PRINTED: 02/04/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MURPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUIL**U** COMPLETED NG 01 - MAIN BUILDING 01 555835 8. WING 01/29/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 940 NORTHLAKE DRIVE COURTYARD CARE CENTER SAN JOSE, CA 95117 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CHOSS-REFERENCED TO THE APPROPRIATE PRÉFIX PREF REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DATE TAG DEFICIENCY This plan of correction is the center's credible K 000 INITIAL COMMENTS allegation of compliance. Preparation and/or K (2000) execution of this plan of correction does not constitute admission or agreement by the provider K3 Building: 01 of the truth of the facts alleged or conclusions set forth in the statement of deliclencies. The plan of K6 Plan Approval: 5/24/1995 correction is prepared and/or executed solely K7 Survey Under: 2000 Existing because it is required by the provisions of federal Structure Type: One Story, Type V (111), Fully and state laws. Sprinklered **Abbreviations CCC** Courtyard Care Center The following reflects the findings of the California MS Maintenance Supervisor Department of Public Health, during an annual ADM Administrator Life Safety Code recertification survey. The QAPI Quality Assurance Performance findings are in accordance with 42 CFR (Code of Improvement PM Preventive Maintenance Federal Regulations) 483,70 (a) and NFPA (National Fire Protection Association) 101, Life COLUMN TAR THE TOTAL THE THE TAR THE T Safety Code 2000 Edition, Existing codes. SHATLER It is the policy of Courtyard Care Center Representing the California Department of Public (CCC) to maintain the integrity of Health: 31203 building construction, including securing and sealing penetrations on the wall. Census: 73 CALIFORNIA DEPARTMENTO PUBLIC HEALTH Corrective Action 2/11/14 The facility is not in substantial compliance with On 2/11/14, CCC's electrician contractor 42 CFR 483.70 (a) for Long Term Care Facilities. relocated the timer switch box, and the K 012 facility Maintenance Supervisor (MS) SS=D sealed and secured the penetration on

Building construction type and height meets of DIVISION

of the following: 19.1.6.2, 19.1.6.3, 19.1.6.4. 19.3.5.1

This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the integrity of the building construction as evidenced by a penetration in the wall. This affected one of three smoke compartments which could result in the passage of smoke in the event of a fire.

the wall.

Responsible Person

MS is responsible for ensuring that CCC maintains the integrity of building construction, Administrator (ADM) is responsible for overall compliance.

Systemic Change

No later than 2/28/14, ADM will inservice MS on CCC's policy on maintaining the integrity of building construction. MS will immediately repair wall penetration upon discovery.

2 (28)14

Any descency statement enough with an asterisk (*) denotes a descency which the instantion may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except or 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 pomes, 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.

LABOF

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 02/04/2014 FORM APPROVED OMB NO. 0938-0391

		-	DIONID SERVICES	1			<u> </u>	ID NO.	<u>. บยวช-บวยา</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PF	ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:			ÖNSTRUCTION MAIN BUILDING 61			E SURVEY PLETED
			555635	B. WING	. ;			01/3	29/2014
*	PROVIDER OR SUPPLIER TARD CARE CENTER				340 N	ET ADDRESS, CITY, STATE, Z IORTHLAKE DRIVE JOSE, CA 95117	IP CODE		
(X4) ID PRÉFIX TAG	(EACH DEFICIENC	Y MUST 8	OF DEFICIENCIES REPRECEDED BY FULL. TIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REPERENCED TO 1 DEFICIENC	TION SHOULD I	3Ę	COMPLETION DATE
K 012	room (DSD), there	our with /14, the Direct was as		КО	M d (i e b u p tr C)	Ionitoring IS will inspect for wall puring his daily Preventire PM) rounds. ADM will puring mental rounds or asis. Identified issues was to morning stand up relaming and correction. ends and report it to the trailing and report it to the trailing and resolution and resolution.	ve Maintena erform deta n a monthly vill be broug meeting for MS will ide e monthly rmance seting for	ance alled aht	SISPIN
K 018 SS≖D	Doors protecting or required enclosure hazardous areas a those constructed wood, or capable or minutes. Doors in required to resist the impediment to the are provided with a	orridor sof ver re subsof 134 if resisti sprinkle sprinkl	code standard epenings in other than tical openings, exits, or tantial doors, such as ach solid-bonded core ing fire for at least 20 ered buildings are only age of smoke. There is ing of the doors. Doors is suitable for keeping oors meeting 19.3.6.3.6	КО	CT2	completion Date he deficiency will be co /28/14. Usan E-A University is the policy of CCC to orridor doors to resist th moke including repairin evice.	maintain ne passage	of	2128114
	·,	prohibit	ed by CMS regulations		1 c 2	corrective Action On 1/30/14, MS repair losing device of Showe On 1/31/14, MS repair losing device of the the	r Room 2. red the self		13114
	This STANDARD i Based on observa		et as evidenced by: e facility failed to		G G Ft R N	loset. The doors now proper ally opened and closed. Responsible Person IS is responsible for entaintains corridor doors responsible for overall constants.	ny latch who suring that ADM is		

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>/IB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MUL PLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WING 555635 01/29/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 340 NORTHLAKE DRIVE COURTYARD CARE CENTER **SAN JOSE, CA 95117** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX ٤Đ (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL, REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE PREF CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY** 2128 14 No later than 2/28/14, ADM will in-K 018 | Continued From page 2 K 018 service MS on CCC's policy on maintain corridor doors to resist the passage of maintaining corridor doors. MS will immediately repair malfunctioning smoke as evidenced by a corridor door that did corridor doors upon discovery, so they not positively latch and corridor doors that had incomplete self-closing device components. This latch and shut properly. affected two of three smake compartments and could result in the passage smoke and flames in Monitorina 2128/14 MS will inspect corridor doors during his the event of a fire. MAD daily PM rounds. ADM will perform ひているこうな detailed environmental rounds on a Findings: monthly basis. Identified issues will be During the facility tour with the Maintenance brought up to morning stand up meeting Supervisor on 1/29/14, the corridor doors were for planning and correction. MS will observed. identify trends and report it to the monthly QAPI meeting for evaluation At 7:58 a.m., the door to the Shower room 2. and resolution. next to Room 26, was equipped with a self-closing device that failed to positively latch **Completion Date** 2128114 when fully opened and closed. The deficiency will be corrected by 2/28/14. 2. At 8:28 a.m., the door to the storage room located inside the Therapy room, was equipped with a self-closing device which was missing an arm hinge. K 029 NFPA 101 LIFE SAFETY CODE STANDARD KNESKE PARTIES HE SHIELD TO BE K OMB SS₂D One hour fire rated construction (with 1/4 hour It is the policy of CCC to maintain fire-rated doors) or an approved automatic fire hazardous areas including repairing extinguishing system in accordance with 8.4.1 doors to properly shut and prevent the and/or 19.3.5.4 protects hazardous areas. When passage of smoke in the event of a fire. the approved automatic fire extinguishing system option is used, the areas are separated from Corrective Action 113114 other spaces by smoke resisting partitions and On 1/31/14, MS installed a self. doors. Doors are self-closing and non-rated or closing device in the Linen Room door. 1170114 field-applied protective plates that do not exceed 2. On 1/30/14, MS repaired the self 48 inches from the bottom of the door are closing device in the Laundry Room permitted. 19.3.2.1 3. On 1/30/14, MS repaired the self والعجاره closing device in the Lunch Room door.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA KE MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 555635 B. WING 01/29/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 340 NORTHLAKE DRIVE COURTYARD CARE CENTER SAN JOSE, CA 95117 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X4) (D ID (X5) COMPLETION DATE EACH CORRECTIVE ACTION SHOULD BE PREF REGULATORY OR LSC IDENTIFYING INFORMATION] TAG CROSS-REPERENCED TO THE APPROPRIATE TAG DEFICIENCY The doors now properly latch when K 029 Continued From page 3 K 029 fully opened and closed. Responsible Person This STANDARD is not met as evidenced by: MS is responsible for ensuring that CCC Based on observation, the facility failed to maintains doors in hazardous area. maintain their hazardous areas. This was ADM is responsible for overall evidenced by doors to hazardous areas that failed compliance. to positively latch and by doors with incomplete self-closing device components. This could result 2 (28 | 14 Systemic Change in the passage of smoke in the event of a fire. No later than 2/28/14, ADM will inand affected one of three smoke compartments. service MS on CCC's policy on maintaining hazardous area including NFPA 101, Life Safety Code, 2000 Edition repairing doors to properly shut and 19.3.2 Protection from Hazards. prevent the passage of smoke in the 19.3.2.1 Hazardous Areas. Any hazardous areas event of a fire. MS will immediately shall be safeguarded repair malfunctioning doors upon by a fire barrier having a 1-hour fire resistance discovery, so that they latch and shut property. or shall be provided with an automatic extinguishing system in accordance with 8.4.1. 2 2814 Monitoring The automatic extinguishing shall be permitted to MS will inspect doors in hazardous be in accordance with 19.3.5.4. Where the areas during his daily PM rounds. ADM 5440 14 b sprinkler option is used, the areas shall be will perform detailed environmental separated from other spaces by smoke-resisting rounds on a monthly basis, identified partitions and doors. The doors shall be issues will be brought up to moming self-closing or automatic-closing. Hazardous stand up meeting for planning and areas shall include, but shall not be restricted to. correction. MS will identify trends and the following: report it to the monthly QAPI meeting for Boiler and fuel-fired heater rooms evaluation and resolution. (2) Central/bulk laundries larger than 100 ft 2 (9.3) 2(22)14 m 2) Completion Date (3) Paint shops The deficiency will be corrected by (4) Repair shops 2/28/14. (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft 2 (4.6 m 2), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

PRINTED: 02/04/2014 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION		VIDER/SUPPLIER/CLIA TIFICATION NUMBER:			E CONSTRUCTION 01 - MAIN BUILDING 01		SURVEY PLETED
			555635	B. WING	L		01/2	<u>29/2</u> 014
	PROVIDER OR SUPPLIER ARD CARE CENTER	į			3	TREET ADDRESS, CITY, STATE, ZIP CODE 40 NORTHLAKE DRIVE IAN JOSE, CA 95117		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE I	F DEFICIENCIES PRECEDED BY FULL YING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)		(XS) COMPLETION DATE
K 029	by the authority having ju (8) Laboratories er combustible mater in quantities less the considered a seve Exception: Doors in permitted to have a field-applied protection. Findings: During a tour of the Supervisor on 1/29 observed. 1. At 8:10 a.m., the to Room 35, was a device which was	risdiction imploying frials han those re hazard in rated en nonrated, ctive plate of above the door to equipped wissing an approximatore linens	that would be nclosures shall be factory- or s extending not more the bottom of the with the Maintenance hazardous areas were the Linen room next with a self-closing n arm hinge. The hately 6 feet by 20 feet	K	O)			
	2. At 8:12 a.m., th was equipped with falled to positively released. The doc approximately 1/2	a self-clo latch when or remain o	sing device with n fully opened and open at					
K 054 8S ≕ E	3. At 8:15 a.m., the which also an accessor was equipped with falled to positively released. NFPA 101 LIFE SA	ess to the a self-clo latch whe	Maintenance Shop, sing device with n fully opened and	Κo	**************************************	K:052 NEPA 101 Enter Selecty Code Standard It is the policy of CCC to maintain it smoke detectors including perform sensitivity test in accordance with f 72.	ts ing	

1

PRINTED: 02/04/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MUDEPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 555635 B. WING 01/29/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 340 NORTHLAKE DRIVE **COURTYARD CARE CENTER** SAN JOSE, CA 95117 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ΙD (X5) COMPLETION PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFI TAG REGULATORY OF LISC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DAYE DEFICIENCY Continued From page 5 K (24 2113714 Corrective Action All required smoke detectors, including those On 2/19/14, Hue & Cry, contractor used activating door hold-open devices, are approved, by CCC for maintaining smoke maintained, inspected and tested in accordance detectors, performed calibrated tests of with the manufacturer's specifications. 9.6.1.3 smoke detectors which included measurement of sensitivity range. Responsible Person This STANDARD is not met as evidenced by: MS is responsible for ensuring that CCC Based on document review and interview, the maintains smoke detectors. ADM is facility failed to maintain their smoke detectors. responsible for overall compliance. This was evidenced by the failure to provide current smoke detector sensitivity test. This 2 (28) 14 Systemic Change affected three of three smoke compartments, and No later than 2/28/14, ADM will incould result in increased potential for smoke service MS on CCC's policy on detector maifunction leading to the spread of fire maintaining smoke detectors. MS will or smoke. immediately coordinate repair/replacement of a smoke detector NFPA 101, Life Safety Code, 2000 Edition if sensitivity measurement is found out 9.6.2.10 Smoke Alarms. of required range. 9.6.2.10.1 Where required by another section of this Code, single-station smoke alarms shall be in Monitoring 2/28/14 accordance with the household fire-warning Coordinated by MS, facility will inspect. 4410 equipment requirements of NFPA 72, National test, and maintain smoke detectors on a られひめいみち Fire Alarm Code, unless they are system smoke regular basis. Sensitivity tests will be detectors in accordance with NFPA 72, National performed every 5 years. Every quarter, Fire Alarm Code, and are arranged to function in ADM will check the PM log to ensure the same manner. presence of documentation of sensitivity test. Identified issues will be brought up NFPA 72, National Fire Alarm Code, 1999 Edition. to morning stand up meeting for-

FORM CMS-2567(02-99) Previous Versions Obsolete

7-3.2.1* Detector sensitivity shall be checked

year thereafter. After the second required

detector has remained within its listed and

marked sensitivity range (or 4 percent

within 1 year after installation and every alternate

calibration test, if sensitivity tests indicate that the

obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5

Event I0:002821

scility ID: CA070000073

2/28/14.

Completion Date

planning and correction, MS will identify

meeting for evaluation and resolution.

trends and report it to monthly QAPI

The deficiency will be corrected by

If continuation sheet Page 6 of 14

2/28/14

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

PRINTED: 02/04/2014 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION 3 01 - MAIN BUILDING 01	(X3) DAT	E SURVEY
		555635	B. WING		<u> </u>	01/	29/2014
	PROVIDER OR SUPPLIER			:	STREET ADDRESS, CITY, STATE, ZIP CODE 340 NORTHLAKE DRIVE SAN JOSE, CA 95117		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	COMPLETION COMPLETION DATE
K 054	years. If the frequent detector-caused nu subsequent trends maintained. In zone alarms show any in calibration tests she that each smoke demarked sensitivity rany of the following (1) Calibrated test rown (2) Manufacturer's instrument (3) Listed control expurpose (4) Smoke detector whereby the detector whereby the detector control unit where it listed sensitivity ran (5) Other calibrated approved by the aur Detectors found to listed and marked a cleaned and recalibrated and recalibrated and recalibrated and recalibrated. Exception No. 1: Deadjustable shall be within the listed and recalibrated. Exception No. 2: The single station det Table 7-2.2.	noy is extended, records of isance alarms and of these alarms shall be as or in areas where nuisance crease over the previous year, all be performed. To ensure exector is within its listed and ange, it shall be tested using methods: nethod calibrated sensitivity test quipment arranged for the account unit arrangement or causes a signal at the sensitivity is outside its ge sensitivity test methods thority having jurisdiction have a sensitivity outside the sensitivity range shall be rated or be replaced. Selectors listed as field permitted to be either adjusted marked sensitivity range and rated, or they shall be its requirement shall not apply ectors referenced in 7-3.3 and with shall not be tested or y device that administers an intration of smoke or other	KO				

CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0938-0391</u> STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MUL PLE CONSTRUCTION (XS) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILD朝日 01 - MAIN BUILDING 01 555635 B. WING 01/29/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 340 NORTHLAKE DRIVE COURTYARD CARE CENTER SAN JOSE, CA 95117 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX PAEED) (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 054 Continued From page 7 ΚÖ During document review and interview with the Maintenance Supervisor and the Technician on 1/29/14, the documents for smoke detector sensitivity testing were requested. 1. At 10:44 a.m., there were no current documents provided for the smoke detector sensitivity testing upon request. On 1/29/14 at 10:44 a.m., the vendor operator stated via telephone, there was no smoke detector sensitivity test conducted due to the lack of machine to perform test but all devices were tested for function. At 10:48 a.m. on 1/29/14, the Maintenance Supervisor stated, he doesn't recall when the last smoke detector sensitivity test were conducted and he was unable to provide previous documents. At 11:08 a.m. on 1/29/14, the vendor technician stated via telephone that the smoke detectors sensitivity testing was not part of the contract with the facility. The technician also stated that smoke detectors were replaced and unsure of date of replacement. K 062 NFPA 101 LIFE SAFETY CODE STANDARD K Of NOGENERAL THE PERSONAL PROPERTY. SS=D Required automatic sprinkler systems are It is the policy of CCC to continuously continuously maintained in reliable operating maintain the automatic sprinkler system condition and are inspected and tested in reliable operating condition and to periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, inspect and test it periodically, including 9.7.5 checking for clearance of at least 18 inches below the sprinkler's deflector. 1/29/14 Corrective Action This STANDARD is not met as evidenced by: On 1/29/14, the bag and blanket stored Based on observation, the facility failed to on top of the shelving unit of Room 22

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 02/04/2014

FORM APPROVED

			HUMAN SERVICES	FORM APPROVI	
TATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) P	ROVIDER/SUPPLIER/CLIA ENTIFICATION NUMBER:	OMB NO. 0938-03 Lipple Construction (X3) Date Survey COMPLETED	
555635		555635	8. WING	01/29/2014	
	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE 340 NORTHLAKE DRIVE SAN JOSE, CA 95117
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST	T OF DEFICIENCIES BE PRECEDED BY FULL TIFYING INFORMATION)	ID PREFIX TAG	
K 062	evidenced by item below the sprinkle in an obstruction to	natic sp s store r's defic o the sp	prinkler system, as d less than 18 inches ector. This could result prinklers' spray patterns,	КО	Responsible Person MS is responsible for ensuring that CCC maintains the sprinkler system, including
		re, and ents. fety Co			removal of Items at least 18 inches below the sprinkler's deflector. ADM is responsible for overall compliance. Systemic Change No later than 2/28/14, ADM will in-
	4.6.12.1 Whenever equipment, system of protection, or an compliance with the device, equipment arrangement, lever shall thereafter be accordance with a	or when cond by other e provi system of pro- continu pplicab	erever any device; ition, arrangement, level feature is required for sions of this Code, such n, condition, fection, or other feature lously maintained in le NFPA requirements		service MS on CCC's policy on automatic fire sprinkler. No later than 2/28/14, MS will in-service staff about facility policy on sprinklers. Staff will Immediately remove items within 18 inches of the sprinkler's deflector, upon discovery.
	4.6.12.2* Existing the public, if not re either maintained 4.6.12.3 Equipmer operation to ensur tested or operated Code or as directe jurisdiction.	life safe quired or remo nt require e its me as spe ed by the	ring periodic testing or aintenance shall be cified elsewhere in this		Monitoring MS will inspect for items below the sprinklers during his daily PM rounds. ADM will perform detailed environmental rounds on a monthly basis. Identified issues will be brought up to morning stand up meeting for planning and correction. MS will identify trends and report it to monthly QAP! meeting for evaluation and resolution.
. :	ensure that testing specified Intervals NFPA standards o having jurisdiction NFPA 13, Installati Edition	and m in accor r as din	aintenance are made at ordance with applicable ected by the authority prinkler System, 1999	The state of the s	Completion Date The deficiency will be corrected by 2/28/14.
			ge. The clearance the top of storage shall		

be 18 in. (457 mm) or greater.

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

PRINTED: 02/04/2014 FORM APPROVED OMB NO. 0938-0391

	S OF MEDICAID SERVICES			<u>MB NO. 0938-039</u>
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION IG 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
<u> </u>	555635	B. WING	·	01/29/2014
AME OF PROVIDER OR SUPPLIER COURTYARD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 340 NORTHLAKE DRIVE SAN JOSE, CA 95117	
PREFIX (EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFL TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETIC
greater minimums, Exception No. 2: A (0.91 m) shall be possible for them 18 in. (457 mm and ceiling sprinkle where proven by sufor the particular has exception No. 4: The storage to sprinkles.	there other standards specify they shall be followed, minimum clearance of 36 in. emitted for special sprinklers. minimum clearance of less in) between the top of storage or deflectors shall be permitted accessful large-scale fire tests		2	
During a tour of the Supervisor on 1/29, system was observed. At 7:53 a.m., the sp. Room 22 had a bag the shelving unit, w. to approximately 4 head. K 067 NFPA 101 LIFE SA SS=E Heating, ventilating with the provisions in accordance with specifications. 19, 19, 5, 2, 2	orinkler inside the closet of and blanket stored on top of hich minimized the clearance inches away from the sprinkler FETY CODE STANDARD, and air conditioning comply of section 9.2 and are installed	Ko	Series	with alique

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0838-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DOM: MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - MAIN BUILDING 01 B. WINGİ 555635 01/29/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 340 NORTHLAKE DRIVE **COURTYAND CARE CENTER** SAN JOSE, CA 95117 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION DATE PRÉFIX PREF以 (EACH CORRECTIVE ACTION SHOULD BE TAG TAG CROSS REFERENCED TO THE APPROPRIATE DEFICIENCY) MS is responsible for ensuring that CCC Continued From page 10 K 0費7 maintains all fire/smoke dampers on a was evidenced by failure to provide current regular basis. ADM is responsible for documentation of the maintenance of all fire overall compliance. dampers. This could result in the fire dampers malfunctioning and failure to contain smoke in the 2/28/14 Systemic Change event of a fire, resulting in injury to residents, No later than 2/28/14, ADM will instaff, and visitors. This affected three of three service MS on CCC's policy on smoke compartments. maintaining the fire/smoke dampers. MS will ensure that all dampers are checked NFPA 101, Life Safety Code, 2000 Edition and maintained periodically. He will file SECTION 9.2 HEATING, VENTILATING, AND and maintain documentation of dampers AIR CONDITIONING services in the PM log. He will 9.2.1 Air Conditioning, Heating, Ventilating Immediately coordinate Ductwork, and Related Equipment, Air repair/maintenance of the dampers as conditioning, heating, ventilating ductwork, and necessary. related equipment shall be in accordance with NFPA 90A, Standard for the Installation of 2(28)14 Monitoring Air-Conditioning and Ventilating Systems, or MS will maintain and check PM log on a MNO NFPA 90B, Standard for the Installation of Warm monthly basis to ensure presence of ひてゅう こしゃ Air Heating and Air-Conditioning Systems, as required fire systems documentations. applicable, unless existing installations, which Every quarter, ADM will check the PM shall be permitted to be continued in service. log to ensure presence of subject to approval by the authority having documentation of all damper jurisdiction. maintenance. Identified issues will be brought up to morning stand up meeting. NFPA 90A, Standard for the installation of for planning and correction, MS will Air-Conditioning and Ventilating Systems, 1999 identify trends and report it to monthly Edition QAPI meeting for evaluation and 2-3.4.2 Service openings shall be identified with resolution. letters having a minimum of 1/2 in. (1.27 cm) to indicate the location of the fire protection **Completion Date** 2128114 devices(s) within. The deficiency will be corrected by 2-3.4.5 Openings is walls or ceilings shall be 2/28/14... provided so that service openings in air ducts are accessible for maintenance and inspection needs. 3-4.6.1 The locations and mounting arrangement

of all fire dampers, smoke dampers, ceiling dampers, and fire protection means of a similar nature required by this standard shall be shown

PRINTED: 02/04/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES **FORM APPROVED** CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO</u>. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING 01 - MAIN BUILDING 01 B. WING 555635 01/29/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP GODE 340 NORTHLAKE DRIVE **COURTYARD CARE CENTER** SAN JOSE, ÇA 95117 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREP REGULATORY OR LSC (DENTIFYING INFORMATION) DATE TAG TAG CROSS-REFERENCED TO THE APPROPRIATE **DEFICIENCY**) K 067 Continued From page 11 KOM on the drawings of the air duct systems. 3-4.7 Maintenance. At least every 4 years, fusible links (where app(lcable) shall be removed: all dampers shall be operated to verify that they close fully; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary. 5-1.2 Records shall be maintained on acceptance test results and shall be available for inspection. Findings: During document review and an interview with the Maintenance Supervisor on 1/29/14, the documents for fire dampers were reviewed and the Technician was interviewed. At 11:11 a.m., the document received for the fire dampers from the vendor titled, "Fire Alarm and Life Safety System Inspection Certificate" stated that the dampers were tested on 3/26/14. Upon Interview via telephone, the vendor technician stated on 1/29/14 at 11:08 a.m., that the required maintenance for the fire dampers was not conducted according to NFPA 90A. The technician stated he only fested devices to make sure that the damper closes and opens when the fire alarms are activated. The technician also stated that there was no maintenance on dampers such as fusible links replacement. K 076 NFPA 101 LIFE SAFETY CODE STANDARD K OT CONSTRUCTION OF THE PROPERTY O

FORM CM5-2567(02-99) Previous Varaiona Obsolete

for Health Care Facilities.

Medical gas storage and administration areas are

protected in accordance with NFPA 99, Standards

(a) Oxygen storage locations of greater than

SS=D

Event ID:0DZ621

clifty ID: CA070000073

It is the policy of CCC to protect medical

gas storage and administration areas in

accordance with NFPA 99.

Corrective Action

If continuation sheet Page 12 of 14

	TMENT OF HEALTH				PRINTED: 02/04/20 FORM APPROVE OMB NO. 0938-03
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					PLE CONSTRUCTION (X3) DATE SURVEY OG 01 - MAIN BUILDING 01 COMPLETED
· 			555635	B. WING	01/29/2014
NAME OF	PROVIDER OR SUPPLIER		* *****	1	STREET ADDRESS, CITY, STATE, ZIP CODE
COURTY	ARD CARE CENTER	t .			340 NORTHLAKE DRIVE SAN JOSE, CA 96117
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST BE PE	DEFICIENCIES RECEDED BY FULL NG INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (MA)
K 076	3,000 cu.ft. are end separation. (b) Locations for si	closed by a upply systemated to the		КО	cylinders in two individual racks in the oxygen storage room. MS created "full" signs and "empty" signs and labeled the oxygen tanks properly and accordingly. Responsible Person MS is responsible for ensuring that the facility maintains the oxygen room and properly labels the oxygen cylinders.
	This STANDARD Based on observe maintain the storage evidenced by full o oxygen cylinders in properly marked in affected one of thre could result in conficylinder is needed NFPA 101 Life Safe 19.3.2.4 Medical G	tion, the factor, the same the storage esmoke cusion and churriedly.	cility failed to n cylinders as ders and empty rack and not e room. This compartments and delay if a full 000 edition I gas storage and		ADM is responsible for overall compliance. Systemic Change No later than 2/28/14, ADM will inservice MS on CCC's policy on protecting medical gas storage and administration areas in accordance with NFPA 99. In addition, MS will inservice nursing staff about properly labeling the oxygen tanks. Staff will immediately and properly label oxygen tanks after each use and upon discovery.
Armer by	administration area accordance with Ni Care Facilities. NFPA 99 Standard 1999 Edition 4-5.5.2.2 Storage of (b) Nonflammable of 1. Storage shall be be used in the order from the supplier. 2. If stored within the cylinders shall be s	for Health of Cylinders Gases, planned so or in which the same en	crotected in andard for Health Care Facilities, and Containers that cylinders can hey are received closure, empty from full cylinders.		Monitoring MS will inspect the oxygen storage room during his daily PM rounds for proper labeling of the oxygen tanks. ADM will perform detailed environmental rounds on a monthly basis. Identified issues will be brought up to morning stand up meeting for planning and correction. MS will identify trends and report it to the monthly QAPI meeting for evaluation and resolution.
	Empty cylinders sha confusion and delat hurriedly.	all be mark	ed to avoid		The deficiency will be corrected by 2/28/14.

humledly.

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 0938-03</u>91 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MUL製PLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILD∰G Q1 - MAJN BUILD(NG Q1 B. WING 555635 01/29/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 340 NORTHLAKE DRIVE **COURTYARD CARE CENTER** SAN JOSE, CA 95117 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (XIS) COMPLETION DATE (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFI) TAG TAG DEFICIENCY) K 076 Continued From page 13 K of Findings: During a tour of the facility with the Maintenance Supervisor on 1/29/14, the Oxygen Storage room were observed. At 7:49 a.m., there were two racks of cylinders in the Oxygen room across from Room 19. One rack had 13 full E-cylinders mixed with 6 empty E-cylinders in the same rack. There were 8 empty E-cylinders mixed with 1 full E-cylinders on the second rack. Both racks were not marked.