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: 1  
Construction Type II (111)  
Constructed: 6/6/1965  
Fully Sprinkled - Yes  
At time of survey the:  
Certified Beds: Medicare/Medicaid - 104  
Census - 53  

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

**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.
**HERITAGE HEALTHCARE AT TAYLOR PLACE**

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>ID</th>
<th>ID PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 018</td>
<td>Continued From page 1</td>
<td>K 018</td>
<td></td>
</tr>
</tbody>
</table>

This **STANDARD** is not met as evidenced by:

- 42 CFR 483.70 (a)

Based on observations, on February 3, 2015 at approximately 12:00 PM onward, the following deficiencies were noted:

1) The two sets of corridor doors to the dining room did not close latch smoke tight in there frames when checked.

This deficiency affected two of approximately 70 corridor doors.

Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.

**K 025**

**NFPA 101 LIFE SAFETY CODE STANDARD**

Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems.

- 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4

This **STANDARD** is not met as evidenced by:
<table>
<thead>
<tr>
<th>ID PREFIX</th>
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<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
</table>
| K 025     |     | Continued From page 2 42 CFR 483.70 (a)  
Based on observations, on February 3, 2015 at approximately 12:00 PM onward, the following deficiencies were noted:  
1) The smoke walls located on the 300 hall, in the activity room have holes and/or penetrations that were not sealed in order to maintain the fire resistance rating of the wall. 
NFPA 101, 19.3.7.3 
NFPA 101, 8.3.6.1  
This deficiency affected two of approximately six smoke compartments. 
Failure to comply_with_with_minimum_standards_as_referenced_increases_the_risk_of_death_or_injury_due_to_fire_and/or_smoke. | K 025 |     |                                                                                                              |
| K 062     |     | NFPA 101 LIFE SAFETY CODE STANDARD  
Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  
This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)  
Based on observations, on February 3, 2015 at approximately 12:00 PM onward, the following deficiencies were noted:  
1) The automatic sprinkler system was non-compliant, specific findings include sprinkler testing for the automatic sprinkler system and fire pump were not being inspected quarterly as required. System was inspected annually only. Ref: 2000 NFPA 101, 4.6.12.1. Every required | K 062 | SS=F | 2/3/15                                                                                                      |
<table>
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<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 062</td>
<td></td>
<td></td>
<td>Continued From page 3 sprinkler system shall be continuously maintained in proper operating condition. NFPA 25, 2-2 and table 2-1 requires an inspection every quarter of a calendar year. This deficiency affected all smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</td>
<td>K 062</td>
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<td>2/25/15</td>
</tr>
<tr>
<td>K 067</td>
<td>SS=F</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</td>
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</tbody>
</table>

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

Based on observations, on February 3, 2015 at approximately 12:00 PM onward, the following deficiencies were noted:
1) The smoke duct detectors inspected, one on the roof top unit and one in the corridor were not provided with access doors that allow for inspection testing and maintenance. NFPA 90A, 2-3.4.1
This deficiency affected the entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.