

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

PRINTED: 01/16/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555349	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2015
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NAME OF PROVIDER OR SUPPLIER VACAVILLE CONVALESCENT & REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 585 NUT TREE COURT VACAVILLE, CA 95687
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(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
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K 000

INITIAL COMMENTS

Surveyor: 27994
K3 BUILDING: 01
K6 PLAN APPROVAL: 1989
K7 SURVEY UNDER: 2000 EXISTING

STRUCTURE TYPE: ONE STORY & PARTIAL
UPSTAIR, TYPE V CONSTRUCTION, 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:
27994

The facility is not in substantial compliance with
42 CFR 483.70 (a) for Long Term Care Facilities.

K 018
SS=D

Census: 104
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 1¾ 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

K 000

This plan of correction constitutes
my written credible allegation of
compliance for the deficiencies
noted.

K 018

The facility will maintain self closing
doors and ensure they are not
obstructed from closing.

K 018

The door to the Therapy Room is
equipped with a self-closing device.
Therapy Staff does not need to place
anything in front of the door to keep
door open. All items in front of the
door were removed and we will
ensure Therapy Staff does not place
anything in front in the future.
The door to the Laundry Room is
also equipped with a self-closing
device. Wooden stick in front of
door has been removed. The

15 Jan. 2015

15 Jan. 2015

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.

2/4/15 - POC Acceptable per Robert Compton

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K 018	Continued From page 1 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Surveyor: 27994 Based on observation, the facility failed to maintain its doors. This was evidenced by two doors that were obstructed from closing. This affected two of six smoke compartments, and could potentially result in the transfer of smoke. NFPA 101, 2000 19.3.6.3.3* Hold-open devices that release when the door is pushed or pulled shall be permitted. Findings: During a tour of the facility with staff on 1/15/15, the doors were observed. 1. At 9:15 a.m., the self closing door to the Therapy Room was held open by housekeeping supplies. 2. At 9:18 a.m., the self closing door to the Soil Laundry Room was held open by a wooden stick.	K 018	Laundry Room door will not be obstructed from closure. Maintenance Supervisor is responsible to monitor corridor doors and ensure they are unobstructed and/or latch properly on daily rounds. Administrator will monitor on daily rounds to ensure all corridor doors are unobstructed and/or latch properly. Therapy Staff will be inserviced by Rehabilitation Director not to place items in front of self-closing door. Laundry Staff will be inserviced to not place anything in front of self- closing door. Facility staff will be inserviced to document all doors that are obstructed in the Maintenance Log for repair.		Jan. 28, 2015 Jan. 28, 2015 Jan 27, 29, 2015
K 047	NFPA 101 LIFE SAFETY CODE STANDARD	K 047	K 047 The facility will maintain its emergency exit signs and document		

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K 047 SS=E	<p>Continued From page 2</p> <p>Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27994 Based on document review and interview, the facility failed to maintain its emergency exit signs. This was evidenced by a lack of documentation provided for annual testing of its battery powered emergency exit signs. This affected six of six smoke compartments. Failure to maintain and test emergency exit signs could potentially result in delayed evacuation and/or injury in the event of an emergency.</p> <p>NFPA 101, 2000 19.2.10.1 Means of egress shall have signs in accordance with Section 7.10. 7.10.9.2 Testing. Exit signs connected to or provided with a battery-operated emergency illumination source, where required in 7.10.4, shall be tested and maintained in accordance with 7.9.3 7.9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 1-1/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the</p>	K 047	<p>annual testing of its battery powered emergency exit signs.</p> <p>Maintenance Supervisor will ensure emergency exit signs are tested annually and will maintain documented results.</p> <p>Maintenance Supervisor will add emergency exit signs testing to his inspection checklist to ensure test is done timely.</p> <p>Maintenance Supervisor will visually check emergency exit signs during daily rounds.</p> <p>Administrator will visually check emergency exit signs during daily rounds.</p> <p>Facility staff will be inserviced to document in the Maintenance Log if they notice any emergency exit sign not being lit up.</p>	<p>Jan. 27 + 29, 2015</p>	

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

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K 052	<p>Continued From page 4</p> <p>NFPA 101, 2000 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with section 9.6 9.6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code, unless an existing installation, which shall be permitted to be continued in use, subject to the approval of the authority having jurisdiction.</p> <p>NFPA 72, 1999 7-5.2.2 A permanent record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 7-5.2.2. (1) Date (2) Test frequency (3) Name of property (4) Address (5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number (6) Name, address, and representative of approving agency(ies) (7) Designation of the detector(s) tested, for example, " Tests performed in accordance with Section _____ " (8) Functional test of detectors (9) *Functional test of required sequence of operations (10) Check of all smoke detectors (11) Loop resistance for all fixed-temperature, line-type heat detectors</p>	K 052			

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K 052	Continued From page 5 (12) Other tests as required by equipment manufacturers (13) Other tests as required by the authority having jurisdiction (14) Signatures of tester and approved authority representative (15) Disposition of problems identified during test (for example, owner notified, problem corrected/successfully retested, device abandoned in place) Findings: During document review and interview with staff on 1/15/15, the annual fire alarm inspection report were review. At 11:16 a.m., the facility annual fire alarm inspection report dated 10/16/14 was incomplete. There were no records that indicate the heat detectors were tested. The facility was observed with heat detectors in different part of the building. Staff 1 and Staff 2 confirmed there were no heat detectors listed on the annual fire alarm inspection report.	K 052			
K 054 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Surveyor: 27994 Based on observation, the facility failed to maintain its smoke detectors. This was evidenced	K 054	K 054 Facility will maintain its smoke detectors in working order to prevent the possible delay in notification in the event of a fire emergency. Maintenance Supervisor replaced smoke detector 42 located near Room 38 and ensured it worked. Maintenance Supervisor will continue to check each smoke detector visually monthly. Maintenance Supervisor will continue to inspect each smoke detector mechanically each year.	Jan. 16, 2015	

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K 054	Continued From page 6 by one smoke detector that failed during testing. This affected one of six smoke compartments, and could potentially result in a delay in notification in the event of a fire emergency. Findings: During testing with staff on 1/15/15, the smoke detectors were tested. At 10:21 to 10:33 a.m., smoke detector 42 located near Room 38 failed to activated the fire alarm system.	K 054	Outside vendor does sensitivity testing of smoke detectors every two years.		
K 062 SS=F	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: Surveyor: 27994 Based on observation, document review, and interview, the facility failed to maintain the integrity of the automatic sprinkler. This was evidenced by sprinkler heads that was painted, by less than 18 inches of clearance below the sprinkler deflector, and by no annual sprinkler inspection report. This affected six of six smoke compartments, and could result in the ineffective operation of the automatic sprinkler system in the event of a fire. NFPA 101, 2000 19.7.6 Maintenance and Testing (see 4.6.12)	K 062	K 062 The facility will maintain the integrity of the automatic sprinkler system. The sprinkler head in the Kitchen Janitor's closet with a thick strip of paint on the deflector plate will be cleaned. The sprinkle head in the Food Storage Room near Room 30 will have Styrofoam plates moved to allow 18 inches of clearance. Dietary Supervisor will inservice her staff on keeping 18 inches of clearance in Food Storage Room. The facility was able to contact outside vendor and obtain annual inspection performed April 3, 2014.	Jan. 16, 2015 Jan. 15, 2015 Jan. 28, 2015	

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K 062	<p>Continued From page 7</p> <p>4.6.12 4.6.12 Maintenance and Testing. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provision of this code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction.</p> <p>NFPA 25, 1998 4.6.12.1. Every required sprinkler system shall be continuously maintained in proper operating condition. 2-1. The minimum requirements for annual routine inspection, testing, and maintenance of sprinkler systems shall conform to Table 2-1 that shall be used to determine the system components to be tested and the minimum required frequencies for inspection, testing, and maintenance. 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>NFPA 13, 1999 3-2.6.3 Unless applied by the manufacture, sprinklers shall not be painted, and any sprinklers that have been painted shall be replaced with new listed sprinklers of the same characteristics, including orifice size, thermal response, and water distribution.</p>	K 062	<p>Administrator will develop a room to room monitoring form for the Maintenance Supervisor to check sprinkler heads. Maintenance Supervisor will check one of four wings each month.</p> <p>Administrator will review form for compliance quarterly</p> <p>Facility staff will be inserviced to document in Maintenance Log any sprinkler heads that appear to be dirty or with foreign material.</p> <p>Administrator & Maintenance Supervisor will also monitor on daily rounds.</p>	<p>Jan. 27, 29, 2015</p>	

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K 062	Continued From page 8 Findings: During tour, document review, and interview with staff on 1/15/15, the sprinkler heads were observed and documentation was requested. 1. At 9:23 a.m., a sprinkler head in the Kitchen Janitor's Closet was observed with a thick strip of paint on the deflector plate. 2. At 9:47 a.m., a sprinkler head in the Food Storage Room near Room 30 had less than 18 inches of clearance. A stack of styrofoam plates was positioned at 14 inches from the sprinkler deflector plate. 3. At 11:15 a.m., the facility failed to have the sprinkler system check annually. The last annual inspection was performed on 4/17/13. Staff 1 confirmed there was no current annual sprinkler inspection report.	K 062			
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Surveyor: 27994 Based on observation, the facility failed to maintain its portable fire extinguishers. This was evidenced by a portable fire extinguisher that was obstructed from access and by the failure to post a warning sign near a fire extinguisher directing	K 064	K 064 The facility will ensure all portable fire extinguishers are unobstructed. The chair that was obstructing the opening of the fire extinguisher cabinet has been removed. Facility staff will be inserviced to keep the area in front of all fire extinguishers unobstructed and readily accessible. Maintenance Supervisor and Administrator will ensure and monitor that all fire extinguishers are unobstructed and readily accessible during daily rounds.	Jan. 27 + 29, 2015	

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K 064	<p>Continued From page 9</p> <p>staff to use them as a secondary back-up to the hood suppression system. This affected two of six smoke compartments, and could result in a delay in access or improper use in the event of an emergency.</p> <p>NFPA 101, 2000 19.3.5.6 Portable Fire Extinguishers shall be provided in all health care occupancies in accordance with 9.7.4.1 9.7.4 Manual Extinguishing Equipment 9.7.4.1 Wheer required by the provision of another section of this code, portable fire extinguishers shall be installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguisher. 19.3.2.6 Cooking Facilities. Cooking facilities shall be protected in accordance with 9.2.3 9.2.3 Commercial cooking equipment. Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protecting of Commercial Cooking Operations, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction</p> <p>NFPA 10, 1998 1-6.6* Fire extinguishers shall not be obstructed or obscured from view. Exception: In large rooms, and in certain locations where visual obstruction cannot be completely avoided, means all be provided to indicate the location.</p> <p>NFPA 96, 1998 7-2.1.1 A placard identifying the use of the extinguisher as secondary backup means to the automatic fire suppression system shall be conspicuously placed near each portable fire</p>	K 064	<p>Administrator will make a sign to post in the kitchen directing staff to activate fire extinguishing system prior to using Class ABC fire extinguisher.</p> <p>Dietary Supervisor will inservice staff on what to do in the case of a fire in the kitchen.</p> <p>Facility Continuous Quality Improvement Team will monitor during monthly inspections.</p>	<p>Jan. 28, 2015</p>	

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K 064	Continued From page 10 extinguisher in the cooking area. Findings: During a tour of the facility with staff on 1/15/115, the portable fire extinguishers were observed. 1. At 9:12 a.m., a portable ABC fire extinguisher near Room 49 was obstructed by a chair. The chair was obstructing access to the fire extinguisher door. 2. At 9:21 a.m., there was no sign in the Kitchen directing staff to activate the fire extinguishing system prior to using the Class ABC fire extinguisher.	K 064			
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This STANDARD is not met as evidenced by: Surveyor: 27994 Based on observation, the facility failed to maintain its Oxygen Storage Rooms. This was	K 076	K 076 The facility will secure its Oxygen Storage Rooms to prevent the potential for unauthorized entry. Maintenance Supervisor will install new door knob to Oxygen Storage Room in the North Nurses Station. Maintenance Supervisor will install new door knob to the Oxygen Storage Room near Room 47. Facility staff will be inserviced to keep Oxygen Storage Room locked and to document in the Maintenance Log with the door is unable to be locked for whatever reason.	Jan. 30, 2015 Jan. 30, 2015 Jan. 27 + 29, 2015	

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K 076	Continued From page 11 evidenced by the failure to secure the rooms from unauthorized entry. This affected two of six smoke compartments, and could result in an increased safety risk due to the unauthorized access of the oxygen. NFPA 101, 2000 19.3.2.4 Medical Gas. Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities. NFPA 99, 1999 8-3.1.11.2 Storage for nonflammable gases less than 3000 ft ² (85 m ³) (a) Storage locations shall be outdoors in an enclosure or within an enclosed interior space of noncombustible or limited-combustible construction, with doors or (gates outdoors) that can be secured against unauthorized entry. Findings: During a tour of the facility with staff on 1/15/15, the Oxygen Storage Rooms were observed. 1. At 9:13 a.m., the door to the Oxygen Storage Room near Room 47 was observed unsecured from unauthorized entry. 2. At 9:45 a.m., the door to the Oxygen Storage Room in the North Nurse Station was observed unsecured from unauthorized entry.	K 076	Adminstrator and Maintenance Supersvisor will monitor on daily rounds. Facility Continuous Quality Improvement program will be updated to check if Oxygen Storage Rooms are locked.		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147	K 147 The facility will maintain their electrical equipment and utilities to		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555349	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 01/15/2015
NAME OF PROVIDER OR SUPPLIER VACAVILLE CONVALESCENT & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 585 NUT TREE COURT VACAVILLE, CA 95687		
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K 147	Continued From page 12 This STANDARD is not met as evidenced by: Surveyor: 27994 Based on observation, the facility failed to maintain its electrical wiring and connections. This was evidenced by the use of an extension cord and an adapter and by an obstructed electrical panel. This affected three of six smoke compartments, and could result in an increased risk of an electrical fire resulting in potential harm to the residents. NFPA 101, 2000 19.5.1 Utilities. Utilities shall comply with the provisions of section 9.1 9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction. 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 electrical 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. (1) Depth of Working Space. The depth of the working space in the direction of access to live parts shall not be less than indicated in Table 110-26(a). Distances shall be measured from the live parts if such are exposed or from the enclosure front or opening if such are enclosed. (2) Width of Working Space. The width of the	K 147	prevent the potential for electrical fire hazard. The electric panel in the Kitchen Dietary Office had the three rolls of paper towels and two cases of juice removed to unobstruct panel. The orange/black extension cord plugged into the cable box cart will be removed. Maintenance Supervisor removed the electrical creation in the Maintenance Shop. Maintenance Supervisor will inservice facility staff on facility policy regarding the use of surge protectors and extension cords. Inservice will also include informing staff of reporting all new equipment brought into facility needs to be documented in the Maintenance Log. Maintenance Supervisor is responsible to review resident rooms on daily rounds and ensure that they are free of any fire and safety hazards. Administrator will also review fire and safety on daily rounds.	Jan. 15, 2015 Feb. 5, 2015 Jan. 15, 2015 Jan. 27 + 29, 2015	

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K 147	<p>Continued From page 13</p> <p>working space in front of the electric equipment shall be the width of the equipment or 30 in. (762 mm), whichever is greater.</p> <p>400-8 Unless specifically permitted in Section 400-7, flexible cord and cables shall not be used for the following:</p> <ul style="list-style-type: none"> (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. <p>Findings:</p> <p>During a tour of the facility with staff on 1/15/15, the electrical wiring and connections were observed.</p> <p>1. At 9:25 a.m., one of two electrical panels in the Kitchen Dietary Office was obstructed. Electrical panel KI was obstructed by three rolls of paper towels and two cases of juice that were positioned within one inch to the electrical panel.</p> <p>2. At 9:30 a.m., an orange/black extension cord was plugged into a cable box cart.</p> <p>3. At 10:15 a.m., a three plug adapter was plugged into a single adapter, that was connected to a power strip, that was mounted on the wall in the Maintenance Shop.</p>	K 147			

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