K 038  NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

The facility will maintain the exits so that the exits are readily accessible at all times in accordance with section 7.1. 19.2.1.

The chairs in the Activity Room were moved immediately by the Maintenance Director to prevent blocking the door. Since this double door is not used as an exit the exit sign was removed as instructed by the state surveyor. These doors are not designated by signs as an exit. The exit for the Activity Room is 15 feet away.

All exit doors were checked to ensure that they are readily accessible and found to be in compliance.

The Activity staff as well as all other departments have been instructed regarding maintaining the emergency exits as required by the NFPA. The Activity Director will check fire exits daily to ensure compliance. (See attachment #6)

The Maintenance staff will spot check on a routine basis for continuity of compliance. The Administrator will also spot check exits while making rounds. All issues will be presented to the Quality Improvement Committee and the Administrator quarterly by the Maintenance Director.

K 060  NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

The facility will train all staff regarding the procedures of a fire drill.

The CHT that was involved in the fire drill on 1/25/11 at 9:55AM was instructed immediately regarding fire drills. (See attachment #7)

All employees will be instructed regarding the proper procedure during a fire drill. (See attachment #8)

Fire drills will be held at unexpected times under varying conditions on a routine basis. The Inservice Director and the Maintenance Director will maintain check off lists for employees to ensure each employee has had proper training regarding fire drill procedures. A quarterly Inservice will be held to refresh employees on proper fire drill procedures. (continued on page 2)
<table>
<thead>
<tr>
<th>ID</th>
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<tbody>
<tr>
<td>K 050</td>
<td>Continued From page 1</td>
<td>K 060</td>
<td>The Inservice Director and Maintenance Director will compile a report of the observations of the fire drills on a monthly basis. The results of the reports will be brought to the Quality Improvement Committee and the Administrator on a quarterly basis.</td>
</tr>
<tr>
<td>K 050</td>
<td>Based on observation it was determined the facility the facility failed to train the staff in fire drills.</td>
<td>K 060</td>
<td>The facility will maintain the sprinkler system.</td>
</tr>
<tr>
<td></td>
<td>Observation of the facility during the fire drill on 1/25/11 at 9:55 AM, revealed the staff did not call out code red, the location of the fire, and activate the alarm system. National Fire protection Association 101, 19.7.2.3</td>
<td></td>
<td>The boxes stored in the Physical Therapy closet on the 1st floor on 1/25/11 were removed immediately. The shelf was removed and a red line painted 18 inches from the sprinkler to remind staff.</td>
</tr>
<tr>
<td></td>
<td>These findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 1/25/11. NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td></td>
<td>All storage closets have been inspected to ensure that all items are stored below the 18 inch line of the sprinkler.</td>
</tr>
<tr>
<td>K 062</td>
<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 064</td>
<td>The staff will be Inserved regarding the storage of items within 18 inches of the sprinkler. The Department Heads will monitor the closets for compliance. (See attachment 09)</td>
</tr>
<tr>
<td></td>
<td>This STANDARD is not met as evidenced by; Based on observation it was determined the facility failed to maintain the sprinkler system.</td>
<td></td>
<td>The Maintenance Director will spot check the closets on a weekly basis and present the findings to the department head responsible for the closets. All findings will be compiled and brought to the Quality Improvement Committee and the Administrator on a quarterly basis.</td>
</tr>
<tr>
<td></td>
<td>The findings include:</td>
<td></td>
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<tr>
<td></td>
<td>Observation of the physical therapy closet located on the 1st floor on 1/25/11 at 10:40 AM, revealed boxes stored with-in 18 inches of the sprinkler. National Fire Protection Association (NFPA) 13, 5.5.6</td>
<td></td>
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</tr>
<tr>
<td></td>
<td>This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 1/25/11. NFPA 101 LIFE SAFETY CODE STANDARD</td>
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</tr>
</tbody>
</table>

Completion Date: March 13, 2011
Completion Date: March 13, 2011
Completion Date: March 13, 2011
Completion Date: March 13, 2011
K 064
Continued From page 2
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 fire extinguishers.
The findings include:
Observation of the boiler room located in the basement on 1/25/11 at 10:50 AM, revealed the fire extinguisher was blocked with a step ladder. National Fire Protection Association (NFPA) 10, 1.6.3
This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 1/25/11. NFPA 101 LIFE SAFETY CODE STANDARD
K 141
Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 19.3.2.4, NFPA 99, 8.6.4.2.
This STANDARD is not met as evidenced by:
Based on observation it was determined the facility failed to maintain the no smoking signs.
The findings include:
Observation of Resident room 206 on 1/25/11 at 2:30 PM, revealed no smoking and no smoking signs were displayed. A "No Smoking" precautionary sign was placed on the door of room 206 immediately on 1/25/11.
All rooms were inspected for presence of O2 cylinders and "no smoking" signs. All rooms were in compliance. Trevecca Health Care is a smoke free facility. "No Smoking" signs are posted at all entrances.
Nursing staff will be reinserviced regarding precautionary signs posted in rooms that have O2 cylinders. The Nurse Managers for each floor, Maintenance Director and Central Supply will monitor all rooms for compliance. Any non-compliance issues will be addressed immediately. (See attachment #12)
K 064
The facility will maintain the fire extinguishers in accordance with 9.7.4.1, 19.3.5.6, NFPA 10.
The step ladder that had blocked the fire extinguisher in the boiler room was moved immediately. The ladder belonged to a contractor that was installing a new fire system.
The Maintenance Department and staff was reinserviced regarding the blocking of fire extinguishers. Included in the inservice was the importance of monitoring contract workers to ensure they do not block fire extinguishers while working in the facility. (See attachment #10 and #11)
The Maintenance Department will monitor all equipment, including the facility's and the contract workers.
The Maintenance Director will spot check the work areas as well as all areas that have a fire extinguisher. Monitoring results will be reported to the Quality Improvement Committee and the Administrator on a quarterly basis.
K 141
The facility will maintain the no smoking signs.
A "No Smoking" precautionary sign was placed on the door of room 206 immediately on 1/25/11.
All rooms were inspected for presence of O2 cylinders and "no smoking" signs. All rooms were in compliance. Trevecca Health Care is a smoke free facility. "No Smoking" signs are posted at all entrances.
Nursing staff will be reinserviced regarding precautionary signs posted in rooms that have O2 cylinders. The Nurse Managers for each floor, Maintenance Director and Central Supply will monitor all rooms for compliance. Any non-compliance issues will be addressed immediately. (See attachment #12)
K 147 Continued From page 3

10:20 AM, revealed a cylinder of oxygen stored in the room and no precautionary sign posted.
National Fire Protection Association (NFPA) 99, 8.6.4.2

This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 1/25/11.

K 147 ELECTRICAL SYSTEM CODE STANDARD
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 it was determined the facility failed to comply with the electrical codes.

The findings conclude:

(1) Observation of the corridor by the nurses station located on 5th floor on 1/25/11 at 9:35 AM, revealed the electrical panel was broken with a cart. National Fire Protection Association (NFPA). 70, 110-28(a)

(2) Observation of the shower room 2 and the day room located on 2nd floor on 1/25/11 at 10:37 AM, revealed broken light covers. NFPA 70, 110-12

This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 1/25/11.

K 147
The facility will comply with all electrical codes.

(1) The dietary cart was removed immediately from the electrical panel located on 5th floor on 1/25/11. The staff had been picking up breakfast trays and had left the cart momentarily to answer a resident question. The staff member was only a few feet away from the cart.

All 29 electrical panels were checked on 1/25/11 for compliance with electrical codes. All were in compliance.

All employees will be reinserviced regarding items blocking the electrical panels throughout the building. (See attachment #1)

The Department Heads will monitor the electrical panels on a daily basis when making rounds to ensure that nothing is blocking the panels. Any non-compliance issues will be addressed immediately. The Maintenance Director will spot check daily and report the findings to the Quality Improvement Committee on a quarterly basis and make recommendations for corrective action.

(2) The broken light covers in shower room 2 and day room on 2nd floor on 1/25/11 was immediately replaced by the Maintenance Department.

The Maintenance Department inspected the other 383 light covers and found them to be in compliance.

K 141
The report will be presented to the Quality Improvement Committee on a quarterly basis. The Committee will review the report and make recommendations for corrective action and for continues monitoring.

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K. 141 Continued From page 3

10:20 AM, revealed a cylinder of oxygen stored in the room and no precautionary sign posted. National Fire Protection Association (NFPA) 99, 8.6.4.2

This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 1/25/11.

K. 147 NFPA 101 LIFE SAFETY CODE STANDARD

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 it was determined the facility failed to comply with the electrical codes.

The findings conclude:

1. Observation of the corridor by the nurses station located on 5th floor on 1/25/11 at 9:35 AM, revealed the electrical panel was blocked with a cart. National Fire Protection Association (NFPA), 70, 110-26(a)

2. Observation of the shower room 2 and the day room located on 2nd floor on 1/25/11 at 10:37 AM, revealed broken light covers. NFPA 70, 110-12

This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 1/25/11.