

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

PRINTED: 04/09/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056110	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED 04/08/2014
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NAME OF PROVIDER OR SUPPLIER LAGUNA HILLS HEALTH AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 24452 HEALTH CENTER DRIVE LAGUNA HILLS, CA 92553
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K 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 12/31/1971 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: ONE STORY, TYPE V (111), 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: 28178 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.	K 000		
K 012 SS=D	CENSUS: 167 NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one 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. This was evidenced by the failure to seal	K 012		

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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NAME OF PROVIDER OR SUPPLIER LAGUNA HILLS HEALTH AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 24462 HEALTH CENTER DRIVE LAGUNA HILLS, CA 92653		
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K 012	Continued From page 1 penetrations in the ceilings. This affected 3 of 7 smoke compartments, and could result in the spread of smoke and fire from one compartment to another in the event of a fire. Findings: On a facility tour with facility staff on 4/8/14, the ceilings were observed. 1. At 10:40 a.m., there was an approximately 1 inch penetration around the base of 4 sprinkler heads in the ceilings above the food preparation area in the kitchen. 2. At 10:56 a.m., there was an approximately 1 inch penetration around the electric wire in the ceiling in the hopper room in Nurse station 3. 3. At 11:15 a.m., there was an approximately 1 square foot penetration around the light in the ceiling in the janitor closet in Nurse station 4. NFPA 101 LIFE SAFETY CODE STANDARD	K 012	K-012 <u>CORRECTIVE ACTION</u> 1) #4 sprinkler heads in the in the ceiling above the food are in the kitchen were corrected on 4-8-14 with caulking sealant. 2) #1 inch penetration around the electric wire in the ceiling in the hopper room were corrected on 4-8-14 with caulking sealant. 3) 1 square foot penetration around the closet in the nurse station 4 was corrected on 4-8-14 with caulking sealant.		
K 027 SS=E	Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1 3/4-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			

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K 027	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the smoke barrier doors. This was evidenced by smoke barrier doors that failed to positive latch upon closure. This could result in the spread of smoke and fire from one smoke compartment to another smoke compartment. This affected 3 of 7 smoke compartments. Findings: During fire alarm testing with facility staff on 4/8/14, the smoke barrier doors were observed. 1. At 1:08 p.m., the right leaf of the smoke barrier double door leaf failed to latch shut by Resident room 122. 2. At 1:10 p.m., the right leaf of the smoke barrier double door leaf failed to latch shut by Resident room 212. 3. At 1:30 p.m., the right leaf of the smoke barrier double door leaf failed to latch shut by Resident room 321.	K 027	K-027 <u>CORRECTIVE ACTION</u> 1) The right leaf of the smoke door barrier double door leaf by room 122 was corrected on 4-8-14 adjusted the latch door. 2) The right leaf of the smoke door barrier double door leaf by room 212 was corrected on 4-8-14 adjusted the latch door. 3) The right leaf of the smoke door barrier double door leaf by room 321 was corrected on 4-8-14 adjusted the latch door.		
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 observation, the facility failed to maintain the automatic sprinkler system. This	K 062			

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K 062	<p>Continued From page 3</p> <p>was evidenced by a sprinkler that did not have 18 inches of clearance around the deflector plate, and a sprinkler head that had an accumulation of dust and debris. This affected 2 of 7 smoke compartments and could limit the effectiveness of the automatic sprinkler system to extinguish a fire.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 4.6.12 Automatic sprinkler system are continuously maintained in reliable operating condition and are inspected and tested periodically.</p> <p>NFPA 13, Standard for the Installation of Sprinkler Systems, 1999 Edition 5-5.6. The clearance between the deflector and the top of storage shall be 18 in. (457 mm) or greater.</p> <p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition. 2.2.1.1 Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint and physical damage and shall be installed in the proper orientation (e.g., up right, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in improper orientation.</p> <p>Findings:</p> <p>On a facility tour with facility staff on 4/8/14, the sprinkler heads were observed.</p> <p>1. At 11:10 a.m., the sprinkler head in the medication room in Nurse station 4 did not have 18 inches of clearance around the deflector plate.</p>	K 062			

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K 062	Continued From page 4 The sprinkler was obstructed by the supplies stored on the shelves up to the ceiling.	K 062			
K 064 SS=D	2. At 11:28 a.m., one sprinkler head had an accumulation of approximately 1/2 inch of dust and debris above the washer in the laundry room. NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their portable fire extinguishers. This was evidenced by a fire extinguisher that was under charged and by fire extinguishers that were freestanding on the floor. This could result in delayed response to a fire in a fire. This affected 2 of 7 smoke compartments. NFPA 101, Life Safety Code, 2000 Edition 9.7.4 Manual Extinguishing Equipment. 9.7.4.1* Where required by the provisions of another section of this Code, portable fire extinguishers shall be installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition 1-6.7* Portable fire extinguishers other than wheeled types shall be securely installed on the hanger or in the bracket supplied or placed in	K 064	<u>CORRECTIVE ACTION</u> 1) Supplies Stored was removed immediately. Posting sign off 18 inches clearance was placed in nursing station 4. 2) One sprinkler head of 1/2 inch of dust & debris above the washer in the laundry room was immediately cleaned and corrected on 4-8-14.		

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K 064	Continued From page 5 cabinets or wall recesses. The hanger or bracket shall be securely and properly anchored to the mounting surface in accordance with the manufacturer's instructions. Wheeled type fire extinguishers shall be located in a designated location. 4-3.2* Procedures Periodic inspection of fire extinguishers shall include a check of at least the following items: (g) Pressure gauge reading or indicator in the operable range or position. Findings: On a facility tour with facility staff on 4/8/14, the portable fire extinguishers were observed. 1. At 11:25 a.m., 1 of 2 portable fire extinguishers was undercharged in the laundry room. 2. At 11:35 a.m., 2 of 2 portable portable fire extinguishers were freestanding on the floor instead of secured in the hangers in the Maintenance Office.	K 064	K-064 <u>CORRECTIVE ACTION</u> 1) Portable fire extinguisher in the laundry room was replaced immediately on 4-8-14. 2) 2 of 2 portable fire extinguisher freestanding on the floor was secured immediately in o2 rack on 4-8-14.		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain electrical safety. This was evidenced by high wattage appliances plugged into a surge protector. This could cause an electrical fire. This	K 147			

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K 147	<p>Continued From page 6 affected 1 of 7 smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p> <p>NFPA 70, National Electrical Code, 1999 Edition 240-4 Flexible cord, including tinsel cord and extension cords, and fixture wires shall be protected against overcurrent by either (a) or (b). (a) Ampacities. Flexible cord shall be protected by an overcurrent device in accordance with its ampacity as specified in Tables 400-5(A) and (B). Fixture wire shall be protected against overcurrent in accordance with its ampacity as specified in Table 402-5. Supplementary overcurrent protection, as in Section 240-10, shall be permitted to be an acceptable means for providing this protection.</p> <p>400-8 Unless specifically permitted in Section 400-7, flexible cord and cables shall not be used for the following:</p> <ol style="list-style-type: none"> (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces (5) Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (6) Where installed in raceways, except as 	K 147			

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K 147	Continued From page 7 otherwise permitted in this Code Findings: On a facility tour with facility staff on 4/8/14, the electrical wiring was observed. At 11:05 a.m., four Hoyer lifts were plugged into a surge protector to charge batteries instead of plugged directly into the outlet in the utility room in Nurse Station 4.	K 147	K-147 <u>CORRECTIVE ACTION</u> Electric outlet was replaced with a 4 port wall outlet in the utility room 4. Corrected on 4-8-14.		