PRINTED: 12/29/2011 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	į i	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(X3) DATE SURVEY COMPLETED		
				B. WING			11/17/2011	
	ROVIDER OR SUPPLIER	REHABILITATION CENTER	<u> </u>	2	REET ADDRESS, CITY, STATE, ZIP CODE 150 LOVERS LANE NASHINGTON, NC 27889	1 121	772011	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 000	The facility is in co- requirements of 42 Long Term Care Fa		F	0000				
	A UIBECTUBIS UB BBUME	SERISTIPPI IER REPRESENTATIVE'S SIGI	MATURE		TITLE		(X6) DATE	

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.

PRINTED: 12/12/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION 2 8 2011 (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: A, BUILDING 01 - MAIN BUILDING 01 B. WING 345215 12/07/2011 NAME OF PROVIDER OR SUPP STREET ADDRESS, CITY, STATE, ZIP CODE 250 LOVERS LANE RIVER TRACE NURSING AND REHABILITATION CENTER WASHINGTON, NC 27889 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 012 K 012 NFPA 101 LIFE SAFETY CODE STANDARD Building construction at nurses station attic access will be corrected by the SS≃D addit; ion of rated dry wall in missing Building construction type and height meets one sections. Maintenance will inspect of the following, 19.1.6.2, 19.1.6.3, 19.1.6.4, other attic accesses and correct as 19.3.5.1 necessary. Maintenance will monitor 01-20-12 for continued compliance. This STANDARD is not met as evidenced by: Surveyor: 27871 Based on observations and staff interview approximately 8:30 am onward, the following Items were noncompliant, specific findings include: the 1 hour rated smoke wall in attic has large sections of rated dry wall missing. The 1 hour smoke wall must be maintained to meet the building construction of facility(access to attic was at nurse station). 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD K 018 K 018 Resident bedroom doors for rooms 100 SS≃D Doors protecting corridor openings in other than and 202 have been adjusted to close and required enclosures of vertical openings, exits, or latch for a smoke tight seal. Doors to hazardous areas are substantial doors, such as 300 Hall soiled linen room and to those constructed of 1% inch solid-bonded core resident room 327 have been adjusted to wood, or capable of resisting fire for at least 20 close and latch for a smoke tight seal. minutes. Doors in sprinklered buildings are only Other facility doors will be inspected required to resist the passage of smoke. There is and corrected as necessary. no impediment to the closing of the doors. Doors Maintenance will monitor for continued are provided with a means suitable for keeping 01-20-12 compliance. 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. LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE

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.

FORM CMS-2567(02-99) Previous Versions Obsolute

Event ID: FI7K21

Facility ID: 923036

If continuation sheet Page 1 of 8

STATEMENT AND PLAN O	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ultipi Lding	E CONSTRUCTION 01 - MAIN BUILDING 01	COMPLE	
		345215	B. WIN	IG		12/07	//2011
	ROVIDER OR SUPPLIER	REHABILITATION CENTER	. •	250	ET ADDRESS, CITY, STATE, ZIP CODE) LOVERS LANE ASHINGTON, NC 27889		·
(X4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	COMPLETION DATE
K 018	Continued From pa		K)18			
	Surveyor: 27871 Based on observat approximately 8:30 items were noncon include: resident be not close and latch solled linen room d	is not met as evidenced by: lons and staff interview at am onward, the following apliant, specific findings edroom door 100 and 202 did for smoke tight seal. Also loor on 300 hall and resident age room door did not latch.		ALALAHAN MENENDENDENDENDENDENDENDENDENDENDENDENDEN			
K 027 SS=E	Door openings in s 20-minute fire prote 1¾-inch thick solid protective plates th from the bottom of Horizontal sliding d Doors are self-clos accordance with 18 not required to swii	moke barriers have at least a section rating or are at least bonded wood core. Non-rated at do not exceed 48 inches the door are permitted. loors comply with 7.2.1.14. ling or automatic closing in 0.2.2.2.6. Swinging doors are not with egress and positive lired. 19.3.7.5, 19.3.7.6,	K	027	Smoke doors in smoke barrier of and 300 halls have been adjusted close for a smoke tight seal to put the spread of smoke. Other smotharrier doors will be inspected a adjusted as necessary. Maintena will monitor for continued comparts.	d to revent oke and ance	01-20-12
	Surveyor: 27871 Based on observat	is not met as evidenced by: lions and staff interview at am onward, the following					

CENTERS FOR MEDICARE & MEDICAID SERVICES		OVOLULE T	IPLE CONSTRUCTION	(X3) DATE SURVEY	
STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	NG 01 - MAIN BUILDING 01	COMPLETED
		345215	B, WING_		12/07/2011
	PROVIDER OR SUPPLIER		1 :	REET ADDRESS, CITY, STATE, ZIP CODE 250 LOVERS LANE WASHINGTON, NC 27889	
IZIA PULL	• •		ID	DROVIDER'S PLAN OF CORREC	TION (X5) COMPLETION
(X4) ID PREFIX TAG	I WASHINGTON OF THE PROPERTY O	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	
K 027	items were noncor	mpliant, specific findings ors in smoke barrier on 100 ot close for smoke tight seal to	K 027	7	
K 038 SS≃E	E v in orre	AFETY CODE STANDARD Inged so that exits are readily mes in accordance with section	K 03	Exit handles to beauty shop, al closets, dietary office, and dry room have been replaced with that do not require two motion hand to open to exit egress. Si doors throughout the building inspected and handles replaced necessary. Mainatenance will for continued compliance.	storage handles s of the imilar have been d as
	Surveyor: 27871 42 CFR 483.70(a interview at appro- following items w			TOI COMMING COMPANIES.	
K 04 \$\$=	Illumination of modischarge, is arrealighting fixture (b	o) SAFETY CODE STANDARD seans of egress, including exitenged so that fallure of any single ulb) will not leave the area in does not refer to emergency lance with section 7.8.) 19.2.8	К0	Illumination of means of egree been corrected in 200 hall So with new emergency lighting areas of the building have been inspected and corrected as new Maintenance will monitor for compliance.	larium , Similar en ecessary.
1	1				Wartier shoot Dage 3 of

STATEMENT OF DEFICIENCIES (X1) PROVIDERSUPPLIER/CLIA		(X2) M	ULTIF	PLE CONSTRUCTION	(X3) DATE SURVEY		
AND PLAN C	ID PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BU			COMPLE	IED
		345215	B. Wil			12/0	7/2011
NAME OF PROVIDER OR SUPPLIER RIVER TRACE NURSING AND REHABILITATION CENTER				25	EET ADDRESS, CITY, STATE, ZIP CODE 50 LOVERS LANE VASHINGTON, NC 27889	`.	
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X6) COMPLETION DATE
K 045	Continued From pa This STANDARD Surveyor: 27871 Based on observat approximately 8:30	ge 3 s not met as evidenced by: lons and staff interview at am onward, the following	K	045			
K 056 SS=F	items were nonconinclude: Solarium repatients in darknes 42 CFR 483.70(a) NFPA 101 LIFE SA If there is an autominstalled in accordation for the installation oprovide complete obuilding. The system accordance with Ninspection, Testing Water-Based Fire supply for the systems are equipped switches, which are building fire alarm of the systems are equipped switches, which are building fire alarm of the systems are equipped switches, which are building fire alarm of the systems are equipped switches, which are building fire alarm of the systems are equipped switches, which are building fire alarm of the systems are equipped switches, which are building fire alarm of the systems are equipped switches, which are building fire alarm of the systems are equipped systems are equipped switches.	apliant, specific findings from on 200 hall would leave s. AFETY CODE STANDARD Inatic sprinkler system, it is ance with NFPA 13, Standard of Sprinkler Systems, to overage for all portions of the em is properly maintained in FPA 25, Standard for the and Maintenance of Protection Systems. It is fully is a reliable, adequate water em. Required sprinkler of electrically connected to the	К	056	Sprinkler heads throughout the are being inspected and replace necessary to insure heads within are of the same specifications. Switches in the riser room have repaired to emit audible/visual tampered with. Maintenance with monitor for continued compliant	ed as in a zone Tamper been signals if	01-20-12
	1. mix heads throu	gh out facility, provide our					

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CENTERS FOR MEDICARE & MEDICAID SERVICES					(X3) DATE SURVEY		
STATEMEN' AND PLAN (STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IULTIP ILDING	PLE CONSTRUCTION On the main building of	COMPLETED	
345215		B, Wil	4G		12/0	7/2011	
NAME OF PROVIDER OR SUPPLIER RIVER TRACE NURSING AND REHABILITATION CENTER				25	EET ADDRESS, CITY, STATE, ZIP CODE TO LOVERS LANE VASHINGTON, NC 27889		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 056	office with docume compatible.	ntation that heads are did not transmit signal to fire when tested(audible/visual) in	K	056			
K 062 SS≃F	Required automatic continuously maints condition and are in periodically. 19.7 25, 9.7.5 This STANDARD I Surveyor: 27871 Based on observatiapproximately 8:30	a) SAFETY CODE STANDARD atic sprinkler systems are Intained in reliable operating e inspected and tested 9.7.6, 4.6.12, NFPA 13, NFPA D is not met as evidenced by: 1		062	Sprinkler heads throughout the have been inspected and cleane necessary to remove excess lint up. Sprinkler heads in the attic been adjusted to rest parallel wi ceiling sloap. A five year test has been performed by Sunland Protection. Housekeeping and Maintenance will monitor for compliance.	d as build- have th the and flush Fire	01-20-12
K 067 SS=D	items were noncominclude: 1. excess lint build out facility. 2. facility could not system has had five 3. heads in attic are 42 CFR 483.70(a) NFPA 101 LIFE SA Heating, ventilating with the provisions in accordance with	up on sprinkler heads through provide documentation if e year flush or been tested. In not parallel to ceiling sloop. FETY CODE STANDARD , and air conditioning comply of section 9.2 and are installed	К	067			

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES				-1	, 0930-0381
STATEMENT	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1	IULTIPLI ILDING	E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE S COMPLI	URVEY ETED
	and the state of the state of	345215	B. WII	B. WING		12/07/2011	
	ROVIDER OR SUPPLIER	REHABILITATION CENTER		250	T ADDRESS, CITY, STATE, ZIP CODE LOVERS LANE SHINGTON, NC 27889		
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 067	Surveyor: 27871 Based on observati approximately 8:30 items were noncom include: two HVAC not have access do 42 CFR 483.70(a)	s not met as evidenced by: ons and staff interview at am onward, the following upliant, specific findings unit in attic over kitchen did ors to view duct detector tube.			Access doors have been cut intunits in the attice above the kit viewing of the duct detector tu Other HVAC units have been if for same and corrected as nece Maintenance will monitor for compliance.	chen for be. nspected ssary.	01-20-12
K 069 SS=E	Cooking facilities a with 9.2.3. 19.3.2 This STANDARD is Surveyor: 27871 Based on observation approximately 8:30 items were noncominclude: deep fat fry Also based upon of survey the kitchen with the survey the kitchen in the survey the surve	re protected in accordance 2.6, NFPA 96 s not met as evidenced by: ons and staff interview at am onward, the following apliant, specific findings wer is not under ansul system. Deservation at the time of the was experiencing a sever	K	069	Kitchen equipment has been reunder the hood system to insurfryers sit directly under an ansuhead. Air exhaust and intake hadjusted to eliminate negative a pressure. Dietary Manager or and Maintenance will monitor continued compliance.	e deep fat il system as been air designee	12-09-11
K 072 SS=E	Means of egress at of all obstructions of use in the case of f furnishings, decora	FETY CODE STANDARD re continuously maintained free or impediments to full instant free or other emergency. No tions, or other objects obstruct ress from, or visibility of exits.	K	072			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345215		A. BUIL	ILTIPLE CONSTRUCTION DING 01 - MAIN BUILDING 01 3	(X3) DATE SUR\ COMPLETE	D	
NAME OF F	PROVIDER OR SUPPLIER	345215 REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP 250 LOVERS LANE	12/07/2 CODE	011
(X4) ID PREFIX TAG	SUMMARY STA	ATEMENT OF DEFICIENCIES. Y MUST BE PRECEDED BY FULL. SC IDENTIFYING INFORMATION)	ID PREFIX	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) OMPLETIOI DATE
K 072	This STANDARD Surveyor: 27871 Based on observat approximately 8:30 items were noncon include: storage of corridor by PT bloc egress. 42 CFR 483.70(a) NFPA 101 LIFE SA Draperies, curtains and other loosely h serving as furnishir care occupancies a provisions of 10.3. the installation of S curtains are in acco Newly introduced u health care occupa specified when test methods cited in 10 NFPA 13	ls not met as evidenced by ions and staff interview at am onward, the following apliant, specific findings beds and equipment on king exit egress's path to AFETY CODE STANDARD, including cubicle curtains anging fabrics and films anging fabrics and films anging fabrics and films and NFPA 13, Standards prinkler Systems. Shower ordance with NFPA 701. pholstered furniture within accordance with the 0.3.2 (2) and 10.3.3. 19.7 anattresses meet the criteria and in accordance with the 3.2 (3), 10.3.4. 19.7.5.3) K 07	Means of egress will be of obstructions. Hallwa monitored daily to insurstored to block exit to e Housekeeping and Main monitor for continued c	nys will be re no items are gress. ntenance will	2-09-1

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345215 NAME OF PROVIDER OR SUPPLIER RIVER TRACE NURSING AND REHABILITATION CENTER		A. BUILDING	• • • • • • • • • • • • • • • • • • • •	(X3) DATE SURVEY COMPLETED
		STRI 25	STREET ADDRESS, CITY, STATE, ZIP CODE 250 LOVERS LANE WASHINGTON, NC 27889	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE COMPLETION
K 074	Continued From page 7 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: un-treated real pine wraths are on doors on administration hall and a live tree in administrator office. Also many office doors have crepe paper and decorations of combustible material on doors. 42 CFR 483.70(a)	K 074	Untreated pine wreaths on Administrative Hall and live of tree in the Administrator's off been removed. Other Christmeteorations on hallways and combustible materials have be removed. Staff has been rem these types of decorations are violation of code and cannot be the future. Administrator or dwill monitor for continued cor	ice have las loors with loons with linded that a loo used in esignee

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	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUI	LDING	PLE CONSTRUCTION O2 - MAIN BUILDING 02		LETED
NAME OF PROVIDER OR SUPPLIER RIVER TRACE NURSING AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CO 250 LOVERS LANE WASHINGTON, NC 27889			07/2011	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X6) COMPLETION DATE
K 018 SS=D	Doors protecting or required enclosure hazardous areas a those constructed wood, or capable or minutes. Doors in required to resist the no impediment to the are provided with a the door closed. Description are permitted. The Roller latches are printed in all health care fall surveyor: 27871. Based on observation approximately 8:30 items were noncominally items wer	AFETY CODE STANDARD peridor openings in other than so of vertical openings, exits, or re substantial doors, such as of 1% inch solid-bonded core of resisting fire for at least 20 sprinklered buildings are only ne passage of smoke. There is the closing of the doors. Doors means suitable for keeping utch doors meeting 19.3.6.3.6 0.3.6.3 perohibited by CMS regulations cilities. In not met as evidenced by: ons and staff interview at am onward, the following pliant, specific findings ms 500 and 517 did not close tight seal. Also nourishment in the following with wood and opening with wood	. К0		Doors to rooms 500 and 517 adjusted to close and latch fo tight seal. Other doors in this have been inspected and corr close and latch smoke tight an necessary. Maintenance will for continued compliance.	r a smoke s section ected to	01-20-12
SS≔F	Draperies, curtains,	including cubicle curtains,					
ABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN/	ATURE		Administrator	1	(X6) DATE 2-22-11
	<u> </u>				ナチグルバングストロー	ì	6-62-11

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: FI7K21

Facility ID: 923036

If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
			- [ILDIN			
		345215	B. WI	NG		12/	07/2011
	· · · · · · · · · · · · · · · · · · ·	REHABILITATION CENTER		25	EET ADDRESS, CITY, STATE, ZIP CODE 10 LOVERS LANE 'ASHINGTON, NC 27889		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X6) COMPLETION DATE
The state of the s	and other loosely hiserving as furnishin care occupancies a provisions of 10.3.1 the Installation of Sicurtains are in acconverse of Installation of Sicurtains are in acconverse of Installation of Sicurtains are in acconversed in acconverse of Installation of Sicurtains are in acconversed in acconverse of Installation of Sicurtains are in acconversed in acconverse of Installation of Sicurtains are in acconversed in acconverse of Installation of Sicurtains are in acconversed in acconverse of Installation of Sicurtains are in acconversed in acconverse of Installation of Sicurtains are in acconversed in acconverse of Installation of Sicurtains are in acconversed in acconverse of Installation of Sicurtains are in acconversed in acconverse of Installation of Sicurtains are in acconversed in acconverse of Installation of Sicurtains are in acconversed in acconverse of Installation of Sicurtains are in acconversed in acconverse of Installation of Sicurtains are in acconversed in acconverse of Installation of Sicurtains are in acconversed in acconverse of Installation of Sicurtains are in acconversed in acconverse of Installation of Sicurtains are in acconversed in acconverse of Installation of Sicurtains are in acconversed in acconverse of Installation of Installa	anging fabrics and films ags or decorations in health are in accordance with and NFPA 13, Standards for prinkler Systems. Shower rdance with NFPA 701. The pholstered furniture within acies meets the criteria and in accordance with the and 10.3.3. 19.7.5.1, attresses meet the criteria and in accordance with the and 2.2 (3), 10.3.4. 19.7.5.3 The pholstered furniture within acies meets the criteria and in accordance with the and accordance with the accordance with t	K	774	Christmas decorations have been office doors to compliance. Other areas of thave been inspected for same compliance. Administrator of will monitor for continued con	obtain ne building to insure designee	12-28-11