A Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. The facility is utilizing special locking systems. In the exit conference all deficiencies noted were discussed with administration.

Stories: One and basement is mechanical space
Construction Type II (111)
Constructed: 2015
Fully Sprinkled - Yes
At time of survey the:
Certified Beds: Medicare/Medicaid - 160
Census - 124

K 069

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

Cooking facilities shall be protected in accordance with 9.2.3.
18.3.2.6, 19.3.2.6, NFPA 96
This STANDARD is not met as evidenced by:
42 CFR 482.41(a)

Based on the observations, and staff interviews on 7/19/2016 at approximately 9:00 AM onward, the following deficiencies were noted:
The facility maintenance and inspection of the hood suppression system in the new rehab building was non-compliant the specific items include:
The facility hood suppression system must be inspected at least semiannually. The new rehab area has a hood system installed and the facility does not have a tag or label securely attached indication the month and year the maintenance was preformed and the identification of the person performing the maintenance.

White Oak Manor-Shelby ensures cooking facilities shall be protected.
The Rehab building facility hood suppression system was inspected on 8-2-16.
An audit of the other hood suppression system was conducted by the Maintenance Supervisor on 7-19-16 to ensure inspection completed semiannually and ensure compliance to K069. No other issues were identified.
Semiannual inspections of facility hood suppression systems will be completed by...
### SUMMARY STATEMENT OF DEFICIENCIES

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
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Ref: 2000 NFPA 101 Sections 19.3.2.6, 9.6; 9.2.3; NFPA 17A Section 7.3.2.6*

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

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the Maintenance Director (or Maintenance Assistant under the direction of the Maintenance Director). The inspection findings will be reported to the Administrator by the Maintenance Director. The inspection findings will also be reviewed at the monthly QA Committee Meeting.

The Maintenance Director and the Administrator are responsible for compliance to K069.