<table>
<thead>
<tr>
<th>F 000</th>
<th>INITIAL COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey).</td>
</tr>
</tbody>
</table>

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.
This Life Safety Code (LSC) survey was conducted as per the Code of Federal Register at 42CFR 483.70(a); using the 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.

The deficiencies determined during the survey are as follows:

### K 001
**INITIAL COMMENTS**

This Plan of Correction is submitted as required under State and Federal law. The facility's submission of the Plan of Correction does not constitute an admission on the part of the facility that the findings cited are accurate, that the findings constitute a deficiency, or that the scope and severity determination is correct. Because the facility makes no such admissions, the statements made in the Plan of Correction cannot be used against the facility in any subsequent administrative or civil proceeding.

### K 012
**NFPA 101 LIFE SAFETY CODE STANDARD**

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:

- CFR 483.70(a)
- By observation on 3/8/12 at approximately noon
- The following building construction type was non-compliant, specific findings include:
- The penetration in the ceiling outside room #9 and #10 does not meet the required fire resistance rating.

### K 018
**NFPA 101 LIFE SAFETY CODE STANDARD**

Doors protecting corridor openings in other than required enclosures of vertical openings, exit, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors.

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**Laboratory Directors or Provider/Supplier Representative's Signature:**

Vicky Mason-Burgess

**Director of Nursing:** 3/23/12

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Any deficiency statement ending with an asterisk (*) indicates 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 disclosed 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 disclosed 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is required to continued program participation.
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<tbody>
<tr>
<td>K018</td>
<td>Continued From page 1: Are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</td>
<td>4. All ceiling areas in the main corridor will be inspected once weekly for 4 weeks and then monthly for 3 months by the maintenance director to ensure no penetrations and/or 100% compliance are noted in the ceilings. The result of this audit will be brought to the maintenance director in the monthly Quality Assurance Performance Improvement Committee meeting. The Quality Assurance Performance Improvement Committee consists of the Administrator, the Director of Nursing, Staff Development Coordinator, MDS Coordinator, Admissions Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, Environmental Services, Director of Maintenance, Dietary Manager, and the Activities Director.</td>
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<tr>
<td>K018</td>
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<tr>
<td>K051 SS=D</td>
<td>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available.</td>
<td>1. The facility maintenance director installed Cover and Sticker plates around the door hardware to the dining room and storage room at nurses station #1 on 03/10/12. 2. All doors were inspected by the maintenance director on 03/10/12 to insure no gaps were around the door hardware. No other doors were found to be affected. 3. The administrator in-services the maintenance director and the maintenance department on 03/10/12 regarding preventive maintenance and inspection frequency of door hardware to insure no gaps around the door.</td>
<td>4/6/12</td>
</tr>
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</table>
K 051: Continued from page 2
There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6

This STANDARD is not met as evidenced by:
42 CFR 483.70(a)
By observation on 3/8/12 at approximately noon the Fire Alarm Control Panel (FACP) was non-compliant, specific findings include the FACP not wired to a dedicated electrical circuit. The circuit EM1B #4 labeled fire alarm, when turned off, will drop power to the FACP but also the mechanical smoke dampers outside room #9 and #10 will close.

K 062: NFPA 101 LIFE SAFETY CODE STANDARD
Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.3, 4.6.12, NFPA 13, NFPA 25, 9.7.5

This STANDARD is not met as evidenced by:
42 CFR 483.70(a)
By observation on 3/8/12 at approximately noon the required automatic sprinkler system was non-compliant, specific findings include documentation of the sprinkler certification.
<table>
<thead>
<tr>
<th>(X4) PREFIX TAG</th>
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<tbody>
<tr>
<td>K 082</td>
<td>Continued From page 3 deficiencies are as follows:</td>
<td>K 067</td>
<td></td>
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<td></td>
<td>A. &quot;Engineering survey of the central supply and staff lounge room on spacing of sprinkler heads&quot; should be evaluated.</td>
<td></td>
<td>1. The sprinkler heads were evaluated in central supply and the staff lounge. Two sprinkler heads were plugged in central supply and one sprinkler head was plugged in the staff lounge on 03/09/12. The sprinklers are spaced appropriately.</td>
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<td></td>
<td>B. &quot;Replace painted sprinkler head&quot; in unit coordinators office.</td>
<td></td>
<td>The maintenance Director installed a new sprinkler head in the Unit Coordinator office on 03/09/12.</td>
</tr>
<tr>
<td>K 087 SS-06</td>
<td>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</td>
<td></td>
<td>2. The facility maintenance director inspected all sprinkler heads on 03/09/12 to insure that all sprinkler heads were spaced according to specification. All sprinkler heads were inspected for paint on 03/09/12 to insure there was no paint on other sprinkler heads.</td>
</tr>
<tr>
<td></td>
<td>This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 3/6/12 at approximately noon the following Heating, Ventilating, and Air Conditioning system (HVAC) was non-compliant; specific findings include:</td>
<td></td>
<td>3. The administrator in-serviced the maintenance director and the maintenance department on 03/09/12 regarding preventative maintenance and inspection frequency of sprinkler heads. This inspection will be conducted weekly for three weeks and then monthly for three months and/or 100% compliance by the Maintenance Director.</td>
</tr>
<tr>
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<td>A. The HVAC system did not shut down with fire alarm activation.</td>
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<td>B. There was not an emergency shut down switch located at a readily observed station.</td>
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<td>C. The facility was using the corridor as a return air plenum. Note: If a waiver is requested, the provider must certify that the following conditions are met: (1) Air handling units must be equipped with smoke detectors. (2) There must be a complete corridor smoke detection system. (3)</td>
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</table>
### Statement of Deficiencies and Plan of Correction

<table>
<thead>
<tr>
<th>Deficiency</th>
<th>Description</th>
</tr>
</thead>
</table>
| K 067      | Continued From page 4  
Smoke detectors must be wired to the fire alarm system. (4) Fire alarm system must shut down all air handling units when activated. |
| K 069      | NFPA 101 LIFE SAFETY CODE STANDARD  
Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 |

This STANDARD is not met as evidenced by:  
42 CFR 483.70(a)  
By observation on 3/8/12 at approximately noon the facility's cooking system was not protected in accordance with NFPA 96 - Ventilation Control and Fire Protection of Commercial Cooking Operations. The kitchen hood had grills that did not cover the length of the exhaust hood and did not have a drip pan. |

<table>
<thead>
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| K 072      | NFPA 101 LIFE SAFETY CODE STANDARD  
Means of egress are 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 obstruct exits, access to, egress from, or visibility of exits. 7.1.10 |

This STANDARD is not met as evidenced by:  
42 CFR 483.70(a)  
By observation on 3/25/09 at approximately noon the following means of egress was observed as noncompliant: specific findings include corridor door to storage room between exit #10 and the independent dining room swing into the corridor without a listed closure and the door does not.

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4. The inspection results will be brought to and reviewed monthly in our Quality Assurance Performance Improvement Committee by the Maintenance Director. The Quality Assurance Performance Improvement Committee consists of the Administrator, the Director of Nursing, Staff Development Coordinator, MDS Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, Director of Maintenance, Dietary Manager, and the Activities Director.

K 067  
1. Simplex Grinnell evaluated the HVAC system on 03/19/12.  
2. Simplex Grinnell will install relays and emergency shutdown button on 04/06/12 to ensure the HVAC system will shut down.  
3. We are requesting a waiver for K067 and submit the following:  
a. Simplex Grinnell to install two smoke detectors in air handling units on 4/6/12.  
b. There is a complete corridor smoke detector system tied into the fire alarm system.  
c. Air handlers shut down upon activation of the fire system by installation of relays by simplex Grinnell on 4/6/12.  
d. The fire alarm system will shut down all air handling units when activated, installation of smoke detectors and relays on 4/6/12.
K 072 Continued From page 5
swing 180 degrees but leaves a projection into
the corridor. NFPA 7.2.1.4.4 states during its
swing, any door in a means of egress shall leave
not less than one-half of the required width of an
gle, corridor, or landing unobstructed and shall
not project more than 7 in. (17.8 cm) into the
required width of an aisle, corridor, passageway,
or landing, when fully open.

4. The maintenance director will
press the emergency shutdown button to
ensure the HVAC system will shut down.
This audit will be conducted weekly during
two weeks, then monthly three to
two months. The results of this audit will be
brought to and reviewed by the
maintenance director in the monthly
Quality Assurance Performance
Improvement Committee meeting. The
Quality Assurance Performance
Improvement Committee consists of the
Administrator, the Director of Nursing,
Staff Development Coordinator, MDS
Coordinator, Admission Coordinator,
Rehabilitation Manager, Medical Director,
Director of Social Services, Environmental
Services, Director of Maintenance, Dietary
Manager, and the Activities Director.

K 069

1. The facility maintenance director installed a
stainless steel strip to cover the length
of the exhaust hood and drip pan were
installed on each end on 03/15/12.

2. The facility maintenance director re-
spected the installation of the stainless
steel strip and drip pans on 05/16/12 to
ensure all areas of kitchen hood/exhaust
were covered.

3. The administrator in-serviced the
maintenance director and the maintenance
department on 03/15/12 regarding
preventive maintenance and inspection
frequency of the kitchen hood.
### K 072

**Continued From page 5**

swinging 180 degrees but leaves a projection into the corridor. NFPA 7.2.1.4.4 states during its swing, any door is a means of egress shall leave not less than one-half of the required width of an aisle, corridor, or landing unobstructed and shall not project more than 7 in. (17.8 cm) into the required width of an aisle, corridor, passageway, or landing, when fully open.

<table>
<thead>
<tr>
<th>ID</th>
<th>PROVIDER/SupPLIER/Organization IDENTIFICATION NUMBER:</th>
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<tbody>
<tr>
<td>K 072</td>
<td>346070</td>
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<tr>
<td>K 072</td>
<td>The kitchen/exhaust hood will be inspected weekly times four weeks and then monthly for two months and/or 100% compliance by the Maintenance Director. The inspection results of this audit will be brought to and reviewed by the maintenance director in the monthly Quality Assurance Performance Improvement Committee meeting. The Quality Assurance Performance Improvement Committee consists of the Administrator, the Director of Nursing, Staff Development Coordinator, MDS Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, Environmental Services, Director of Maintenance, Dietary Manager, and the Activities Director. K 072</td>
<td></td>
<td></td>
<td>4/6/12</td>
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</table>

1. The adjustable door closures for the corridor door to storage room between exit # 10 and the independent dining room was installed on 03/09/12 by the Maintenance Director.
2. All facility door closures were inspected by the Maintenance Director on 03/09/12.
3. The administrator in-serviced the maintenance director and maintenance department on 03/09/12 regarding inspection frequency of door closures.
4. All door closures will be inspected once weekly for three weeks and then monthly for three months by the Maintenance Director and/or 100% compliance. The inspection results will be brought to and reviewed monthly in our Quality Assurance Performance Improvement Committee by the Maintenance Director. The Quality Assurance Performance Improvement Committee consists of the Administrator, the Director of Nursing, Staff Development Coordinator, MDS Coordinator, Admission Coordinator, Rehabilitation Manager, Medical Director, Director of Social Services, Environmental Services, Director of Maintenance, Dietary Manager, and the Activities Director.