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<tr>
<td>K 038</td>
<td><strong>NFPA 101 LIFE SAFETY CODE STANDARD</strong>&lt;br&gt;Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</td>
<td>K 038</td>
<td><strong>K 038: NFPA 101 Life Safety Code Standard</strong>&lt;br&gt;1) What corrective actions will be taken to correct this alleged deficient practice?&lt;br&gt;a) The two rolling carts were removed from the kitchen exit door on 10/04/2011&lt;br&gt;2) Identify residents that have the potential to be affected by the alleged deficient practice?&lt;br&gt;a) Residents in the facility have the potential to be affected.&lt;br&gt;b) The inspections of the exit doors in the facility were inspected to ensure all exits were readily accessible on 10/05/2011.&lt;br&gt;3) What measures will be put into place or what systemic changes will you make to ensure that the deficient practice does not recur?&lt;br&gt;a) The maintenance supervisor will audit all exit doors monthly for 3 months to ensure all exits are readily accessible.&lt;br&gt;4) How will the corrective action(s) will be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?&lt;br&gt;a) The Maintenance supervisor will report the results of the audit to the Performance Improvement Committee for 3 months.</td>
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<tr>
<td>K050</td>
<td>Continued from page 1 member placing a wheelchair patient in the room used as a simulated fire room and closed the door during the fire drill exercise.</td>
<td>K050</td>
<td>b) The Performance Improvement Committee will review these results; and if deemed necessary by the committee, additional education may be provided; the process evaluated/revise and/or the audits reviewed, for three months or until 100% compliance is achieved.</td>
</tr>
<tr>
<td>K051SS-D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</td>
<td>K051</td>
<td>K050: NFPA 101 Life Safety Code Standard 1) What corrective actions will be taken to correct this alleged deficient practice? a) The staff was counseled on 10/4/2011 on the proper action during a fire drill to ensure resident safety. 2) Identify residents that have the potential to be affected by the alleged deficient practice? a) Residents in the facility have the potential to be affected. b) The staff was in-service on 10/21/2011 on the proper procedure during the fire drill to ensure resident safety. 3) What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur? a) The maintenance supervisor will do fire drills 3 times a month for 3 months. 4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place? a) The Maintenance supervisor will report the results of the fire drills to the Performance Improvement Committee for 3 months.</td>
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</table>

This STANDARD is not met as evidenced by: Based on observation, the facility failed to assure smoke detectors were located at least 3 feet from an air supply (NFPA 72, 2.3.5.1). The findings include: Observation on October 4, 2011 at 11:00 a.m.
K 051 Continued From page 2
revealed the smoke detector installed above fire
doors on the 3rd floor was installed
within three (3) feet of the air diffuser.
NFPA 101 LIFE SAFETY CODE STANDARD

K 069 SS=D
Cooking facilities are protected in accordance
with 9.2.3, 19.3.2.6, NFPA 96
This STANDARD is not met as evidenced by:
Based on observation and interview, the facility
failed to assure commercial cooking equipment
was provided with a drip tray and collection
container.
The findings include:
Observation and interview with the Maintenance
Director in the kitchen, on October 4, 2011 at
10:00 a.m. confirmed the exhaust hood system
drip tray was removed and did not provide a
grease collection container on the system.
Observation and interview with the Maintenance
Director in the kitchen, on October 4, 2011 at
10:00 a.m. revealed the installed cooking
appliances were not properly placed under the
hood and was not protected by the hood
extinguishing system.
NFPA 101 LIFE SAFETY CODE STANDARD

K 147 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 wiring is installed in accordance with
NFPA 70.
The findings include:

K 051
b) The Performance Improvement Committee
will review these results; if deemed
necessary by the committee, additional
education may be provided; the process
will be reviewed and the audits reviewed, for
three months or until 100% compliance is
achieved.

Standard
1) What corrective actions will be taken to
correct this alleged deficient practice?
   a) The smoke detector was move the require 3
      feet from the air diffuser on 10/21/2011.
2) Identify residents that have the potential to
   be affected by the alleged deficient practice?
   a) Residents in the facility have the potential
to be affected.
   b) The maintenance supervisor audited the
      smoke detectors within the facility and
      will move any smoke detectors that are
      within 3 feet of an air diffuser.
3) What measures will be put into place or
   what systemic changes will you make to
   ensure the deficient practice does not
   recur?
   a) The maintenance supervisor will inspect
      the smoke detectors for 3 months to ensure
      that there are no smoke detectors that are
      within 3 feet of an air diffuser.
4) How the corrective action(s) will be
   monitored to ensure the deficient practice will
   not recur and what quality assurance program
   will be put into place?
Continued From page 3
Observation on October 5, 2011 at 2:16 p.m. revealed two (2) electrical junction boxes installed above the ceiling in the attic area on 300 hall area have no protective covers.

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<th>COMPLETION DATE</th>
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<tr>
<td>K 147</td>
<td>a) The Maintenance supervisor will report the results of the audit of the smoke detectors to the Performance Improvement Committee for 3 months.</td>
<td></td>
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<td>b) The Performance Improvement Committee will review these results; and if deemed necessary by the committee, additional education may be provided; the process evaluated/revise and/or the audits reviewed, for three months or until 100% compliance is achieved.</td>
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1) What corrective actions will be taken to correct this alleged deficient practice?

a) The exhaust hood system drip tray was installed on 10/21/2011.

b) The cooking appliances were place under the exhaust hood system so that hood-extinguishing system protects the cooking appliances.

2) Identify residents that have the potential to be affected by the alleged deficient practice?

a) Residents in the facility have the potential to be affected.

3) What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?

a) The maintenance supervisor will inspect/audit the drip tray is in place for 3 months to ensure that the drip tray is in place.
K 147 Continued From page 3
Observation on October 5, 2011 at 2:16 p.m. revealed two (2) electrical junction boxes installed above the ceiling in the attic area on 300 hall area have no protective covers.

b) The maintenance supervisor will inspect/audit cooking appliance in the kitchen to ensure that the cooking appliances are under the exhaust hood system.

4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?

a) The Maintenance supervisor will report the results of the audit of the drip tray and the cooking appliances are in the proper position and report the results to the Performance Improvement Committee for 3 months.

b) The Performance Improvement Committee will review these results; and if deemed necessary by the committee, additional education may be provided; the process evaluated/revise and/or the audits reviewed, for three months or until 100% compliance is achieved.


1) What corrective actions will be taken to correct this alleged deficient practice?

a) The protective covers on the two electric junction box were installed on 10/05/2011.

2) Identify residents that have the potential to be affected by the alleged deficient practice?

a) Residents in the facility have the potential to be affected.

b) The maintenance supervisor audited the junction boxes in the ceiling on the 300-
Continued From page 3

Observation on October 5, 2011 at 2:15 p.m. revealed two (2) electrical junction boxes installed above the ceiling in the attic area on 300 hall area have no protective covers.

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<td>hall area to ensure that there are no other junctions' boxes without covers.</td>
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3) What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur?

a) The maintenance supervisor will inspect/audit the other ceiling areas within the facility to ensure that the junction boxes have protective covers.

4) How the corrective action(s) will be monitored to ensure the deficient practice will not recur and what quality assurance program will be put into place?

a) The Maintenance supervisor will report the results of the inspection/audit of the junction boxes and report the results to the Performance Improvement Committee for 3 months.

b) The Performance Improvement Committee will review these results; and if deemed necessary by the committee, additional education may be provided; the process evaluated/revise and/or the audits reviewed, for three months or until 100% compliance is achieved.

11/4/11