<table>
<thead>
<tr>
<th>ID</th>
<th>TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LGC IDENTIFYING INFORMATION)</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</td>
<td>The facility is in compliance with the requirements of 42CFR PART 483, Subpart B for Long Term Care Facilities (General Health Survey). Event LUJZ11</td>
</tr>
<tr>
<td>F 000</td>
<td>PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</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.
### INITIAL COMMENTS

Surveyor: 27871
This Life Safety Code (LSC) survey was conducted as per The Code of Federal Register at 42 CFR 483.70(a); using the 2000 New Health Care section of the LSC and its referenced publications. This building is Type III-protected construction one story, with a complete automatic sprinkler system. The facility is using Delayed Egress system.

The deficiencies determined during the survey are as follows:

#### K 067

**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. 9.2, 18.5.2.1, 18.5.2.2, NFPA 80A

This STANDARD is not met as evidenced by:

Surveyor: 27871
Based on observation and staff interview at 10:30 am onward, the following Life Safety Code item was observed as noncompliant; specific findings include; fire/smoke dampers in return vents in rehab area has excess lint on damper (facility wide).

#### K 000

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**NFPA 101 LIFE SAFETY CODE STANDARD**

Cooking facilities are protected in accordance with 9.2.3, 18.2.2.6, NFPA 96

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**K 067 Fire/Smoke dampers in return vents in rehab area and all over the building have been cleaned. We have added this item to our monthly TELS program of preventive maintenance for future follow up. This facility alleges compliance with K067 on 2/19/2013. Compliance will be monitored monthly by our TELS program through monthly QAPI meetings.**

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**K 069 Fire/Smoke dampers in return vents in rehab area and all over the building have been cleaned. We have added this item to our monthly TELS program of preventive maintenance for future follow up. This facility alleges compliance with K067 on 2/19/2013. Compliance will be monitored monthly by our TELS program through monthly QAPI meetings.**

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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 patient. (See Instructions.) Except for nursing homes, the findings stated above are decodable 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 decodable 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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**Administrative**

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**Event ID: LU2Z21**

**Facility ID: 970977**

**Page 03/04**

**SILVERSTREAM OFFICE**

**93/11/2013 14:15 9102510760**
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<tr>
<td>K069</td>
<td>Continued From page 1</td>
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</table>

This STANDARD is not met as evidenced by:
Surveyor: 27871
Based on observation and staff interview at 10:30 am onward, the following Life Safety Code item was observed as noncompliant; specific findings include:
1. Facility could provide documentation on hood system being cleaned.
2. Deep fryer does not have splash guards.

42 CFR 483.70(a)

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<tr>
<td>K069</td>
<td>K069 1. We have changed the company we hired to do a professional cleaning of the hoods in the kitchen to BFPE, a more reliable company, who will clean the hoods twice yearly. This facility alleges compliance with K069 on 2/19/2013. Compliance will be monitored monthly through QAPI program. 2/19/13</td>
</tr>
<tr>
<td></td>
<td>K069 2. The deep fryer had splashguards added on 2/19/2013. This facility alleges compliance with K069 2. on 2/19/2013 and compliance will be monitored through our QAPI program monthly. 2/19/13</td>
</tr>
</tbody>
</table>