

NOTE: YELLOW SHADED OR HIGHLIGHTED AREAS ARE THOSE COMPLETED BY FACILITY

FACILITY & PROVIDER #	HAPPY NURSING HOME, MT 27-0000
ADMINISTRATOR OR FACILITY CONTACT	JOHN SMITH
CONTACT NUMBER	406-123-4567
RESPONSE (must include response for all 5 criteria see cover letter that accompanied statement of deficiencies)	
DEFICIENCY or TAG NUMBER: K029 Life Safety Code Example (NOTE: EXAMPLE ONLY, FULL TAG DOES NOT HAVE TO BE PUT INTO RESPONSE) - Based on observations made on 7/20/2010, the facility failed to maintain or establish the fire rated protection for hazardous areas. Findings include: In accordance with Section 8.4 of NFPA 101, LSC, 2000 Edition; hazardous areas shall be enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows. Doors to hazardous areas shall be self-closing or automatic closing in accordance with Section 7.2.1.8 and Section 19.3.2.1 of NFPA 101 LSC. On 7/20/2010 at 3:56 p.m., room 101 was reviewed for compliance with the life safety code. The door contained combustible items and when asked Staff Member A indicated that the room had been turned into a storage area in October 2009.	
1) Address how corrective action will be accomplished for those residents and/or locations found to have been affected by the deficient practice.	1.) Door self closure mechanism was installed on storage room identified in survey.
2) Address how the facility will identify other residents and/or locations having the potential to be affected by the same deficient practice.	2.) Other storage rooms were reviewed for self closure mechanisms and all were in place and were working.
3) Address what measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur. (e.g. in-service training, use of consultants, physical environment enhancements)	3.) Maintenance and cleaning staff were trained on requirements of storage areas needing self closures.
4) Indicate how the facility plans to monitor its performance to make sure that solutions are sustained. The plan of correction must be integrated into the quality assurance system.	4.) Quarterly review of storage areas and the addition of new storage areas will consider requirements for hazardous areas.
5) Include dates when corrective action will be completed. This date should include any training and other final steps that are required to complete response to deficiency. (Note: Date cannot be same as date on statement of deficiencies or longer than 60 days from date of exit.)	5.) 08/03/2010