### NFPA 101 Life Safety Code Standard

#### K018  SS=D

**Summary Statement of Deficiencies:**
Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1/2 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3 are permitted.

Roller latches are prohibited by CMS regulations in all healthcare facilities.

#### K018  SS=D

**Provider's Plan of Correction:**
Corrective action for failure to maintain the corridor openings:
On 8/11/11 the door to MDS office was repaired by maintenance.

Identification of other areas with potential to be affected:
Other doors were checked by maintenance on 8/22/11 and any adjustments needed were made at this time.

**Measures to prevent reoccurrence:**
An in-service was initiated by staff development on 8/11/11 to include instructions on notification to maintenance when doors are not closing properly. Maintenance will ensure that doors will be checked for proper closing during monthly rounds and adjustments will be made as needed during rounds.

**Monitoring of corrective action:**
Audits will be forwarded to QA committee for review and recommendations on a quarterly basis. Action plans and educational needs will be developed and initiated as needed.

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**Laboratory Director's or Provider/Supplier Representatives Signature:**

**Title:**

**Date:** 8/25/11

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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 patient. (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 required to continue participation.
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| K067 | SS=5 | **NFPA 101 LIFE SAFETY CODE STANDARD**
Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications, 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2.

This STANDARD is not met as evidenced by: Based on observations and testing, it was determined the facility failed to maintain the heating, ventilation and air-conditioning system.

The findings include:
On 8/8/11 at 11:30 AM, testing and observation of the exhaust fans in resident bathrooms 509 and 512 revealed the units were inoperative.

These findings were acknowledged by the Administrator and verified by the Maintenance Director during the exit interview on 8/8/11. | **Corrective action for failure to maintain the heating, ventilation and air-conditioning system:**
On 8/9/11 maintenance inspected vent fans for room 509 and 512. New motors were installed in both vent systems.

Identification of other areas with potential to be affected:
Other vent fans were checked by maintenance on 8/22/11 and any adjustments needed were made at this time.

Measures to prevent reoccurrence:
An in-service was initiated by staff development on 8/11/11 to include instructions on notification to maintenance when vents are not working properly. Maintenance to ensure all vent systems will be checked and working properly during monthly rounds and adjustments will be made as needed during rounds.

Monitoring of corrective action:
Audits will be forwarded to QA committee for review and recommendations on a quarterly basis. Action plans and educational needs will be developed and initiated as needed. | 8/9/11 | 8/22/11 | 8/11/11 |