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

PRINTED: 10/23/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555141	A. BUILDING 01 B. WING	10/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
TOWN AND COUNTRY MANOR	555 EAST MEMORY LANE SANTA ANA, CA 92706

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K 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 1981 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE (V) (111), FULLY SPRINKLERED The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification 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 Federal ID Number 26387 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities Census = 77	K 000	K000 This plan of correction is submitted pursuant to state and federal law, and is not intended to be an admission of the allegations contained herein. This plan of correction constitute the facility's credible allegation of compliance with the regulations.	11/1/13
K 050 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible	K 050	K050 Fire Drills No residents were affected by this practice.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Lori S. Bond | TITLE: NHA | (X6) DATE: 11/1/2013

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. 11/5/13 POC acceptable per Marian DeMuro, HFES

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K 050	Continued From page 1 alarms. 19.7.1.2 This STANDARD is not met as evidenced by: Based on record review, the facility failed to conduct fire drills at varying times as evidenced by conducting 2 P.M. shift fire drills and 2 A.M. shift fire drills around the same time. This affected 3 of 3 smoke compartments, and could result in facility staff not being prepared to respond to a fire emergency at varying times. Findings: During document review with the Director of Facilities and the Project Manager on 10/22/13, the fire drill records were reviewed. 1. At 9:47 a.m., two of four fire drills for the A.M. shift were conducted at around 10:40 a.m. The fire drills provided the following information: 1/8/13, the fire drill was conducted at 10:35 a.m., 4/8/13, the fire drill was conducted at 10:45 a.m. 7/3/13, the fire drill was conducted at 9:45 a.m., and 10/22/12, the fire drill was conducted at 9:00 a.m. 2. At 9:48 a.m., two of four fire drills for the P.M. shift were conducted at around 9:45 p.m. The fire drills provided the following information: 2/6/13, the fire drill was conducted at 7:15 p.m., 5/2/13, the fire drill was conducted at 9:50 p.m., 7/3/13, the fire drill was conducted at 9:40 p.m., and 11/7/12, the fire drill was conducted at 6:15 p.m.	K 050	The Administrator notified Life Safety Service, our provider for fire drills of this unacceptable practice. The Administrator will monitor for random fire drill times and report to the quality Assurance committee quarterly for compliance.	11/1/13 Quarterly
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is	K 052		

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K 052	Continued From page 2 installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72 9.6.1.4 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the fire alarm system as evidenced by the failure to keep impediments from obstructing a manual fire alarm pull station device from view and access. This could delay the activation of the fire alarm system and cause potential harm to residents in the event of a fire emergency. This affected 1 of 3 smoke compartments. NFPA 72, National Fire Alarm Code, 1999 Edition Section 2-8.2.1 2-8.2.1 Manual fire alarm boxes shall be located throughout the protected area so that they are unobstructed and accessible. Findings: During a tour of the facility with the Director of Facilities and the Project Manager on 10/22/13, the fire alarm system components were observed. At 10:53 a.m., the manual fire alarm pull station device near Room 510G was impeded from view	K 052	K052 Obstruction of Fire Pull Station No residents were affected by this practice. Housekeepers were inserviced to avoid obstructing Fire Pull Stations with their carts by the Housekeeping Supervisor on 11/1/2013. Director of Staff Development to monitor randomly and report findings to the Quarterly Quality Assurance committee.	11/1/13 Quarterly

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K 052	Continued From page 3 and access with a housekeeping cart left unattended in front of the device.	K 052		
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 their automatic sprinkler system. This was evidenced by a sprinkler with green corrosion on it. This affected 1 of 3 smoke compartments. This could result in the failure of the sprinkler system in the event of a fire, increasing the risk of harm to the residents. 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 1-4.2 The responsibility for properly maintaining a water-based fire protection system shall be that of the owner(s) of the property. By means of periodic inspections, tests, and maintenance, the equipment shall be shown to be in good operating condition, or any defects or impairments shall be	K 062	K62 Automatic Sprinklers No resident were affected by this deficiency. Exterior sprinkler heads will be added to the monthly inspections as well as twice yearly inspections by our outside contractor. Any negative findings will be repaired immediately and reported to our quarterly Quality Assurance committee. Our outside contractor, Orange County Fire Protection, was on site changing the deficient sprinkler heads on 10/30/2013.	Monthly Quarterly 10/30/13

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K 062	Continued From page 4 revealed. Inspection, testing, and maintenance shall be implemented in accordance with procedures meeting or exceeding those established in this document and in accordance with the manufacturer's instructions. These tasks shall be performed by personnel who have developed competence through training and experience. Exception: Where the owner is not the occupant, the owner shall be permitted to pass on the authority for inspecting, testing, and maintaining the fire protection systems to the occupant, management firm, or managing individual through specific provisions in the lease, written use agreement, or management contract. 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., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. Findings: During a tour of the facility with the Director of Facilities and the Project Manager on 10/22/13, the sprinkler system observed: At 1:50 p.m., the sprinkler head located under the eave (near the corner) outside of Room 412F was covered (approximately 70 percent) with green corrosion.	K 062		
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised	K 144		

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K 144	Continued From page 5 under load for 30 minutes per month in accordance with NFPA 99 3.4.4.1 This STANDARD is not met as evidenced by: Based on observation, document review, and interview, the facility failed to maintain their emergency generator. This was evidenced by the failure to have a two hour load bank test conducted on their emergency generator within the past twelve months and no emergency light in the generator room. This affected 3 of 3 smoke compartments and could result in a malfunction of the emergency generator and leave the room in darkness in the event of a power failure. NFPA 99, Standard for Health Care Facilities, 1999 Edition 3-4.4.1.1 Maintenance and Testing of Alternate Power Source and Transfer Switches. (a) Maintenance of Alternate Power Source. The generator set or other alternate power source and associated including all appurtenant parts, shall be so maintained as to be capable of supplying service within the shortest time practicable and within the 10-second interval specified 3-4.1.1.8 and 3-4.3.1. Maintenance shall be performed in accordance with NFPA 110, Standard for Emergency and Standby system NFPA 110 Standard for Emergency and Standby Power Systems, 1999 Edition	K 144	K144 Generator Inspection No residents were affected by this practice. Load Bank test on the 250kw generator was completed on 10/23/2013. Maintenance Supervisor will monitor that Load Bank testing is done prior to the expiration of the previous test. This will be reported to the Quality Assurance Committee on a quarterly basis. Residents were not affected by the emergency battery powered light in the generator enclosure room. Maintenance Supervisor has ordered a new light, to be installed prior to 11/21/2013. Maintenance Department will perform a 30 second test of this light monthly and a 90 minute test annually. Findings will be reported	10/23/13 Quarterly 11/21/13 Monthly Annually

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K 144	Continued From page 6 6-3.4 A written record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained on the premises. The written record shall include the following: (a) The date of the maintenance report (b) Identification of the servicing personnel (c) Notation of any unsatisfactory condition and the corrective action taken, including parts replaced (d) Testing of any repair for the appropriate time as recommended by the manufacturer 6-4.1 Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly and shall be exercised under load at least monthly. 6-4.2 Generator sets in Level 1 and Level 2 service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (a) Under operating temperature conditions or at not less than 30 percent of the EPS nameplate rating (b) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer 6-4.2.2 Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes, followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours. NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition 5-3 Lighting. 5-3.1 The Level 1 or Level 2 EPS equipment	K 144	to the Quality Assurance committee on a quarterly basis. Quarterly	

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K 144	Continued From page 7 location shall be provided with battery-powered emergency lighting. The emergency lighting charging system and the normal service room lighting shall be supplied from the load side of the transfer switch. Findings: During a tour of the facility with the Director of Facilities and the Project Manager on 10/22/13, the generator room was inspected and the generator records were reviewed. 1. At 12:48 p.m., the facility's emergency generator test record indicated that the last load bank test for their diesel powered 250 KW generator was conducted on 10/5/12 2. At 1:55 p.m., there was no emergency battery powered light in the generator enclosure room.	K 144		
K 147 SS=E	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 their electrical equipment and utilities. This was evidenced by medical equipment plugged into surge protected multi-outlet box and a power strip, multi-outlet box with a surge protected strip plugged in, and an electrical panel that was impeded. This affected 2 of 3 smoke compartments and could result in an electrical fire, and delay access to electrical circuits.	K 147	K147 Electrical Wiring and Equipment No resident were affected by the Medication Cart parked in front of the electrical panel. Nurses were inserviced as to where the medication carts can and cannot park by the Assistant Director of Nursing. The Assistant Director of Nursing shall make random rounds to ensure that medication carts are not parked in from of electrical panels. She shall report any negative	11/5/13

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K 147	Continued From page 8 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. 400-8 Unless specifically permitted in Section 400-7, flexible cord and cables shall not be used for the following: (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 otherwise permitted in this Code NFPA 70, National Electrical Code, 1999 Edition, Article 110-26(a)(2) Width of Working Space. The width of the working space in front of the electric equipment shall be the width of the equipment or 30 in. (762 mm), whichever is greater. In all cases, the work space shall permit at least a 90 degree opening of equipment doors or hinged panels.	K 147	findings immediately to the Administrator and the Quality Assurance Committee will review this quarterly. For the resident involved, the plug adaptor was removed from the resident room and the dining room. The hospital bed was plugged directly into the wall. All rooms were checked to ensure no adaptors, or extension cords, were in place and that medical equipment was plugged directly into the wall sockets on 10/30/2013. Maintenance department will make monthly rounds to check for any electrical adaptors, extension cords and remove any found, and to ensure that medical equipment is plugged directly into the wall socket. Any negative findings will be reported to the Administrator immediately and followed by the	Quarterly 10/23/13 10/30/13 Monthly

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K 147	Continued From page 9 NFPA 70, National Electrical Code, 1999 Edition, Article 110-26(3)(b) Clear Spaces, Working space required by this section shall not be used for storage. Findings: During a tour of the facility with the Director of Facilities and the Project Manager on 10/22/13, the facility's electrical equipment was observed: 1. At 1:10 p.m., there was an unattended medication cart that was in front on the electrical panel EC at the 5G nursing station. 2. At 1:19 p.m., Bed A in Room 525G was plugged into a four plug adapter that was attached to the wall and not directly into an electrical outlet. 3. At 1:27 p.m., there was a six plug adapter with over current protection with a multi-outlet power strip plugged in to it in the G Dining Room. 4. At 1:39 p.m., Bed B in Room 503G was plugged into a white multi-outlet power strip and not directly into an electrical outlet.	K 147	quarterly Quality Assurance committee. Quarterly	