K 034 – The lock mechanism was replaced to properly secure fire door to frame in 1-North stairwell.

Maintenance staff will audit door lock weekly for 4 weeks then monthly for 3 months to ensure fire door lock compliance.

The results of the audits will be reviewed at the Quality Assurance Committee (DON, Administrator, Facilities Director maintenance and housekeeping, MDS, Pharmacy, Social Services, Medical Director, ADON, Dining Services) meeting monthly for three (3) months and recommendations made as appropriate.

K 037 – Negative air pressure was restored to the 2 South clean utility room and the soiled utility room.

Maintenance staff will audit both utility rooms weekly for 4 weeks then monthly for 3 months to ensure proper negative air pressure.
### Summary Statement of Deficiencies

**K 067** Continued From page 1

The findings include:

Observation of the 2 South clean work and soiled utility rooms on on 6/1/11 at 12:01 PM, revealed no negative air pressure was maintain in the rooms.

This finding was verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 6/1/11.

**K 069** NFPA 101 LIFE SAFETY CODE STANDARD

Cooking facilities are protected in accordance with 9.2.3, 19.3.2.6, NFPA 98

This STANDARD is not met as evidenced by:

Based on observations, it was determined the facility failed to maintain the cooking facilities.

The findings include:

1. Interview with kitchen staff member #1 on 6/1/11 at 12:31 AM, revealed that staff member did not know how to manually operate the kitchen's hood fire extinguishing system and was not aware of which fire extinguisher to use on a grease fire.

2. Observation on 6/1/11, at 12:40 PM, revealed the kitchen's hood system's intake duct located on the roof was installed within 3 feet of 2 exhaust vents.

These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 6/1/11.

**K 069** - Staff present during survey was re-educated on proper procedure for kitchen fires including the kitchen's hood fire extinguishing system and fire extinguishers.

A written procedure for the suppression system was posted for reference.

The Dining Director or designee has re-educated all kitchen personnel on proper procedure for kitchen fires including the kitchen's hood fire extinguishing system and fire extinguishers.
<table>
<thead>
<tr>
<th>ID</th>
<th>TAG</th>
<th>DESCRIPTION</th>
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<tbody>
<tr>
<td>K 069</td>
<td>6/1/11</td>
<td>Continued From page 2</td>
</tr>
<tr>
<td>K 130</td>
<td></td>
<td>NFPA 101 MISCELLANEOUS</td>
</tr>
<tr>
<td></td>
<td></td>
<td>OTHER LSC DEFICIENCY NOT ON 2786</td>
</tr>
<tr>
<td>K 147</td>
<td></td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
</tr>
</tbody>
</table>

This STANDARD is not met as evidenced by:

- Every opening in a fire barrier shall be protected to limit the spread of fire and restrict the movement of smoke from one side of the fire barrier to the other.

- Based on observations, it was determined the facility failed to maintain the fire walls.

  - The findings include:
    - Observations of the 3 North and 1 South stairwells on 6/1/11, at 12:56 PM, revealed cracks in the fire walls.
    - These findings were verified by the maintenance supervisor and acknowledged by the administrator during the exit conference on 6/1/11.

- 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 observations and testing, it was determined the facility failed to maintain the electrical wiring and equipment.

The Dining Director or designee will audit the kitchen associates to verify their knowledge of fire procedures monthly for 3 months then quarterly.

The results of the audits will be reviewed at the Quality Assurance Committee (DON, Administrator, Facilities Director maintenance and housekeeping, MDS, Pharmacy, Social Services, Medical Director, ADON, Dining Services) meeting monthly for three (3) months and recommendations made as appropriate.

The kitchen's hood system intact duct will be raised 25.5 inches above the existing curb with the trunk line relocated 12 feet 3 inches from the existing Intake. In addition, the existing exhaust motor will be reattached to the new duct at 55 inches above the roof deck. This will give a 12 foot clearance between our intake and exhaust system.
<table>
<thead>
<tr>
<th>ID</th>
<th>Summary of Deficiencies</th>
<th>ID</th>
<th>Provider's Plan of Correction</th>
</tr>
</thead>
<tbody>
<tr>
<td>K147</td>
<td>Continued From page 3</td>
<td>K147</td>
<td>K130 - All cracks in the fire walls in the 3 North and 1 South stairwells have been repaired and repainted.</td>
</tr>
<tr>
<td></td>
<td>The findings include:</td>
<td></td>
<td>All other stairwells have been assessed for cracks in the fire walls and have been repaired and repainted.</td>
</tr>
<tr>
<td></td>
<td>1. Observation of the 2nd floor mechanical room on 6/1/11, at 12:45 PM, revealed the power source panel cover was missing.</td>
<td></td>
<td>Maintenance staff will audit all stairwells weekly for 4 weeks then monthly for 3 months for any stress cracks and penetrations to fire wall.</td>
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<td></td>
<td>2. Observation of the housing keeping office on 6/1/11, at 12:45 PM, revealed an extension cords was being used.</td>
<td></td>
<td>The results of the audits will be reviewed at the Quality Assurance Committee (DON, Administrator, Facilities Director maintenance and housekeeping, MDS, Pharmacy, Social Services, Medical Director, ADON, Dining Services) meeting monthly for three (3) months and recommendations made as appropriate.</td>
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<td>3. Observation of the beauty shop on 6/1/11, at 12:45 PM, revealed 2 extension cords were being used.</td>
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<td>4. Observation of residents’ room 200 on 6/1/11, at 12:50 PM, revealed the ground fault circuit interrupter located next the sink failed the grounding test.</td>
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