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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555113	A. BUILDING 01 B. WING _____	08/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE PARK RET RESIDENCE	1850 ALICE STREET OAKLAND, CA 94612

(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 K3 BUILDING: 01 K6 PLAN APPROVAL: 7/1/1979 K7 SURVEY UNDER: 2000 EXISTING K12 STRUCTURE TYPE: Type III Construction, SNF on 2nd Floor (13 Story Building), Fully Sprinklered The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code re-certification survey. The findings are in accordance with 42 CFR (Code of Federal Regulations) 483.70 (a) and NFPA (National Fire Protection Association) 101, Life Safety Code 2000 edition, Existing codes. Representing the California Department of Public Health: 30514 Census = 24	K 000	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.*	
K 027 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7	K 027	**K027: Door Latch** The facility's Maintenance Department has readjusted the fire doors leading to the elevator lobby, ensuring they latch completely. The Maintenance Director will monitor all doors in the facility each month during the fire alarm testing to make sure each one latches properly. If insufficiencies are found during the inspection, adjustments will be made as soon as possible. Responsible: Director of Maintenance **K062: Sprinkler Clearance in Linen Room** A sign has been posted in the Storage A/Linen Room that indicates that all staff must ensure linens or other objects are to be stacked at least 18 inches away from the deflector plate of the smoke detector. All linens have been removed from the top shelf, giving the smoke detector the required clearance. The Director of Nursing will monitor all storage rooms on the SNF floor each month and the Director of Environmental Services will monitor the other storage/linen rooms	9/7/12 9/7/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 8/17/12

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.

8/22/12 POC accepted per Jared Kimoto, HFEI

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555113	A. BUILDING 01 B. WING _____	08/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE PARK RET RESIDENCE	1850 ALICE STREET OAKLAND, CA 94612

(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 027	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, the facillty failed to maintain their doors in smoke barriers, as evidenced by 1 out of 2 door leafs, equipped with magnetic device, that failed to positively latch. This could lead to the penetration of smoke or fire into common areas of the facility and affected 1 out of 2 smoke compartments. Findings: During a tour of the facility with staff on 8/7/12, the fire doors were observed. At 11:53 a.m., during fire alarm testing, the fire doors leading to the elevator lobby did not latch. The left leaf did not catch and latch.	K 027	*This Plan of Correction is the center's credible allegation of compliance.* *Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.* during the monthly inspection. This will allow the facility to follow regulations and make sure each smoke detector has adequate clearance. Responsible: Director of Nursing and Director of Environmental Services. Administrator will monitor for overall compliance	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on interview and observation, the facility failed to continuously maintain their automatic sprinkler system, as evidenced by 1 sprinkler in the facility that did not have at least 18 inch clearance between the deflector and the top of the storage. This could lead to a malfunction of the sprinkler system during an emergency and affected 1 out of 2 smoke compartments. NFPA 13, Installation of Sprinkler Systems, 1999	K 062		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555113	A. BUILDING 01 B. WING _____	08/07/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LAKE PARK RET RESIDENCE	1850 ALICE STREET OAKLAND, CA 94612

(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 062	Continued From page 2 Edition 5-5.6 The clearance between the deflector and the top of storage shall be 18 in. (457 mm) or greater. Findings: During a tour of the facility with staff on 8/7/12, the automatic sprinkler system was observed. At 12:14 p.m., in the Storage A/Linen Room, linen was stacked on top of the linen cart to within 8 inches of the sprinkler deflector. Upon interview, staff acknowledged the linen stacked up less than 18 inches away from the deflector plate and immediately removed the linen during the inspection.	K 062		