

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/03/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345330	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____	(X3) DATE SURVEY COMPLETED C 05/03/2012
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NAME OF PROVIDER OR SUPPLIER THE GRAYBRIER NURS & RETIREMENT CT	STREET ADDRESS, CITY, STATE, ZIP CODE 116 LANE DRIVE TRINITY, NC 27370
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(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
F 000	<p>INITIAL COMMENTS</p> <p>The facility is in compliance with the requirements of 42 CRF Part 483, Subpart B for Long Term Care Facilities. (General Health Survey).</p>	F 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ 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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/25/2012
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OMB NO: 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345330	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01-MAIN BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/22/2012
NAME OF PROVIDER OR SUPPLIER THE GRAYBRIER NURS & RETIREMENT CT			STREET ADDRESS, CITY, STATE, ZIP CODE 116 LANE DRIVE TRINITY, NC 27370	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K000	INITIAL COMMENTS Surveyor 02249 This Life Safety Code (LSC) survey was conducted as per Title Code of Federal Register at 42CFR 483.70(a), using the Existing Health Care section of the LSC and its referenced publications. This building is Type V(1.1) construction, one story, with a complete automatic sprinkler system. The deficiencies determined during the survey are as follows:	K000		
K012 SS#D	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, 19.2.5.1 This STANDARD is not met as evidenced by Surveyor 02249. Based on observation, on May 22, 2012 at approximately 9:00am onward, there is a hole in the roof/ceiling assembly adjacent to sprinkler pipe penetration - located in resident room #1.	K012	The missing escutcheon ring was replaced in resident room # 1 covering the hole in the roof/ceiling assembly adjacent to the sprinkler pipe penetration. All other escutcheon rings were checked throughout the facility to ensure no holes are present at the areas of sprinkler pipe penetration in the roof/ceiling.	5-22-12 5-22-12
K018 SS#D	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 1/2 inch solid-bonded 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	K018	The Maintenance Director and/or Maintenance Assistant will make monthly rounds to examine all sprinkler heads to ensure no holes are present at the area of sprinkler pipe penetration of the roof/ceiling. Any findings will be documented in the monthly maintenance log. The Maintenance Director will utilize the "2012 Life Safety Plan of Correction Audit Tool" that has been developed to log all findings and corrective actions monthly, if necessary. This report will be reviewed at the quarterly Quality Assurance meetings through the end of the current calendar year.	5-22-12 6-29-12
			The door to resident room # 65 was repaired to ensure the door will close, latch, and seal. All other doors throughout the facility were inspected. Repairs were made where	5-22-12 5-22-12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: *Grith A. King* TITLE: Assistant Administrator 6/8/12 (X6) DATE

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345330	(X2) MULTIPLE CONSTRUCTION: BUILDING: 01 / MAIN BUILDING: 01 BIWING: _____		(X3) DATE SURVEY COMPLETED 05/22/2012
NAME OF PROVIDER OR SUPPLIER THE GRAYBRIER NURS & RETIREMENT CT		STREET ADDRESS, CITY, STATE, ZIP CODE 116 LANE DRIVE TRINITY, NC 27370		
K416 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	DATE COMPLETION DATE
K 018	<p>Continued From page 1:</p> <p>is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.5.6.3.6 are permitted. 19.5.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 02249 Based on observation on May 22, 2012 at approximately 9:00am onward, the door to resident room #65 would not latch.</p> <p>42 CFR 483.70(a)</p> <p>K 032 NFPA 101 LIFE SAFETY CODE STANDARD SS=D</p> <p>Not less than two exits, remote from each other, are provided for each floor or fire section of the building. Only one of these two exits may be a horizontal exit. 19.2.4.1, 19.2.4.2</p> <p>This STANDARD is not met as evidenced by: Surveyor: 02249 Based on observation on May 22, 2012 at approximately 9:00am, the master release</p>	K 018	<p>necessary to ensure all doors will close, latch, and seal.</p> <p>The Maintenance Director and/or Maintenance Assistant will make monthly rounds to examine doors throughout the facility to ensure all doors close, latch, and seal. Any findings will be documented in the monthly maintenance log.</p> <p>The Maintenance Director will utilize the "2012 Life Safety Plan of Correction Audit Tool" that has been developed to log all findings and corrective actions monthly, if necessary. This report will be reviewed at the quarterly Quality Assurance meetings through the end of the current calendar year.</p> <p>K 032</p> <p>The master release switches for the electromagnetic locking arrangements located near the nurse's stations were lowered to a height less than forty-eight inches above the finished floor.</p> <p>All other master release switches for other electromagnetic locking arrangements were checked throughout the facility to ensure they are below forty-eight inches.</p> <p>Master release switches for electromagnetic locking devices have a permanent physical location, therefore monitoring of these is not warranted.</p>	5-22-12 6-29-12 5-23-12 5-23-12 5-23-12

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345330	(X2) MULTIPLE CONSTRUCTION (A) BUILDING: 01 - MAIN BUILDING 01 WING: _____	(X3) DATE SURVEY COMPLETED 05/22/2012
NAME OF PROVIDER OR SUPPLIER THE GRAYBRIER NURS & RETIREMENT CT			STREET ADDRESS, CITY, STATE, ZIP CODE 116 LANE DRIVE TRINITY, NC 27370	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K-032	Continued From page 2 switches for the electromagnetic locking arrangements are located greater than forty-eight inches above the finished floor. Switches are located near the nurse's stations.	K-032	The Maintenance Director and/or Administrator will approve the height of additional master release switches for electromagnetic locking devices in the facility; any additional switches will be reported in the quarterly Quality Assurance meetings.	6-7-12
K-038 SS-D	42 CFR 483.70(a) 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: Surveyor: 02249 Based on observation, on May 22, 2012 at approximately 9:00am onward, exit access doors to the following rooms are equipped with non-passage hardware: 1. closets in patient rooms similar to room #35 2. copy room	K-038	<u>K 038</u> 1. All closet doors in the patient rooms were repaired to make hardware passage hardware. 2. The copier room door was repaired with passage hardware. All other exit access doors in the facility have been checked. Using passage hardware, repairs were made, where necessary. The Maintenance director and/or Maintenance Assistant will make monthly rounds to ensure exit access doors have passage hardware where necessary. Any findings will be documented in the monthly maintenance log. Any findings will be documented in the monthly maintenance log.	5-24-12 6-4-12 6-4-12 6-4-12
K-050 SS-D	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded	K-050	The Maintenance Director will utilize the "2012 Life Safety Plan of Correction Audit Tool" that has been developed to log all findings and corrective actions monthly, if	6-29-12

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NAME OF PROVIDER OR SUPPLIER THE GRAYBRIER NURS & RETIREMENT CT		STREET ADDRESS, CITY, STATE, ZIP CODE 116 LANE DRIVE TRINITY, NC 27970		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	LAST COMPLETION DATE
K-050	<p>Continued From page 3 announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Surveyor: 02249 Based on observation, on May 22, 2012 at approximately 11:30am, there was no third shift drill documented for the first quarter of 2012 and no first shift drill documented for the first quarter of 2011.</p> <p>42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD SS=D A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4.9.6</p>	K-050	<p>necessary. This report will be reviewed at the quarterly Quality Assurance meetings through the end of the current calendar year.</p> <p>K 050</p> <p>The Maintenance Director conducted a fire drill as previously scheduled on first shift. Fire drills will be conducted at least quarterly on each shift. 5-31-12</p> <p>The Administrator and Maintenance Director reviewed fire drill logs for each month of 2011 and 2012. 6-12-12</p> <p>The Administrator will review the fire drill records on at minimum a quarterly basis to ensure fire drills are completed. Fire drills will be conducted at least quarterly on each shift. 6-12-12</p> <p>The Maintenance Director will utilize the "2012 Life Safety Plan of Correction Audit Tool" that has been developed to log all findings and corrective actions if necessary. This report will be reviewed at the quarterly Quality Assurance meetings through the end of the current calendar year. 6-29-12</p> <p>K 051</p> <p>The fire alarm signaling device located on the corridor wall near the Bennett Dining room will be replaced with a new signal by T&S Fire and Security, Inc. 6-11-12</p>	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 345330	(X2) MULTIPLE CONSTRUCTION: A. BUILDING: 015 MAIN BUILDING 01 B. WING: _____	(X3) DATE SURVEY COMPLETED 05/22/2012
NAME OF PROVIDER OR SUPPLIER THE GRAYBRIER NURS & RETIREMENT CT			STREET ADDRESS, CITY, STATE, ZIP CODE 110 LANE DRIVE TRINITY, NC 27370	
(K4) 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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 051	Continued From page 4 This STANDARD is not met as evidenced by Surveyor: 02249 Based on observation on May 22, 2012 at approximately 10:45am, the visual strobe light did not function for the fire alarm signaling device located on the corridor wall near Bennett dining room. 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD 99-D 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 switches, which are electrically connected to the building fire alarm system. 19.3.5 This STANDARD is not met as evidenced by Surveyor: 02249 Based on observation on May 22, 2012 at approximately 9:00am onward, there are no sprinkler(s) in the following areas:	K 051	The Maintenance Director and service technician from T&S Fire and Security, Inc. tested the fire signals. Any defective signals will be replaced with new signals on 6-11-12. The Maintenance Director and/or Maintenance Assistant will conduct monthly rounds to examine fire signals. Fire signals will be replaced as needed. Any findings will be documented in the monthly maintenance log. The Maintenance Director will utilize the "2012 Life Safety Plan of Correction Audit Tool" that has been developed to log all findings and corrective actions if necessary. This report will be reviewed at the quarterly Quality Assurance meetings through the end of the current calendar year. <u>K 056</u> 1. A sprinkler head was added to the automatic sprinkler system in the space containing water closet – central bath beside room # 68. 2. A sprinkler head was added to the automatic sprinkler system at the exit discharge roof canopy on west hall. All other sprinkler heads were inspected throughout the facility. Sprinkler heads were	6-5-12 6-5-12 6-29-12 6-15-12 6-15-12 6-15-12

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NAME OF PROVIDER OR SUPPLIER THE GRAYBRIER NURS & RETIREMENT CT			STREET ADDRESS, CITY, STATE, ZIP CODE 118 LANE DRIVE TRINITY, NC 27370	
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K056	Continued From page 5 1. space containing the water closet - central bath beside resident room #88. 2. exit discharge roof canopy on west hall. 42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD SS=D 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 02249 Based on observation, on May 22, 2012 at approximately 9:00am onward, sprinklers are covered with debris or paint in the following areas: 1. storage room beside laundry room - paint on heat sensitive element of pendent sprinkler 2. exit discharge canopy near room #1 - debris on heat sensitive element of sprinkler.	K056	added to the automatic sprinkler system if needed. The Maintenance Director and/or Maintenance Assistant will make monthly rounds to examine sprinkler heads throughout the facility to ensure all of them are in place. Any findings will be documented in the monthly maintenance log. The Maintenance Director will utilize the "2012 Life Safety Plan of Correction Audit Tool" that has been developed to log all findings and corrective actions if necessary. This report will be reviewed at the quarterly Quality Assurance meetings through the end of the current calendar year.	6-29-12
K062	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 02249 Based on observation, on May 22, 2012 at approximately 9:00am onward, sprinklers are covered with debris or paint in the following areas: 1. storage room beside laundry room - paint on heat sensitive element of pendent sprinkler 2. exit discharge canopy near room #1 - debris on heat sensitive element of sprinkler.	K062	<u>K 062</u> 1. Sprinkler head was replaced with a new sprinkler head in the storage room beside laundry room due to paint on heat sensitive element of pendent sprinkler. 2. Sprinkler head was cleaned near exit discharge canopy near room # 1. Debris was removed from heat sensitive element of sprinkler.	6-29-12
K147	42 CFR 483.70(a) NFPA 101 LIFE SAFETY CODE STANDARD SS=D Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2	K147	All other sprinkler heads throughout the building were inspected for paint and debris and cleaned using a non-chemical cleaning	6-15-12 5-24-12 5-24-12

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NAME OF PROVIDER OR SUPPLIER THE GRAYBRIER NURS & RETIREMENT CT		STREET ADDRESS, CITY, STATE, ZIP CODE 116 LANE DRIVE TRINITY, NC 27370		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K147	<p>Continued From page 6</p> <p>This STANDARD is not met as evidenced by Surveyor #02249</p> <p>Based on observation on May 22, 2012 at approximately 9:00am onward, the facility is not compliant with the National Electrical Code due to the following:</p> <ol style="list-style-type: none"> 1. emergency exit discharge lights are connected to switched circuits at all exits. 2. no emergency lighting identified in Elma Cooper room; existing light can be switched off with no other lighting provide on an unswitched circuit. 3. patient bed in room #69 is not equipped with a minimum of four single or two duplex receptacles - each patient bedroom must be provided with a minimum of two circuits, <p>42 CFR 483.70(e)</p>	K147	<p>method. Sprinkler heads were replaced as needed.</p> <p>The Maintenance Director and/or Maintenance Assistant will conduct monthly rounds to ensure all sprinkler heads are free of paint, debris, or other obstructions. Any findings will be documented in the monthly maintenance log.</p> <p>The Maintenance Director will utilize the "2012 Life Safety Plan of Correction Audit Tool" that has been developed to log all findings and corrective actions if necessary. This report will be reviewed at the quarterly Quality Assurance meetings through the end of the current calendar year.</p> <p>K 147</p> <ol style="list-style-type: none"> 1. Emergency exit discharge lights were disconnected from switched circuit and placed on an un-switched circuit. 2. New lighting was added in the Elma Cooper room on an un-switched circuit. 3. An additional circuit was added to resident room # 69 using hospital grade receptacles. <p>All other emergency lighting were checked to ensure they are on an un-switched circuit; or each resident room has a minimum of</p>	<p>5-24-12</p> <p>6-29-12</p> <p>5-31-12</p> <p>6-13-12</p> <p>6-4-12</p> <p>6-4-12</p>

two duplex receptacles or four single receptacles per resident.

The Maintenance Director and/or Maintenance Assistant will make monthly rounds to ensure emergency lighting is on an un-switched circuit; or each resident room has a minimum of four single or two duplex receptacles per resident. Any findings will be documented in the monthly maintenance log.

6-4-12

The Maintenance Director will utilize the "2012 Life Safety Plan of Correction Audit Tool" that has been developed to log all findings and corrective actions if necessary. This report will be reviewed at the quarterly Quality Assurance meetings through the end of the current calendar year.

6-29-12