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 V construction, one story, with a complete automatic sprinkler system and utilizing special locking. In the exit conference all deficiencies noted were discussed with administration.

At time of survey the:
Total Certified Bed Count =110
Census =101

The deficiencies determined during the survey are as follows:

**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 06/16/2015 at approximately 1:00 PM onward, the following deficiencies were noted: Exit door on 700 hall opening to outside, required more than 15 lb (67 N) to release the latch, 30 lb (133 N) to set the door in motion, and 15 lb (67 N) to open the door to the minimum required width. Opening forces for interior side-hinged or

This Plan of Correction constitutes the written allegation of compliance for the deficiencies cited. Preparation and submission of the Plan is in response to CMS 2567 and is not an admission by Autumn Care of Myrtle Grove that a deficiency exists or that one was cited correctly. This Plan of Correction is submitted to meet requirements established by federal and state law.

Electronically Signed

06/29/2015
K 038

Summary Statement of Deficiencies

A pivoted-swinging door without closer's shall not exceed 5 lb (22 N). These forces shall be applied at the latch stile.

NFPA 101, 7.2.1.4.5

This deficiency affected all resident rooms on 700 hall. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.

Corrective Action Taken

The exit door on 700 hall was repaired on 6/25/15.

Potential to Affect Residents by the Same Deficient Practice

All facility exit accesses were inspected by the Maintenance Supervisor and Maintenance Assistant on 6/29/15 to determine that all exits are readily accessible.

Systematic Changes

A door lock inspection audit will be conducted weekly by the Maintenance Supervisor and/or Maintenance Assistant for 2 months to ensure all exits are readily accessible.

Performance Monitoring

Findings of the above stated inspection will be reviewed monthly for two months by a special QA committee for recommendations and further follow up as indicated. If substantial compliance has been met and no areas of concern are identified, review of the inspections will be discontinued.
### Statement of Deficiencies and Plan of Correction

**Autumn Care of Myrtle Grove**

<table>
<thead>
<tr>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Summary Statement of Deficiencies</th>
<th>ID</th>
<th>Prefix</th>
<th>Tag</th>
<th>Provider's Plan of Correction</th>
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</thead>
<tbody>
<tr>
<td>K 052</td>
<td>Continued From page 2</td>
<td>72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72.</td>
<td>9.6.1.4</td>
<td>K 052</td>
<td></td>
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</tbody>
</table>

This STANDARD is not met as evidenced by:

42 CFR 483.70 (a)

Based on observations, on 06/16/2015 at approximately 1:00 PM onward, the following deficiencies were noted: tamper switch #160 on wet sprinkler system, did not send signal to fire alarm panel when tested(riser room #1).

NFPA 101, 9.7.2.1

NFPA 72,

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

1. Corrective Action Taken
   
   Tamper switch #160 was repaired on 6/17/2015.

2. Potential to Affect Residents by the Same Deficient Practice
   
   All facility tamper switches were tested on 6/26/2015 by Fire Technologies, Inc. to ensure they were working properly.

3. Systematic Changes
   
   Facility tamper switches will be tested monthly for two months by the Maintenance Director and/or Maintenance Assistant to ensure they are working properly.

4. Performance Monitoring
   
   Findings of the above stated inspections will be reviewed monthly for two months by a special QA committee for recommendations and further follow up as
NAME OF PROVIDER OR SUPPLIER
AUTUMN CARE OF MYRTLE GROVE

SUMMARY STATEMENT OF DEFICIENCIES
(K 052 Continued From page 3) (K 052)

Summary: The HVAC system did not shut down with fire alarm activation on 600 hall.
A. The HVAC system did not shut down with fire alarm activation on 600 hall.
B. The emergency shut down switch located at nurse station did not shut down HVAC system.

NFPA 101 LIFE SAFETY CODE STANDARD
K 067 SS=D

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

Based on observations, on 06/16/2015 at approximately 1:00 PM onward, the following deficiencies were noted: The following Heating, Ventilating, and Air Conditioning system (HVAC) was non-compliant; specific findings include:
A. The HVAC system did not shut down with fire alarm activation on 600 hall.
B. The emergency shut down switch located at nurse station did not shut down HVAC system.

NFPA 90A, 4-2

This deficiency affected all Resident rooms on 600 hall.
Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.

Corrective Action Taken
The HVAC system on 600 hall was repaired on 6/17/2015. The emergency shut down switch located at the nursing station was repaired on 6/17/2015.

Potential to Affect Residents by the Same Deficient Practice
Facility HVAC systems were tested on 6/29/2015 to ensure they all shut down with fire alarm activation by the Maintenance Director and Maintenance Assistant. Facility emergency shut down switches were tested on 6/26/2015 by the Maintenance Director to ensure the HVAC systems were shutting down properly.

Systematic Changes
An HVAC audit will be conducted monthly
### PROVIDER'S PLAN OF CORRECTION

**K 067** Continued From page 4

**K 067**

- Corrective Action Taken
  
  The exhaust system was repaired in the janitor's closet on the south side on 6/23/2015 by the Maintenance Director. The exhaust system in room 508 bathroom was repaired on 6/23/2015 by the Maintenance Director.

- Potential to Affect Residents by the Same Deficient Practice

  All facility exhaust systems will be...
<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 147</td>
<td>Continued From page 5</td>
<td>Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</td>
<td>checked on 6/30/2015 to ensure they are working by the Maintenance Director and/or Maintenance Assistant.</td>
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</tr>
</tbody>
</table>

3. Systematic Changes

The exhausts systems in the building will be checked monthly x 2 months to ensure they are working properly by the Maintenance Director and/or Maintenance Assistant.

4. Performance Monitoring

Findings of the above stated inspections will be reviewed monthly for two months by a special QA committee for recommendations and further follow up as indicated. If substantial compliance has been met and no areas of concerns are identified, review of the inspections will be discontinued.