<table>
<thead>
<tr>
<th>X4 ID</th>
<th>PREFIX TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES</th>
<th>ID PREFIX TAG</th>
<th>PROVIDER'S PLAN OF CORRECTION</th>
<th>(X5) COMPLETION DATE</th>
</tr>
</thead>
<tbody>
<tr>
<td>F 000</td>
<td>INITIAL COMMENTS</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>
<td>F 000</td>
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</tbody>
</table>
**K 000 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 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 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, 19.3.3.5.1

This STANDARD is not met as evidenced by:
Surveyor: 27871
Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include; the fire barrier wall going into 700(by rooms 712 & 713) hall has an opening that is not sealed to maintain the construction type.

**K 012 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 1/2 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes.

**K 012**

No residents were specifically identified as having been affected by this alleged deficient practice.

For residents having the potential to be affected by this deficient practice, the facility has completed the following repair related to:

Opening in the fire barrier wall in rooms 712 and 713 has been repaired by covering with approved sheetrock and sealed with fire caulk.

The Maintenance Supervisor has inspected all the fire rated walls and ceilings in the facility to ensure there are no unsecured penetrations. Any penetrations identified by the inspection will be repaired.

To ensure compliance, the Maintenance Supervisor shall inspect all fire rated walls and ceilings monthly for three months and quarterly thereafter.

**FORM CMS-2587(08-99) Previous Versions Obsolete**

Event ID: LT0921
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If continuation sheet Page 1 of 4

**DATE: 11/11/2013**
Continued from page 1

K 018

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. Ducted doors meeting 19.3.5.3 are permitted. 19.3.5.3

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

K 029

SS=E

This STANDARD is not met as evidenced by:

Surveyor: 27871

Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include: medical records door being held open with rubber wedge (500 Hall).

K 029

NFPA 101 LIFE SAFETY CODE: STANDARD

One hour fire rated construction (with 1/2 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
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<th>ID</th>
<th>Summary Statement of Deficiencies</th>
<th>Provider's Plan of Correction</th>
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<tbody>
<tr>
<td>K029</td>
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<tr>
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<td>No residents were specifically identified as having been affected by this alleged deficient practice.</td>
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<td>K062</td>
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**42 CFR 483.70(a)**

**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:

Surveyor: 27871

Based on observations and staff interview at approximately 8:30 am onward, the following items were noncompliant, specific findings include:

1. Sprinkler heads in kitchen are corroded.
2. Sprinkler head by treatment room on 600 hall has paint on pendant.
3. Sprinkler heads throughout facility have excess lint build up on pendant.

**Sprinkler heads in the Idahoan area are scheduled to be replaced by contractor Advanced Fire Designs the week of November 18, 2013.**

**Sprinkler heads noted in the treatment room on 600 hall covered with paint is scheduled to be replaced by contractor Advanced Fire Designs the week of November 18, 2013.**

**Sprinkler heads noted to have excess lint build up will be cleaned. Maintenance Supervisor will implement inspection of all sprinkler heads to be completed on a monthly basis.**

To ensure compliance, the Maintenance Supervisor shall inspect all sprinkler heads monthly for compliance and quarterly thereafter.