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 (211) construction, one story, with a complete automatic sprinkler system. In the exit conference all deficiencies noted were discussed with administration.

At time of survey the:
Total Certified Bed Count = 80 NF
Census = 66 NF

The deficiencies determined during the survey are as follows:

**K 038**

**SS=D**  
NFPA 101 LIFE SAFETY CODE STANDARD

Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1

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

Based on observations, on 02/25/2015 at approximately 8:30 AM onward, the following deficiencies were noted:

One of two smoke barrier door leafs would not open properly due to damaged automatic flush bolts mounted to face of door from the egress side. The smoke barrier door is located near the

Preparation and execution of this plan of correction does not constitute admission or agreement by the provider with the statement of deficiencies. The plan of correction is prepared and executed because it is required by provisions of Federal and State regulations.

A. The damaged automatic flush bolts mounted to the face of the smoke barrier

Electronically Signed 03/12/2015
### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

<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>
</table>
| K 038 | Continued From page 1  
central supply room - on main front entrance corridor.  
This deficiency affected one of two smoke compartments.  
Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke. | K 038 | door on the main corridor were repaired on 2/27/15.  
B. All smoke barrier doors were inspected on 2/25/15 to ensure exits are readily accessible at all times.  
C. The Maintenance Director and/or his designee will conduct weekly inspections of all smoke barrier doors to ensure compliance.  
D. The Quality Assurance Performance Improvement Committee will review for compliance monthly times four months. | 3/6/15 |
| K 072 | NFPA 101 LIFE SAFETY CODE STANDARD  
Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 | K 072 | A. The wall-mounted clerical pad located on the 500 hall corridor was repaired on 2/27/15 to ensure that it would self close when opened and released.  
B. All wall-mounted clerical pads were inspected on 2/25/15 to ensure that they self closed when opened and released.  
C. The Maintenance Director and/or his designee will conduct weekly inspections of all wall-mounted clerical pads to ensure compliance.  
D. The Quality Assurance Performance Improvement Committee will review for compliance monthly times four months. | 3/6/15 |
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<tbody>
<tr>
<td>K 072</td>
<td>Continued From page 2</td>
<td>This deficiency affected one of approximately six smoke compartments.</td>
<td>K 072</td>
<td>compliance monthly times four months.</td>
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