A 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. In the exit conference all deficiencies noted were discussed with administration.

Stories: One
Construction Type III (211)
Constructed: 1977
Fully Sprinkled - Yes
At time of survey the:
Certified Beds: Medicare/Medicaid - 163
Census - 137

The requirement at 42 CFR, Subpart 483.70(a) is NOT MET as evidence by:

K 012 3/13/15
42 CFR 483.70 (a)
Based on observations, on 2/12/2015 at approximately 10:00 AM onward, the following deficiencies were noted:

Penetration in the ceiling in the Sprinkler Riser Room sealed.

All ceilings identified as having the potential to be affected.

Audit conducted by Maintenance Director to identify any other unsealed penetrations in ceilings.

Penetration in the ceiling in the Sprinkler Riser Room sealed.

All ceilings identified as having the potential to be affected.

Audit conducted by Maintenance Director to identify any other unsealed penetrations in ceilings.

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.
<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 012</td>
<td>Continued From page 1\nThe rated ceiling in the riser room was damaged by water and was not yet repaired by facility staff.\nThis deficiency affected 1 of approximately 2 sprinkler riser rooms.\nRef: 2000 NFPA 101 Section 8.2.3.2.4</td>
<td>K 012</td>
<td>Monitoring Tool implemented to ensure no unsealed penetrations in ceiling. Maintenance Director will complete Monitoring Tool once weekly for 4 weeks; then once monthly for 2 months. Monitoring Tool incorporated into monthly Quality Assurance and Performance Improvement Meeting to ensure compliance and monitor effectiveness.</td>
<td></td>
</tr>
</tbody>
</table>