K 025
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 observations, it was determined that the facility failed to maintain the smoke barriers.

The findings included:
Observation of the attic on 11/28/11 at 10:35 AM, revealed 10 ceiling penetrations throughout the attic.
This finding was acknowledged administrator and director of maintenance during the exit conference on 11/28/11.

K 038
NFPA 101 LIFE SAFETY CODE STANDARD
Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1

1. The penetrations were repaired by the Director of Maintenance on 12/9/11. The maintenance department was inserviced on 11/28/11 regarding maintenance of smoke barriers.
2. The remaining attic was inspected on 12/9/11 by the Director of Maintenance to ensure that there are no other penetrations.
3. The maintenance department was inserviced on 11/28/11 regarding maintenance of penetrations to the smoke barriers by the Administrator.
4. The maintenance director will examine the attic weekly for four weeks and then monthly for two months or until 100% compliance is achieved and thereafter to according to the facilities preventative maintenance plan. All results will be reported by the Maintenance Director to the Quality Assurance Performance Improvement committee comprised of the Medical Director.
K 038  Continued From page 1

This STANDARD  is not met as evidenced by:
Based on observations, it was determined that the facility failed to maintain the access from the exit discharge to the public way.

The findings included:

Observation of the 100 corridor on 11/28/11 at 10:39 AM, revealed the exit discharge to the public way was obstructed by a patient lift.

This finding was acknowledged by the administrator and director of maintenance during the exit conference on 11/28/11

K 061  NS=D

NFPA 101 LIFE SAFETY CODE STANDARD

Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1

This STANDARD  is not met as evidenced by:
Based on observations, it was determined that the facility failed to maintain the sprinkler system.

The findings included:

Observation of the sprinkler riser system in room 105 on 11/28/11 at 10:45 AM, revealed that the black flow preventor monitoring switches were not connected to the fire alarm system.

This finding was acknowledged by the

1. The lift was removed by the Director of Maintenance on 11/28/11. The maintenance department was inserviced on 11/28/11 regarding proper access to exit corridors by the Administrator.

2. The remaining exits were inspected on 11/28/11 by the Director of Maintenance to insure that there are no other obstructions.

3. The maintenance department, department managers, nursing
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 061</td>
<td>Continued From page 2 administrator and director of maintenance at the exit conference on 11/28/11.</td>
<td></td>
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<thead>
<tr>
<th>ID</th>
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<th>PROVIDER'S PLAN OF CORRECTION</th>
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<tbody>
<tr>
<td>K 061</td>
<td></td>
<td>assistants and licensed nursing staff were inserviced beginning 11/28/11 through 12/12/11 regarding proper access to exits by the Administrator.</td>
</tr>
</tbody>
</table>

3. The maintenance director will examine the exit corridors weekly for four weeks and then monthly for two months or until 100% compliance is achieved and thereafter according to the facilities preventative maintenance plan. All results will be reported by the Maintenance Director to the Quality Assurance Performance Improvement committee comprised of the Medical Director, Administrator, Director of Nursing, Staffing Coordinator, Minimum Data Set Coordinator, Social Services, Activities Director, Dietary Manager, and Housekeeping Supervisor.
<table>
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<tr>
<th>ID</th>
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<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K038</td>
<td>Continued From page 1</td>
<td>This STANDARD is not met as evidenced by: Based on observations, it was determined that the facility failed to maintain the access from the exit discharge to the public way. The findings included: Observation of the 100 corridor on 11/28/11 at 10:39 AM, revealed the exit discharge to the public way was obstructed by a patient lift. This finding was acknowledged by the administrator and director of maintenance during the exit conference on 11/28/11</td>
<td>K038</td>
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<tr>
<td>K061</td>
<td>SS=D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems have valves supervised so that at least a local alarm will sound when the valves are closed. NFPA 72, 9.7.2.1 This STANDARD is not met as evidenced by: Based on observations, it was determined that the facility failed to maintain the sprinkler system. The findings included: Observation of the sprinkler riser system in room 105 on 11/28/11 at 10:45 AM, revealed that the black flow preventor monitoring switches were not connected to the fire alarm system. This finding was acknowledged by the</td>
<td>K061</td>
<td></td>
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</tbody>
</table>

1. The monitoring switches will be connected by the repair company on 12/22/11.
2. The remaining automatic sprinkler systems were inspected on 11/28/11 by the Director of Maintenance to ensure that there are no other monitoring deficits identified.
3. The maintenance department was inserviced on 11/28/11 regarding proper monitoring of the sprinkler systems by the Administrator.
4. The maintenance director will examine the automatic sprinkler systems weekly for four weeks and then monthly thereafter to ensure that all alarms are connected or until 100% compliance is achieved and thereafter according to the facilities preventative maintenance plan. All results will be reported by the Maintenance Director to the Quality Assurance committee comprised of the Medical Director, Administrator, Director of Nursing, Staffing
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Continued From page 2 administrator and director of maintenance at the exit conference on 11/28/11.

K061

Coordinator, Minimum Data Set Coordinator, Social Services, Activities Director, Dietary Manager, and Housekeeping Supervisor.