

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

PRINTED: 10/17/2012
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 10/16/2012
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 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 1989 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: ONE STORY, 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: 27994 Census: 104	K 000	This plan of correction constitutes my written credible allegation of compliance for the deficiencies noted.	STATE DEPT OF PUBLIC HEALTH OCT 26 AM 10:31	
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the integrity of the building construction, as evidenced by unsealed penetration in the walls and ceilings. This affected 2 of 6 smoke compartments, and could result in the spread of fire and smoke to other areas of the facility.	K 012	K 012 The facility will ensure that the integrity of the building construction is maintained. The approximately 1/8 inch penetration causing the sprinkler head in Room 55 to not be flush will be repaired by Maintenance Supervisor. The two approximately 1/4 inch penetrations in the Janitor's closet will be repaired by Maintenance Supervisor.	Oct. 30, 2012 Oct. 30, 2012	

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 012	Continued From page 1 Findings: During a tour of the facility with staff on 10/16/12, the walls and ceilings were observed. 1. At 8:44 a.m., one of two sprinkler heads was not flush against the ceiling in Room 55. There was an approximately 1/8 inch penetration in diameter. 2. At 9:14 a.m., there were two approximately 1/4 inch penetrations in the right wall, in the Janitor's closet next to Room 27. 3. At 9:23 a.m., there was an approximately 1/4 inch penetration in the side of the dishwasher wall, and two approximately 1/4 inch penetrations behind a coffee maker machine, in the Kitchen.	K 012	The approximately 1/4 inch penetration in the side of the dishwasher room and two approximately 1/4 inch penetrations behind the coffee maker will be repaired by Maintenance Supervisor. Maintenance Supervisor will seal escutcheons rings with a silicone caulk to eliminate shifting and/or penetrations. Facility staff will be inserviced to document in Maintenance Log any structural penetrations that could potentially allow smoke and/or fire to spread to other parts of the facility.	Oct. 30, 2012	
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 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	Administrator will monitor for escutcheons that are not flush or any penetrations in walls for compliance during Administrative Rounds. K 018 The facility will maintain self closing doors and ensure they are not obstructed from closing. Maintenance Supervisor will shave door to Room 46 to eliminate	Nov. 6 + 8, 2012 STATE DEPT OF PUBLIC HEALTH OCT 26 AM 10:31 Nov. 2, 2012	

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K 018	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the corridor doors. This was evidenced by corridor doors that were obstructed and failed to latch. This affected 2 of 6 smoke compartments, and could result in the inability to contain a fire to a room. Findings: During a tour of the facility with staff on 10/16/12, the corridor doors were observed. 1. At 9:00 a.m., the door to Room 46 was rubbing on the floor, and that prevented the door from closing. 2. At 9:33 a.m., the door to Room 9 failed to positive latch.	K 018	rubbing on the floor and preventing it from closing. Maintenance Supervisor will repair door to Room 9 and ensure it latches. Maintenance Supervisor is responsible to monitor corridor doors and ensure they are unobstructed and latch properly on daily rounds. Administrator will monitor on daily rounds to ensure all corridor doors are unobstructed and latch properly. Facility staff will be inserviced to document any door that is obstructed or does not latch in the Maintenance Log for repair.	Nov. 2, 2012 Nov. 6 + 8, 2012	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1	K 029	K 029 The facility will ensure that all doors to a hazardous area are equipped with a self-closing device. The door to the kitchen dry storage room will be equipped with a self-	Nov. 9, 2012	

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K 029	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation, the facility failed to protect the hazardous areas. This was evidenced by door to a hazardous area that was not equipped with a self-closing device. This affected 1 of 6 smoke compartments, and could result in the increased potential for the spread of fire and/or smoke to other areas of the facility. Findings: During a tour of the facility with staff on 10/16/12, the hazardous areas were observed. At 9:21 a.m., the kitchen dry storage room contained approximately one dozen cardboard boxes and paper packaging. The room was approximately 98 square feet in size, and the door was not equipped with a self-closing device. Any combustible storage rooms/spaces over 50 square feet in size, the door shall be self closing.	K 029	closing device by Maintenance Supervisor. Maintenance Supervisor and Administrator will ensure all rooms with a square feet of over 50 is equipped with self-closing device and that is operates correctly during daily rounds.		
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 the integrity of the automatic sprinkler	K 062	K 062 The facility will maintain the integrity of the automatic sprinkler system. The sprinkler head in Room 54 will be repaired to be flush against the escutcheon ring by Maintenance Supervisor. The sprinkler head in Room 24 and Room 7 will have the foreign	STATE OF CALIFORNIA DEPARTMENT OF HEALTH & HUMAN SERVICES COMMUNITY CARE LICENSING DIVISION OCT 26 AM 10:31 Oct. 30, 2012 Oct. 30, 2012	

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K 062	Continued From page 4 system. This was evidenced by sprinkler heads that had buildup of foreign material on the sprinkler heads, and by a sprinkler head that was not maintained flush against the escutcheon ring. This affected 2 of 6 smoke compartments, and could result in the ineffective operation of the automatic sprinkler system in the event of a fire. NFPA 25 2-2.1.1 Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paints, and physical damage and shall be installed in the proper orientation (eg. 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 staff, on 10/16/12, the automatic sprinkler system was observed. 1. At 8:45 a.m., 1 of 2 sprinkler heads was not maintained flush against the escutcheon ring, in Room 54. 2. At 9:15 a.m., 1 of 2 sprinkler heads in Room 24 had foreign material around the deflector plate. 3. At 9:34 a.m., 1 of 2 sprinkler heads in Room 7 had foreign material around the deflector plate.	K 062	material around the deflector plate removed by Maintenance Supervisor. Administrator will develop a room by room monitoring form for the Maintenance Supervisor to check sprinkler heads. He will check one of four wings each month. Administrator will review form for compliance quarterly.	Nov. 2, 2012	
K 074 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for	K 074	K 074 Facility will ensure that cubicle curtains, other loose hanging fabrics and films serving as furnishings or decorations will be treated with flame retardant solution or not used.		

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K 074	<p>Continued From page 5</p> <p>the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.</p> <p>Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13</p> <p>Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3), 10.3.4. 19.7.5.3</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain upholstered furnishings belonging to residents. This was evidenced by upholstered furniture in a room that had no smoke detector installed in the room, and the furniture had not been treated or labeled as flame retardant. This affected 1 of 6 smoke compartments, and could result in a fire to build and spread to other locations of the facility.</p> <p>Findings:</p> <p>During a tour of the facility with staff on 10/16/12, the upholstered furniture were observed.</p> <p>At 9:44 a.m., a brown upholstered recliner in Room 19 was not labeled as inherently flame resistant, or treated with flame retardant. There was not a smoke detector installed in the room.</p>	K 074	<p>The chair in Room 19 will be treated with a flame retardant solution by Maintenance Supervisor.</p> <p>Facility staff will be inserviced to document in Maintenance Log any new furnishings brought in by family.</p> <p>Maintenance Supervisor will inspect furnishings to ensure they are labeled as inherently flame resistant. If furnishings are not labeled, Maintenance Supervisor will contact family as to whether they would like to take furnishings home or have facility treat with flame retardant solution.</p> <p>Administrator will monitor on daily rounds through observing furnishing in rooms and ensuring they have been addressed by facility to be in compliance.</p>	<p>Nov. 2, 2012</p> <p>Nov. 6 + 8, 2012</p> <p>STATE DEPT OF PUBLIC HEALTH OCT 26 AM 10:32 LOS ANGELES COUNTY SAN BERNARDINO COUNTY</p>	

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K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their electrical equipment and utilities. This was evidence by the use of multi-outlet adapters for medical devices, and by cover plates that were missing or not maintained flush with the wall. This affected 3 of 6 smoke compartments, and could result in an electrical fire hazard.</p> <p>NFPA 70, 400.8. Uses Not Permitted. Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure</p> <p>410.56 (e) After installation, receptacle faces shall be flush with or project from faceplate of insulating material and shall project a minimum of 0.015 in from metal faceplates. Faceplates shall be installed so as to completely cover the opening and seat against the mounting surface.</p> <p>Findings:</p> <p>During a tour of the facility with staff, on 10/16/12, the electrical equipment and utilities were observed.</p> <p>1. At 9:03 a.m., an electric bed was plugged into a surge protector in Room 45. The surge protector was used as a substitute for additional fixed wired electrical receptacles by converting a</p>	K 147	<p>K 147</p> <p>The facility will maintain their electrical equipment and utilities to prevent the potential for electrical fire hazard.</p> <p>The electric bed in Room 45 will be plugged directly into the wall. The surge protector will be removed from the room.</p> <p>The cover plate in Room 33 will be repaired to be flush with the wall by the Maintenance Supervisor.</p> <p>Maintenance Supervisor will place a cover plate on the junction box in Room 27.</p> <p>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.</p> <p>Maintenance Supervisor is responsible to review resident rooms on daily rounds and ensure that they are free of any fire and safety hazards.</p>	<p>Oct. 16, 2012</p> <p>Oct. 30, 2012</p> <p>Oct. 30, 2012</p> <p>Nov. 6 + 8, 2012</p>	

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K 147	Continued From page 7 two-outlet receptacle to eight outlet receptacle. 2. At 9:04 a.m., the cover plate was not maintained flush with the wall, in Room 33. 3. At 9:11 a.m., a junction box was missing a cover plate, in Room 27.	K 147	All new equipment is to be reported to Maintenance Supervisor for inspection, including determining how the appliance is receiving power. Administrator will also review fire and safety on daily rounds.		

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