<table>
<thead>
<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>No deficiencies were cited as a result of the complaint investigation Event ID#WSL911.</td>
<td>F 000</td>
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</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.
<table>
<thead>
<tr>
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</tr>
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<tbody>
<tr>
<td>K 052</td>
<td>SS=D</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>K 066</td>
<td>SS=D</td>
<td>SEE ATTACHED</td>
<td></td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</td>
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This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By documentation review on 5/16/12 at approximately noon the following fire alarm devises and components were noted as: non-compliant: specific findings include:

A. Documentation read as: The sync module is bad. Sound test not good.

B. Documentation read as: Batteries in FCPS on right is bad.

NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:

(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING.
<table>
<thead>
<tr>
<th>ID PREFIX TAG</th>
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<th>PROVIDER'S PLAN OF CORRECTION</th>
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<tr>
<td>Continued From page 1</td>
<td>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</td>
<td>(X3) COMPLETION DATE</td>
<td>K 066</td>
</tr>
<tr>
<td>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</td>
<td>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</td>
<td></td>
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</tr>
<tr>
<td>This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 5/16/12 at approximately noon the following smoking regulations were observed as non-compliant: specific findings include; ashtrays of noncombustible material and safe design per paragraph 3 above were not provided. NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</td>
<td>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99</td>
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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: WSL921 Facility ID: 923544
<table>
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<tr>
<th>K 076</th>
<th>Continued From page 2 4.3.1.1.2, 19.3.2.4</th>
</tr>
</thead>
<tbody>
<tr>
<td>K 143</td>
<td>SS=D</td>
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</tbody>
</table>

This STANDARD is not met as evidenced by:

42 CFR 483.70(a)

By observation on 5/16/12 at approximately noon the oxygen storage was non-compliant, specific findings include:

A. Full and empty oxygen cylinders were stored without signage in the first floor biohazard room. If stored within the same enclosure, empty cylinders shall be segregated and designated (with signage) from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurriedly. [NFPA 99 4-3.5.2.2b(2)]

B. By observation, helium cylinders were not properly chained or supported in a proper cylinder stand or cart. [NFPA 99 4-3.5.2.1b(27)] This item was corrected on site.

NFPA 101 LIFE SAFETY CODE STANDARD

Transferring of oxygen is:

(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;

(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and
<table>
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<tr>
<th>K 143</th>
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<tr>
<td></td>
<td>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</td>
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</table>

This STANDARD is not met as evidenced by:
42 CFR 483.70(a)
By observation on 5/16/12 at approximately noon the following liquid oxygen regulations were observed as non-compliant: specific findings include;

A. The room was not separated with 1-hour fire resistive construction.

B. The room was not mechanically ventilated to the outside and the floor was not ceramic or concrete.
K 052: Fire Alarm and Batteries:

- Fire Company that tested the system on 05/14/2012 noted the sync node was in need of replacement. This replacement was approved by the Maintenance Director on 5/14/12. The part was then ordered by Madre Systems and the installation was completed on 5/21/12. The batteries were ordered on 5/8/12 and replaced on 5/31/12 by the same fire company.
- Weekly PM will be conducted to ensure that compliance is met and that fire alarm sync is functioning appropriately.
- Education with staff will be conducted by the Maintenance Director or designee.
- Compliance will be discussed and monitored through the monthly QA for 3 months and quarterly thereafter.
- Compliance was met on 5/31/12

K 066: Improper ash tray was noted in smoking area.

- An ash tray of Non combustible material and of safe design was placed in the smoking area.
- Monitoring per shift to ensure that the ash tray is used appropriately and is in good repair.
- Education with staff will be conducted by the Maintenance director or designee on condition and emptying of ash tray and to report to maintenance the need for replacement.
- Compliance will be discussed and monitored through the monthly QA for 3 months and quarterly thereafter.
- Compliance was met on 6/1/2012

K 076: Medical Gas

- Oxygen tanks are separated and stored in secured racks with proper labeling for full and empty.
- Monitoring of compliance for proper storage will be conducted daily by Maintenance Director or designee.
- Education to the staff will be completed to address proper storage of medical gas.
- Compliance will be discussed in monthly QA for 3 months and quarterly thereafter.
- Compliance was met on 6/1/2012
K 143: storage of liquid oxygen.

- The tile was removed (that exposes the concrete flooring) that will allow the liquid oxygen bases to rest on. A contractor has evaluated the project of venting the current oxygen room. This facility is waiting for that response as to the cost and will proceed when the cost has been determined.
- Maintenance director or designee will educate staff on the proper storage of liquid oxygen and maintaining surrounding area.
- Monitoring will be conducted daily by maintenance director of designee to compliance of storage of liquid oxygen.
- Compliance will be discussed monthly in QA for 3 months and quarterly thereafter until compliance has been met.
- Compliance will be met 6/30/2012