The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).
MARYFIELD NURSING HOME

K 045 NFPA 101 LIFE SAFETY CODE STANDARD

Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.6

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

By observation on 5/3/11 at approximately noon the following exit discharge illumination was observed as noncompliant: specific findings include:

(A) There was not lighting on the exit discharge path at the Hayworth house leading from the gate to the public way.

(B) Confirm the step lighting from the French Country & McEwen house is on emergency power.

Lighting must be arranged to provide light from the exit discharge leading to the public way (parking lot). The walking surfaces within the exit discharge shall be illuminated to values of at least 1 ft-candles measured at the floor. Failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candles in any designated area. NFPA 101 7.8.1.1, 7.8.1.3, and 7.8.1.4.

K 144 NFPA 101 LIFE SAFETY CODE STANDARD

Generators are inspected weekly and exercised by load for 30 minutes per month in

Please See Attached

Cynthia Hollingsworth, Administrator 5/20/11

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 patient. (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.
The STANDARD is not met as evidenced by:

- NFPA 110 8-4.2 (1998 edition) generator sets in Level 1 and Level 2 service shall be exercised at least once monthly for a minimum of 30 minutes, or 30% of the design temperature, whichever is less. The log indicates the monthly load test was not performed.
- NFPA 99 4.4.3 Recordkeeping. A written record of inspection, performance, exercising and repair shall be regularly maintained and available for inspection by the authority having jurisdiction.
- The log indicates the monthly load test was not performed.

Please see attached.
<table>
<thead>
<tr>
<th>Statement of Deficiencies and Plan of Correction</th>
<th>Building</th>
<th>Main Building 01</th>
<th>Date Survey Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. MARYFIELD NURSING HOME</strong></td>
<td></td>
<td></td>
<td>05/03/2011</td>
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<tr>
<td><strong>ID PREFIX TAG</strong></td>
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<td><strong>EPMs Installations that do not meet the</strong></td>
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<td><strong>requirements of 64.2</strong></td>
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<td><strong>shall be exercised monthly</strong></td>
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<td><strong>with the available EPPS load and exercised</strong></td>
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<td><strong>annually with supplemental loads at 25 percent</strong></td>
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<td><strong>of nameplate rating for 30 minutes</strong></td>
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<td><strong>followed by 50 percent of nameplate rating</strong></td>
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<td><strong>for 30 minutes, followed by 75 percent of</strong></td>
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<td><strong>nameplate rating for 60 minutes, for a total</strong></td>
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<td><strong>of 2 continuous hours. (load bank testing)</strong></td>
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</tbody>
</table>

Please see attached 5-17-11
Maryfield, Inc
Plan of correction: K 045 Main Building

What corrective action(s) will be accomplished by the facility to correct the deficient practice?

1. A directional 2 fixture flood light was installed on the corner of Hayworth House to provide illumination to the public way. The new light fixture was connected to the emergency power panel. Date completed (5/10/2011)
2. On 5/17/2011 the step lighting at French Country and McEwen house was confirmed to be connected to the emergency power panel all step lights operational.
3. On 5/6/2011 single fixture light from Congdon House to the public way was updated to a double light fixture.

How will you identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective actions will be taken?

1. An inspection of all lighting exiting households was conducted to insure compliance of appropriate lighting to the public way. While conducting this inspection we replaced the light fixture exiting Congdon House to a two lamp fixture also on the emergency panel. Completed 5/6/2011

What measures will be put into place or systemic changes made to ensure that the deficient practice does not occur?

1. All new fixtures will be added to the preventative maintenance schedule to ensure there proper operation for emergency egress to the public way.

How the facility plans to monitor to ensure deficient practice will not occur. (I.e. what Quality Assurance program will be put in place.)

1. The Maintenance staff will check all exterior emergency lighting on there normal Preventive Maintenance schedule.
2. The Facility Leader will ensure Preventive Maintenance has been completed on all exterior lighting and all lighting is operational.

Completion Date: 5/17/2011
Maryfield, Inc
Plan of correction: K 144 Main Building 1

What corrective action(s) will be accomplished by the facility to correct the deficient practice?

1. On 5/5/2011 a Load bank test was conducted by Covington Detroit Diesel (Results of test are attachment A)

How will you identify other life safety issues having the potential to affect residents by the same deficient practice and what corrective actions will be taken?

1. The load bank test for the generator has been added to our annual service agreement with Covington Detroit Diesel to be performed on an annual basis.

What measures will be put into place or systemic changes made to ensure that the deficient practice does not occur?

1. The Facility Manager will insure that all generator services and documentation has been completed.
2. The Facility Leader will also have a copy of the Load Bank test available with generator log book.

How the facility plans to monitor to ensure deficient practice will not occur. (I.e. what Quality Assurance program will be put in place).

1. The Facility Leader will insure that all generator services and documentation has been completed by staff and Service Vendor.

Completion Date: 5/17/2011
**K 000. INITIAL COMMENTS**

There were no Life Safety Code Deficiencies noted at time of survey.

Please see attached

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**LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVES SIGNATURE**

Lindal Robbins 6/20/11

**TITLE**

Administrator 6/20/11