The facility is a single story, Type V (111) structure with a special feature of two Won-Doors located in areas A and B. The building is fully sprinklered and has a complete addressable fire alarm/smoke detection system including open areas and audible/visual notification throughout. Piped in Type 2 Medical Gas System and Vacuum System is plumbed into the facility from a rated manifold room. Emergency Power is provided by a Type 1 EPSS with an annunciator and emergency stop. Currently the facility is licensed for 99 SNF/NF beds.

The facility was found to be in substantial compliance during the initial federal certification survey conducted on August 8, 2018. The facility was surveyed under the LIFE SAFETY CODE, 2012 edition, New Healthcare Occupancies, in accordance with 42 CFR 483.70.

The survey was conducted by:

Nate Elkins, Supervisor
Facility Fire Safety & Construction Program
### Summary Statement of Deficiencies

The facility is a single story, Type V (111) structure with a special feature of two Won-Doors located in areas A and B. The building is fully sprinklered and has a complete addressable fire alarm/smoke detection system including open areas and audible/visual notification throughout. Piped in Type 2 Medical Gas System and Vacuum System is plumbed into the facility from a rated manifold room. Emergency Power is provided by a Type 1 EPSS with an annunciator and emergency stop. Currently the facility is licensed for 99 SNF/NF beds.

The facility was found to be in substantial compliance during the initial Emergency Preparedness federal certification survey completed on August 8, 2018. The facility was surveyed in accordance with 42 CFR 483.73.

The survey was conducted by:

Nate Elkins, Supervisor  
Facility Fire Safety & Construction Program

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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.