This Life Safety Code (LSC) complaint 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 construction, one story, with a complete automatic sprinkler system. In the exit conference all deficiencies noted were discussed and acknowledged with administration.

The deficiencies determined during the survey are as follows:

**K 012**

**SS=F**

Building construction type and height meets one of the following:
19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1
This STANDARD is not met as evidenced by:
42 CFR 483.70(a)
By observation on 4/27/16 at approximately noon onward the following deficiencies were noted:
The building construction type was non-compliant, specific findings include:

1. The facility had not maintained the roof as evidence of the roof ceiling assembly showed damage due to leaks in the following areas:
   A. Hallway of the main laundry room/maintenance office
   B. 200 hall fire wall near room 207 and 210
   C. Room 207
2. The facility had not maintained the structural and foundation integrity of the building as evidence of repaired cracks and sloping in the following areas:
   A. Corridor at the 100 hall exit near room 124

1. The roof was repaired by Robert Watson Roofing on 5/7/16. Damage to the ceiling assembly in the hallway of the main laundry room/maintenance office, 200 fire walls near room 207 and 210, and room 207 was repaired. The crack and the slope area at the 100 hall exit near room 124 and in room 124 will be evaluated by Fleming and Associates, PA Structural Engineers. They will be performing a site visit during the week of 5/23/16.
2. Visual inspection of interior and exterior of the facility was performed by the Regional Property Manager, Administrator, and Maintenance Director on 4/5/16 and again on 4/26/16 and 5/9/16 to identify additional areas of concern that may need to be addressed.

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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.
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B. Room 124

2000 NFPA 101 Section 5.7 Maintenance. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained unless the Code exempts such maintenance.

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

K 012

3. The Administrator or designee will perform interior and exterior inspections monthly to identify concerns involving needed physical plant repairs.

4. The Administrator or designee will provide written documentation of monthly physical plant inspections to the Quality Assurance Committee monthly x 3 months and quarterly thereafter.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

FORM CMS-2567(02-99) Previous Versions Obsolete

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