

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

PRINTED: 11/22/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055531	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  11/03/2017
NAME OF PROVIDER OR SUPPLIER  ROYALWOOD CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 22520 MAPLE AVENUE TORRANCE, CA 90505		
(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	<p>INITIAL COMMENTS</p> <p>The facility was surveyed under 42 CFR Part 483.470(a), Life Safety Code NFPA 101, 2012 Edition, Chapter 19, Existing Health Care Occupancies, and other applicable codes.</p> <p>The following represents the findings of the Department of Public Health Services during a Life Safety Code survey.</p> <p>Representing the Department of Public Health Services:</p> <p>06620, HFE I</p> <p>Licensed = 110 beds Census = 73 residents</p> <p>Highest Scope and Severity = E</p>	K 000	<p>This document will serve as a credible allegation of our intent to correct the deficient practice identified. 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 of conclusion set forth on the statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of Health and Safety Code section 1280 and 42 C.F.R 405.1907.</p>		
K 353 SS=D	<p>Sprinkler System - Maintenance and Testing</p> <p>CFR(s): NFPA 101</p> <p>Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p>	K 353	<p>K353 Sprinkler System - Maintenance and Testing</p> <p>Immediate Corrective Action:</p> <p>The Maintenance Director did not have the updated 5 year Sprinkler Test report at the time of the Life Safety Survey exit. He contacted the Fire Protection company that conducts the 5 year Sprinkler Test.</p>		

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

TITLE

(X6) DATE

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 353	<p>Continued From page 1</p> <p>b) Who provided system test</p> <p>c) Water system supply source</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on interview and record review, the facility failed to ensure automatic sprinkler systems are continuously maintained in reliable operating condition by conducting the 5-year sprinkler test in accordance with NFPA 25.</p> <p>In the event of smoke and/or fire, a functioning sprinkler system is essential for the safe evacuation of residents and staff as well as facilitating the prompt notification to the fire department in response to an emergency. At the time of the survey, the facility was licensed for 110 beds and had a census of 73 residents.</p> <p>Findings:</p> <p>On November 2, 2017 at 2:30 PM, an interview was conducted with the administrator and maintenance supervisor. The evaluator requested documented evidence of the results of the facility 5-year sprinkler test. A review of the documentation provided to the evaluator revealed City of Torrance Fire Department Fire Prevention Inspection Notice dated October 10, 2012 which indicated, "The following area will be discussed with representatives from South Bay Fire Inc. during the buildings 5 year sprinkler test."</p>	K 353	<p>The company sent over the updated sprinkler report that indicates that the test was completed on 10/29/12, but the repairs were completed and re-inspected on 11/18/13 to ensure that the automatic sprinkler systems are continuously maintained in reliable operating condition. System was tagged on 11/18/13, which is in accordance with NFPA 25.</p> <p><b>Potential Residents that can be affected:</b></p> <p>All residents have the potential to be affected if the 5 year sprinkler test was not completed to ensure that the automatic sprinkler systems are continuously maintained in reliable operating condition. The last 5 year Sprinkler Test was completed on 11/18/13 and the next test will be due by 11/18/18. Maintenance Director will ensure that the next test will be conducted by 11/18/18.</p> <p><b>System Change:</b></p> <p>The Maintenance Director will ensure that he maintains accurate</p>		

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K 353	Continued From page 2  An interview was conducted with the administrator and maintenance supervisor on November 3, 2017 at 2:45 PM, and the evaluator was informed, the 2012 5-year sprinkler test was conducted at the same time the City of Torrance Fire inspection was conducted. The maintenance supervisor informed the evaluator that a 5-year sprinkler test is scheduled to be conducted during the month of November 2017. The evaluator requested, but was not provided any documented evidence that would indicate a current 5-year sprinkler test for 2017.  The deficiency affected 5 of 5 smoke compartments.  The deficiency was brought to the attention of the administrator and maintenance supervisor during the exit conference conducted on November 3, 2017.	K 353	and up to date reports on the 5 year Sprinkler Test and will schedule the next test to be completed by 11/18/18.  <b>Monitoring:</b>  The Maintenance Director will review the 5 year Sprinkler Test every 6 months to ensure that the automatic sprinkler systems are continuously maintained in reliable operating condition and will ensure that the next test will be conducted by 11/18/18.  <b>Completion Date:</b> December 7, 2017		
K 920 SS=D	Electrical Equipment - Power Cords and Extension Cords CFR(s): NFPA 101  Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for	K 920	<b>K920 Electrical Equipment – Power Cords and Extension Cords</b>  <b>Immediate Corrective Action:</b>  The Maintenance Director removed the extension cord that was outside, attached to the facility's wire fence and extending several feet along the facility's wood fence on 11/3/17.		

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K 920	<p>Continued From page 3</p> <p>PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to prohibit the use of extension cords as a substitute for fixed wiring of a structure.</p> <p>Extension cords used temporarily are removed immediately upon completion of the purpose for which installed. Actual NFPA 70, Chapter 1, Article 110-12 requires electrical wiring and equipment to be properly maintained. Article 240-4 and HCFA (CMS) transmittal 22-99 state that extension cords without building circuit breakers are not permitted in a health care setting. This deficient practice could result in potential harm to the residents as well as staff and visitors. At the time of the survey, the facility census was 73 residents and the licensed capacity was 110 beds.</p> <p>Findings:</p> <p>On November 2, 2017 at 2:30 PM, during a tour of the exterior workshop and laundry area(s) of</p>			K 920	<p>Potential Residents that can be affected:</p> <p>Housekeeping Director inspected the facility grounds for any extension cords that is used as a substitute for fixed wiring of a structure. No other deficient practice identified.</p> <p><b>System Change:</b></p> <p>Administrator in-serviced the Maintenance Director on 11/29/17 on the appropriate usage of extension cords.</p> <p>The Housekeeping Director, or designee will inspect the facility grounds during daily environmental rounds to ensure that there are no extension cords being used as a substitute for fixed wiring of a structure. Findings will be reported to the Administrator for review.</p> <p><b>Monitoring:</b></p> <p>The outcome of the audits will be reported by the Administrator to the monthly Quality Assurance and Performance Improvement Committee for at least three months.</p>		

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K 920	<p>Continued From page 4</p> <p>the facility, the evaluator observed an extension cord(s) attached with plastic UV Stabilizing Clips to the facility's wire fence and extending several feet along the facility's wood fence.</p> <p>An interview was conducted with the administrator and maintenance supervisor on November 3, 2017 at 2:45 PM, and the evaluator was informed, the extension cords were used for equipment required to assist in draining / pumping water from the facility.</p> <p>A review of documentation provided to the evaluator revealed a City of Torrance Fire Department Fire Prevention Inspection Notice dated October 10, 2012, indicated to remove extension cord to workshop container and replace with permanent wiring per California Electrical Code."</p> <p>During the interview conducted on November 3, 2017 at 2:45 PM, with the administrator and maintenance supervisor, the evaluator was informed by the maintenance supervisor the aforementioned statement by the City of Torrance Fire Department Inspection Notice, was referring to a different extension cord.</p> <p>The deficiency affected 1 out of 5 smoke compartments.</p> <p>This deficiency was brought to the attention of the administrator and maintenance supervisor during the exit conference conducted on November 3,</p>	K 920	<p>The committee will evaluate the plan for effectiveness and provide further recommendations, as needed.</p> <p><b>Completion Date:</b> December 7, 2017</p>		

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K 920	Continued From page 5 2017.				
K 923 SS=E	<p>Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101</p> <p>Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. &gt;300 but &lt;3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored</p>	K 923	<p><b>K923 Gas Equipment - Cylinder and Container Storage</b></p> <p><b>Immediate Corrective Action:</b></p> <p>The Maintenance Director placed a "No Smoking" sign on the oxygen storage room located adjacent to resident room 9 on 11/3/17.</p> <p><b>Potential Residents that can be affected:</b></p> <p>The Maintenance Director checked all rooms that has oxygen on 11/30/17 to ensure that there is a "No Smoking" sign posted on each door to alert residents, staff, and visitors not to smoke in these areas to prevent a fire. No other deficient practice identified.</p> <p><b>System Change:</b></p> <p>The Maintenance Director, or designee will check all rooms with oxygen during daily environmental rounds to ensure that there is a "No Smoking" sign posted on each door to alert</p>		

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K 923	<p>Continued From page 6</p> <p>in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to provide no smoking signs in accordance with 19.3.2.4, NFPA 99, 8.6.4.2. The "NO SMOKING" signs in the fire hazard areas alert residents, staff and visitors not to smoke in these areas to prevent a fire. At the time of the survey, the facility was licensed for 110 beds and had a census of 73 residents.</p> <p>Findings:</p> <p>On November 2, 2017 at 2:30 PM, during a tour of the interior facility, the evaluator, in the presence of the maintenance supervisor, observed an oxygen storage area located adjacent to resident room 9. The evaluator observed between 4 to 8 full oxygen gas cylinders, however the evaluator observed no sign posted indicating, "NO SMOKING" on the door of the oxygen room.</p> <p>An interview was conducted with the administrator and maintenance supervisor on November 3, 2017 at 2:45 PM, and the evaluator was informed a sign would be placed on the door immediately.</p> <p>The deficiency affected 1 out of 5 smoke compartments.</p>	K 923	<p>residents, staff, and visitors not to smoke in these areas to prevent a fire. Findings will be reported to the Administrator for review.</p> <p><b>Monitoring:</b></p> <p>The outcome of the audits will be reported by the Administrator to the monthly Quality Assurance and Performance Improvement Committee for at least three months. The committee will evaluate the plan for effectiveness and provide further recommendations, as needed.</p> <p><b>Completion Date:</b></p> <p>December 7, 2017</p>		

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K 923	Continued From page 7 This deficiency was brought to the attention of the administrator and maintenance supervisor during the exit conference conducted on November 3, 2017.	K 923			