

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

PRINTED: 12/20/2011  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555710	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  11/30/2011
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NAME OF PROVIDER OR SUPPLIER  MANORCARE HEALTH SERVICES - TICE VALLEY	STREET ADDRESS, CITY, STATE, ZIP CODE 1975 TICE VALLEY BLVD. WALNUT CREEK, CA 94595
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K 000	INITIAL COMMENTS  K3 BUILDING: 01  K6 PLAN APPROVAL: 1997  K7 SURVEY UNDER: 2000 EXISTING  K12 STRUCTURE TYPE: One Story, Type III Construction, Fully Sprinklered.  The following reflects the findings of the California Department of Public Health, during an annual Recertification Life Safety Code 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: 27254  S/S = E The facility is not in substantial compliance with Long Term Care Facilities.  Census = 119	K 000	Preparation and/or correction of this plan of correction does not constitute admission by the provider of the truth of the facts alleged of conclusions set forth on the statement of deficiencies. This plan is prepared and/or executed solely because it is required by the provision of Federal State Law"  This Plan of Correction constitutes my written credible allegation of compliance for the deficiencies noted.	
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1  This STANDARD is not met as evidenced by:	K 038		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* p.1 TITLE Administrator (X6) DATE 12/28/2011

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 038	<p>Continued From page 1</p> <p>Based on interview and observation, the facility failed to maintain emergency exits, as evidenced by one exit discharge that was obstructed by a wheelchair and chair that were stored at the end of the corridor. This deficient condition affected one of thirteen smoke compartments and could result in a delay of egress in the event of an emergency.</p> <p>NFPA 101 Life Safety Code, 2000 edition 4.5.3 Means of Egress. 4.5.3.2 Unobstructed Egress. In every occupied building or structure, means of egress from all parts of the building shall be maintained free and unobstructed. No lock or fastening shall be permitted that prevents free escape from the inside of any building other than in health care occupancies and detention and correctional occupancies where staff are continually on duty and effective provisions are made to remove occupants in case of fire or other emergency. Means of egress shall be accessible to the extent necessary to ensure reasonable safety for occupants having impaired mobility. 7.1.3.2.3* An exit enclosure shall not be used for any purpose that has the potential to interfere with its use as an exit and, if so designated, as an area of refuge. (See also 7.2.2.5.3.) 7.1.10 Means of Egress Reliability. 7.1.10.1* Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. 7.1.10.2.2 There shall be no obstructions by railings, barriers, or gates that divide the open space into sections appurtenant to individual rooms, apartments, or other occupied spaces. Where the authority having jurisdiction finds the</p>	K 038	<p><b><u>K038</u></b></p> <p><b><u>Corrective Action:</u></b> Wheelchairs and chairs have been removed from exit access areas so that exits are accessible.</p> <p><b><u>Systemic Changes:</u></b> The facility will in-service staff on Life Safety regulations concerning the need to keep exits free of obstacles.</p> <p><b><u>Monitoring:</u></b> Maintenance director will include exit checks as part of his daily rounds.</p> <p><b><u>QA:</u></b> This issue shall be referred to the QA Committee for review.</p> <p><b><u>Person Responsible:</u></b> Darrell Garland, Maintenance Director</p> <p><b><u>Date of Correction:</u></b> December 30, 2011</p>	

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K 038	Continued From page 2 required path of travel to be obstructed by furniture or other movable objects, the authority shall be permitted to require that such objects be secured out of the way or shall be permitted to require that railings or other permanent barriers be installed to protect the path of travel against encroachment.  Findings:  During a tour of the facility with maintenance staff, on 11/30/11, the facility emergency exits were observed. At 12:35 p.m., at the end of the Lexington Corridor, there was a wheel chair and a chair stored in front of the emergency exit. NFPA 101 LIFE SAFETY CODE STANDARD	K 038	K051  <b><u>Corrective Action:</u></b> The facility fixed the fire alarm system with the inspector present. The therapy bed was moved and a space was drawn out according to regulations to provide unobstructed access to the pull stations.  <b><u>Systemic Changes:</u></b> The facility will monitor pull stations to ensure that they are unobstructed. The facility will continue to conduct fire alarm drills to ensure the alarms are sounding appropriately.	
K 051 SS=E	A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6	K 051	<b><u>Monitoring :</u></b> The facility will conduct fire alarms drills according to regulations to ensure that fire alarm system is functioning properly.  <b><u>QA:</u></b> This issue will be referred to the QA committee for review.  <b><u>Person Responsible:</u></b> Darrell Garland, Maintenance Director  <b><u>Date of Correction:</u></b> December 30, 2011	

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

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K 051	Continued From page 4 Code, and CABO/ANSI A117.1, American National Standard for Accessible and Usable Buildings and Facilities, or other means of notification acceptable to the authority having jurisdiction shall be provided. 9.6.3.8 Audible alarm notification appliances shall be of such character and so distributed as to be effectively heard above the average ambient sound level occurring under normal conditions of occupancy. 9.6.3.9 Audible alarm notification appliances shall produce signals that are distinctive from audible signals used for other purposes in the same building.  Findings:  During a tour of the facility on 11/30/11, the fire alarm system was tested. At 11:14 a.m., in the Lexington Wing, 7 of 7 chime/strobe devices did not function during fire alarm testing. There was no audible sound or strobe function from the devices when the alarm system was activated. The documents provided indicate that the fire alarm system was recently tested and that all devices passed. Staff stated that the fire alarm devices had functioned as designed during a fire drill on 11/29/11. The fire alarm vendor was notified and went out to the facility and was able to correct the issue immediately.  During a tour of the facility with a staff member on 11/30/11, in the physical therapy gym, one of two pull stations was blocked by a therapy bed.	K 051		
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are	K 062		



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K 062	<p>Continued From page 5</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the automatic sprinkler system as evidenced by not conducting the required quarterly test of the sprinkler system. This deficient condition affected thirteen of thirteen smoke compartments and could result in the failure of the sprinkler system in the event of a fire.</p> <p>Based on document review, the facility failed to maintain the automatic sprinkler system as evidenced by failing to maintain the quarterly flow tests for the past twelve months. This deficient practice affected two of two smoke compartments and could result in the failure of the automatic sprinkler system in the event of a fire.</p> <p>NFPA 101 Life Safety Code, 2000 edition 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 edition 2-2.1 Sprinklers. 2-2.6 Alarm Devices. Alarm devices shall be inspected quarterly to verify that they are free of</p>	K 062	<p>K062</p> <p><b>Corrective Action:</b> The facility has signed a contract with the outside vendor to conduct sprinkler tests every quarter</p> <p><b>Systemic Changes:</b> The Maintenance Director shall be in-serviced on the importance of assuring that appropriate tests are conducted in accordance with regulations.</p> <p><b>Monitoring:</b> Administrator or designee will review sprinkler tests to ensure that tests have been conducted according to regulations.</p> <p><b>QA:</b> This issue shall be referred to the QA Committee for their review.</p> <p><b>Person Responsible:</b> Darrell Garland, Maintenance Director</p> <p><b>Date of Correction:</b> December 30, 2011</p>	

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K 062	Continued From page 6 physical damage. 2-3.3* Alarm Devices. Waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly. 2-3.3.1* Testing the waterflow alarms on wet pipe systems shall be accomplished by opening the inspectors test connection. Fire pumps shall not be turned off during testing unless all impairment procedures contained in Chapter 11 are followed. Exception: Where freezing weather conditions or other circumstances prohibit use of the inspector's test connection, the bypass connection shall be permitted to be used.  Findings  During document review on 2/08/11, the reports for the quarterly flow tests were observed. Three of four quarterly flow test reports were provided. The third quarter flow tests of 2011 were missing. Staff stated that the tests were performed by an outside vendor and that the records would be provided. Staff confirmed that the quarterly test had not been conducted.	K 062	<p><b>K147</b></p> <p><u><b>Corrective Action:</b></u> Items blocking the electrical panels have been removed. The electrical outlet faceplate has been repaired.</p> <p><u><b>Systemic Changes:</b></u> Staff shall be inserviced on maintaining panel areas clear of obstacles and reporting broken outlet plates to the maintenance director.</p> <p><u><b>Monitoring:</b></u> The Maintenance Director shall monitor for blocked electrical panels and broken equipment, such as outlet covers during his routine rounds.</p> <p><u><b>QA:</b></u> This item shall be submitted to the QA committee for review.</p> <p><u><b>Person Responsible:</b></u> Darrell Garland, Maintenance Director</p>	
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on interview and observation, the facility failed to maintain their electrical equipment, as evidenced by electrical panels that were blocked and by a face plate for a wall outlet that was</p>	K 147	<u><b>Date of Correction:</b></u> December 30, 2011	

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K 147	<p>Continued From page 7</p> <p>broken. This deficient condition affected three of 13 smoke compartments and could result in a delay of access to the electrical panels in the event of an emergency.</p> <p>NFPA 70, National Electrical Code, 1999 Edition 110-26. Spaces About Electrical Equipment. Sufficient access and working space shall be provided and maintained about all electric equipment to permit ready and safe operation and maintenance of such equipment. Enclosures housing electrical apparatus that are controlled by lock and key shall be considered accessible to qualified persons.</p> <p>(b) Clear Spaces. Working space required by this section shall not be used for storage. When normally enclosed live parts are exposed for inspection or servicing, the working space, if in a passageway or general open space shall be suitably guarded.</p> <p>800-5. Access to Electrical Equipment Behind Panels Designed to Allow Access. Access to equipment shall not be denied by an accumulation of wires and cables that prevents removal of panels, including suspended ceiling panels.</p> <p>Findings:</p> <p>During a tour of the facility with staff, on 11/30/11, the electrical wiring in the facility was observed.</p> <ol style="list-style-type: none"> <li>At 10:44 a.m., the electrical cabinet outside of the the maintenance office was blocked by rolling carts from the kitchen.</li> <li>At 12:40 p.m., in resident room 110, the wall outlet face plate was broken and exposed the electrical junction box.</li> <li>At 1:00 p.m., in the Bio-Hazard room by</li> </ol>	K 147		



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K 147	Continued From page 8 resident room 315, 5 of 6 electrical panels were blocked by three waste basket bins.	K 147		