**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<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>
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</tr>
</thead>
<tbody>
<tr>
<td>K 000</td>
<td>INITIAL COMMENTS</td>
<td>K 000</td>
<td>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 II construction, two story, with a complete automatic sprinkler system and using special delayed egress system. In the exit conference all deficiencies noted were discussed and acknowledged with administration. At time of survey the: Total Certified Bed Count 90 Census 84 The deficiencies determined during the survey are as follows: K 029 NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with 0 hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 07/28/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: doors two storage rooms on basement floor by laundry The two storage rooms' in basement had closures installed on August 9, 2016. All storage room doors were inspected for proper closure. Preventive maintenance procedures will</td>
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<td>9/11/16</td>
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**LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE**

Electronically Signed

08/17/2016

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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</table>
| K 029 | | | Continued From page 1 room that open to corridor are not self closing(large amounts of paper products and cardboard are stored in rooms). 2000 NFPA 101, 19.3.5.4/8.4.1  
This deficiency affected basement area only. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke. | K 029 | | | be implemented in our automated work order system to include monthly checks of all rated doors for proper operation. Reports generated from the automated work order system will be reviewed quarterly in the Safety Committee meetings until full compliance is sustained consecutively for three months. | 9/11/16 |
<p>| K 038 | SS=E | | 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 07/28/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: 1. doors with delayed egress system on them would re-engage/lock back when fire alarm system was silenced. 2. The delayed egress locking system on all the exit door's did not operate properly. The door's would relock with use of keypad after the irreversible process of delayed egress locking system had initiated. 2000 NFPA 101, 19.2.1/7.2.1.6.1 2000 NFPA 101: 7.2.1.6.1 (C) &quot;An irreversible process shall release the lock within 15 seconds upon application of a force to the release device | | | | 7/28/2016 all magnetic locks were disengaged on delayed egress doors. The Delayed Egress feature for all doors was reconfigured to remain unlocked until it is reset using a manual process. This was completed on 8/2/2016. Mechanical System Services, outside vendor completed reconfiguration of system. Preventive maintenance procedures will be in the automated system to include monthly checks of all delayed egress doors for proper operation. Preventive maintenance procedure reports will be reviewed quarterly at the Safety Committee Meeting until full compliance is sustained for three months. | |</p>
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<tr>
<td>K 038</td>
<td>Continued From page 2</td>
<td>[\text{required in 7.2.1.5.4 that shall not be required to exceed 15 lbf (67 N) nor be required to be continuously applied for more than 3 seconds. The initiation of the release process shall activate an audible signal in the vicinity of the door. Once the door lock has been released by the application of force to the releasing device, relocking shall be by manual means only.}]</td>
<td>K 038</td>
<td></td>
<td></td>
<td>This deficiency affected entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</td>
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<tr>
<td>K 047</td>
<td>SS=E</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K 047</td>
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<td>Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 18.2.10.1, 19.2.10.1 (Indicate N/A in one story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</td>
<td>9/11/16</td>
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</table>

Based on observations, on 0728/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include:

1. when coming out of stairwell from 1st floor to basement, you can only see one directional sign to one exit discharge.
2. standing in corridor by kitchen area, you can only see one directional sign to exit discharge.

Must be able to see two directional signs to exit.

The Plant Operation Maintenance will install the additional exit signs visible to the two means of exit discharge on August 18, 2016.

All exit signs were inspected to ensure proper functioning on August 18,2016

Monthly inspections and testing will be performed by Plant Operation Maintenance staff to ensure all exit signs are operational and visible via the automated work order system.
### K 047
- **Description:** Continued From page 3 egress from a corridor.
- **Standard:** 2000 NFPA 101, 19.2.10.1
- **Correction:** Monthly testing and inspection reports will be reviewed quarterly at the Safety Committee Meeting until full compliance is sustained for three months.

### K 052
- **Description:** A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7.
- **Standard:** This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)
- **Correction:** MSS (Mechanical Systems Services) will provide a current sensitivity report for all smoke detectors with any deficiencies noted and corrected. However, since this is a self-diagnostic system, MSS will be contracted to provide a printed sensitivity report the first two years and every 5 years.
- **This deficiency affected entire facility.** Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.
- **Note:** This system is configured with self-monitoring smoke detectors. As a result, the system continuously performs self-diagnostics and sensitivity tests for each smoke detector. The most recent report of diagnostic monitoring has been printed and will be made available for review.

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<tbody>
<tr>
<td>K 047</td>
<td>K 047</td>
<td></td>
<td>Continued From page 3 egress from a corridor.</td>
<td>Monthly testing and inspection reports will be reviewed quarterly at the Safety Committee Meeting until full compliance is sustained for three months.</td>
<td>9/11/16</td>
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<tr>
<td>K 052</td>
<td>K 052</td>
<td>SS=E</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>MSS (Mechanical Systems Services) will provide a current sensitivity report for all smoke detectors with any deficiencies noted and corrected. However, since this is a self-diagnostic system, MSS will be contracted to provide a printed sensitivity report the first two years and every 5 years.</td>
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<td>Summary Statement of Deficiencies</td>
<td>ID</td>
<td>Prefix</td>
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<tr>
<td>K 052</td>
<td>Continued From page 4</td>
<td>K 052</td>
<td>Sensitivity reports will be reviewed annually for the first two years at the Safety Committee Meeting until full compliance is sustained.</td>
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<tr>
<td>K 061</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K 061</td>
<td>The fire alarm panel will be re-configured for a continuous supervisory signal when fire sprinkler control valve tamper switches are activated.</td>
<td>9/11/16</td>
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<td>MSS (Mechanical Systems Services) corrected the supervisory signal activation sequencing and verified compliance. In addition, maintenance staff in conjunction with Absolute Sprinkler company will verify proper operation of the supervisory sequence of system and document accordingly during the quarterly inspections. The supervisory alarm can be monitored in two locations that are monitored twenty-four hours a day. One of the locations is in the main lobby and the other is on the 200 hall.</td>
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<td>Reports will be reviewed quarterly in the Safety Committee meetings until full compliance is sustained consecutively.</td>
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<tr>
<td>K 061</td>
<td>Continued From page 5</td>
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<td>NFPA 9.7.2.1 ...supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72 AND a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system...Supervisory signals shall sound AND shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility.</td>
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<td>This deficiency affected entire facility. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</td>
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<tr>
<td>K 064</td>
<td>SS=E</td>
<td></td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
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</tbody>
</table>
Summary of Deficiencies:

18.3.5.6, 19.3.5.6
This STANDARD is not met as evidenced by:
42 CFR 483.70 (a)

Based on observations, on 07/28/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: the K type fire extinguisher in the Kitchen did not have the required placard/signage indicating the use order of the Ansul hood extinguishing system and K type fire extinguisher installed near it.

Reference: 2000 NFPA 101 19.3.5.6, 9.7.4.1, 1998 NFPA 10 2-3.2.1, 1998 NFPA 96 7-2.1.1 A placard identifying the use of the extinguisher as a secondary backup means to the automatic fire suppression system shall be conspicuously placed near each portable fire extinguisher in the cooking area.

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

Plant Operation maintenance staff will be installing the proper placard on August 17, 2016.

Monthly inspections will be performed to ensure signage is visible and in place.

Inspection will be reviewed quarterly in the Safety Committee meetings until full compliance is sustained consecutively for three months.
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<tr>
<td>K 067</td>
<td>SS=E</td>
<td>K 067</td>
<td>Continued From page 7 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 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 07/28/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: The facility could not provide documentation that the radiation dampers were checked within the past four years. Ref: 2000 NFPA 101, 19.5.2.1, 9.2, NFPA 90A 3-4.7 Maintenance. At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary. 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. MSS (Mechanical Systems Services) has been scheduled to inspect the fire damper assemblies on August 29, 2016. A preventive maintenance will be scheduled in the automated work order system to remind the POM staff to have the dampers inspected every four years. Will review inspection report at the Safety Committee meeting the inspection will be kept in the Life Safety book.</td>
<td></td>
<td>9/11/16</td>
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<tr>
<td>K 072</td>
<td>SS=E</td>
<td>K 072</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD Means of egress shall be 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 shall obstruct exits, access thereto, egress there from,</td>
<td></td>
<td>9/11/16</td>
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</tbody>
</table>
## STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

**NAME OF PROVIDER OR SUPPLIER:** Stanly Manor  
**STREET ADDRESS, CITY, STATE, ZIP CODE:** 625 Bethany Church Road Box 38 Albemarle, NC 28001

<table>
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<tr>
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<td>K 072</td>
<td></td>
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<td>Continued From page 8 or visibility thereof shall be in accordance with 7.1.10. 18.2.1, 19.2.1</td>
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<td>This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</td>
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<td>Based on observations, on 07/28/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: the drop down key board for computer system on 300 hallway, did not retract back when pull down. 2000 NFPA 101.19.2.1</td>
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<td>This deficiency affected four of seven smoke compartments. Failure to comply with minimum standards as referenced increases the risk of death or injury due to fire and/or smoke.</td>
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<tr>
<td>K 076</td>
<td>SS=E</td>
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<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
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<td>Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. 4-3.1.1.2 (NFPA 99), 8-3.1.11.1 (NFPA 99), 18.3.2.4, 19.3.2.4 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)</td>
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<td>Based on observations, on 07/28/2016 at approximately 8:30 AM onward, the following</td>
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<td>All oxygen was removed from storage area in basement.</td>
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**K 076**  
**Event ID:** 90UJ21  
**Facility ID:** 923471  
**If continuation sheet Page:** 9 of 11
### STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

#### (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

**345281**

#### (X2) MULTIPLE CONSTRUCTION

**A. BUILDING 01 - MAIN BUILDING 01**

#### (X3) DATE SURVEY COMPLETED

**07/28/2016**

#### NAME OF PROVIDER OR SUPPLIER

**STANLY MANOR**

#### STREET ADDRESS, CITY, STATE, ZIP CODE

625 BETHANY CHURCH ROAD BOX 38

ALBEMARLE, NC  28001

#### PROVIDER’S PLAN OF CORRECTION

**ID**

**PREFIX**

**TAG**

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<td>K 076</td>
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<tr>
<td>K 144</td>
<td>SS=E</td>
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#### SUMMARY STATEMENT OF DEFICIENCIES

**K 076**

Continued From page 9

Deficiencies were noted: The standard was non-compliant, specific findings include:

1. door to oxygen storage room in basement is not self closing.
2. room has no signage that oxygen is being stored in room.

2000 NFPA 101, 19.3.2.4

NFPA 99

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 144**

NFPA 101 LIFE SAFETY CODE STANDARD

Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)

This STANDARD is not met as evidenced by:

42 CFR 483.70 (a)

Based on observations, on 07/28/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include:

1. generator did not crank and transfer within 10 seconds when tested (transfer time was 12 seconds).
2. The emergency generator located on the exterior of the building has no remote manual stop switch located outside the generator set location.

NFPA 110, 3-4.1

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**K 076**

Compliant location outside of the building and signage was installed.

Quality Rounds will continue to survey the facility on a monthly bases regarding oxygen storage.

Reports from quality rounds will be reviewed quarterly at the Safety Committee meeting until three months of compliance is sustained.

**K 144**

9/11/16

1. The generator did not crank and transfer within 10 seconds when tested (transfer time was 12 seconds).
2. The emergency generator located on the exterior of the building has no remote manual stop switch located outside the generator set location.

Procedure for corrective plan: 1) The battery was replaced by the Preventive Operation Maintenance staff on August 4, 2016 and the start and transfer time was re-tested. The generator started and transferred power in 9 seconds.

Kraft has been contacted and will install...
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

A. BUILDING 01 - MAIN BUILDING 01

B. WING _____________________________

NAME OF PROVIDER OR SUPPLIER

STANLY MANOR

STREET ADDRESS, CITY, STATE, ZIP CODE

625 BETHANY CHURCH ROAD BOX 38
ALBEMARLE, NC  28001

SUMMARY STATEMENT OF DEFICIENCIES
(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)

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<th>PLAN OF CORRECTION</th>
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<tr>
<td>K 144</td>
<td>SS=D</td>
<td>9/11/16</td>
<td>Continued From page 10 NFPA 110, 3-5.5.6</td>
<td>the manual stop switch in the required location. The Preventive Maintenance staff will verify and document the start and transfer time during their monthly generator inspections. They will also verify that the manual stop switch is in place and functioning correctly. The reports will be reviewed quarterly in the Safety Committee meeting until three months of compliance is sustained.</td>
</tr>
<tr>
<td>K 147</td>
<td>SS=D</td>
<td>9/11/16</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: 42 CFR 483.70 (a) Based on observations, on 0728/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: exhaust for residents bedrooms 200 and 202 was not working at time of survey. 2000 NFPA 101, 19.9.1 NFPA 99</td>
<td>The exhaust fan that serves resident rooms 200 and 202 will be repaired by Preventive Operation Maintenance staff on August 17, 2016. All other exhaust fans will be surveyed for normal operation. Preventive maintenance procedures will be implemented in our automated work order system to include monthly checks of exhaust fans for proper operation. The monthly check reports will be reviewed quarterly in the Safety Committee meeting until three months of compliance is sustained.</td>
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K 144 Continued From page 10
NFPA 110, 3-5.5.6

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

K 147

NFPA 101 LIFE SAFETY CODE STANDARD

Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1
This STANDARD is not met as evidenced by: 42 CFR 483.70 (a)

Based on observations, on 0728/2016 at approximately 8:30 AM onward, the following deficiencies were noted: The standard was non-compliant, specific findings include: exhaust for residents bedrooms 200 and 202 was not working at time of survey.

2000 NFPA 101, 19.9.1
NFPA 99

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