<table>
<thead>
<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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| K 018  | NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ 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 19.3.6.3.6 are permitted. 19.3.6.3. Roller latches are prohibited by CMS regulations in all health care facilities.  | K 018     | 1. The corridor door frame to patient room 132 is scheduled to be replaced by January 28, 2011 by the Dorma-Carolina Door Controls, Inc.  
2. On December 22, 2010 all corridor doors were assessed by the Environmental Services Director and found to be in working order.  
3. The Environmental Services Director was re-educated by the Administrator on corridor doors closing to a positive latch.  
4. The Environmental Services Director will assess the corridor door to patient rooms to ensure they close to a positive latch monthly. Results will be presented to the Performance Improvement (PI) Committee for further recommendations and/or suggestion and follow up as needed.  
PI committee consists of Administrator, DNS, ADNS, Business Office Manager, Nutritional Services Director, Activities Director, Social Services Director, Environmental Services Director, Staff Development Coordinator, Specialized Rehab Therapy Director, Medical Director, and Pharmacy Consultant. | 1/29/11 |

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.