

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

PRINTED: 08/12/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555065	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/01/2016
NAME OF PROVIDER OR SUPPLIER VIEW PARK CONV HOSP			STREET ADDRESS, CITY, STATE, ZIP CODE 3737 DON FELIPE DRIVE LOS ANGELES, CA 90008		
(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	INITIAL COMMENTS This facility was surveyed under 42 CFR Part 483.70(a), Life Safety Code NFPA 101, 2000 Edition, Chapter 19 Existing Health Care Occupancies, and other applicable codes. The following represents the findings of the Department of Public Health Services during the Life Safety Code Survey. Representing the Department of Public Health Services: 06646, HFE I, Life Safety Code Specialist Licensed Capacity: 99 beds Facility Census: 85 residents Highest Severity and Scope: E	K 000	Disclaimer: The signing of this plan of correction is not an admission or agreement by this statement of deficiencies and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law. This plan of correction constitutes my written credible allegation of compliance for the deficiencies noted.		
K 062 SS=E	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: NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 edition. Chapter 2 Sprinkler Systems 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	K 062	K 062 Immediate Corrective Action Upon notification on 7/2/2016, the dust was promptly cleaned off the fire sprinkler heads by the Maintenance Supervisor in the sorter room, washing machine area, and in the hallway entrance to the laundry. Identification of Others at Risk The Maintenance Supervisor immediately made rounds to ensure that the other sprinkler heads are free of corrosion, foreign materials, paint, and physical damage.	2016 AUG 19 4:51 7/2/16	

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 062	<p>Continued From page 1</p> <p>orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or the improper orientation.</p> <p>This requirement was not met as evidenced by:</p> <p>Based on observation and interview, the facility failed:</p> <p>To ensure fire sprinkler heads were not loaded with dirt and dust in the laundry.</p> <p>In the event of a fire, the activation and effective operation of the automatic sprinkler system may occur if sprinkler heads are properly maintained, without any build-up of foreign materials, and all components were maintained in good repair. At the time of the survey, the facility was licensed for 99 beds and had a census of 85 residents.</p> <p>Findings:</p> <p>On July 2, 2016 at 10:15 a.m. to 3:45 p.m., during a tour of the facility, the evaluator, in the presence of the maintenance supervisor, observed the following deficiencies with the fire sprinkler heads:</p> <p>In the laundry the fire sprinkler heads in the dirty sorter room and washing machine area was loaded with dust. And there was an accumulation of dust on the fire sprinkler head located in the hallway entrance to the laundry.</p>	K 062	<p><u>Process to Prevent Recurrence:</u></p> <p>The Administrator gave a 1:1 in-service with the Maintenance Supervisor on 8/18/2016 regarding proper cleaning of sprinkler heads to ensure that they are free of corrosion, foreign materials, paint, and physical damage.</p> <p>The Maintenance Supervisor will make weekly rounds ensuring that all sprinkler heads in the facility are free of corrosion, foreign materials, paint, and physical damage.</p> <p><u>Monitoring Process:</u></p> <p>The Maintenance Supervisor created a weekly CQI checklist to ensure sprinkler heads are free of corrosion, foreign materials, paint, and physical damage.</p> <p>The Maintenance Supervisor will give a recapitulation of his findings to the Quarterly Quality Assurance Committee for review and action if necessary.</p>	8/18/16	8/19/16

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K 062	Continued From page 2 During an interview with the maintenance supervisor at the time of the observation, stated he was unaware of the problems with the fire sprinkler heads. The deficiency affected 1 out of 3 smoke compartments. The deficiency was brought to the attention of the administrator during the exit conference on July 2, 2016.	K 062	K 071 Immediate Corrective Action a) Upon notification on 7/2/2016, the linen/laundry chute fire door was checked immediately to see if it was closed/locked. b) Upon notification on 7/2/2016, all emergency exit doors with an approved automatic-closing or self-closing device were checked immediately to ensure that they were locked.	7/2/16	
K 071 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Rubbish Chutes, Incinerators and Laundry Chutes: (1) Any existing linen and trash chute, including pneumatic rubbish and linen systems, that opens directly onto any corridor is sealed by fire resistive construction to prevent further use or is provided with a fire door assembly having a fire protection rating of 1 hour. All new chutes comply with section 9.5. (2) Any rubbish chute or linen chute, including pneumatic rubbish and linen systems, is provided with automatic extinguishing protection in accordance with 9.7. (3) Any trash chute discharges into a trash collection room used for no other purpose and protected in accordance with 8.4. (4) Existing flue-fed incinerators are sealed by fire resistive construction to prevent further use. 19.5.4, 9.5, 8.4, NFPA 82 This STANDARD is not met as evidenced by: Based on observation and interview, the facility	K 071	Identification of Others at Risk a) The Maintenance Supervisor is responsible for ensuring that the linen/laundry chute is sealed by fire resistive construction to prevent further use or is provided with a fire door assembly having a fire protection rating of 1 hour. b) The Maintenance Supervisor is responsible for ensuring that all emergency exit doors with an approved automatic-closing or self-closing device are locked to prevent any resident falls and injuries. Process to Prevent Recurrence: a) The Maintenance Supervisor will use direct observation during random rounds to ensure that the linen/laundry chute is being closed and locked after each use.	7/2/16	

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K 071	<p>Continued From page 3</p> <p>failed to ensure the linen/laundry chute fire door was closed.</p> <p>Findings: On July 2, 2016, during the tour of the facility, a single floor structure with a basement, from 10:10 a.m. to 2:35 p.m., the evaluator, in the presence of the maintenance supervisor, observed the fire door located out side of the emergency exit door near room 123 had an approved automatic-closing or self-closing device that was unlocked leaving access to the residents and created a potential for fall or injury.</p> <p>During an interview with the maintenance supervisor, he indicated he was not aware the fire door was unlocked.</p> <p>The deficiency affected two out of two smoke compartments on the sleeping room level and one of one smoke compartment on the ground level.</p> <p>The deficiency was brought to the attention of the administrator and director of nursing during the exit conference on July 2, 2016.</p>	K 071	<p>The Maintenance Supervisor held an in-service with the laundry and housekeeping staff on 8/15/2016 about keeping the linen/laundry chute closed and locked after each use.</p> <p>The Director of Staff Development held an in-service with the C.N.A. staff on 8/15/2016 about keeping the linen/laundry chute closed and locked after each use.</p> <p>b) The Maintenance Supervisor will use direct observation during random rounds to ensure that the emergency exit doors are locked.</p> <p>The Maintenance Supervisor held an in-service with the laundry and housekeeping staff on 8/16/2016 about keeping the emergency exit doors locked at all times.</p> <p>Monitoring Process: The Maintenance Supervisor created a weekly CQI checklist to ensure sprinkler heads are free of corrosion, foreign materials, paint, and physical damage.</p> <p>The Maintenance Supervisor will give a recapitulation of his findings to the Quarterly Quality Assurance Committee for review and action if necessary.</p>	8/15/16	8/15/16
				8/16/16	8/19/16
				8/19/16	