:
1. Observations in the dining room on 11/1/10 at 12:00 PM, revealed the dining room entry doors did not close to latch within the frame. National Fire Protection Association (NFPA) 101, 7.2.1.5.1
2. Observations in room 32 on 11/1/10 at 1:15 PM, revealed the entry door required more than fifteen (15) pound force to open and close within

<table>
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<th>K 018</th>
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<tbody>
<tr>
<td></td>
<td>1. Mechanical closer was adjusted by the Maintenance Director on 11/1/2010 to ensure proper closure of double doors.</td>
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<td>2. 100% of smoke door were audited by the Maintenance Director on 11/1/2010. Maintenance Director will examine smoke doors weekly for four weeks and then monthly thereafter to ensure that they are in proper working order.</td>
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<td>3. Maintenance Director was informed of proper closure of smoke doors by Administrator on 11/1/2010.</td>
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<td>4. All results of the above will be reported by Maintenance Director quarterly to the Quality Assurance committee comprised of the Medical Director, Administrator, Director of Nursing, Medical Records, Minimum Data Set Coordinator, Social Services, Activities, Dietary Manager, Environmental Services Supervisor, and Maintenance Director.</td>
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</table>
1. Maintenance Director applied longer screws to door hinge on 11/1/2010 to decrease friction between door and frame.

2. 100% audit of all resident doors to check for less than 15lb force to open and close doors. Maintenance Director was informed of proper force of pressure to open doors by Administrator.

   Maintenance Director will check resident doors on a weekly basis for the first four weeks and will continue to check every month after that.

3. Maintenance Director was informed of proper force of pressure to open doors by Administrator on 11/1/2010.

4. All results of the above will be reported by Maintenance Director quarterly to the Quality Assurance committee comprised of the Medical Director, Administrator, Director of Nursing, Director Of Nursing, Medical Records, Minimum Data Set Coordinator, Social Services Director, Activities Director, Dietary Manager, Environmental Services Supervisor, and Maintenance Director.
**Continued From page 1**

the frame. NFPA 101, 7.2.1.6.1(a)

These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit interview on 11/1/10.

NFPA 101 LIFE SAFETY CODE STANDARD

Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4

This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the fire and smoke barriers as required.

The findings included:

Observations in the dishwashing area on 11/1/10 at 12:27 PM, revealed a penetration 2 1/2 inches (*) by 4" cut-out in the fire/smoke wall under the counter. National Fire Protection Association 101, 8.3.6.1

This finding was verified by the Maintenance Supervisor and later acknowledged by the Administrator during the exit interview on 11/1/10.

1. Maintenance Director has applied metal cover to open junction box on 11/2/2010.

2. Maintenance Director audited kitchen area for any other penetration incidents. No penetrations were found.

3. Maintenance Director was informed by Administrator that all junction boxes must have covers and no penetrations are allowed on 11/2/2010.

4. All results of the above will be reported by Maintenance Director quarterly to the Quality Assurance committee comprised of the Medical Director, Administrator, Director of Nursing, Director of Nursing, Medical Records, Minimum Data Set Coordinator, Social Services Director, Activities Director, Dietary Manager, Environmental Services Supervisor, and Maintenance Director.

1. Maintenance Director removed items to allow at least 18" clearance between sprinkler system and stored items on 11/1/2010.
2. Maintenance Director to do 100% audit on all sprinkler heads to ensure at least an 18" clearance between items and sprinkler heads.

Maintenance Director will check for 18" clearance compliance every week for four weeks and monthly thereafter.

3. Maintenance Director was reminded by Administrator that there must be an 18" clearance between sprinkler heads and items on 11/1/2010.

Maintenance Director will do in-service on 11/12/2010 during mandatory staff meeting about 18" clearance compliance.

4. All results of the above will be reported by Maintenance Director quarterly to the Quality Assurance committee comprised of the Medical Director, Administrator, Director of Nursing, Director of Nursing, Medical Records, Minimum Data Set Coordinator, Social Services Director, Activities Director, Dietary Manager, Environmental Services Supervisor, and Maintenance Director.
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<td>K 052</td>
<td>SS=D</td>
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<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>
<td>K 062</td>
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This STANDARD is not met as evidenced by: Based on observation, it was determined the facility failed to maintain the sprinkler system as required.

The findings included:

Observations in the family room closet on 11/1/10 at 1:10 PM, revealed storage within 18 inches (*) of the sprinkler. National Fire Protection Association 13, 8.5.6.1.

This finding was verified by the Maintenance Supervisor and Acknowledged by the Administrator during the exit interview on 11/1/10.

NFPA 101 LIFE SAFETY CODE STANDARD

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 as required.

K 064

1. Maintenance Director ordered fire extinguisher sign on 11/2/2010.

2. Maintenance Director to do 100% audit on all fire extinguishers and found that no other signage was needed.

3. Maintenance Director was informed by Administrator that sign must be visible from all directions on 11/2/2010.
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| K 064 | Continued From page 3
Observations in the dietary area on 11/1/10 at 12:05 PM, revealed the fire extinguisher was not visible from all directions. National Fire Protection Association 10, 1.5.6

This finding was verified by the Maintenance Supervisor and later acknowledged by the Administrator during the exit interview on 11/1/10.

NFPA 101 LIFE SAFETY CODE STANDARD

K 067

SS=E

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 Heating, Ventilation and the Air-conditioning system as required.

The findings included:

Observations in room 21 on 11/1/10 at 12:55 PM, revealed the exhaust fan unit was not working. National Fire Protection Association 90A, 101, 19.5.2.1

This finding was verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit interview on 11/1/10.

NFPA 101 LIFE SAFETY CODE STANDARD

K 147

SS=E

Electrical wiring and equipment is in accordance with NFPA 70E.
4. All results of the above will be reported by Maintenance Director quarterly to the Quality Assurance committee comprised of the Medical Director, Administrator, Director of Nursing, Director Of Nursing, Medical Records, Minimum Data Set Coordinator, Social Services Director, Activities Director, Dietary Manager, Environmental Services Supervisor, and Maintenance Director.
**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

**(X1) PROVIDER/SUPPLIER/CUST IDENTIFICATION NUMBER:** 445146

**(X2) MULTIPLE CONSTRUCTION**

<table>
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<tr>
<th>A. BUILDING</th>
<th>01 - MAIN BUILDING 01</th>
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<td>B. WING</td>
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**(X3) DATE SURVEY COMPLETED:** 11/01/2010

**NAME OF PROVIDER OR SUPPLIER:** GRACE HEALTHCARE OF FRANKLIN

**STREET ADDRESS, CITY, STATE, ZIP CODE:** 1287 WEST MAIN FRANKLIN, TN 37064

**(X4) ID PREFIX TAG** | **SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)** | **ID PREFIX TAG** | **PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)** |
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<td>K 147</td>
<td>Continued From page 4 with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observations, it was determined the facility failed to maintain the electrical system as required. The findings included: 1. Observations in room 6 on 11/1/10 at 12:20 PM, revealed the use of an extension cord. National Fire Protection Association (NFPA) 70, 240-4 2. Observations in the dietary area on 11/1/10 at 12:40 PM, revealed an unsecured power-strip. NFPA 70, 110-13(a) 3. Observations in room 35 on 11/1/10 at 1:10 PM, revealed an unsecured power-strip. NFPA 70, 110-13(a) 4. Observations in the beauty shop on 11/1/10 at 1:25 PM, revealed the ground fault circuit interrupter unit next to the sink was not working. NFPA 70, 210-8(a)(7) These findings were verified by the Maintenance Supervisor and acknowledged by the Administrator during the exit interview on 11/1/10.</td>
<td>K 147</td>
<td>2. Maintenance Director to do 100% audit in all resident rooms for potential extension cord usage. No extension cords were found. Maintenance Director will check for utilized extension cords in the building every week for the next four weeks and monthly there after. 3. Maintenance Director was informed by Administrator, on 11/1/2010, that extension cords are a fire hazard and are not to be utilized in the building and that power strips must be secured to wall or laying on floor. Maintenance Director to in-service staff on proper use of power strips and extension cord hazard on mandatory staff meeting on 11/12/2010. 4. All results of the above will be reported by Maintenance Director quarterly to the Quality Assurance committee comprised of the Medical Director, Administrator, Director of Nursing, Director Of Nursing, Medical Records, Minimum Data Set Coordinator, Social Services Director, Activities Director, Dietary Manager, Environmental Services Supervisor, and Maintenance Director.</td>
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<tr>
<td>K147</td>
<td>1. Maintenance Director installed GFCI (Ground Fault Circuit Interrupter) receptacle.</td>
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<td>2. Maintenance Director to do 100% audit of all Ground Fault Circuit Interrupters to ensure proper operation. No Ground Fault Circuit Interrupter issues were found.</td>
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<td>Maintenance Director will check on a monthly basis to ensure that all Ground Fault Circuit Interrupters are in working order.</td>
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<td>3. Maintenance Director was informed by Administrator, on 11/1/2010, that any receptacle near a water source must be Ground Fault Circuit Interrupter protected.</td>
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<td>4. All results of the above will be reported by Maintenance Director quarterly to the Quality Assurance committee comprised of the Medical Director, Administrator, Director of Nursing, Director of Nursing, Medical Records, Minimum Data Set Coordinator, Social Services Director, Activities Director, Dietary Manager, Environmental Services Supervisor, and Maintenance Director.</td>
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