This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 Existing Health Care section of the LSC and its referenced publications. This building is Type II construction, two story, with a complete automatic sprinkler system.

At time of survey the:
Total Certified Bed Count = 129  
Census = 101

The deficiencies determined during the survey are as follows:

**K 076 SS=D**  
NFPA 101 LIFE SAFETY CODE STANDARD  
Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.

(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.

(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4

This STANDARD is not met as evidenced by:  
42 CFR 483.70 (a)

Based on observations, on 1/13/15 at approximately 11 AM onward, the following

K076- The statements made on this plan of correction are not an admission to and do not constitute an agreement with alleged deficiencies.
To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility’s allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated. 

Corrective Action
The facility has purchased a heavy duty mat made of rubber to place under tanks to eliminate rust and or corrosion. This will be placed under tanks when metal rack is installed.

Ordered metal rack to be fabricated and installed in outside storage area to protect oxygen cylinders from accidental damage and dislocation. Estimated installation to be completed by 2/15/15.

Corrective Action for Residents Potentially Affected
Preventative Maintenance Work Order is completed daily to inspect tanks. See Attached Preventative Maintenance Sheet Systemic Changes
Maintenance staff was instructed on 1/28/15 to insure that oxygen cylinders are inspected on daily basis and PM work orders are completed for documentation.

Quality Assurance
Plant Operations Manager will give report to QA Committee or February 19, 2015 on survey and corrective actions that have been completed. In addition, the Plant Operations Manager will report to the administrator weekly updates on status of compliance.
### Summary Statement of Deficiencies

#### K 144

Continued From page 2

<table>
<thead>
<tr>
<th>Event ID: 93PP21</th>
<th>Facility ID: 954565</th>
</tr>
</thead>
</table>

Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.

This STANDARD is not met as evidenced by:

42 CFR 483.70 (a)

Based on observations, on 1/13/15 at approximately 11 AM onward, the following deficiencies were noted: The generator annunciator was non-compliant, specific findings include; the lights to "overcrank" and "not in auto" did not operate when tested. Ref: NFPA 99 3-4.1.1.15 A remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station. The annunciator shall indicate alarm conditions of the emergency or auxiliary power source.

K144- The statements made on this plan of correction are not an admission to and do not constitute an agreement with alleged deficiencies. To remain in compliance with all federal and state regulations the facility has taken or will take the actions set forth in this plan of correction. The plan of correction constitutes the facility’s allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the dates indicated.

Corrective Action
On 1/26/2015, the facility replaced annunciator panel that was defective with a new one.

Corrective Action for Residents Potentially Affected
Weekly generator test run will include inspection of annunciator panel. This item has been included in the PM work order. See attached sheet.

Systemic Changes
<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 LSC 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>144</td>
<td>Continued From page 3</td>
<td>144</td>
<td>All maintenance staff was instructed on 1/28/15 on the addition of the inspection of annunciator panel to insure that all lights are working properly during weekly generator test. Quality Assurance Plant Operations Manager will give report to QA Committee or February 19, 2015 on survey and corrective actions that have been completed. In addition, the Plant Operations Manager will report to the administrator weekly updates on status of compliance.</td>
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</tr>
</tbody>
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