The facility is in compliance with the requirements of 42 CFR Part 483, Subpart B for Long Term Care Facilities (General Health Survey) Recertification Survey conducted on 9/18/13. Event ID BMSF11.

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.
# Department of Health and Human Services
## Centers for Medicare & Medicaid Services

### Statement of Deficiencies and Plan of Correction

<table>
<thead>
<tr>
<th>[X4] ID</th>
<th>[X5] Date Survey Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>K000</td>
<td></td>
</tr>
</tbody>
</table>

#### 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 V construction, one story, with a complete automatic sprinkler system.

The deficiencies determined during the survey are as follows:

**K067**

**NFPA 101 LIFE SAFETY CODE STANDARDS**

Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2

**K069**

**NFPA 101 LIFE SAFETY CODE STANDARDS**

Cooking facilities are protected in accordance with 9.2.3, 19.3.2.5, NFPA 96

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Laboratory Director's or Provider/Supplier Representative's Signature: [Signature]

**Director**

11-19-13

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.
This STANDARD is not met as evidenced by: Surveyor: 27871
Based on observations and staff interview at approximately 9:00 am onward, the following items were noncompliant, specific findings include: deep fryer in kitchen is not 16 inches from adjacent equipment. Therefore, splash guard's be installed at a minimum of 8 inches on fryer.

42 CFR 483.70(a)

<table>
<thead>
<tr>
<th>K 069</th>
<th>Continued From page 1</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>K 069. 1. The splash guard has been installed.</td>
</tr>
<tr>
<td></td>
<td>2. There are no more deep fryers in use in the kitchen.</td>
</tr>
<tr>
<td></td>
<td>3. The dietary supervisor (Lorna Kelly) will be responsible for issuing a work order for a splash guard if another deep fryer is installed in the kitchen.</td>
</tr>
<tr>
<td></td>
<td>4. It is not necessary to add this to our quality assurance program.</td>
</tr>
<tr>
<td></td>
<td>5. Completion date for this tag is 11-18-13.</td>
</tr>
</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 V construction, one story, with a complete automatic sprinkler system.

No deficiencies were determined during the survey:

42 CFR 483.70(a)