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 III (111) construction, one story, with a complete automatic sprinkler system.

At time of survey the:
Total Certified Bed Count = 95
Census = 83

The deficiencies determined during the survey are as follows:

**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 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:
42 CFR 483.70 (a)

Based on observations, on Thursday, January 15, 2015 at approximately 8:00 AM onward, the following deficiencies were noted:

Anson Health and Rehabilitation requests to have this Plan of Correction serve as our written allegation of compliance. Our alleged date of compliance is January 29, 2015. Preparation and/or execution of this
### Summary Statement of Deficiencies

1) The corridor door to the clean storage room/oxygen room located next to room 52 did not have positive latching.
2) There is a hole in the wall behind the door in the soiled linen room in the service corridor that will need to be repaired in order to maintain the required fire resistance rating of the room.
3) In the mechanical room on the service corridor the wall located next to the chiller water pumps have mold on the walls and are not maintained in good condition.

### Corrective Action

**Corrective Action for Others**

All doors have been inspected on January 19, 2015, by the Maintenance Director to ensure that they properly latch. All storage rooms have been inspected by the Maintenance Director to ensure no other holes were identified. All areas were reviewed by the Maintenance Director for any mold or discoloration. Any areas of concern identified were corrected as necessary. The Director of Maintenance has placed on his monthly rounds sheet (example attached) to review all doors for positive latching, all penetrations that may occur during ancillary work in the facility, and all areas of possible discoloration or mold.
**Systemic Changes**
The Director of Maintenance has placed on his quarterly rounds sheet to review all doors for proper positive latching, all firewalls for possible penetration and all walls for possible mold contamination.

**Monitoring**
The Maintenance Director will review all doors for latching, all areas that could be compromised by penetrations, and all areas that could be contaminated by mold, monthly for 3 months and then quarterly thereafter. The maintenance director will report his audit findings to the monthly Quality Assurance and Performance Improvement (QAPI) committee for three months, for any further recommendations. The Maintenance Director will be responsible to follow-up on any recommendations made.