

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 06/21/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555287	(X2) MULTIPLE CONSTRUCTION A. BUILDING #2 B. WING	(X3) DATE SURVEY COMPLETED 06/14/2017
NAME OF PROVIDER OR SUPPLIER DIAMOND RIDGE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2351 LOVERIDGE ROAD PITTSBURG, CA 94565	
(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)	(X6) COMPLETION DATE
K 000	INITIAL COMMENTS Surveyor: 31203 K3 BUILDING: 01 K6 PLAN APPROVAL: 10/2/1987 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), PARTIALLY 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 Code of Federal Regulations (CFR) 483.70 (a), National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 Edition, and NFPA 99, Health Care Facilities Code, 2012 Edition. Representing the California Department of Public Health: 31203 The facility is not in substantial compliance with 42 CFR 483.70 for Long Term Care Facilities. Census: 117 K 324 NFPA 101 Cooking Facilities SS=0 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke	K 000	This plan of correction is the center's credible allegation of compliance. 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 federal and state laws. <u>Acronyms</u> DRHC Diamond Ridge Healthcare Center DSD Director of Staff Development MD Maintenance Director P&P Policies and Procedures PM Preventive Maintenance ADM Administrator QAPI Quality Assurance Performance Improvement K 324 NFPA 101 Cooking Facilities It is the policy of Diamond Ridge Healthcare Center (DRHC) to maintain its cooking equipment in the kitchen. <u>Corrective Action</u> No later than 7/14/17, the facility will have its cooking equipment inspected and serviced by a qualified service contractor, which includes the cleaning of grease accumulation.	7/14/17

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

Elizabeth Charles

TITLE

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

(X6) DATE

7/10/17

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.

JUL 10 2017

7/25/17 - POC Acceptable for Patricia Hardy
LIFE SAFETY CODE UNIT
SAFETY FOUND

DEPARTMENT OF HEALTH AND HUMAN SERVICES
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NAME OF PROVIDER OR SUPPLIER DIAMOND RIDGE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2361 LOVERIDGE ROAD PITTSBURG, CA 94565	
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K 324	Continued From page 2 Installations are approved existing installations, which shall be permitted to be continued in service. NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2011 Edition 11.7.1 Inspection and servicing of the cooking equipment shall be made at least annually by properly trained and qualified persons. 11.7.2 Cooking equipment that collects grease below the surface, behind the equipment, or in cooking equipment flue gas exhaust, such as griddles or charbroilers, shall be inspected and, if found with grease accumulation, cleaned by a properly trained, qualified, and certified person acceptable to the authority having jurisdiction. Findings: During a tour of the facility, document review, and interview with the Maintenance Director on 6/14/17, the cooking equipment were observed, document was requested. At 11:25 a.m., the kitchen cooking equipment was observed and inspection documents were requested. The facility failed to provide the inspection and servicing documents at least annually for the cooking equipment. The kitchen was observed with a six burner gas stove, three ovens, one griddle, and one commercial deep fryer. When interviewed, the Maintenance Director stated that he was unaware of the annual inspections and servicing for the kitchen cooking equipment requirement.	K 324	For the next three months, MD will identify trends related to kitchen equipment and report them to the monthly QAPI committee meeting for evaluation, planning, and resolution. ADM is responsible for overall compliance. Completion Date This deficient practice will be corrected by 7/14/17.	7/14/17
K 341 SS=C	NFPA 101 Fire Alarm System - Installation	K 341	K 341 NFPA 101 Fire Alarm System - Installation	

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
LICENSING & CERTIFICATION PROGRAM

JUL 10 2017

LIFE SAFETY CODE UNIT
& CERTIFICATION

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K 341	<p>Continued From page 3</p> <p>Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders, and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>This STANDARD is not met as evidenced by: Surveyor: 31203 Based on observation, and interview, the facility failed to maintain their electrical equipment. This was evidenced by the circuit breaker for the fire alarm system that was not identified with a red marking. This affected two of two smoke compartments and could result in staff inability to identify the circuit breaker in the event of an emergency.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.5.1 Utilities. 19.5.1.1 Utilities shall comply with the provisions of Section 9.1. 9.1.2 Electrical Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service. 9.6.1.3 A fire alarm system required for life safety</p>	K 341	<p>It is the policy of DRHC to maintain its electrical equipment.</p> <p>Corrective Action On 6/14/17 the facility's fire safety contractor applied red marking on the circuit breaker located in the boiler room.</p> <p>Other Residents Affected All residents have the potential to be affected by the facility's failure to maintain its fire alarm and electrical equipment due to staff not being able to quickly identify the circuit breaker in the event of an emergency. MD Inspected all circuit breakers in the facility and no other issue was identified.</p> <p>Systemic Changes No later than 7/14/17, DSD will give MD a one-on-one in-service on the facility's P&P titled "PM Program", which includes the inspection of the fire alarm system.</p> <p>Monitoring No later than 7/14/17, MD will perform PM rounds as scheduled in the checklist (daily, weekly, and monthly). It will include the visual inspection of the fire alarm system. Any issue identified will be referred to the fire safety contractor for immediate repair.</p>	6/14/17 7/14/17 7/14/17	

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

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K 341	Continued From page 4 shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code, unless it is an approved existing installation, which shall be permitted to be continued in use. NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition 10.5.5.2 Circuit Identification and Accessibility. 10.5.5.2.1 The location of the dedicated branch circuit disconnecting means shall be permanently identified at the control unit. 10.5.5.2.2 For fire alarm systems the circuit disconnecting means shall be identified as "FIRE ALARM CIRCUIT." 10.5.5.2.3 For fire alarm systems the circuit disconnecting means shall have a red marking. 10.5.5.2.4 The circuit disconnecting means shall be accessible only to authorized personnel. Findings: During a tour of the facility and interview with the Maintenance Director on 6/14/17, the electrical equipment was observed. 1. At 9:52 a.m., the electrical panel that housed the fire alarm circuit breakers 16/18, did not have a red marking on the circuit breaker that was identified as fire alarm. The electrical panel was located in the Boiler room. 2. At 11:00 a.m., the Maintenance Director stated, that the vendor was on-site, and the circuit breaker has been marked.	K 341	In addition, ADM will continue to perform weekly environmental rounds at random times. Findings will be immediately reported to morning stand up meeting for discussion and correction. For the next three months, MD will identify trends related to fire safety equipment and report them to the monthly QAPI committee meeting for evaluation, planning, and resolution. ADM is responsible for overall compliance. Completion Date This deficient practice will be corrected by 7/14/17.	7/14/17
K 351 SS=D	NFPA 101 Sprinkler System - Installation	K 351	K 351 NFPA 101 Sprinkler System - Installation	

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

Event ID: 6Q00E1

Facility ID: CA02000584

If continuation sheet Page 5 of 30

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
LIEBERTOW CENTER FOR SENIOR PROGRAM

JUL 10 2017

LIEBERTOW CENTER
JUL 10 2017

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NAME OF PROVIDER OR SUPPLIER DIAMOND RIDGE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2851 LOVERIDGE ROAD PITTSBURG, CA 94565	
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K 351	<p>Continued From page 5</p> <p>Sprinkler System - Installation 2012 EXISTING</p> <p>Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers.</p> <p>In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems.</p> <p>19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1)</p> <p>This STANDARD is not met as evidenced by: Surveyor: 31203</p> <p>Based on observation, the facility failed to provide a complete automatic sprinkler system in accordance with the National Fire Protection Association (NFPA) 101 Life Safety Code, 2012 Edition, and NFPA 13, 2010 Edition. This was evidenced by a wood framed canopy projection that exceeded 4 ft in width that was not equipped with complete automatic sprinkler protection. This affected one of two smoke compartments, and could result in the spread of smoke and fire in the event of a fire.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5.</p>	K 351	<p>It is the policy of DRHC to completely protect its building by an approved automatic sprinkler system.</p> <p>Corrective Action On 6/15/17 MD removed the wood framed canopy located outside by the power generator.</p> <p>Other Residents Affected Not having an automatic sprinkler system completely protecting the building has the potential to affect all residents due to risk of spreading of smoke and fire in the event of a fire. MD inspected all other areas in the building where a sprinkler system is required and identified no other issues.</p> <p>Systemic Changes No later than 7/14/17, DSD will give MD a one-on-one in-service on the facility's P&P titled "PM Program", which includes inspecting for presence of the automatic sprinkler system where required by NFPA regulations.</p> <p>Monitoring No later than 7/14/17, MD will perform PM rounds as scheduled in the checklist (daily, weekly, and monthly). It will include the visual inspection of the automatic sprinkler system. Any issue identified will be referred to the fire safety contractor for immediate repair or installation.</p>	<p>6/15/17</p> <p>7/14/17</p> <p>7/14/17</p>

JUL 10 2017

LIFE CARE UNIT
SAN BERNARDINO

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NAME OF PROVIDER OR SUPPLIER DIAMOND RIDGE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2381 LOVERIDGE ROAD PITTSBURG, CA 94565	
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K 351	Continued From page 8 9.7.1 Automatic Sprinklers 9.7.1.1* Each automatic sprinkler system required by another section of this code shall be in accordance with one of the following: (1) NFPA 13, Standard for the Installation of Sprinkler Systems (2) NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes (3) NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and including Four Stories in Height NFPA 13, Standard for Installation of Sprinkler Systems, 2010 Edition 8.15.7* Exterior Roofs, Canopies, Porte-Cocheres, Balconies, Decks, or Similar Projections. 8.15.7.1 Unless the requirements of 8.15.7.2, 8.15.7.3, or 8.15.7.4 are met, sprinklers shall be installed under exterior roofs, canopies, porte-cocheres, balconies, decks, or similar projections exceeding 4 ft (1.2 m) in width. 8.15.7.2* Sprinklers shall be permitted to be omitted where the canopies, roofs, porte-cocheres, balconies, decks, or similar projections are constructed with materials that are noncombustible, limited-combustible, or fire retardant-treated wood as defined in NFPA 703, Standard for Fire Retardant-Treated Wood and Fire-Retardant Coatings for Building Materials. 8.15.7.3 Sprinklers shall be permitted to be omitted from below the canopies, roofs, porte-cocheres, balconies, decks, or similar projections of combustible construction, provided the exposed finish material on the roofs, canopies, or portecocheres are noncombustible, limited-combustible, or fire retardant-treated	K 351	In addition, ADM will continue to perform weekly environmental rounds at random times. Findings will be immediately reported to morning stand up meeting for discussion and correction. For the next three months, MD will identify trends related to the automatic sprinkler system and report them to the monthly QAPI committee meeting for evaluation, planning, and resolution. ADM is responsible for overall compliance. Completion Date This deficient practice will be corrected by 7/14/17. JUL 10 2017 JUL 10 2017	7/14/17

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K 351	<p>Continued From page 7</p> <p>wood as defined in NFPA 703, Standard for Fire Retardant-Treated Wood and Fire-Retardant Coatings for Building Materials, and the roofs, canopies, or porte-cocheres contain only sprinklered concealed spaces or any of the following unsprinklered combustible concealed spaces:</p> <p>(1) Combustible concealed spaces filled entirely with noncombustible insulation</p> <p>(2) Light or ordinary hazard occupancies where noncombustible or limited-combustible ceilings are directly attached to the bottom of solid wood joists so as to create enclosed joist spaces 160 ft³ (4.5 m³) or less in volume, including space below insulation that is laid directly on top or within the ceiling joists in an otherwise sprinklered attic [see 1.2.3.1.4(d)]</p> <p>(3) Concealed spaces over isolated small roofs, canopies, or porte-cocheres not exceeding 55 ft² (5.1 m²) in area</p> <p>8.15.7.4 Sprinklers shall be permitted to be omitted from exterior exit corridors when the exterior walls of the corridor are at least 50 percent open and when the corridor is entirely of noncombustible construction.</p> <p>8.15.7.5* Sprinklers shall be installed under roofs, canopies, porte-cocheres, balconies, decks, or similar projections greater than 2 ft (0.6 m) wide over areas where combustibles are stored.</p> <p>CMS issued S & C-09-04, Adoption of New Fire Safety Requirements for Long Term Care Facilities, Mandatory Sprinkler Installation Requirement, dated October 3, 2008. This letter required all long term care facilities to be equipped with a supervised sprinkler system</p>	K 351	<p>CALL TO A CERTIFICATE OF PUBLIC HEALTH</p> <p>10 10 2017</p>		

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K 351	Continued From page 8 by August 13, 2013, installed in accordance with the 1999 Edition of the National Fire Protection Association's (NFPA) Standard for Installation of Sprinkler Systems (NFPA 13), and maintained in accordance with the 1998 Edition of the National Fire Protection Association's (NFPA) Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, (NFPA 25). Findings: During a tour of the facility with the Maintenance Director on 6/14/17, the wood framed canopy was observed. At 1:30 p.m., there was a wood framed canopy that was approximately 58 inches wide by 91 inches long that was attached to the building's roof overhang. The wood framed canopy was not equipped with an automatic sprinkler system. This finding was confirmed by the Maintenance Director.	K 351	<p>CONFIDENTIAL - THE FOLLOWING HEALTH LIEUING INFORMATION IS UNCLASSIFIED</p> <p>JUL 10 2017</p> <p>FILED IN THE COURT OF SAN BERNARDINO</p>		
K 353 55-D	NFPA 101 Sprinkler System - Maintenance and Testing Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked b) Who provided system test	K 353	K 353 NFPA 101 Sprinkler System - Maintenance and Testing It is the policy of DRHC to test and maintain its automatic sprinkler system, including the sprinkler heads, on a periodic basis. Corrective Action Fire safety contractor will install a sprinkler head protector in Room 211-A no later than 7/14/17. Fire safety contractor will repair/replace the sprinkler head	7/14/17	

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STATEMENT OF DEFICIENCIES PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555257	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 08/14/2017
NAME OF PROVIDER OR SUPPLIER DIAMOND RIDGE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2351 LOVERIDGE ROAD PITTSBURG, CA 94565		
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K 353	Continued From page 9 c) Water system supply source Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Surveyor: 31203 Based on observation, document review, and interview, the facility failed to maintain their automatic sprinkler system. This was evidenced by failure to maintain sprinkler heads, by failing to complete monthly visual inspections of components to the sprinkler system, and by failure to provide one of two semi-annual waterflow tests for the automatic sprinkler system. This coZAxscrvvcduld result in failure of the sprinkler system and/or delay in extinguishing a fire in the event of a fire. This affected two of two smoke compartments. NFPA 101, Life Safety Code, 2012 Edition 4.6.12 Maintenance, Inspection, and Testing. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, fire resistive construction, or any other feature is required for compliance with the provision of this code, such device, equipment, system, condition, arrangement, level of protection, fire resistive construction, or other feature shall thereafter be continuously maintained. Maintenance shall be provided in accordance with applicable NFPA requirements or requirements as directed by the authority having jurisdiction. 9.6 Fire Detection, Alarm, and Communications	K 353	deflector in Room 218 no later than 7/14/17. Fire safety contractor will repair/replace the escutcheon in the walk-in freezer no later than 7/14/17. Fire safety vendor will inspect the gauges and valves throughout the facility no later than 7/14/17. Fire safety contractor will conduct a water flow test no later than 7/14/17. Other Residents Affected Failure to maintain the sprinkler system has the potential to affect all residents in the facility due to risk of delay in extinguishing a fire in the event of a fire. MD inspected the rest of sprinkler heads throughout the facility and identified a few others that need to be repaired/replaced by the qualified fire safety contractor. Systemic Changes No later than 7/14/17, DSD will give MD a one-on-one in-service on the facility's P&P titled "PM Program", which includes visually inspecting the automatic sprinkler system. MD reviewed all required periodic inspections for the sprinkler system, including water flow tests and inspection of gauges and valves. All periodic inspections and service orders will be arranged.	7/14/17 7/14/17 7/14/17 7/14/17 7/14/17	

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K 353	<p>Continued From page 11 the life of the fire protection system.</p> <p>9.7.8 Record Keeping. Testing and maintenance records required by NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, shall be maintained at an approved, secured location.</p> <p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition</p> <p>5.2.1 Sprinklers.</p> <p>5.2.1.1* Sprinklers shall be inspected from the floor level annually.</p> <p>5.2.1.1.1* Sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., upright, pendent, or sidewall).</p> <p>5.2.1.1.2 Any sprinkler that shows signs of any of the following shall be replaced:</p> <p>(1) Leakage</p> <p>(2) Corrosion</p> <p>(3) Physical damage</p> <p>(4) Loss of fluid in the glass bulb heat responsive element</p> <p>(5)*Loading</p> <p>(6) Painting unless painted by the sprinkler manufacturer</p> <p>5.2.1.1.3* Any sprinkler that has been installed in the incorrect orientation shall be replaced.</p> <p>5.2.1.1.4 Any sprinkler shall be replaced that has signs of leakage; is painted, other than by the sprinkler manufacturer, corroded, damaged, or loaded; or is in the improper orientation.</p> <p>5.2.1.1.5 Glass bulb sprinklers shall be replaced if the bulbs have emptied.</p>	K 353			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 06/21/2017
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 855287	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 06/14/2017
NAME OF PROVIDER OR SUPPLIER DIAMOND RIDGE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2351 LOVERIDGE ROAD PITTSBURG, CA 94565		
(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 353	<p>Continued From page 12</p> <p>5.2.1.1.6* Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection.</p> <p>5.2.1.1.7 Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown.</p> <p>5.2.1.2* The minimum clearance required by the installation standard shall be maintained below all sprinkler deflectors.</p> <p>5.2.1.3 Stock, furnishings, or equipment closer to the sprinkler deflector than permitted by the clearance rules of the installation standard shall be corrected.</p> <p>5.2.1.4 The supply of spare sprinklers shall be inspected annually for the following:</p> <p>(1) The correct number and type of sprinklers as required by</p> <p>5.4.1.4 and 5.4.1.5</p> <p>(2) A sprinkler wrench for each type of sprinkler as required by 5.4.1.6</p> <p>5.2.2* Pipe and Fittings. Sprinkler pipe and fittings shall be inspected annually from the floor level.</p> <p>5.2.3* Hangers and Seismic Braces. Sprinkler pipe hangers and seismic braces shall be inspected annually from the floor level.</p> <p>5.2.4.1* Gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained.</p> <p>5.2.8* Information Sign. The information sign shall be inspected annually to verify that it is securely attached and is legible.</p> <p>5.4.1.9 Sprinklers and automatic spray nozzles used for protecting commercial-type cooking equipment and ventilating systems shall be</p>	K 353	<p>RECEIVED A DEPARTMENT OF PUBLIC HEALTH LICENSING DIVISION JUL 16 2017</p>		

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/21/2017
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OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER DIAMOND RIDGE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2351 LOVERIDGE ROAD PITTSBURG, CA 94565		
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K 353	<p>Continued From page 13 replaced annually.</p> <p>5.4.1.6.1 Where automatic bulb-type sprinklers or spray nozzles are used and annual examination shows no buildup of grease or other material on the sprinklers or spray nozzles, such sprinklers and spray nozzles shall not be required to be replaced.</p> <p>13.3.2.1.1 Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly.</p> <p>13.3.2.1.2 After any alterations or repairs, an inspection shall be made by the property owner or designated representative to ensure that the system is in service and all valves are in the normal position and properly sealed, locked, or electrically supervised.</p> <p>13.3.2.2* The valve inspection shall verify that the valves are in the following condition:</p> <p>(1) In the normal open or closed position (2)*Sealed, locked, or supervised (3) Accessible (4) Provided with correct wrenches (5) Free from external leaks (6) Provided with applicable identification</p> <p>13.4.1.1* Alarm valves and system riser check valves shall be externally inspected monthly and shall verify the following:</p> <p>(1) The gauges indicate normal supply water pressure is being maintained. (2) The valve is free of physical damage. (3) All valves are in the appropriate open or closed position. (4) The retarding chamber or alarm drains are not leaking.</p> <p>NFPA 72, National Fire Alarm Code and</p>	K 353			

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 06/21/2017
FORM APPROVED
OMB NO. 0938-0391

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K 353	<p>Continued From page 14</p> <p>Signaling, 2010 Edition</p> <p>17.12 Sprinkler Waterflow Alarm-Initiating Devices.</p> <p>17.12.1* The provisions of Section 17.12 shall apply to devices that initiate an alarm indicating a flow of water in a sprinkler system.</p> <p>17.12.2* Activation of the initiating device shall occur within 90 seconds of waterflow at the alarm-initiating device when flow occurs that is equal to or greater than that from a single sprinkler of the smallest orifice size installed in the system.</p> <p>Findings:</p> <p>During a tour of the facility, document review, and interview with the Maintenance Director on 6/14/17, the sprinkler system testing and inspection records were requested, and sprinklers were observed.</p> <p>1. At 9:34 a.m., the sprinkler head near Bed A in Room 211, was caught around the privacy curtain. This finding was confirmed by the Maintenance Director.</p> <p>2. At 9:40 a.m., the deflector to the sprinkler was bent in Room 218. This finding was confirmed by the Maintenance Director.</p> <p>3. At 9:57 a.m., there was an approximately 1 inch penetration at the side of the escutcheon in the walk-in freezer located in the Kitchen. When interviewed, the Maintenance Director stated that maybe the escutcheon could be corroded.</p> <p>4. At 11:58 a.m., the facility failed to provide records for the monthly inspections of the</p>	K 353			

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K 353	Continued From page 15 sprinkler gauges and valves during the survey. When interviewed, the Maintenance Director stated that he was unaware of the monthly inspections.	K 353			
K 363 SS=D	5. At 1:20 p.m., the facility failed to provide documentation for one of two semi-annual waterflow test for the past twelve months. This finding was confirmed by the Maintenance Director. NFPA 101 Corridor - Doors Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be 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 fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In	K 363	K 363 NFPA 101 Corridor - Doors It is the policy of DRHC to maintain its corridor doors to resist the passage of smoke and/or fire. Corrective Action On 6/15/17 MD repaired the door to the Water Storage near the Laundry room. It now latches properly when fully opened and released. On 6/15/17 MD permanently removed the bungee cord that was tied to the metal rack and the door at the kitchen pantry can now freely close. Other Residents Affected All residents have the potential to be affected by the facility's failure to maintain corridor doors due to risk of passage of smoke and/or fire. Systemic Changes No later than 7/14/17, DSD will give MD a one-on-one in-service on the facility's P&P titled "PM Program".	6/15/17 6/15/17 7/14/17	

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NAME OF PROVIDER OR SUPPLIER DIAMOND RIDGE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2351 LOVERIDGE ROAD PITTSBURG, CA 94365	
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K 363	Continued From page 16 sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies, 19.3.6.3, 42 CFR Parts 403, 418, 480, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This STANDARD is not met as evidenced by: Surveyor: 31203 Based on observation, the facility failed to maintain their corridor doors to resist the passage of smoke and/or fire. This was evidenced by a door that failed to latch, and by a door that was obstructed from closing. This affected one of two smoke compartments and could result in the passage smoke and flames in the event of a fire. Findings: During a tour of the facility with the Maintenance Director on 6/14/17, the corridor doors were observed. 1. At 9:49 a.m., the door to the Water Storage near the Laundry room, was equipped with a self-closing device that failed to latch when fully opened and released. The door was tested two times and failed. This finding was confirmed by Maintenance Director. 2. At 9:58 a.m., the door to the Kitchen Pantry, was equipped with a self-closing device. The door was held open by a bungee cord that was tied to the metal rack. This finding was confirmed by Maintenance Director.	K 363	which includes visually inspecting all corridor doors. Monitoring No later than 7/14/17, MD will perform PM rounds as scheduled in the checklist (daily, weekly, and monthly). It will include the visual inspection of the corridor doors. MD will immediately repair/replace doors identified to be not closing properly. In addition, ADM will continue to perform weekly environmental rounds at random times. Findings will be immediately reported to morning stand up meeting for discussion and correction. For the next three months, MD will identify trends related to corridor doors and report them to the monthly QAPI committee meeting for evaluation, planning, and resolution. ADM is responsible for overall compliance. Completion Date This deficient practice will be corrected by 7/14/17.	7/14/17
K 914 SS=C	NFPA 101 Electrical Systems - Maintenance and Testing	K 914	K 914 NFPA 101 Electrical Systems - Maintenance and Testing	7/14/17

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K 914	Continued From page 17 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This STANDARD is not met as evidenced by: Surveyor: 31203 Based on document review, and interview, the facility failed to maintain their electrical outlets. This was evidenced by failure to provide the annual tension and polarity test for the electrical outlets. This affected two of two smoke compartments, and could result in the ignition of an electrical fire. NFPA 99, Health Care Facilities Code, 2012 Edition 6.3.3.2 Receptacle Testing In Patient Care Rooms. 6.3.3.2.1 The physical integrity of each receptacle shall be confirmed by visual inspection.	K 914	It is the policy of DRHC to inspect, test, and maintain its electrical system. Corrective Action No later than 7/14/17 the facility's licensed electrician contractor will inspect, test, and maintain the building's electrical system, which includes performing the annual tension and polarity test for the electrical outlets. Other Residents Affected All residents have the potential to be affected by the facility's failure to conduct the annual tension and polarity test for the electrical outlets due to risk of ignition of electrical fire. Systemic Changes No later than 7/14/17, DSD will give MD a one-on-one in-service on the facility's P&P titled "PM Program", which includes having a licensed electrician conduct the annual tension and polarity test for the electrical outlets. MD reviewed all required periodic inspections for the electrical system. All periodic inspections and service orders will be arranged. Monitoring No later than 7/14/17, MD will perform PM rounds as scheduled in the checklist (daily, weekly, and monthly). It will include the visual inspection of the facility's electrical system.	7/14/17	7/14/17

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K 914	<p>Continued From page 18</p> <p>6.3.3.2.2 The continuity of the grounding circuit in each electrical receptacle shall be verified.</p> <p>6.3.3.2.3 Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed.</p> <p>6.3.3.2.4 The retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 g (4 oz).</p> <p>6.3.4.1.3 Receptacles not listed as hospital-grade, at patient bed locations and in locations where deep sedation or general anesthesia is administered, shall be tested at intervals not exceeding 12 months.</p> <p>6.3.4.2 Record Keeping.</p> <p>6.3.4.2.1* General.</p> <p>6.3.4.2.1.1 A record shall be maintained of the tests required by this chapter and associated repairs or modification.</p> <p>6.3.4.2.1.2 At a minimum, the record shall contain the date, the rooms or areas tested, and an indication of which items have met, or have failed to meet, the performance requirements of this chapter.</p> <p>Findings</p> <p>During a tour of the facility, document review, and interview with the Maintenance Director on 6/14/17, the electrical outlets were observed, and documents were requested.</p> <p>At 1:40 p.m., the facility failed to provide the annual testing of the receptacle outlets in the past 12 months. When interviewed, the Maintenance Director stated that the records would be provided via email by 9:00 a.m. on 6/15/17. There were no records received from the facility as of 11:00 a.m. on 6/15/17.</p>	K 914	<p>In addition, ADM will continue to perform weekly environmental rounds at random times. ADM will also audit the binder for periodic inspection of electrical equipment to ensure they are taking place as scheduled. Findings will be immediately reported to morning stand up meeting for discussion and correction.</p> <p>For the next three months, MD will identify trends related to the electrical system and report them to the monthly QAPI committee meeting for evaluation, planning, and resolution. ADM is responsible for overall compliance.</p> <p>Completion Date This deficient practice will be corrected by 7/14/17.</p>	7/14/17	

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K 918 SS=C	<p>NFPA 101 Electrical Systems - Essential Electric System</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This STANDARD is not met as evidenced by: Surveyor: 31203 Based on document review, and interview, the facility failed to maintain their emergency power</p>	K 918	<p>K 918 NFPA 101 Electrical Systems - Essential Electric Systems</p> <p>It is the policy of DRHC to maintain and test its electric system, including conducting an annual fuel quality test for its power generator system.</p> <p>Corrective Action No later than 7/14/17 the facility's licensed power generator contractor will inspect, test, and maintain the building's power generator system, which includes performing a fuel quality test.</p> <p>Other Residents Affected All residents have the potential to be affected by the facility's failure to perform a power generator fuel quality test due to risk of the generator failing in the event of power failure.</p> <p>Systemic Changes No later than 7/14/17, DSD will give MD a one-on-one in-service on the facility's P&P titled "PM Program", which includes having a licensed power generator contractor perform a fuel quality test at least once per year. MD reviewed required periodic inspections for the power generator system. All periodic inspections and service orders will be arranged.</p>	7/14/17 7/14/17	

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

Event ID: 6Q0021

Facility ID: CA02000664

If continuation sheet Page 20 of 30

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
LICENSING & REGULATION PROGRAM

JUL 10 2017

LIFE SAFETY CODE UNIT
SAN BERNARDINO

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 06/21/2017
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K 918	<p>Continued From page 20</p> <p>supply system. This was evidenced by failure to conduct a fuel quality test at least annually. This could result in fuel contaminants to go undetected that may result in generator failure in the event of a power failure. This affected two of two smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.5 Building Services. 19.5.1 Utilities. 19.5.1.1 Utilities shall comply with the provisions of Section 9.1.</p> <p>9.1.3.1 Emergency generators and standby power systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems.</p> <p>NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition 8.3.3 A written schedule for routine maintenance and operational testing of the EPSS shall be established. 8.3.4 A permanent record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained and readily available. 8.3.6 A fuel quality test shall be performed at least annually using tests approved by ASTM standards.</p> <p>Findings:</p> <p>During document review, and interview with Maintenance Director on 6/14/17, the documents were requested.</p> <p>At 1:45 p.m., the facility failed to provide</p>	K 918	<p>Monitoring</p> <p>No later than 7/14/17, MD will perform PM rounds as scheduled in the checklist (daily, weekly, and monthly). It will include the visual inspection of the facility's power generator system.</p> <p>In addition, ADM will continue to perform weekly environmental rounds at random times. ADM will also audit the blinder for periodic inspection of electrical equipment to ensure they are taking place as scheduled. Findings will be immediately reported to morning stand up meeting for discussion and correction.</p> <p>For the next three months, MD will identify trends related to the electrical systems and report them to the monthly QAPI committee meeting for evaluation, planning, and resolution. ADM is responsible for overall compliance.</p> <p>Completion Date This deficient practice will be corrected by 7/14/17.</p>	<p>7/14/17</p> <p>7/14/17</p>	

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K 920	Continued From page 29 or terminals. Exception: Listed portable single-pole devices that are intended to accommodate such tension at their terminals shall be permitted to be used with single-conductor flexible cable. Findings: During a tour of the facility, and interview with the Maintenance Director on 6/14/17, the electrical wiring was observed. At 9:41 a.m., there was a white extension cord observed near Bed B in Room 218. A lamp was plugged into the extension cord. When interviewed, the Maintenance Director stated, that the extension cord must have been brought in to the facility by a family member.	K 920			
K 923 SS-D	NFPA 101 Gas Equipment - Cylinder and Container Storage Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual	K 923	K 923 NFPA 101 Gas Equipment - Cylinder and Container Storage It is the policy of DRHC to maintain its Oxygen storage room, including securing it from unauthorized entry and providing precautionary sign on the door. Corrective Action No later than 7/14/17, MD will install an electronic locking device on the door of the Oxygen storage room located near Room 103. No later than 7/14/17, MD will install an electronic locking device on the door of the Oxygen storage room located near the physical therapy room. MD will also install a	7/14/17 7/14/17	

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K 923	Continued From page 24 cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This STANDARD is not met as evidenced by: Surveyor: 31203 Based on observation and interview, the facility failed to maintain the Oxygen Storage Room. This was evidenced by the failure to secure oxygen storage rooms from unauthorized entry, and by failure to provide a precautionary sign to the oxygen storage door. This affected two of two smoke compartments. This could result in unauthorized access to oxygen cylinders, and could result in an increased risk of fire. NFPA 99, Health Care Facilities Code, 2012 Edition 11.3 Cylinder and Container Storage Requirements. 11.3.1* Storage for nonflammable gases equal to or greater than 85 m3 (3000 ft3) at STP shall comply with 5.1.3.3.2 and 5.1.3.3.3. 11.3.2* Storage for nonflammable gases greater	K 923	precautionary sign on the door that states, "No Smoking". Other Residents Affected All residents have the potential to be affected by the facility's failure to secure the door of the Oxygen room with a lock and failure to post a precautionary sign on the door, which could increase the risk of a fire. Systemic Changes No later than 7/14/17, DSD will give MD a one-on-one in-services on the facility's P&P titled "PM Program", which includes inspecting for the safety and security of the Oxygen rooms. No later than 7/14/17, DSD will in-service staff about the increased risk of fire by not securing the room from unauthorized access and by not having a precautionary sign posted on the door. Staff will immediately notify MD if they have findings. Monitoring No later than 7/14/17, MD will perform PM rounds as scheduled in the checklist (daily, weekly, and monthly). It will include the visual inspection of the Oxygen room a for safety and security. In addition, ADM will continue to perform weekly environmental rounds at random times. Findings will be	7/14/17 7/14/17 7/14/17	

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NAME OF PROVIDER OR SUPPLIER DIAMOND RIDGE HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2351 LOVERIDGE ROAD PITTSBURG, GA 34555		
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K 923	Continued From page 25 than 8.5 m3 (300 ft3), but less than 85 m3 (3000 ft3), at STP shall comply with the requirements in 11.3.2.1 through 11.3.2.3. 11.3.2.1 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. 11.3.2.2 Oxidizing gases, such as oxygen and nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. 11.3.2.3 Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or materials by one of the following: (1) Minimum distance of 6.1 m (20 ft) (2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 122 hour 11.3.2.4 Gas cylinder and cryogenic liquid container storage shall comply with 5.1.3.5.12. 11.3.2.5 Cylinder and container storage locations shall comply with 5.1.3.3.1.7 with respect to temperature limitations. 11.3.2.6 Cylinder or container restraints shall comply with 11.6.2.3. 11.3.2.7 Smoking, open flames, electric heating elements, and other sources of ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations. 11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3. 11.3.2.9 Gas cylinder and liquefied gas container storage shall comply with 5.1.3.5.12. 11.3.3 Storage for nonflammable gases with a	K 923	immediately reported to morning stand up meeting for discussion and correction. For the next three months, MD will identify trends related to the gas equipment and report them to the monthly QAPI committee meeting for evaluation, planning, and resolution. ADM is responsible for overall compliance. Completion Date This deficient practice will be corrected by 7/14/17.	7/14/17	

DEPARTMENT OF PUBLIC HEALTH
FACILITY INSPECTION PROGRAM

JUL 10 2017

LIFE SAFETY CODE UNIT
SAN BERNARDINO

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K 923	<p>Continued From page 26</p> <p>total volume equal to or less than 8.5 m3 (300 ft3) shall comply with the requirements in 11.3.3.1 and 11.3.3.2.</p> <p>11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m2 (22,500 ft2) of floor area, shall not be required to be stored in enclosures.</p> <p>11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2.</p> <p>11.3.3.3 When small-size (A, B, D, or E) cylinders are in use, they shall be attached to a cylinder stand or to medical equipment designed to receive and hold compressed gas cylinders.</p> <p>11.3.3.4 Individual small-size (A, B, D, or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage.</p> <p>11.3.3.5 Cylinders shall not be chained to portable or movable apparatus such as beds and oxygen tents.</p> <p>11.3.4 Signs.</p> <p>11.3.4.1 A precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure.</p> <p>11.3.4.2 The sign shall include the following wording as a minimum:</p> <p>CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING</p> <p>11.6.4 Special Precautions for the Care of Safety Mechanisms.</p> <p>11.6.4.1 Personnel using cylinders and containers and other equipment covered in this chapter shall be familiar with the CGA Pin-Index Safety System and the CGA Diameter-Index Safety System.</p>	K 923			

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K 923	<p>Continued From page 27</p> <p>which are both designed to prevent utilization of the wrong gas.</p> <p>11.6.4.2 Safety relief mechanisms, non-interchangeable connectors, and other safety features shall not be removed, altered, or replaced.</p> <p>11.6.5 Special Precautions - Storage of Cylinders and Containers.</p> <p>11.6.5.1 Storage shall be planned so that cylinders can be used in the order in which they are received from the supplier.</p> <p>11.6.5.2 If empty and full cylinders are stored within the same enclosure, empty cylinders shall be segregated from full cylinders.</p> <p>11.6.5.2.1 When the facility employs cylinders with integral pressure gauge, it shall establish the threshold pressure at which a cylinder is considered empty.</p> <p>11.6.5.3 Empty cylinders shall be marked to avoid confusion</p> <p>11.6.5.4 Cylinders stored in the open shall be protected as follows:</p> <p>(1) Against extremes of weather and from the ground beneath to prevent rusting</p> <p>(2) During winter, against accumulations of ice or snow</p> <p>(3) During summer, screened against continuous exposure to direct rays of the sun in those localities where extreme temperatures prevail</p> <p>Findings:</p> <p>During a tour of the facility, and interview with the Maintenance Director on 6/14/17, the oxygen storage rooms were observed.</p> <p>1. At 10:25 a.m., the door to the Oxygen Storage room near Room 123, was not secured from</p>	K 923			

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UNIVERSITY OF CALIFORNIA, BERKELEY

J. L. J. & J. L. J.

LIFE WITH DOCTORS
GAIL KLEINSMITH

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K 926	<p>Continued From page 29</p> <p>application and maintenance of medical gases and others who handle medical gases and the cylinders that contain the medical gases shall be trained on the risks associated with their handling and use.</p> <p>11.5.2.1.2 Health care facilities shall provide programs of continuing education for their personnel.</p> <p>11.5.2.1.3 Continuing education programs shall include periodic review of safety guidelines and usage requirements for medical gases and their cylinders.</p> <p>11.5.2.1.4 Equipment shall be serviced only by personnel trained in the maintenance and operation of the equipment.</p> <p>Findings:</p> <p>During a tour of the facility, document review, and interview, with the Maintenance Director and Director of Staff Development (DSD) on 6/14/17, the oxygen cylinders were observed, document were requested, and staff was interviewed.</p> <p>At 10:11 a.m., the facility was observed with portable oxygen supply tank delivery systems. There were no documentation that indicated the facility was providing continuing education to all personnel associated with handling and use of oxygen gas cylinders and equipment. When interviewed, the DSD stated, that staff were only shown how to change cylinders from empty to full and to keep the cylinders separated.</p>	K 926	<p>forward, DSD will include this topic in new staff orientation. DSD will also add this topic in the recurring list of in-service trainings. DSD will provide continuing education to staff regarding the safe handling and use of medical gas, no less than once per year.</p> <p>Monitoring ADM will audit the DSD's in-service binder which lists essential continuing education topics, such as the safe use in maintenance of medical gas, to ensure they are taking place as scheduled. Findings will be immediately reported to morning stand up meeting for discussion and correction.</p> <p>For the next three months, ADM will identify trends related to gas equipment and report them to the monthly QAPI committee meeting for evaluation, planning, and resolution. ADM is responsible for overall compliance.</p> <p>Completion Date This deficient practice will be corrected by 7/14/17.</p>	7/14/17	