**K 072 SS=D**  
**NFPA 101 LIFE SAFETY CODE STANDARD**  
Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits.  
7.1.10  

This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the corridors in the means of egress were maintained clear of all obstructions (NFPA 101-7.1.10.2.1.)  

The findings include:  
Observation on May 17, 2011 at 11:15 a.m. revealed five (5) Hoyer lifts, three (3) chairs, two (2) rolling carts, two (2) wheelchairs, two (2) Blood Pressure stands and one (1) Geriatric chair stored in the corridor 3 hall.  

**K 147 SS=D**  
**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, the facility failed to assure electrical wiring is installed in accordance with NFPA 70.  

The findings include:  

**K 072**  
**Corrective Action:**  
1. Unused gerichairs, wheelchairs, and lifts will be kept in patient rooms or closet areas when not in use.  
6/1/11  
2. Clean linen carts and soiled linen carts will be kept on one side of the hallway to keep from obstructing the corridor.  
Completed by:  
6/1/11  
Identifying Other Patients / Areas  
No other areas were identified during the survey.  

**K 147**  
**Measure & Changes to be taken:**  
1. All staff will be informed on the importance of keeping obstructions out of the corridor and any items on one side of the corridor. To be completed by:  
6/30/11  

**Monitoring Performance:**  
1. The Administrator or designee will do a QA Study monthly x 2 to monitor for obstructions in corridors. Results will be reported monthly to the QA Committee consisting of Med Dir, DON or Designee, ADM or Asst ADM, SW, Dietician and other team members. After initial 2 month monitoring, QA frequency may be reduced depending on results. To be completed by:  
6/30/11  

**K 147 SS=D** (See next page)
**K 147** Continued From page 1
Observation on May 17, 2011 at 11:45 a.m. revealed two (2) electrical junction boxes installed above the ceiling at station 3 corridors and one (1) above patient room 319 with exposed wiring with no covers in place.

<table>
<thead>
<tr>
<th>ID FILED</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
</tr>
</thead>
</table>
| K 147    | K 147 SS=D Corrective Action:
1. The 2 electrical junction boxes installed above the ceiling at station 3 corridors and 1 above patient room 319 will have covers installed. To be completed by:  
Identifying Other Patients / Areas:
1. Maintenance Staff will conduct a building survey to be sure junction box covers are installed as required. To be completed by:  
Measures & Changes to be taken:
1. All Maintenance Staff will be inserviced on the importance of maintaining junction box covers. To be completed by:
Monitoring Performance:
1. The Administrator or designee will do a QA Study monthly x 2 to inspect junction boxes above the ceilings in various areas throughout the building for electrical junction boxes to have covers. Results will be reported monthly to the QA Committee consisting of Med Dir, DON or Designee, ADM or Asst ADM, SW, Dietician and other team members. After initial 2 month monitoring, QA frequency may be reduced depending on results. To be completed by: |