DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

(X2) MULTIPLE CONSTRUCTION

B. WING

PREFIX

TAG

PRINTED: 05/21/2012 FORM APPROVED OMB NO. 0938-0391

05/17/2012

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

345185

A:BUILDING

(X3) DATE SURVEY COMPLETED

NAME OF PROVIDER OR SUPPLIER

CHIER LIVING AND BEHAR CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

106 CAMERON STREET

LAKE WACCAMAW, NC 28450

PREMIER LI	VING AND REHAD DETEREN
	SUMMARY STATEMENT OF DEFICIENCIES

PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FOLL REGULATORY OR LSC (DENTIFYING INFORMATION)

PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

(X5) COMPLETION DATE

6/7/12

F 253 SS=D

483.15(h)(2) HOUSEKEEPING & MAINTENANCE SERVICES

The facility must provide housekeeping and maintenance services necessary to maintain a sanitary, orderly, and comfortable interior.

This REQUIREMENT is not met as evidenced

Based on observation, record review and staff interviews the facility failed to ensure that resident 's personal care equipment was labeled and properly stored for 2 of 4 halls observed (Rooms 109/111, 110/112, 201/203, 202/204, 206/208 and 211). The findings include:

1. The facility policy Infection Control: Bedside Equipment-Sanitation dated 2005 under Policy read: " 1. This facility recommends the procurement and utilization of disposable individually provided bedside equipment or utensils. 2. Bedside equipment includes: washbasin. Guidelines: 2. The admitting CNA (Certified Nursing Assistant) will mark each with the resident 's name. 3. These are stored in the resident 's bedside stand."

On 05/15/12 at 11:14 AM an observation of the bathroom shared by 2 residents in rooms 109 and 111 revealed an unlabeled wash basin stored on the back of the commode.

On 05/17/12 at 11:30 AM an unlabeled wash basin was observed on the back of the commode shared by the 2 residents in rooms 109 and 111.

Nursing Assistant #1 stated in an interview on 05/17/12 at 11:35 AM that wash basins should be

DISCLAIMER: F 253

Submission of this response and Plan of Correction is not to be construed as an admission against interest by the facility, the Administrator or any employee, agent or other individuals who draft or may be discussed the response and Plan of Correction. In addition, preparation and submission of these Plans of correction does not constitute an admission or agreement of any kind by the facility of any conclusions set for the in this allegation. The submission of this time frame should in no way be considered or construed as agreement with the allegations of noncompliance or admissions by the facility.

All areas identified: 109/111, 110/112, 201/203, 202/204, 206/208, and 211 have been corrected by labeling bedpans and basins and placing personal items in plastic bags and stored in individual resident nightstands.

All other areas with the potential to be affected by the same practice were reviewed to ensure compliance. No other deficiencies were noted.

TITLE

(X6) DATE

LABORATORY DIRECTOR'S OF PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Any desciency 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.

STATEMENT	S FOR MEDICARE & OF DEFICIENCIES FOORRECTION	MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MI A. BUII		22 00/10/1/10	(X3) DATE SURVE COMPLETED	Υ
		345185	B. WIN	IG		05/17/2	012
	ROVIDER OR SUPPLIER	ENTER		10	EET ADDRESS, CITY, STATE, ZIP CODE 06 CAMERON STREET AKE WACCAMAW, NC 28450		
(X4) ID PREFIX TAG	(EACH DEFICIENT	FATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG	IX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
F 253	labeled and placed in the resident is beds Nursing Assistant (Non 05/17/12 at 11:40 supposed to be labeled and stored on the tobedside table. The issupposed to be left The Director of Nursinterview on 05/17/12 basins were supposed in a plastic bag and the Administrator's 05/17/12 at 1:44 PM labeled and stored 2. The facility policy Equipment-Sanitation read: "1. This facily procurement and unindividually provide utensils. 2. Bedside washbasin. Guideli (Certified Nursing Athe resident is bedsided on 05/15/12 at 11: bathroom shared be 112 revealed an unithe back of the correspondence of	n a plastic bag and stored in ide table. IA) #2 stated in an interview of AM that wash basins were alled and put in a plastic bag posself of the resident 's NA stated that they were not in the bathroom. Ising (DON) stated in an interview on the labeled and placed stored in the bathroom. It tated in an interview on the resident 's nightstand. Infection Control: Bedside on dated 2005 under Policy ity recommends the illization of disposable doed bedside equipment or equipment includes: nes: 2. The admitting CNA assistant) will mark each with the stand. " 18 AM an observation of the y 3 residents in rooms 110 and habeled wash basin stored on the stand in the	F	253	Directed inservicing began on 5/18 all nursing and nurse aides staff an provided with a current copy of the and procedure entitled: "Infection Bedside Equipment-Sanitation Pole Education will be completed by 6/ Systemic Changes Include: Effective 5/21/12, all new hires in nursing department will receive a the policy and procedure as part of ongoing orientation process. Focused Rounding Sheets, address specifically, storage of bedpans, be and toothbrushes were implement 5/21/12. Random audits will occur hall weekly for 4 weeks to ensure compliance by administrative nursand issues addressed immediately. This policy will be integrated as pannual ongoing education process infection control. Results of random audits will be to QA for further recommendation. Director of Nursing is responsible.	the copy of f our sing staff of noted. cart of the s related to forwarded ns.	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		E CONSTRUCTION	(X3) DATE SUF COMPLETE	
		345185	B. WIN	G		05/1	7/2012
	ROVIDER OR SUPPLIER	NTER	•	10	EET ADDRESS, CITY, STATE, ZIP CODE 6 CAMERON STREET AKE WACCAMAW, NC 28450		****
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 253	Nursing Assistant #1 05/17/12 at 11:35 AM labeled and placed in the resident 's bedsic Nursing Assistant (No on 05/17/12 at 11:40 supposed to be label and stored on the top bedside table. The N supposed to be left in The Director of Nursi interview on 05/17/12 basins were suppose in a plastic bag and s The Administrator sta 05/17/12 at 1:44 PM labeled and stored in 3. The facility policy I Equipment-Sanitation read: "1.This facility procurement and util individually provided utensils. 2. Bedside of washbasin, bedpan at CNA (Certified Nursia with the resident 's bedsi	stated in an interview on a plastic bag and stored in de table. A) #2 stated in an interview AM that wash basins were ed and put in a plastic bag o shelf of the resident 's A stated that they were not in the bathroom. Ing (DON) stated in an extra table and placed drored in the bathroom. In the bathroom. In the bathroom. In the placed and placed drored in the bathroom. In the bathroom. In the placed and placed drored in the bathroom. In the placed and placed drored in the bathroom. In the placed and placed drored in the bathroom. In the placed and placed drored in the placed and placed drored in the bathroom. In the placed and placed drored in the placed and placed and placed drored in the bathroom. In the placed and placed drored in dated 2005 under Policy recommends the placed and placed an	F	253	DEFIGENCY)		
	bathroom shared by	4 AM an observation of the the 4 residents in rooms 201 inlabeled wash basins					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING	CONSTRUCTION	(X3) DATE : COMPL	
	345185	B. WING		0.5	5/17/2012
NAME OF PROVIDER OR SUPPLIER PREMIER LIVING AND REHAB CE	NTER	106 C	ADDRESS, CITY, STATE, ZIP CO AMBRON STREET E WACCAMAW, NC 28450	DE	
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE
the sink. To the right of unlabeled bed pans is the floor. One of the basin with "203" with the floor. One of the basin with "203" with the floor to the right of commode were two unlabeled wash basin the floor to the right of commode were two unlabeled each other on pans contained a wash on it. Nursing Assistant #1: O5/17/12 at 11:40 AM pans should be labeled bag and stored in the Nursing Assistant (NA) on 05/17/12 at 11:40. Wash basins were suplastic bag on the top bedside table and that plastic bag and stored resident 's bedside taitems were not supposite bathroom. The Director of Nursing interview on 05/17/12 and wash basins were and placed in a plastic bathroom. The Administrator states.	er on the floor to the right of of the commode were two litting beside each other on hed pans contained a wash litten on it. the bathroom shared by the of and 203 revealed 3 is stacked in one another on of the sink. To the right of the nlabeled bed pans sitting the floor. One of the bed sh basin with "203" written stated in an interview on that wash basins and bed and placed in a plastic resident 's bedside table. A) #2 stated in an interview AM that proposed to be stored in a shelf of the resident 's to be of the lible. The NA stated that the sed to be left in the leg (DON) stated in an at 11:50 AM that bed pans e supposed to be labeled to bag and stored in the	F 253			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING	CONSTRUCTION	(X3) DATE : COMPL	
		345185	B. WING		0.5	5/17/2012
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F 253	Equipment-Sanitation read: "1.This facility procurement and utili individually provided utensils. 2. Bedside e washbasin, bedpan a CNA (Certified Nursir with the resident's bedside be wrapped in a clear the bottom of the bed On 05/15/12 at 10:49 bathroom shared by 3204 revealed 2 unlabelloor to the right of the unlabeled wash basin the commode and a von the back of the counlabeled bed pan. On 05/17/12 at 11:28 bathroom shared by the and 204 revealed 2 unlabeled bed pan. On 05/17/12 at 11:40 Amonth of the commode and a von the back of the counlabeled bed pan. Nursing Assistant #1 05/17/12 at 11:40 Amonth of the labeled bed pans should be labeled	eled and stored in the d. Infection Control: Bedside in dated 2005 under Policy recommends the zation of disposable bedside equipment or equipment includes: is required. 2. The admitting ing Assistant) will mark each ame. 3. These are stored in the stand. b. Bedpans are to include to be stand. b. Bedpans are to include to a side stand. " AM an observation of the B residents in rooms 202 and eled wash basins on the eled wash basins on the eled wash basin labeled. " 204B " immode that contained an a stand of the he residents in rooms 202 inlabeled wash basins on the he residents in rooms 202 inlabeled wash basins on the he residents in rooms 202 inlabeled wash basins on the standard wash basins on the he residents in rooms 202 inlabeled wash basins on the standard wash basins wash basins on the standard wash basins	F 253			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		CONSTRUCTION	(X3) DATE : COMPL	
		345185	B. WIN	G		05	5/17/2012
	ROVIDER OR SUPPLIER	ENTER	VYHIII Aller	106 C	ADDRESS, CITY, STATE, ZIP CODE AMERON STREET E WACCAMAW, NC 28450		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 253	on 05/17/12 at 11:44 supposed to be stor shelf of the resident pans were to be in a the bottom shelf of the NA stated that it to be left in the bath. The Director of Nursinterview on 05/17/1 and wash basins we and placed in a plas bathroom. The Administrator st 05/17/12 at 1:44 PM basins should be lattered in the procurement and utilindividually provided utensils. 2. Bedside washbasin, bedpan CNA (Certified Nursiwith the resident 's beds be wrapped in a cleat the bottom of the bed. On 05/15/12 at 11:00 bathroom shared by 208 revealed an unite the passing should be stored in the position of the bed.	NA) #2 stated in an interview O AM that wash basins were ed in a plastic bag on the top 's bedside table and that bed a plastic bag and stored on he resident 's bedside table. the items were not supposed room. Sing (DON) stated in an 2 at 11:50 AM that bed pans are supposed to be labeled tic bag and stored in the stated in an interview on I that bed pans and wash beled and stored in the ad. Infection Control: Bedside and dated 2005 under Policy by recommends the lization of disposable bedside equipment or equipment includes: as required. 2. The admitting ing Assistant) will mark each mame. 3. These are stored in ide stand. b. Bedpans are to an towel or bag and stored on	F	253			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL1 A. BUILDII	TPLE CONSTRUCTION	(X3) DATE S COMPL	
		345185	B. WING_		05	/17/2012
	ROVIDER OR SUPPLIER	NTER	S	REET ADDRESS, CITY, STATE, ZIP COI 106 CAMERON STREET LAKE WACCAMAW, NC 28450		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACTI CROSS-REFERENCED TO TI DEFICIENC	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
F 253	and stored in the bed bag. On 05/16/12 at 8:50 A was observed in a pla bathroom. There was stored in the bed pan Nursing Assistant #1:05/17/12 at 11:40 AM pans should be labele bag and stored in the Nursing Assistant (NA on 05/17/12 at 11:40 Assupposed to be stored shelf of the resident 's pans were to be in a put the bottom shelf of the The NA stated that the to be left in the bathroom. The Director of Nursin interview on 05/17/12 and wash basins were and placed in a plastic bathroom. The Administrator stat 05/17/12 at 1:44 PM the basins should be labele resident 's nightstand.	AM one unlabeled bed pan astic bag on the floor in the one unlabeled wash basin on top of the plastic bag. Stated in an interview on that wash basins and bed and placed in a plastic resident 's bedside table. AM that wash basins were in a plastic bag on the top is bedside table and that bed blastic bag and stored on the resident 's bedside table. By #2 stated in an interview and that wash basins were in a plastic bag on the top is bedside table and that bed blastic bag and stored on the resident 's bedside table. By (DON) stated in an an at 11:50 AM that bed pans is supposed to be labeled in an interview on that bed pans and wash led and stored in the	F 25			
	6. The facility policy In Equipment-Sanitation read: "1. This facility procurement and utiliz					

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING B. WING 345185 05/17/2012 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE PREMIER LIVING AND REHAB CENTER **106 CAMERON STREET** LAKE WACCAMAW, NC 28450 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ΙD PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X5) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) F 253 Continued From page 7 F 253 individually provided bedside equipment or utensils. 2. The admitting CNA (Certified Nursing Assistant) will mark each with the resident 's name. 3a. Emesis basins are to store the mouth care items (toothbrush) and rested inside the washbasin and stored on the top shelf of the cupboard. " On 05/15/12 at 11:08 AM an observation of the bathroom shared by the 3 residents in room 211 revealed 2 unlabeled white toothbrushes on the metal shelf over the sink. On 05/16/12 at 9:25 AM there were 2 unlabeled white toothbrushes observed on the metal shelf over the sink in the bathroom in room 211. The Director of Nursing stated in an interview on 05/17/12 at 11:50 AM that toothbrushes should be stored in the top drawer of the resident 's bedside table.

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(X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A, BUILDING 01 - MAIN BUILDING 01 HWAS B. WING 345185 08/16/2012 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER A 9 2M2 **106 CAMERON STREET** PREMIER LIVING AND REHAB CENTER LAKE WACCAMAW, NC 28450 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5)

(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)	COMPLETION DATE
K 000	INITIAL COMMENTS This Life Safety Code(LSC) survey was conducted as per The Code of Federal Register	K 000	K012 The area noted to be noncompliant within the ceiling areas in the generator room; laundry room, outside storage and riser room have been repaired with fire-rated materials.	
	at 42CFR 483.70(a); using the 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.		All other areas that have the potential to be affected by the same practice have been observed via visual inspection and no other areas noted to be deficient.	
K 012 SS=D	The deficiencies determined during the survey are as follows: NFPA 101 LIFE SAFETY CODE STANDARD	K 012	M – F Daily Preventive Maintenance QA (DPMQA) rounding sheets will be updated to include inspection of ceilings and other areas that may be affected by the same practice and any areas identified will be	
00 - D	Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1		repaired immediately. Maintenance personnel will be inserviced and made aware of updated DPMQA form. DPMQA forms will be forwarded to	
į			monthly QA meetings for review and recommendations as necessary x's 1 quarter, for further recommendations.	
	This STANDARD is not met as evidenced by: 42 CFR 483.70(a)		Maintenance Director will be responsible.	
	By observation on 8/16/12 at approximately noon the following building construction was non-compliant, specific findings include;		Corrective Action Completed: 08/30/2012	
K 046 88=D	penetrations in the celling in the following areas: generator room, laundry room, outside storage room, riser room. NFPA 101 LIFE SAFETY CODE STANDARD	K 046	K046 Glow in the dark paint was obtained from the local hardware store and applied to the inside handles of the doors located in the walk-in cooler and freezer as soon as it was available. Additionally, Glow-In-The-Dark	
00-D	Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.		tape has been ordered to reinforce the painted areas to ensure this deficient practice does not recur.	
	This STANDARD is not met as evidenced by: 42 CFR 483.70(a) By observation on 8/16/12 at approximately noon		After reviewing facility layout and physical walkthrough of building, it was determined that there are no other areas within the facility that were noncompliant.	

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

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.

If continuation sheet Page 1 of 2

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	AULTII ILDIN	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE S	
		345185	B. WI	NG		08/	6/2012
	PROVIDER OR SUPPLIER R LIVING AND REHAI	3 CENTER		10	EET ADDRESS, CITY, STATE, ZIP CODE 06 CAMERON STREET AKE WACCAMAW, NC 28450		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE PROPRIATE	(X6) COMPLETION DATE
K 046 K 047 SS=D	method of operation walk-in cooler and fall lighting condition emergency power. NFPA 101 LIFE SA Exit and directional accordance with se	ency lighting was cific findings include, the n for the door latch to the reezer was not obvious under s, the light was not on FETY CODE STANDARD signs are displayed in ction 7.10 with continuous ved by the emergency lighting		046	Areas will be monitored through facilities' Quarterly Preventive QA reviews to ensure that paint remains intact and is functioning QPMQA forms will be forward quarterly QA meetings for review recommendations as necessary for further recommendations. Maintenance Director is response Corrective Action Completed: (Corrective Action Completed: (Corrective Action Was replaced All other exit/directional signs with the dietary kitchen was replaced All other exit/directional signs with the dietary kitchen was replaced as the control of the control	Maintenance //ape //ape g properly. ed to w and e's 1 quarter, //alble //albl	
	42 CFR 483.70(a) By observation on 8 the following exit an non-compliant, spec	not met as evidenced by: /16/12 at approximately noon d directional sign was ific findings include, exit light as not functioning properly.			observed and no other areas note noncompliant. Exit signs will be monitored for illumination and noted on the Da Preventive Maintenance QA for Corrective actions will be taken if sign is found to be out in complete committee x's 1 month for further recommendations. Maintenance Director will be res Corrective Action Completed: 0	continuous iily ns. immediately iliance. I to QA or	
