

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

PRINTED: 10/18/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555545	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/13/2016
NAME OF PROVIDER OR SUPPLIER THE COVE AT LA JOLLA			STREET ADDRESS, CITY, STATE, ZIP CODE 7160 FAY AVENUE LA JOLLA, CA 92037		
(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>Surveyor: 29566 K3 BUILDING: 01 K6 PLAN APPROVAL: 1993 K7 SURVEY UNDER: 2000 EXISTING</p> <p>STRUCTURE TYPE: ONE STORY and LOWER LEVEL OPEN TO GRADE (LAUNDRY ROOM), TYPE V(III), FULLY SPRINKLERED.</p> <p>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.</p> <p>Representing the California Department of Public Health: 29566.</p> <p>The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.</p>	K 000	<p>The following constitutes the facility's response to the findings of the Department of Public Health Services and does not constitute an admission of guilt nor agreement of the facts alleged nor conclusions set forth on the summary statement of deficiencies.</p> <p>This plan of correction is prepared as required by the provisions of the Health and Safety Code, 42 CFR and constitutes the facility's written credible allegation of compliance.</p>		
K 061 SS=D	<p>Census: 29</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72</p> <p>This STANDARD is not met as evidenced by: Surveyor: 29566 Based on observation and interview, the facility</p>	K 061	<p>K 061 – Post Indicator Valve (PIV) supervised by an outside monitoring service</p> <p>Specific Action:</p> <p>Maintenance Director (MD) contacted Licensed Contractor System Specialist on October 14, 2016 and verified that the current PIV system built in 1964 does not have the capability to be supervised by an outside monitoring service.</p>		

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

TITLE

(X6) DATE



ADMINISTRATOR

10/26/2016

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.

11/1/16 POC Acceptable Per Joel Yelung

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K 061	Continued From page 1 failed to maintain their automatic fire sprinkler system in accordance with NFPA 101, 2000 Edition. This was evidenced by a tamper alarm at the post indicator valve (PIV) not supervised by an outside monitoring service. This affected four of four smoke compartments and this could result in failure for the facility to know the fire sprinkler system was tampered at the PIV. Findings: During tour of facility with the Director of Environmental Service on 10/13/16, the automatic fire sprinkler system was tested and observed. The fire alarm panel was located at the nurses' station. At 11:01 a.m., the tamper alarm attached to the PIV located at the front of the facility by a public side walk was tested by closing the PIV. There was an alarm heard at the fire alarm control panel by the nurse station. At 3:30 p.m., the monitoring activity report dated 10/13/16 was reviewed and did not indicate the signal from the tamper alarm was received by the monitoring company. During interview with the Director of Environmental Services, he stated the fire alarm panel was installed in 1993 and was not capable of having a PIV trouble signal transmitted to the monitoring company.	K 061	According to the specialist, the current system used by facility does not have the ability to communicate with an outside monitoring company and adding such outside monitoring service will alter the integrity of the PIV system as it was built in 1964. Furthermore, the facility automatic fire sprinkler system and PIV valve has an alarm monitoring system in place that provide a visual and audible alarm in the fire alarm panel at our Nursing Station which is continuously attended and monitored by facility staff in the event that our PIV valve is tampered or malfunctioning. Maintenance Director (MD) provided education to facility staff on 10/26/2016 regarding proper action and procedure in the event that the trouble signal is heard and observed from the Nursing Station fire alarm panel. Direct Responsibility/Monitoring: The Maintenance Director (MD) is responsible to ensure that facility is in compliance with regulations and facility policy. Date of completion and compliance achieved by October 26, 2016.		
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	K 062	K 062 - Obstructing fire sprinkler heads' 18" clearance not maintained between sprinkler heads and stored items CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM		

OCT 28 2016

LIFE SAFETY CODE UNIT
SAN BERNARDINO

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K 062	Continued From page 2 This STANDARD is not met as evidenced by: Surveyor: 29566 Based on observation, interview and record review, facility failed to maintain automatic fire sprinklers system in a reliable operating condition. This was evidenced by items obstructing fire sprinkler heads. An 18" clearance is required to be maintained between the sprinkler heads and the storage items. This affected 1 of 4 smoke compartment and laundry lower level. This could result in the automatic fire sprinklers system not effective in putting out a fire. Findings: During tour of facility with the Director of Environmental Services on 10/13/16, the sprinkler system was observed and maintenance log reviewed. At 3:50 p.m., there were food supplies and other items located on the top shelf that obstructed the sprinkler deflector in the Kitchen Storage Room. The food supplies and other items were located approximately 14 inches directly below the sprinkler deflector.	K 062	Specific Action: All items stored above the 18 inch clearance from the sprinkler head were immediately removed and addressed. Maintenance Director removed excessive top shelving that obstructed the sprinkler head from maintaining 18" clearance from the sprinkler head and stored items. Area is now cleared of any obstruction to the sprinkler head. Maintenance Director provided training and education to the kitchen personnel on 10/13/16 and 10/26/2016 to ensure that all items are stored in accordance with the regulated 18 inch clearance from the sprinkler head. Direct Responsibility/Monitoring: Maintenance Director (MD) is responsible to ensure that facility is in compliance with the 18 inch clearance from each sprinkler head in accordance with regulations and facility policy. The Kitchen Manager (KM) is responsible to ensure that all food items are stored in compliance with the 18 inch clearance from the sprinkler head as per regulations and facility policy. Date of completion and compliance achieved by October 26, 2016.	
K 077 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Piped in medical gas systems comply with NFPA 99, Chapter 4. This STANDARD is not met as evidenced by: Surveyor: 29566 Based on observation, the facility failed to maintain medical gas system in accordance with NFPA 99, 1999 Edition. This was evidenced by failure to ensure repairs done on the medical gas system were conducted by trained personnel. This affected 4 of 4 smoke compartments. This	K 077	K 077 – Medical gas system repair by trained personnel Specific Action: Maintenance Director immediately contacted FS Medical Technology, a licensed contractor for medical gases, to inspect and verify the integrity of the medical gas system.	

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K 077	<p>Continued From page 3</p> <p>could result in a hazardous condition due to malfunction of the medical gas system.</p> <p>Findings:</p> <p>During tour of the facility with the Director of Environmental Services on 10/13/16, the medical gas system records were reviewed.</p> <p>At 2:59 p.m., the medical piped gas system record dated 7/20/16 indicated "piped leakage due to pigtails with check valves needed to replace". Director of Environmental Services documented he repaired the covered switch lead and the oxygen reserve in use alarm.</p> <p>During interview with the Director of Environmental Services, he stated he has done the repairs on the medical gas piped system and confirmed he had no formal training from a Medical gas piped system manufacturer or by personnel trained in Medical gas piped system. Director of Environmental Services was asked if he did any re-test of the system after he conducted the repairs and his response was no.</p>	K 077	<p>FS Medical Technology technician completed an on-site visit on 10/24/2016 to inspect and verify the proper installation of the cylinder lead connections from an Oxygen manifold. A leak and operational test was also conducted by the trained personnel from FS Medical Technology on 10/24/2016 to ensure that the system is sound, functional, and intact. FS medical deems the system suitable for patient use.</p> <p>Direct Responsibility/Monitoring:</p> <p>Maintenance Director is responsible to contact and notify a licensed contractor for medical gases in the event that repair is needed to ensure integrity of the medical gas system functions within accordance with regulations and facility policy.</p> <p><i>Date of completion and compliance achieved by October 24, 2016.</i></p>		

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