<table>
<thead>
<tr>
<th>F 000</th>
<th>INITIAL COMMENTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>No deficiencies were cited as a result of the recertification survey dated 7/26/12 Event ID# KFP911.</td>
<td>F 000</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.
K 000

INITIAL COMMENTS

This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a), using the Existing Health Care section of the LSC and its referenced publications. This building is Type V construction, one story, with a complete automatic sprinkler system.

The deficiencies determined during the survey are as follows:

NFPA 101 LIFE SAFETY CODE STANDARD

 Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1/4 inch solid banded 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. Doors 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

Roller latches are prohibited by CMS regulations in all health care facilities.

K 018

SS-E

We will repair/replace necessary latching mechanism on the affected doors to ensure proper closure and smoke seal. The maintenance director or his/her designee will inspect daily to prevent recurrent failure. If an issue is identified the maintenance dept. along with director of nursing and his/her staff will take corrective action. Such actions will be reported in Q A Quarterly meeting 8/31/12
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(01) PROVIDER/SUPPLIER/CLA IDENTIFICATION NUMBER:
345474

(02) MULTIPLE CONSTRUCTION
A. BUILDING 01 - MAIN BUILDING 01
B. WING

(05) DATE SURVEY COMPLETED
08/23/2012

(04) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL, REGULATORY OR LSC IDENTIFYING INFORMATION)

K 018 Continued From page 1
approximately 2:30 pm onward, the following items were noncompliant, specific findings include: living and dining room door did not latch for smoke tight seal.

K 038
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:
Based on observations and staff interview at approximately 2:30 pm onward, the following items were noncompliant, specific findings include: on interview with staff, staff could not located emergency release switch for locking doors.

K 096
NFPA 101 LIFE SAFETY CODE STANDARD
If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper

K 018 Beginning August 30, 2012 our staff development director will provide group and individual in service for all employees to ensure the location and purpose of the Master Door Release is known. The in service will provide information on proper procedure of emergency egress. The in service will be mandatory for all staff and an integral part of new employee orientation.

K 038
8/31/12

K 096
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

NAME OF PROVIDER OR SUPPLIER: FRIENDS HOMES WEST

<table>
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<tr>
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<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
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<tbody>
<tr>
<td>K056</td>
<td>Continued From page 2 switches, which are electrically connected to the building fire alarm system. 19.3.6</td>
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This STANDARD is not met as evidenced by: Based on observations and staff interview at approximately 2:30 pm onward, the following items were noncompliant, specific findings include: facility could not provide proper documentation that 3 year full flow test and 5 year obstruction investigation has been preformed.

42 CFR 483.70(a)

<table>
<thead>
<tr>
<th>ID TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
</tr>
</thead>
<tbody>
<tr>
<td>K056</td>
<td>After reviewing our inspection records for 2011 it was found that Sunland did perform the required 3 year flow test on November 30, 2011 (included) Maintenance director and his/her designee have been instructed on proper document review and filing procedures. The 6 year obstruction test is scheduled for 9/10/12.</td>
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<table>
<thead>
<tr>
<th>COMPLETION DATE</th>
<th>8/31/12</th>
</tr>
</thead>
<tbody>
<tr>
<td>COMPLETION DATE</td>
<td>9/10/12</td>
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