



IDAHO DEPARTMENT OF
HEALTH & WELFARE

C.L. "BUTCH" OTTER -- Governor
RICHARD M. ARMSTRONG -- Director

DEBRA RANSOM, R.N., R.H.I.T., Chief
BUREAU OF FACILITY STANDARDS
3232 Elder Street
P.O. Box 83720
Boise, ID 83720-0009
PHONE 208-334-6626
FAX 208-364-1888

CERTIFIED MAIL: 7012 1010 0002 0836 4124

October 9, 2014

Todd "Shane" Bell, Administrator
Kindred Nursing & Rehabilitation-- Nampa
404 North Horton Street
Nampa, ID 83651-6541

Provider #: 135019

**RE: FACILITY FIRE SAFETY & CONSTRUCTION SURVEY REPORT COVER
LETTER**

Dear Mr. Bell:

On **October 6, 2014**, a Facility Fire Safety and Construction survey was conducted at **Kindred Nursing & Rehabilitation-- Nampa** by the Department of Health & Welfare, Bureau of Facility Standards to determine if your facility was in compliance with State Licensure and Federal participation requirements for nursing homes participating in the Medicare and/or Medicaid programs. This survey found that your facility was not in substantial compliance with Medicare and Medicaid program participation requirements. This survey found the most serious deficiency to be a widespread deficiency that constitutes no actual harm with potential for more than minimal harm that is not immediate jeopardy, as documented on the enclosed CMS-2567, whereby significant corrections are required.

Enclosed is a Statement of Deficiencies and Plan of Correction, Form CMS-2567, listing Medicare and/or Medicaid deficiencies and a similar State Form listing licensure health deficiencies. In the spaces provided on the right side of each sheet, answer each deficiency and state the date when each will be completed. Please provide **ONLY ONE** completion date for each federal and state tag in column (X5) Completion Date to signify when you allege that each tag will be back in compliance. **NOTE:** The alleged compliance date must be after the "Date

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Survey Completed" (located in field X3) and on or before the "Opportunity to Correct" (listed on page 2). After each deficiency has been answered and dated, the administrator should sign both Statement of Deficiencies and Plan of Correction, Form CMS-2567 and State Form, in the spaces provided and return the originals to this office.

Your Plan of Correction (PoC) for the deficiencies must be submitted by **October 22, 2014**. Failure to submit an acceptable PoC by **October 22, 2014**, may result in the imposition of civil monetary penalties by **November 11, 2014**.

Your PoC must contain the following:

- What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;
- How you will identify other residents having the potential to be affected by the same deficient practice and what corrective action(s) will be taken;
- What measures will be put into place or what systemic changes you will make to ensure that the deficient practice does not recur;
- How the corrective action(s) will be monitored to ensure the deficient practice will not recur, i.e., what quality assurance program will be put into place; and,
- Include dates when corrective action will be completed.
- The administrator must sign and date the first page of both the federal survey report, Form CMS-2567 and the state licensure survey report, State Form.

All references to federal regulatory requirements contained in this letter are found in Title 42, Code of Federal Regulations.

Remedies will be recommended for imposition by the Centers for Medicare and Medicaid Services (CMS) if your facility has failed to achieve substantial compliance by **November 10, 2014**, (Opportunity to Correct). Informal dispute resolution of the cited deficiencies will not delay the imposition of the enforcement actions recommended (or revised, as appropriate) on **November 10, 2014**. A change in the seriousness of the deficiencies on **November 10, 2014**, may result in a change in the remedy.

The remedy, which will be recommended if substantial compliance has not been achieved by **November 10, 2014**, includes the following:

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Denial of payment for new admissions effective **January 6, 2015**.
42 CFR §488.417(a)

If you do not achieve substantial compliance within three (3) months after the last day of the survey identifying noncompliance, the CMS Regional Office and/or State Medicaid Agency must deny payments for new admissions.

We must recommend to the CMS Regional Office and/or State Medicaid Agency that your provider agreement be terminated on **April 6, 2015**, if substantial compliance is not achieved by that time.

Please note that this notice does not constitute formal notice of imposition of alternative remedies or termination of your provider agreement. Should the Centers for Medicare & Medicaid Services determine that termination or any other remedy is warranted, it will provide you with a separate formal notification of that determination.

If you believe these deficiencies have been corrected, you may contact Mark P. Grimes, Supervisor, Facility Fire Safety and Construction, Bureau of Facility Standards, 3232 Elder Street, PO Box 83720, Boise, ID 83720-0009, Phone #: (208) 334-6626, Fax #: (208) 364-1888, with your written credible allegation of compliance. If you choose and so indicate, the PoC may constitute your allegation of compliance. We may accept the written allegation of compliance and presume compliance until substantiated by a revisit or other means. In such a case, neither the CMS Regional Office nor the State Medicaid Agency will impose the previously recommended remedy, if appropriate.

If, upon the subsequent revisit, your facility has not achieved substantial compliance, we will recommend that the remedies previously mentioned in this letter be imposed by the CMS Regional Office or the State Medicaid Agency beginning on **October 6, 2014**, and continue until substantial compliance is achieved. Additionally, the CMS Regional Office or State Medicaid Agency may impose a revised remedy(ies), based on changes in the seriousness of the non-compliance at the time of the revisit, if appropriate.

In accordance with 42 CFR §488.331, you have one opportunity to question cited deficiencies through an informal dispute resolution process. To be given such an opportunity, you are required to send your written request and all required information as directed in Informational Letter #2001-10. Informational Letter #2001-10 can also be found on the Internet at:

<http://healthandwelfare.idaho.gov/Providers/ProvidersFacilities/StateFederalPrograms/NursingFacilities/tabid/434/Default.aspx>

Go to the middle of the page to Information Letters section and click on State and select the

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following:

BFS Letters (06/30/11)

2001-10 Long Term Care Informal Dispute Resolution Process
2001-10 IDR Request Form

This request must be received by **October 22, 2014**. If your request for informal dispute resolution is received after **October 22, 2014**, the request will not be granted. An incomplete informal dispute resolution process will not delay the effective date of any enforcement action.

Thank you for the courtesies extended to us during the survey. If you have any questions, please contact us at (208) 334-6626.

Sincerely,

A handwritten signature in black ink, appearing to read 'M P Grimes', with a long horizontal line extending to the right.

Mark P. Grimes, Supervisor
Facility Fire Safety and Construction

MPG/lj
Enclosures



Dedicated to Hope, Healing and Recovery

October 20, 2014

Mark P. Grimes, Supervisor
Facility Fire Safety and Construction
3232 Elder Street
P.O. Box 83720
Boise, Idaho 83720

RECEIVED

OCT 22 2014

FACILITY STANDARDS

Dear Mark,

On October 6, 2014 Kindred Nursing and Rehabilitation Nampa's Fire Safety and Construction survey was conducted by the Bureau of Facility Standards/ Department of Health & Welfare. Our alleged date of compliance is October 22, 2014. Should you have any questions or concerns or need additional information please contact me.

Sincerely,

A handwritten signature in cursive script, appearing to read "Shane Bell".

T. Shane Bell, Executive Director
Kindred Nursing and Rehabilitation Nampa

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

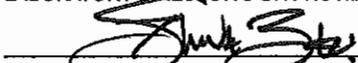
PRINTED: 10/09/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 135019	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2014
NAME OF PROVIDER OR SUPPLIER KINDRED NURSING & REHABILITATION - NAMPA			STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH HORTON STREET NAMPA, ID 83651	
(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 000	INITIAL COMMENTS The facility is a single story Type V (III) building built in 1959; an automatic fire sprinkler system was installed in 1973 as a retrofit and a new fire alarm/smoke detection system was installed in 2002. There had been an addition to the building in 1962. A remodel and extensions of A & B wing occurred in 1995 with a rehabilitation wing added in October 1995. The current rehab wing was remodeled extensively in 2006. The facility is currently licensed for 100 beds and had a census of 64 on the day of the survey. The facility stated no categorical waivers were in force. The following deficiencies were cited during the annual fire/life safety survey conducted on October 6, 2014. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 483.70. The Survey was conducted by: Mark P. Grimes, Supervisor Facility Fire Safety & Construction Nathan Elkins, Health Facility Surveyor	K 000	This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Nampa Care Center does not admit that the deficiencies listed on the CMS Form 2567L exist, nor does the center admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The center reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts and conclusions that form the basis for the deficiency. RECEIVED OCT 22 2014 FACILITY STANDARDS	
K 022 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4	K 022	K 022 Facility System Maintenance Supervisor or designee checked entire facility to ensure proper exit signage was visible throughout the facility. Maintenance install exit signage at unit 1 smoke barrier doors, unit 2 smoke barrier	

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

TITLE

(X6) DATE



EXECUTIVE DIRECTOR

10/2014

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.

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K 022	Continued From page 1 This STANDARD is not met as evidenced by: Based upon observation and interview the facility failed to ensure exit signs were visible from all areas within the facility exit access corridor system. This deficient practice affected all residents, staff and visitors on the day of the survey. Failure to provide exit signage can result in impeded or delayed evacuation in an emergency. Findings include: During the facility tour on October 6, 2014 between 1:00PM and 3:30 PM, observation revealed several areas in the exit access corridors where no exit sign was clearly visible. When closed, the smoke barrier doors near rooms 200-201; and rooms 404-405, obstructed the view of exit signage. The nursing station and main entrance corridor intersection did not contain a directional exit sign visible from a distance. Evaluation of the smoke barrier doors at rooms 303 - 304 should be checked from a wheelchair seated position to determine if the signage beyond is visible. Interview with the Maintenance Supervisor revealed he was aware of the signs not being visible, but unsure if they were required. The facility is licensed for 100 Beds with a census of 64 on the day of the survey Actual NFPA Standard: 101 - 2000	K 022	doors, unit 3 smoke barrier doors, unit 4 smoke barrier doors, and main entrance corridor. Date of Compliance October 22, 2014	

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K 022	Continued From page 2 7.10.1.2* Exits. Exits, other than main exterior exit doors that obviously and clearly are identifiable as exits, shall be marked by an approved sign readily visible from any direction of exit access.	K 022			
K 067 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based upon interview the facility failed to ensure a fire damper inspection, testing and maintenance program was established to protect residents. Failure to establish a program can result in damper failures and rapid spread of fire throughout the facility. This deficient practice affected approximately 15 residents and staff in the newest constructed wing (rehab) only. Findings include: During the facility tour discussion/interview with the Maintenance Supervisor revealed dampers in the new wing had fusible links, yet, had no preventive maintenance program to inspect, test and maintain said dampers. The maintenance supervisor stated he was unaware fusible link dampers required a regular maintenance program. The facility is licensed for 100 Beds with a census of 64 on the day of the survey.	K 067	K 067 Facility System Maintenance supervisor contracted with a company to do fire damper inspection and they will return every 4 years or less to ensure fire dampers and fusible links in the newest constructed wing (rehab) are functioning properly. Compliance October 22, 2014		

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K 067	Continued From page 3 Actual NFPA Standard: 90 A Standard for the Installation of Air-Conditioning and Ventilating Systems 3-4.7 Maintenance. At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary.	K 067		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based upon observation the facility failed to ensure the commercial kitchen hood was properly fitted with grease filters. This deficient practice affected no residents and two staff. Improper kitchen hood maintenance and equipment can allow a fire to spread beyond the confines of the hood. Findings include: During the facility tour on October 6, 2014 between 2:00PM and 3:00PM observation revealed a six inch gap between grease filters installed in the kitchen hood. Further investigation revealed two stainless steel spacers had been installed in place of approximately three filters. The spacers were installed behind the convection oven, preventing the direct flow of heat, and grease laden vapors up the hood system. The facility is licensed for 100 Beds with a census of 64 on the day of the survey	K 069	K069 Facility System The kitchen hood was properly fitted with new grease filters to eliminate gap and spacers so all exhaust air passes through the filters. Monitor Maintenance Director will check the kitchen hood monthly to insure that the hood is performing its proper function and meets required code specifications. Compliance October 22, 2014	

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K 069	Continued From page 4 Actual NFPA Standard: NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations 6.2.3.3 Grease filters shall be arranged so that all exhaust air shall pass through the grease filters.	K 069			

Bureau of Facility Standards

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: MDS001550	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/06/2014
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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING & REHABILITATION - NAM	STREET ADDRESS, CITY, STATE, ZIP CODE 404 NORTH HORTON STREET NAMPA, ID 83651
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C 000	<p>16.03.02 INITIAL COMMENTS</p> <p>The Administrative Rules of the Idaho Department of Health and Welfare, Skilled Nursing and Intermediate Care Facilities are found in IDAPA 16, Title 03, Chapter 2.</p> <p>The facility is a single story Type V (III) building built in 1959; an automatic fire sprinkler system was installed in 1973 as a retrofit and a new fire alarm/smoke detection system was installed in 2002. There had been an addition to the building in 1962. A remodel and extensions of A & B wing occurred in 1995 with a rehabilitation wing added in October 1995. The current rehab wing was remodeled extensively in 2006. The facility is currently licensed for 100 beds and had a census of 64 on the day of the survey. The facility stated no categorical waivers were in force.</p> <p>The following deficiencies were cited during the annual fire/life safety survey conducted on October 6, 2014. The facility was surveyed under the LIFE SAFETY CODE, 2000 Edition, Existing Health Care Occupancy, in accordance with 42 CFR 483.70 and IDAPA 16.03.02 Rules and Minimum Standards for Skilled Nursing and Intermediate Care Facilities.</p> <p>The Survey was conducted by:</p> <p>Mark P. Grimes, Supervisor Facility Fire Safety & Construction</p> <p>Nathan Elkins, Health Facility Surveyor</p>	C 000	<p>This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Nampa Care Center does not admit that the deficiencies listed on the CMS Form 2567L exist, nor does the center admit to any statements, findings, facts or conclusions that form the basis for the alleged deficiencies. The center reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts and conclusions that form the basis for the deficiency.</p> <p style="text-align: center;">RECEIVED OCT 22 2014 FACILITY STANDARDS</p>	
C 226	<p>02.106 FIRE AND LIFE SAFETY</p> <p>106. FIRE AND LIFE SAFETY. Buildings on the premises used as</p>	C 226	<p>C 226 Please refer to POC for K 022, K067 and K069</p>	

Bureau of Facility Standards
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature]

EXECUTIVE DIRECTOR

10/20/14

Bureau of Facility Standards

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C 226	<p>Continued From page 1</p> <p>facilities shall meet all the requirements of local, state and national codes concerning fire and life safety standards that are applicable to health care facilities. This Rule is not met as evidenced by: Refer to deficiencies listed on the federal form 2567:</p> <p>K022 Exit signs K067 Fire Damper Maintenance K069 Kitchen Hood</p>	C 226	<p>Date of Compliance October 22, 2014</p>	
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