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, 19.1.8.3, 19.1.8.4

This STANDARD is not met as evidenced by:
Based on observations it was determined the facility failed to maintain the smoke barriers.

The findings include:
Observation of the area above the smoke doors by room 31 on 2/28/11 at 10:25 AM, revealed a penetration in the wall. National Fire Protection Association (NFPA) 101, 8.2.3.2.3.1

This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/28/11.

K 029
NFPA 101 LIFE SAFETY CODE STANDARD
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...
K029 Continued From page 1
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

This STANDARD is not met as evidenced by:
Based on observations it was determined the facility failed to maintain the hazardous areas.

The findings include:
Observation of the mechanical room by room 208 on 2/28/11 at 11:00 AM, revealed a penetration in the ceiling. National Fire Protection Association (NFPA) 101, 19.3.2.1

This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/28/11. 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

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

The findings include:
Observation of the secured unit on 2/28/11 at

K029 NFPA 101 LIFE SAFETY CODE STANDARD

One hour fire rated construction (with 3/4 hours fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.3.4 protects hazardous areas.

Penetration in mechanical room by room 208 was sealed.

All residents have the potential to be affected by this cited practice.

Ceilings in the facility were inspected to identify penetrations in need of sealing. Department Heads will observe ceilings for penetrations during walking rounds throughout the week and report concerns to the Administrator during stand-up meeting. Maintenance Director/Designee will inspect ceilings in the facility for penetrations weekly x 4 weeks, then monthly thereafter. Identified penetrations will be sealed immediately.

Maintenance Director/Designee will report identified penetrations to the Administrator. The Administrator will report findings to QA monthly x 2 months.

K038 NFPA 101 LIFE SAFETY CODE STANDARD

Exit access is arranged so that exits are readily accessible at all time in accordance with section 7.1. 19.2.1.

The Special Care Unit exit door was immediately cleaned of paint.
### Summary Statement of Deficiencies

<table>
<thead>
<tr>
<th>ID</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>K038</td>
<td>Continued from page 2. 10:20 AM, revealed the exit door's glass was covered up with paint creating the imaging this was not an exit door. National Fire Protection Association (NFPA) 101, 7.5.1.1. This finding was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/28/11. NFPA 101 LIFE SAFETY CODE STANDARD.</td>
</tr>
<tr>
<td>K050</td>
<td>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2. This STANDARD is not met as evidenced by: Based on observations it was determined the facility failed to train the staff in fire drills. The findings include: Observation during the fire drill on 2/28/11 at 10:43 AM, revealed the staff did not announce code red, the location of the fire, pushed a custodial cart into the room of the fire and did not activate the fire alarm system. National Fire Protection Association (NFPA) 101, 19.2.3. This findings was acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/28/11.</td>
</tr>
</tbody>
</table>

### Provider's Plan of Correction

- **K038**  
  All residents on the SCU have the potential to be affected by the cited practice. Maintenance Director/Designee will inspect the SCU exit door throughout the week to ensure the door is not painted. Maintenance Director/Designee will educate SCU staff regarding need not to disguise the exit door. Identified concerns will be corrected immediately and reported to the Administrator in stand-up meeting.

- **K050**  
  Maintenance Director/Designee will report identified concerns to the Administrator throughout the week. The Administrator will report findings to QA monthly x 2 months and when indicated. NFPA 101 LIFE SAFETY CODE STANDARD. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedure and is aware that drills are part of established routine. The staff identified as not properly responding to the fire drill were re-educated to facility protocol. All residents have the potential to be affected by this cited practice. Maintenance Director/Designee will (re)educate staff regarding fire drill protocol. Maintenance Director/Designee will conduct weekly fire drills on varying shifts x 4 weeks and PRN until compliance is demonstrated. Deviations from protocol, identified during fire drills, will be addressed with staff and education provided.
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LTC IDENTIFYING INFORMATION)</th>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K052</td>
<td>SS=D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>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</td>
<td>K052</td>
<td></td>
<td></td>
<td>Maintenance Director/Designee will report results of fire drills and (re)education provided to the Administrator. The Administrator will report findings to QA monthly.</td>
<td>3/1/2011</td>
</tr>
<tr>
<td>K147</td>
<td>SS=E</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td></td>
<td></td>
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</tbody>
</table>
**Summary Statement of Deficiencies**

**K 147**

Facility failed to maintain the electrical system. National Fire Protection Association (NFPA) 70, 110-12

The findings include:

Observations on 2/26/11, at 10:15 AM, revealed broken light covers located in the following areas:

1. Station 1 small bath and pantry.
2. Station 2 soiled linen room and shower room.
3. The laundry room.
4. The kitchen’s dry storage room.

Theses findings were acknowledged by the Administrator and verified by the Director of Maintenance at the exit conference on 2/26/11.

**Provider's Plan of Correction**

**K 147**

**NFPA 101 Life Safety Code Standard**

Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code 9.1.2.

Identified light covers were replaced.

All residents have the potential to be affected by this cited practice.

Maintenance Director/Designee will (re)educate staff on reporting broken light covers noting it in Maintenance Log. Department Heads will observe environment for broken light covers during morning rounds throughout the week. Identified light covers will be replaced and findings reported in stand-up meeting. Maintenance Director/Designee will observe light covers and Maintenance Log throughout the week and report findings to the Administrator.

Maintenance Director/Designee will report broken light covers to the Administrator. The Administrator will report findings to QA monthly for 3 months.