| K 029 | NFPA 101 LIFE SAFETY CODE STANDARD | K 029 | This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. |
| SS=D | One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 | 11/18/11 |
| K 052 | NFPA 101 LIFE SAFETY CODE STANDARD | K 052 | This Plan of Correction is the center's credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The Plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law. |
| SS=D | A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 | |

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.
K 052 Continued From page 1

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility failed to assure smoke detectors were located at least 1 foot and no more than 5 feet from either side of a fire door (NFPA 72, 2-10.6.5.1.1). The findings include:
Observation and interview with the Maintenance Director, on October 12, 2011 at 10:45 a.m. confirmed no smoke detectors were within 5-feet of the fire doors by rooms 112 and 215.

Based on observation and interview, the facility failed to assure door release devices were not powered by a secondary power supply (NFPA 72-3-9.7.3)
The findings include:

Interview with the Maintenance Director, on October 12, 2011 at 1:45 p.m. confirmed the magnetic locking hardware power supply was also supplied from the emergency generator.

NFPA 101 LIFE SAFETY CODE STANDARD

K 062

SS=D

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

K 052

It is the practice of this facility to ensure that all smoke detectors are located at least 1 foot and no more than 5 feet from either side of a fire door and that door release devices are not powered by a secondary power supply. The smoke detectors were installed and completed by Simplex Grinnel on 10/26/11. Maintenance supervisor monitored the placement of the smoke detectors to ensure that they were properly installed and operating correctly. Magnetic door locking hardware does disengage when the fire alarm system is activated. This occurs regardless of whether the facility is operating on normal power or on emergency generator power. The facility will make any and all applicable changes to the magnetic door locking system if required once the BLICF issues their final ruling.
The fire alarm system is checked professionally on a quarterly basis which includes the smoke detectors. Maintenance supervisor will report the results of the fire alarm system check to the performance improvement committee (Administrator, DNS, ADNS, SDC, RD, Social Services, Activities Director, Case Manager, Medical Director, and Maintenance supervisor) at least quarterly during the monthly meeting for review and recommendations as indicated.

This Plan of Correction is the center's credible allegation of compliance.

Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.

K 062

It is the practice of this facility to ensure that the sprinkler system is not being used to support any non-system components. The wiring above the lay in ceiling by the stairwell door and room 211 was removed from the sprinkler piping by 10/18/11.
<table>
<thead>
<tr>
<th>ID</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
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<tbody>
<tr>
<td>K062</td>
<td>Continued From page 2</td>
<td>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to assure the sprinkler system was not used to support non-system components. (NFPA 13, 9-1.1.7) The findings include: Observation and interview with the maintenance director, in the corridor, on October 12, 2011 at 10:45 a.m. wiring above the lay in ceiling by the stairwell door and room 211 was attached to or supported by sprinkler piping.</td>
<td>K062</td>
<td>This Plan of Correction is the center's credible allegation of compliance.</td>
<td>Maintenance supervisor and assistant checked all sprinkler piping throughout the building to ensure that there was no wiring attached to the sprinkler pipes by 10/18/11. Preventative maintenance program will include review of all sprinkler piping to ensure that wiring remains removed on a quarterly basis. Maintenance supervisor will report the results of the sprinkler system check to the performance improvement committee (Administrator, DNS, ADNS, SDC, RD, Social Services, Activities Director, Case Manager, Medical Director, and Maintenance Supervisor) at least quarterly during the monthly meeting for review and recommendations as indicated.</td>
</tr>
</tbody>
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K 073 Continued From page 3
failed to assure combustible decorations had
documentation to show they were treated with a
fire retardant (NFPA 110, 19.7,5.4).
The findings include:
Observation and interview with the Maintenance
Director, on October 12, 2011 between 10:00
a.m. and at 2:00 p.m. confirmed the facility failed
to provide documentation that indicated
decorations and quilts in the corridors were
treated with fire retardant material.

K 073
This Plan of Correction is the center's credible
allegation of compliance.

Preparation and/or execution of this plan of correction
does not constitute admission or agreement by the
provider of the truth of the facts alleged or conclusions
set forth in the statement of deficiencies. The plan of
correction is prepared and/or executed solely because
it is required by the provisions of federal and state law.

K 073
It is the practice of this facility to ensure that combustible decorations be treated with a
fire retardant and have supporting
documentation of this.
Maintenance supervisor will have
documentation completed on decorations
and quilts in the corridors that show that they
have been treated with fire retardant material
as per regulations by 10/31/11.
Each applicable item will be tagged and
logged when treated.
Any decorations that are brought in for use
in the common areas will be treated with fire
retardant, logged and tagged as indicated.
Maintenance supervisor will check quarterly
with preventative maintenance program and
report any issues to the performance
improvement committee (Administrator,
DNS, ADNS, SDC, RD, Social Services,
Activities Director, Case Manager, Medical
Director, and Maintenance Supervisor) at
least quarterly during the monthly meeting
for review and recommendations as
indicated.