

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

PRINTED: 11/25/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055956	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/21/2014
NAME OF PROVIDER OR SUPPLIER BRIARWOOD HEALTH CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 5901 LEMON HILL AVE SACRAMENTO, CA 95824		
(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	<p>INITIAL COMMENTS</p> <p>K3 BUILDING: 01 K6 PLAN APPROVAL: 1989 K7 SURVEY UNDER: 2000 EXISTING</p> <p>STRUCTURE TYPE: ONE STORY, TYPE V CONSTRUCTION, FULLY SPRINKLERED</p> <p>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.</p> <p>Representing the California Department of Public Health: 27994</p> <p>The facility is not in compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.</p> <p>Census: 42</p>	K 000	<p>This Plan of correction constitutes my written credible allegation of compliance for the deficiencies noted.</p> <p>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 on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of the Health and Safety Code Section 1280 and 42 CFR 483 et seq.</p>		
K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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 1/4 inch solid-banded 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</p>	K 018	<p>K Tag 018</p> <ul style="list-style-type: none"> Maintenance Supervisor adjusted the kitchen door closer. Maintenance Supervisor inspected other facility doors to identify any other affected doors and made adjustments to the door closer. Maintenance Supervisor purchased two door closers in the event that any closers need to be replaced. Maintenance Supervisor shall perform daily compliance rounds to ensure compliance 	<p>11/21/14</p> <p>11/21/14</p> <p>11/18/14</p>	

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

TITLE

(X6) DATE

Harry L. Meyer

NHA

12/9/14

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.

12/17/14 Sec Acceptable per Robert Compton, HSES

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K 018	Continued From page 1 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the corridor doors. This was evidenced by one door that failed to latch. This affected one of two 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 11/21/14, the corridor doors were observed. At 10:46 a.m., the self closing door to the Kitchen failed to latch.	K 018	<ul style="list-style-type: none"> Maintenance Supervisor in-serviced Housekeeping staff to assist in monitoring facility doors to assure complete closures. Maintenance Supervisor and Housekeeping Manager will include monitoring of door closure on their daily duties checklist. Any repairs will be documented in the Maintenance Log. Maintenance Supervisor shall perform weekly compliance rounds to assure compliance and report any ongoing door closure concerns to the quarterly Quality Assurance Committee. Completion date: 	12/2/14	
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Based on observation, document review and interview, the facility failed to maintain the	K 047	K Tag 047 <ul style="list-style-type: none"> Maintenance Supervisor performed the 90 minute Exit light battery testing. Maintenance Supervisor verified his inspection checklist states annual 90 minute Exit light battery testing. Maintenance Supervisor verified his inspection checklist states annual 90 minute Exit light battery testing. 	12/2/14 12/2/14 12/2/14	

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K 047	<p>Continued From page 2</p> <p>emergency exit signs. This was evidenced by a lack of documentation for annual testing of its battery powered emergency exit signs. This affected two of two smoke compartments and could potentially result in a delayed evacuation and/or injury in the event of an emergency.</p> <p>NFPA 101, 2000 19.2.10.1 Means of egress shall have signs in accordance with Section 7.10. 7.10.9.2 Testing. Exit signs connected to or provided with a battery-operated emergency illumination source, where required in 7.10.4, shall be tested and maintained in accordance with 7.9.3 7.9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 11/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.</p> <p>Findings:</p> <p>During a tour, document review and interview with staff on 11/21/14, the emergency exit signs were observed and document was requested.</p> <p>At 11:26 a.m., the facility had approximately twelve emergency exit signs located throughout the facility. A reviewed of the log failed to indicate when the 90 minutes test was performed. The last annual 90 minutes test was unknown. The facility was given the opportunity to fax the 90</p>	K 047	<ul style="list-style-type: none"> Maintenance Supervisor will perform any Exit light battery light testing and report any concerns to the quarterly Quality Assurance Committee. Completion date: 	12/10/14	

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K 047	Continued From page 3	K 047			
K 054	NFPA 101 LIFE SAFETY CODE STANDARD	K 054	K Tag 054		
SS=D	All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3		<ul style="list-style-type: none"> Maintenance Supervisor checked the operation of the two smoke detectors. 	11/21/14	
	This STANDARD is not met as evidenced by: Based on observation, document review, and interview, the facility failed to ensure that battery operated smoke detectors were tested weekly. This was evidenced by incomplete testing for two battery operated smoke detectors. This affected two of two smoke compartments and could result in the delay in notification in the event of a fire emergency.		<ul style="list-style-type: none"> Maintenance Supervisor checked the operation of the two smoke detectors. 	11/21/14	
	NFPA 101, 2000		<ul style="list-style-type: none"> Maintenance Supervisor verified that his inspection checklist states weekly smoke detector check. 	12/4/14	
	19.3.4.5.1 Detection systems, where required, shall be in accordance with Section 9.6		<ul style="list-style-type: none"> Maintenance Supervisor will report any smoke detector operation concerns to the quarterly Quality Assurance Committee. 		
	9.6.1.3 The provisions of the Section 9.6 cover the basic functions of the a complete fire alarm system, including fire detection, alarm, and communications. These systems are primary intended to provide the indication and warning of abnormal conditions, the summoning of appropriate aid, and the control of occupancy facilities to enhance protection of life.		<ul style="list-style-type: none"> Completion date: 	12/10/14	
	9.6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code, unless an existing installation, which shall be permitted to be continued in use, subject to the approval of the				

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K 054	Continued From page 4 authority having jurisdiction. 9.6.1.7 To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code. NFPA 72, 1999 7-1.1.1 Inspection, testing, and maintenance programs shall satisfy the requirements of this code, shall conform to the equipment manufacturer's recommendations, and shall verify correct operation of the fire alarm system. Findings: During tour, document review, and interview with staff on 11/21/14, the battery operated smoke detectors were observed and documents were reviewed. At 11:40 a.m., the facility had two battery operated smoke detectors that were located in the fire alarm control panel (FACP) room and the Laundry. A reviewed of the log indicated that the smoke detectors were tested weekly for the first half of the year, and from June to October 2014, it was tested monthly. There was no testing for November 2014. Staff 1 stated that he was not aware of the weekly testing requirements.	K 054			
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids,	K 066	K Tag 066 • Housekeeping Manager emptied the cigarette butts and combustible items from the metal bin. • Housekeeping Manager inspected the other metal bins and emptied any cigarette butts and combustible materials.		11/21/14 11/21/14

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K 066	<p>Continued From page 5</p> <p>combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the smoking areas. This was evidenced by mixing cigarette butts with combustible items. This affected one of two smoke compartments, and could lead to an increased risk for fire.</p> <p>Findings:</p> <p>During a tour and interview with staff on 11/21/14, the smoking areas were observed.</p> <p>At 10:45 a.m., the resident smoking area was observed with a metal self closing bin that had a dozen cigarette butts mixed with combustible items. Staff 2 stated that the metal bin was for</p>	K 066	<ul style="list-style-type: none"> Housekeeping Manager in-serviced her staff on daily monitoring of the facility cigarette metal bins. Housekeeping Manager will include monitoring of cigarette metal bins on their daily duties checklist. Housekeeping Manager will report any cigarette butt disposal concerns to the quarterly Quality Assurance Committee. Completion date: 	12/2/14 12/10/14	

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K 066	Continued From page 6	K 066			
K 144	cigarette butts only.	K 144	K Tag 144	11/21/14	
SS=D	NFPA 101 LIFE SAFETY CODE STANDARD		• Maintenance Supervisor performed the weekly emergency power generator test.	11/21/14	
	Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.		• Maintenance Supervisor verified his inspection checklists state weekly generator tests.	11/21/14	
	This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to maintain the generator. This was evidenced by missing weekly inspections for two of twelve months. This affected two of two smoke compartments, and could potentially result in a generator failure during an emergency.		• Maintenance supervisor verified his inspection checklist states weekly generator tests.	11/21/14	
	NFPA 101, 2000		• Maintenance Supervisor shall perform weekly compliance rounds and will report any emergency generator testing concerns to the quarterly Quality Assurance Committee.	12/10/14	
	19.7.6 Maintenance and Testing (see 4.6.12)		• Completion date:		
	4.6.12 Maintenance and Testing. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provision of this code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction.				
	NFPA 110, 1999				
	6-4.1* Level 1 and Level 2 EPSSs, including all				

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K 144	Continued From page 7 appurtenant components, shall be inspected weekly and shall be exercised under load at least monthly. Findings: During document review and interview with staff on 11/21/14, the generator records were reviewed. At 11:30 a.m., the generator log indicated that four weekly inspections were missing for April 2014 and three weekly inspections were missing in May 2014. Staff 1 confirmed the weekly inspections were missing.	K 144		
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 the electrical wiring and connections. This was evidenced by the use of extension cord. This affected one of two smoke compartments, and could result in an increased risk of an electrical fire resulting in potential harm to the residents. NFPA 101, 2000 19.5.1 Utilities. Utilities shall comply with the provisions of section 9.1 9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in	K 147	<p>K Tag 147</p> <ul style="list-style-type: none"> Maintenance Supervisor removed the extension cord and directly plugged the fan into the electrical outlet. Maintenance Supervisor inspected the facility for the use of extension cords and found no other extension cords in use. Maintenance Supervisor and Housekeeping Manager in-serviced the Housekeeping staff to monitor for the use of extension cords. Maintenance Supervisor and Housekeeping Manager will include the monitoring for extension cord use in their daily duties checklist. Maintenance Supervisor will perform weekly compliance rounds to ensure compliance and report any extension cord concerns to the quarterly Quality Assurance Committee. Completion date: 	<p>11/27/14</p> <p>11/21/14</p> <p>12/2/14</p> <p>12/10/14</p>

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K 147	<p>Continued From page 8</p> <p>service, subject to approval by the authority having jurisdiction.</p> <p>NFPA 70, 1999</p> <p>110-12 Mechanical Execution of Work. Electrical equipment shall be installed in a neat and workmanlike manner.</p> <p>(c) Integrity of Electrical Equipment and Connections. Internal parts of electrical equipment, including busbars, wiring terminals, insulators, and other surfaces, shall not be damaged or contaminated by foreign materials such as paint, plaster, cleaners, abrasives, or corrosive residues. There shall be no damaged parts that may adversely affect safe operation or mechanical strength of the equipment such as parts that are broken; bent; cut; or deteriorated by corrosion, chemical action, or overheating.</p> <p>400-8 Unless specifically permitted in Section 400-7, flexible cord and cables shall not be used for the following:</p> <p>(1) As a substitute for the fixed wiring of a structure</p> <p>(2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors.</p> <p>(3) Where run through doorways, windows, or similar openings</p> <p>(4) Where attached to building surfaces</p> <p>(5) Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors</p> <p>(6) Where installed in raceways, except as otherwise permitted in this Code.</p> <p>Findings:</p> <p>During a tour of the facility with staff on 11/21/14, the electrical wiring and connections were</p>	K 147		

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K 147	Continued From page 9 observed. At 10:50 a.m., a window fan was plugged into a white extension cord, in the Ice Machine Room.	K 147			