STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055512	A. BUILDING 01 B. WING _____	09/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOLF CREEK CARE CENTER	107 CATHERINE LANE GRASS VALLEY, CA 95945

(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: 1967 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 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: 29753 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census: 50	K 000	This Plan of Correction is submitted as the facility's credible allegation of compliance. This Plan of Correction is prepared as part of the Quality Assurance process for the provider. This Plan of Correction and any attached documents are prepared with substantial reliance upon privileged peer review information and/or reports and as such protected from discovery. This Plan of Correction is prepared, submitted and/or executed solely because it is required by local, state and/or federal regulations, codes, and/or guidelines. As this transmission is required by law it is not a waiver of the provisions within applicable laws and regulations or any other codes, statutes or regulations.	
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:	K 012		

STATE DEPT OF PUBLIC HEALTH
2012 SEP 28 AM 10:47
NEVADA COUNTY

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE Administrator (X6) DATE 9/25/12

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.

10/4/12 POC acceptable per Cynthia Fine, HFEI

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K 012	Continued From page 1 Based on observation, the facility failed to maintain the integrity of the building's construction, as evidenced by penetrations in the ceiling and walls. This could result in the passage of smoke in the event of a fire, and affected 1 of 5 smoke compartments. Findings: During a tour of the facility with the Maintenance Supervisor on 9/12/12, the ceiling and walls were observed. 1. At 12:04 p.m., an approximately 1 inch penetration surrounded 3 data cables in the east wall in the Administrator's Office. A penetration of the same proportion surrounding the same 3 data cables was found in the adjacent Accounts Receivable Manager's Office. 2. At 12:10 p.m., an approximately 1/2 inch penetration surrounded a coaxial cable in the ceiling above the sink in Room 1. 3. At 3:16 p.m., there was an approximately 2 1/2 inch penetration in the ceiling at the escutcheon plate above the Food Prep Area in the kitchen.	K 012	K 012 **Specific action taken to correct deficiency** All penetrations indentified by the surveyor will be repair as needed. **How will other deficient practices be identifited, and what corrective action will be taken.** Maintenance will do a facility wide search for penetrations. If any penetrations are found, they will be repaired as needed. **Measure that will be put into place to ensure practice doesn't recur** Maintenance will inspect the work of individuals who perform tasks in the facility. i.e. data cables, coax, phone lines. Maintenance will repair any penetrations that are left behind. **How facility plans to monitor performance to ensure solutions are sustained.** Maintenance will report any issues to the facility QA committee. **Date corrective action will be completed** 10/12/2012	
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 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	K 018	K 018 **Specific action taken to correct deficiency** New door hardware and striker plate were installed.	

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K 018	Continued From page 2 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. This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain its corridor doors, as evidenced by a door that failed to latch. This could result in the passage of smoke and flames in the event of a fire, and affected one of five smoke compartments. Findings: During a tour of the facility with the Maintenance Supervisor on 9/12/12, the corridor doors were observed and tested. At 2:32 p.m., the door to the Crash Cart Closet failed to latch when tested. The door was held open to its fullest capacity during testing.	K 018	**How will other deficient practices be identifited, and what corrective action will be taken.** Maintenance will do monthly fire door inspections and repair any issues as needed. **Measure that will be put into place to ensure practice doesn't recur** Maintenance to continue monthly fire door inspections and repair as needed. **How facility plans to monitor performance to ensure solutions are sustained.** Maintenance will report any issues to the facility QA committee. **Date corrective action will be completed** 9/18/2012 K029 **Specific action taken to correct deficiency** Mantenance will install a new self-closing defice on the door in the dietary office.	
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	K 029	**How will other deficient practices be identifited, and what corrective action will be taken.** Maintenance will do monthly fire door inspections to inspect and repair any issues as needed.	

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K 029	Continued From page 3 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 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain its hazardous areas, as evidenced by the absence of a self-closing door on a hazardous area located in the kitchen. This could result in the passage of smoke in the event of a fire, and affected 1 of 5 smoke compartments. Findings: During a tour of the facility with the Maintenance Supervisor on 9/12/12, the facility's hazardous areas were observed. At 3:15 p.m., there was no self-closing device on the door to the Dietary Office. The room measured greater than 50 square feet and stored combustible materials such cardboard boxes with food items and cooking oil.	K 029	**Measure that will be put into place to ensure practice doesn't recur** Maintenance will do monthly fire door inspections to inspect and repair any issues as needed. **How facility plans to monitor performance to ensure solutions are sustained.** **Date corrective action will be completed** 10/12/2012 K051 **Specific action taken to correct deficiency** On 9/18/12 a audible/visual notification appliance was installed. **How will other deficient practices be identifited, and what corrective action will be taken.** All other notificaton appliances were inspected to ensure they were both audible and visual.	
K 051 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in	K 051	**Measure that will be put into place to ensure practice doesn't recur** We will do quarterly fire alarm testing and monthly fire drills. This will ensure all equipment is working properly.	

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K 051	Continued From page 4 patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide an audible notification device where required, as evidenced by the absence of a strobe/chime combination notification device in an area that contained resident sleeping rooms. This could result in delayed evacuation, and affected 1 of 5 smoke compartments. NFPA 72, 1999 Edition 4-3.4 Sleeping Areas. Where audible appliances are installed to provide signals for sleeping areas, they shall have a sound level of at least 15 dBA above the average ambient sound level or 5 dBA above the maximum sound level of at least 70 dBA, whichever is greater, measured at the pillow level in the occupiable area. If any barrier, such as a door, curtain, or retractable partition, is	K 051	**How facility plans to monitor performance to ensure solutions are sustained.** Maintenance will report any issues to the facility QA committee. **Date corrective action will be completed** 9/18/2012	

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K 051	Continued From page 5 located between the notification appliance and the pillow, the sound pressure level shall be measured with the barrier placed between the appliance and the pillow. Finding: During a tour of the facility with the Maintenance Supervisor on 9/12/12, the audible/visual notification appliances were observed. At 4:30 p.m. during alarm testing, a strobe-only notification device was located outside Room 10. The nearest strobe/chime combination device was located inside the Laundry Room. The notification device was not audible in the corridor.	K 051		
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is 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 and interview, the facility failed to maintain the sprinkler system, as evidenced by the absence of remote supervision of a control valve. This could result in	K 052	K052 **Specific action taken to correct deficiency** The alarm company will monitor the Post Indicator Valve (PIV) and call the Maintenance Director or Administrator in the event of any issues. **How will other deficient practices be identifited, and what corrective action will be taken.** Maintenance Director will do a monthly functional test of the PIV valve to ensure it is working properly. **Measure that will be put into place to ensure practice doesn't recur** Maintenance Director will do a monthly functional test of the PIV valve to ensure it is working properly.	

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K 052	Continued From page 6 malfunction of the sprinkler system or a delay in notification to the appropriate personnel in the event of a fire, and affected 5 of 5 smoke compartments. NFPA 13, 1999 Edition 5-14.1.1.3 Valves on connections to water supplies, sectional control and isolation valves, and other vales in supply pipes to sprinklers and other fixed water-based fire suppression systems shall be supervised by one of the following methods: (1) Central station, proprietary, or remote station signaling service. (2) Local signaling service that will cause the sounding of an audible signal at a constantly attended point. (3) Valves locked in correct position. (4) Valves located within fenced enclosures under the control of the owner, sealed in the open position, and inspected weekly as part of an approved procedure. NFPA 72, 1999 Edition 5-4.2.1 Remote supervising station fire alarm systems shall provide an automatic audible and visible indication of alarm and if required, of supervisor and trouble conditions at a location remote from the protected premises. A manual or automatic permanent record of these conditions shall be provided. 5-4.3.2 Supervisory and trouble signals shall be handled at a constantly attended location that has personnel on duty who are trained to recognize the type of signal received and to take prescribed action. The location shall be permitted to be other than that at which alarm signals are	K 052	**How facility plans to monitor performance to ensure solutions are sustained.** Maintenance will report any issues to the facility QA committee. **Date corrective action will be completed** 10/12/2012	

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K 052	Continued From page 7 received. Findings: During a tour of the facility with the Maintenance Supervisor on 9/12/12, the automatic sprinkler system was observed and tested. At 4:40 p.m. during alarm testing, the Post Indicator Valve (PIV) was tested. When the PIV was closed, audible and visual signals were transmitted to the Fire Alarm Control Panel (FACP). The FACP was located in the lobby, which was not staffed on a continuous basis. When interviewed, the Maintenance Supervisor said the PIV was connected to the FACP only and was not monitored by the alarm company. The Maintenance Supervisor further stated there was no fire alarm control subpanel located at or near the Nurses Station or any other location that was continuously staffed.	K 052		
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: Based on observation, the facility failed to maintain its automatic sprinkler system, as evidenced by paint or debris on some of the sprinklers, by an insufficient number of spare sprinklers per sprinkler type, and by items stored	K 062	K062 **Specific action taken to correct deficiency** 1. The box of food was lowered to 18 inches below the sprinkler's deflector. 2. The paint was cleaned off of the sprinkler's deflector 3. Sprinklers in employee lounge were cleaned off 4. The paint was cleaned off of the sprinkler's deflector 5. Spare sprinklers were obtained 6. The paint was cleaned off the sprinklers deflector 7. The paint was cleaned off the sprinklers deflector 8. The paint was cleaned off the link and frame of the sprinkler 9. The paint was cleaned off the sprinklers deflector	

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K 062	Continued From page 8 less than 18 inches below a sprinkler's deflector. This could result in an obstruction to the sprinklers' spray patterns, which could lead to the sprinklers malfunctioning in the event of a fire. An insufficient number of spare sprinklers can result in the facility's inability to replace damaged sprinklers in a timely manner. These deficient practices affected 3 of 5 smoke compartments. NFPA 25, 1998 Edition 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. Exception No. 1: Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection. Exception No. 2: Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown. 2-2.1.2 Unacceptable obstructions to spray patterns shall be corrected. 2-4.1.4 A supply of at least six spare sprinklers shall be stored in a cabinet on the premises for replacement purposes. The stock of spare sprinklers shall be proportionally representative of the types and temperature ratings of the system sprinklers. A minimum of two sprinklers of each type and temperature rating installed shall be provided. The cabinet shall be so located that it	K 062	**How will other deficient practices be identifited, and what corrective action will be taken.** All sprinklers will be inspected for paint and staff will be inserviced on the standard of storing items 18 inches below the sprinkler's deflector. **Measure that will be put into place to ensure practice doesn't recur** The Maintenance Director or designee will do semi-annual sprinkler inspections and repair, replace, or remove items as needed. **How facility plans to monitor performance to ensure solutions are sustained.** The Maintenance Director will report to the facility QA committee regarding any issues. **Date corrective action will be completed** 10/12/2012 STATE DEPT OF PUBLIC HEALTH 2012 SEP 28 AM 10:47 LIC & CERT SAN BERNARDINO COUNTY	

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K 062	Continued From page 9 will not be exposed to moisture, dust, corrosion, or a temperature exceeding 100°F (38°C). 2-4.1.8 Sprinklers shall not be altered in any respect or have any type of ornamentation, paint, or coatings applied after shipment from the place of manufacture. Findings: During a tour of the facility with the Maintenance Supervisor on 9/12/12, the sprinklers were observed. 1. At 12:13 p.m., a box of food items was stored 14 inches below the sprinkler's deflector in the Emergency Food Storage Closet between Rooms 1 and 2. 2. At 12:20 p.m., there was paint on the deflector in the Clean Linen Room located across the hall from the Utility Room. 3. At 12:28 p.m., 2 of 2 sprinklers in the Employee Lounge were loaded with debris. 4. At 12:31 p.m., there was paint overspray on 1 of 6 sprinklers in the Large Dining Room. The sprinkler was located above the east door. 5. At 2:50 p.m., there were no spare sprinklers for the "red bulb" type sprinkler located in the Medications Room inside the Nurses Station. 6. At 2:58 p.m., there was paint on the deflector in the bathroom between Rooms 19 and 21. 7. At 3:33 p.m., there was paint on the deflector in	K 062		

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K 062	Continued From page 10 the DSD Office Bathroom. 8. At 3:37 p.m., there was paint on the link and frame of 1 of 2 sprinklers in the West Shower Room located across the hall from the Beauty Shop. 9. At 3:51 p.m., there was paint on the deflector located above the Fire Door near Room 9.	K 062		
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on observation, the facility failed to continuously maintain a means of egress free of all obstructions or impediments, as evidenced by 2 medication carts and a wheelchair with an oxygen tank on board that were parked near 2 separate fire doors. This could result in delayed evacuation in the event of a fire, and affected 50 of 50 residents. Findings: During a tour of the facility with the Maintenance supervisor on 9/12/12, the corridors and egress paths were observed. 1. At 2:27 p.m., Two medication carts were	K 072	K072 **Specific action taken to correct deficiency** The medication carts and wheelchair were moved. **How will other deficient practices be identifited, and what corrective action will be taken.** A facility inspection was done to ensure there weren't any other medication carts or wheelchairs blocking fire doors. **Measure that will be put into place to ensure practice doesn't recur** Staff will be inserviced regarding leaving things near fire doors. **How facility plans to monitor performance to ensure solutions are sustained.** Maintenance will do inservices as needed and report any issues to the facility QA committee. **Date corrective action will be completed** 10/12/2012	

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

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K 072	Continued From page 11 parked near the fire door by Room 14. The medication carts were unattended at the time they were observed. 2. At 2:55 p.m., a wheelchair with an oxygen tank on board was parked near the fire door by Room 21. The wheelchair was not in use and unattended at the time it was observed.	K147 K 072	**Specific action taken to correct deficiency** 1. The Hawaiian Lei was removed from the overbed light 2.One of the two power strips were removed. 3. The nebulizer was unplugged from the power strip and then plugged into a wall outlet. 4. The refrigerator was removed and fitted with a new longer power cord; it then was plugged into a wall outlet. The power strip was removed **How will other deficient practices be identifited, and what corrective action will be taken.** A facility inspection was done to ensure compliance with the before mentioned deficient practices. **Measure that will be put into place to ensure practice doesn't recur** Room rounds will be done weekly. The before mentioned issues will be reviewed. **How facility plans to monitor performance to ensure solutions are sustained.** The Room Round forms will be reviewed weekly and corrections will be made as needed. Administrator will monitor Room Rounds and report to the QA committee. **Date corrective action will be completed** 10/12/2012	
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 This STANDARD is not met as evidenced by. Based on observation, the facility failed to maintain its electrical wiring and equipment, as evidenced by the unauthorized use of power strips, and by objects that hung from a resident's overbed light. This could result in the increased risk of fire, and affected 3 of 5 smoke compartments. Findings: During a tour of the facility with Maintenance Supervisor on 9/12/12, the electrical wiring and associated equipment were observed. 1. At 2:07 p.m. in Room four, 2 Hawaiian leis were hung from the overbed light at Bed 4 B. 2. At 2:10 p.m., there were 2 power strips in the Rehabilitation Room. One Power Strip with computer equipment was plugged into a second Power Strip which also had computer equipment plugged into it	K 147		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055512	A. BUILDING 01 B. WING _____	09/12/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOLF CREEK CARE CENTER	107 CATHERINE LANE GRASS VALLEY, CA 95945

(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 147	Continued From page 12 3. At 2:26 p.m. in Room 14, a nebulizer, a television, and a charger were plugged into a power strip located near Bed 14 B. 4. At 2:36 p.m., a small refrigerator in the Medication Room located inside the Nurses Station was plugged into a power strip.	K 147		