<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 045</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K 045</td>
<td>1. The lighting fixtures at the exits that were by rooms 121 and 507 were replaced with two bulb fixtures.</td>
</tr>
<tr>
<td>KS-S-D</td>
<td>Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>K 050</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K 050</td>
<td>2. There was an audit conducted by the Maintenance Department to ensure that all exits that need illumination had two bulb fixtures available and functional.</td>
</tr>
<tr>
<td>KS-S-D</td>
<td>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</td>
<td></td>
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</table>

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 patient. (See instructions.) Except for nursing homes, the findings stated above are due correctable 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 due 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.
Continued From page 1

Based on observation during a fire drill, the facility failed to assure staff cleared corridors of equipment and residents.

The findings include:
Observation during a fire drill in the rear of the building at room 312, on June 14, 2011 at 10:25 a.m. confirmed the staff failed to remove two (2) trash cans and a resident in a gerry chair from the front corridor by the front conference room.

NFPA 101 LIFE SAFETY CODE STANDARD

K 050

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:
NFPA 90A, 3-4.7 Maintenance - At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary.

Based on observation and interview, interview and record review, the facility failed to assure fire dampers were maintained in accordance with NFPA 90A.
The findings include:
Record review and interview with the maintenance director on June 14, 2011 at 11:30 a.m. confirmed the facility failed to perform the 4-year required maintenance to fire dampers.

K 050

that there were no other areas in which this action could reoccur.

3. The charge nurse that is responsible for the affected hallway will ensure that the hallway is cleared and secured.
All Charge Nurses will be inserviced by the Maintenance Director by 7/22/2011 on the newly designed practice. And all new employees will be inserviced during orientation on how this process will be handled.

4. Fire drills will be conducted weekly for 4 weeks and discussed in the Quality Assessment and Quality Improvement Meeting for 3 months.

K 067

1. On 6/22/2011 the Fire/Smoke Damper Maintenance inspection was completed and all dampers were inspected and are functioning properly.
**SUMMIT VIEW OF LAKE CITY, LLC**

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<td>Based on observation during a fire drill, the facility failed to assure staff cleared corridors of equipment and residents. The findings include: Observation during a fire drill in the rear of the building at room 312, on June 14, 2011 at 10:25 a.m. confirmed the staff failed to remove two (2) trash cans and a resident in a geriatric chair from the front corridor by the front conference room. NFPA 101 LIFE SAFETY CODE STANDARD 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</td>
<td>K 050</td>
<td></td>
<td>On 6/22/2011 all the Fire/Smoke Dampers were identified, inspected, and added to the Fire/Smoke Damper maintenance record to ensure that no other areas would be affected in the future.</td>
<td>06/14/2011</td>
</tr>
<tr>
<td>K 067</td>
<td>SS=F</td>
<td>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications.</td>
<td>K 067</td>
<td></td>
<td>The Fire/Smoke Damper Maintenance Record will be added to the Maintenance Calendar to be re-tested for proper functioning by June 2015, and every consecutive four years following.</td>
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This STANDARD is not met as evidenced by:
NFPA 90A, 3-4.7 Maintenance - At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary. Based on observation and interview, interview and record review, the facility failed to assure fire dampers were maintained in accordance with NFPA 90A. The findings include:
Record review and interview with the maintenance director on June 14, 2011 at 11:30 a.m. confirmed the facility failed to perform the 4-year required maintenance to fire dampers.