

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

PRINTED: 08/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056430	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/09/2012
NAME OF PROVIDER OR SUPPLIER NORTHGATE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 40 PROFESSIONAL CENTER PARKWAY SAN RAFAEL, CA 94903	
(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 K3 BUILDING: 01 K6 PLAN APPROVAL: 1991 K7 SURVEY UNDER: 2000 Existing K12 STRUCTURE TYPE: One Story (with partial basement), Type V Wood Frame Construction, 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: 30514 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census = 48	K 000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of the Health and Safety Code Section 1280 and 42 CFR 405.1 Section 7 <i>CBP</i> Administrator's Initials This plan of correction will serve as the facility's Credible Allegation of Compliance.	
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3	K 018		

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

Calais Premsberger

TITLE

Administrator

(X6) DATE

8/21/12

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.

8/21/12 - POC Acceptable per Marian DeMeire

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K 018	Continued From page 1 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their corridor doors, as evidenced by a corridor door that was held open by a garbage can. This deficient practice could lead to a delay in containing fire during an emergency, and affected 1 of 3 smoke compartments. Findings: During a tour of the facility with maintenance staff on 8/9/12, the corridor doors were observed. At 11:32 a.m., the corridor door to Room 22 in the West Wing was held open by a garbage can. 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:	K 018	K018 The facility will ensure that there is no impediment in the closing of corridor doors. The garbage can that was propping open the corridor door to Room 22 was removed. The maintenance supervisor replaced the hinges on the door so that it stays open without any assistance. All corridor doors were checked by the maintenance supervisor to ensure there are no other impediments for any other corridor doors. Maintenance supervisor will conduct daily rounds to ensure corridor doors are not propped open and that all corridor doors are operating properly Ongoing issues will be referred to the QA Committee for follow up and recommendations for improvement Maintenance supervisor will be responsible for ongoing compliance	8/15/12 8/15/12 8/15/12 ongoing	
K 062 SS=E		K 062			

STATE DEPT OF
PUBLIC HEALTH
2012 AUG 27 PM 1:02
SAN FRANCISCO COUNTY

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K 062	<p>Continued From page 2</p> <p>Based on record review, observation and interview, the facility failed to maintain their sprinkler system as evidenced by incomplete records for quarterly testing for one of four quarters, and by corrosion on sprinkler heads. This deficient practice could result in the malfunction of the sprinkler system as designed in the event of a fire, and affected three of three smoke compartments.</p> <p>NFPA 25 Standards for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems 1998 Edition 2-1 General. This chapter provides the minimum requirements for the routine inspection, testing, and maintenance of sprinkler systems. Table 2-1 shall be used to determine the minimum required frequencies for inspection, testing, and maintenance.</p> <p>Exception: Valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 9.</p> <p>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.</p> <p>Exception No. 1:* Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection.</p> <p>Exception No. 2: Sprinklers installed in areas that are inaccessible</p>	K 062	<p>K062</p> <p>The facility will ensure that the automatic sprinkler systems are continuously maintained and in reliable operating condition and are inspected and tested periodically</p> <p>The maintenance supervisor scheduled immediate sprinkler testing and service from our vendor Fire King. 8/15/12</p> <p>All sprinklers throughout the facility will be tested and serviced accordingly during the visit from Fire King 9/3/12</p> <p>The maintenance supervisor will ensure that the facility remains in compliance with sprinkler testing and maintenance every quarter by scheduling quarterly visits for the next year. 9/3/12</p> <p>Ongoing issues will be addressed to the Committee for follow up and recommendations for improvement.</p> <p>The administrator and maintenance supervisor will be responsible for ongoing compliance.</p>	<p>STATE DEPT OF PUBLIC HEALTH 2012 AUG 27 PM 1:03 LIFE CENTER SAN BERNARDINO COUNTY</p>	

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K 062	Continued From page 3 for safety considerations due to process operations shall be inspected during each scheduled shutdown. Findings: During document review and observation with maintenance staff on 8/9/12, the sprinkler testing records were reviewed, and the sprinklers were observed. 1. At 10:00 a.m. during document review, the records for the quarterly sprinkler testing for the 2nd quarter of 2012 was missing. Staff was unable to locate the missing records. 2. At 11:50 a.m., in the Kitchen, six of six sprinklers were corroded with a green substance on the sprinkler head below the escutcheon ring. NFPA 101 LIFE SAFETY CODE STANDARD	K 062			
K 147 SS=D	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 interview and observation, the facility failed to maintain their electrical wiring and equipment, as evidenced by the use of extension cords and surge protectors three Resident Rooms. This deficient practice could lead to an increased risk for an electrical fire and affected 2 of 3 smoke compartments. NFPA 99, (1999), 3-3.2.1.2 All Patient Care Areas. 2. Minimum Number of Receptacles. The	K 147			

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K 147	<p>Continued From page 4</p> <p>number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so as to avoid the need for extension cords or multiple outlet adapters.</p> <p>a. Receptacles for Patient Bed Locations in General Care Areas. Each patient bed location shall be provided with a minimum of four receptacles.</p> <p>b. Receptacles for Patient Bed Locations in Critical Care Areas. Each patient bed location shall be provided with a minimum of six receptacles.</p> <p>Exception No. 1: Receptacles shall not be required in bathrooms or toilet rooms.</p> <p>Exception No. 2: Receptacles shall not be required in areas where medical requirements mandate otherwise; for example, certain psychiatric, pediatric or hydrotherapy areas.</p> <p>Findings:</p> <p>During a tour of the facility with maintenance staff, the electrical wiring and equipment in the facility were observed.</p> <p>1. At 11:30 a.m., in Room 22 in the West Wing, the television by Bed A was plugged into an extension cord, that was plugged into a surge protector.</p> <p>2. At 11:46 a.m., in Room 26 in the South Wing, a radio and breathing machine by Bed B were plugged into a surge protector.</p> <p>3. At 11:48 a.m., in Room 25 Bed B in the South Wing, a radio, bed, and light were plugged into a</p>	K 147	<p>K147</p> <p>The facility will ensure that the electrical wiring and equipment is in accordance with NFPA70.</p> <p>The Maintenance supervisor removed extension cords that were plugged into surge protectors in Rooms 22, 26, 25 and 6.</p> <p>The maintenance supervisor conducted rounds to ensure no other rooms contained extension cords and or surge protectors.</p> <p>The maintenance supervisor will conduct weekly rounds to ensure there have been no additions of extension cords and or surge protectors in patient care areas.</p> <p>Ongoing issues with receptacles for patient care areas will be address during the Committee for follow up and recommendations for improvement.</p> <p>The maintenance supervisor will be responsible for ongoing compliance.</p>	<p>8/15/12</p> <p>8/15/12</p> <p>Ongoing</p>

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K 147	Continued From page 5 surge protector. 4. At 12:05 p.m., in Room 6 Bed B in the East Wing, an IV pump, breathing machine, bed, and Ipod speakers were plugged into a surge protector. Upon interview with staff, staff confirmed the use of the surge protectors due to the lack of sufficient receptacles available in the resident rooms.	K 147		STATE DEPT OF PUBLIC HEALTH 2012 AUG 27 PM 1:03 LIC & CEN, SAN BERNARDINO COUNTY	