<table>
<thead>
<tr>
<th>(X4) ID PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>(X5) COMPLETION DATE</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS: no deficiencies were cited as a result of the recertification and complaint survey. evt #C2MZ11.</td>
<td>F 000</td>
<td></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.
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<tr>
<th>ID</th>
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<th>Summary Statement of Deficiencies</th>
<th>Provider's Plan of Correction</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 012</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>SS=D</td>
<td>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</td>
<td>Jacob's Creek Healthcare and Rehabilitation acknowledges receipt of the Statement of Deficiencies and purpose this Plan of Correction to the extent that the summary of findings is factually correct and in order to maintain compliance with applicable rules and provisions of the quality of care of residents. The Plan of Correction is submitted as a written allegation of compliance. Jacob's Creek's response to this Statement of Deficiencies and Plan of Correction does not denote agreement with the Statement of Deficiencies nor that any deficiency is accurate. Further, Jacob's Creek reserves the right to refute any of the Deficiencies through Informal Dispute Resolution, formal appeal procedures and/or any other administrative or legal proceeding.</td>
<td>5/15/12</td>
</tr>
<tr>
<td>K 029</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>SS=D</td>
<td>One hour fire rated construction (with ¾ 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</td>
<td></td>
<td>5/15/12</td>
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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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<tr>
<td>K 038</td>
<td>ID</td>
<td>PRE-</td>
<td>Continued From page 1 accessible at all times in accordance with section 7.1. 19.2.1</td>
<td>K 029 A closer was placed on the door to the dry storage room in the kitchen on 4/13/2012. A building wide audit was conducted checking all doors on 4/16/2012. No other issues were identified. Walking rounds will be completed by maintenance staff monthly to identify any areas of non-compliance. Issues will be reported to administrator and corrected at the time of audit. The safety committee will continue to meet monthly reviewing the results of walking rounds to identify any further issues related to building plant safety.</td>
</tr>
<tr>
<td>K 050</td>
<td>ID</td>
<td>SS-D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</td>
<td>K 050 NFPA 101 LIFE SAFETY CODE STANDARD</td>
</tr>
<tr>
<td>K 062</td>
<td>ID</td>
<td>SS-D</td>
<td>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.8.12, NFPA 13, NFPA 25, 9.7.5</td>
<td>K 062</td>
</tr>
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This STANDARD is not met as evidenced by:
A. Based on observation on 04/12/2012 the special locking (magnetic lock) did not have an on and off switch on the kitchen side of the door. 42 CFR 483.70 (a)

This STANDARD is not met as evidenced by:
A. Based on observation on 04/12/2012 the staff interviewed did not know the fire drill procedure. 42 CFR 483.70 (a)
K 062 Continued From page 2

This STANDARD is not met as evidenced by:

A. Based on observation on 04/12/2012 the sprinkler heads in the over hang in the can wash area and the kitchen were covered with corrosion. Have contractor confirm that these are ok or do they need to be replaced.

42 CFF 483.70 (a)

K 062

The known employees involved in the survey received one-on-one training at the time of the survey.

Fire drill procedure was inserviced with all staff on 4/26/2012 and again on 5/10/2012. All staff will be required to take part in the inservicing.

Maintenance in conjunction with administrative staff will conduct a fire drill weekly for the next four weeks. At that time results will be reviewed and a determination made regarding how often fire drills are to be continued with a minimum of monthly on-going.

The fire drill results will be audited by the administrator as completed X90 days and on-going in conjunction with safety committee. Any issues of non-compliance will result in continual retraining or other intervention as deemed appropriate.

K 062

The sprinkler inspection to include replacing the corroded sprinkler heads in the can wash and kitchen area is scheduled for 5/1/2012.

A building wide audit will be completed at that time to identify any other sprinkler heads with corrosion problems. They will be replaced at that time.
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. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

This STANDARD is not met as evidenced by:
A. Based on observation 04/12/2012 the sprinkler head in the 500 hall mech. room was corroded have the contractor verify these are ok

42 CFR 483.70 (a)

The maintenance director will round a minimum of quarterly, looking at all sprinkler heads in facility. Any issues of corrosion will be reported to the sprinkler company for follow-up.

Audit results and Sprinkler inspections will be included in Safety committee and will be discussed and reviewed at that time. The administrator will follow-up on any issues of non-compliance to ensure that sprinkler system is in good operating order and is being inspected and tested routinely.

K 062

The sprinkler inspection to include replacing the corroded sprinkler heads in the 500 hall mechanical room is scheduled for 5/1/2012.

A building wide audit will be completed at that time to identify any other sprinkler heads with corrosion problems. They will be replaced at that time.

The maintenance director will round a minimum of quarterly, looking at all sprinkler heads in facility. Any issues of corrosion will be reported to the sprinkler company for follow-up.

Audit results and Sprinkler inspections will be included in Safety committee and will be discussed and reviewed at that time. The administrator will follow-up on any issues of non-compliance to ensure that sprinkler system is in good operating order and is being inspected and tested routinely.