

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

PRINTED: 03/28/2013
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555113 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 03/18/2013 |
| NAME OF PROVIDER OR SUPPLIER LAKE PARK RET RESIDENCE | | STREET ADDRESS, CITY, STATE, ZIP CODE 1850 ALICE STREET OAKLAND, CA 94612 | |
| (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

K 000

K3 BUILDING: 01
K6 PLAN APPROVAL: 7/1/1979
K7 SURVEY UNDER: 2000 EXISTING

K12 STRUCTURE TYPE: Type III Construction,
SNF on 2nd Floor (13 Story Building), Fully
Sprinklered

The following reflects the findings of the California
Department of Public Health, during an annual
Life Safety Code re-certification survey. The
findings are in accordance with 42 CFR (Code of
Federal Regulations) 483.70 (a) and NFPA
(National Fire Protection Association) 101, Life
Safety Code 2000 edition, Existing codes.

Representing the California Department of Public
Health: 31203

*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 law.*

Census: 22
K 012 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

Building construction type and height meets one
of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4,
19.3.5.1

This STANDARD is not met as evidenced by:
Based on observation, the facility failed to
maintain the integrity of the building construction
as evidenced by a penetration in the wall. This
affected 1 of 2 smoke compartments which could
result in the passage of smoke in the event of a
fire.

K 012 K012:

4/10/13

The specific penetration in the Nurses
Station has been sealed with fire caulking.
Monthly preventive maintenance tours will
include inspecting for penetrations
Responsible: Director of Maintenance
A report will be made to the facility's
Continuous Quality Improvement (CQI)
Committee meeting and followed up in
subsequent meetings as necessary thereafter.
Administrator to monitor for overall
compliance

LABORATORY DIRECTOR'S OR PROVIDER'S SIGNATURE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 012 Continued From page 1

Findings:

During the facility tour with the Facilities Director on 3/18/13, the facility wall was observed.

At 11:38 a.m., there was an approximately 1 inch circular penetration which wire for a receiver was going through the wall in the Nurses Station.

K 018 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 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 corridor doors to resist the passage of smoke as evidenced by corridor doors that did

K 012

K 018 K018:

Doors that would not positively latch during the survey tour have been repaired. Kick stoppers have been removed from doors held open with such devices.

Monthly preventive maintenance tours will include testing for positive latching doors and inspecting for corridor doors being held open. Infractions will be corrected.

Responsible: Director of Maintenance
A report will be made to the facility's Continuous Quality Improvement (CQI) Committee meeting and followed up in subsequent meetings as necessary thereafter. Administrator will monitor for overall compliance

4/10/13

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| K 018 | Continued From page 2 not positively latch when tested and a door that was held open by a kick stopper device. This affected 1 of 2 smoke compartments and could result in the passage smoke and flames in the event of a fire. Findings: During the facility tour with the Facilities Director on 3/18/13, the corridor doors were observed. 1. At 10:56 a.m., the door in the Nurse's Lounge was equipped with a self closing device that was held open by a kick stopper device. The door failed to latch when fully opened and released. 2. At 11:14 a.m., the door to the Fresh Air Intake room was equipped with a self closing device that failed to latch when fully opened and released. The door was dragging on the door frame. 3. At 11:24 a.m., the door to Room 27 was equipped with a self closing device that failed to closed and the door remained open at approximately 2 feet wide. | | K 018 | | |
| K 062 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that their automatic sprinkler system was | | K 062 | K062: The sprinkler deflector identified during the tour has been cleaned. All other deflectors will be inspected and cleaned as necessary. Responsible: Director of Maintenance A report will be made to the facility's Continuous Quality Improvement (CQI) Committee meeting and followed up in subsequent meetings as necessary thereafter. Administrator will monitor for overall compliance | 4/10/13 |

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| K 062 | Continued From page 3 maintained. This was evidenced by paint or corrosion on the sprinkler's deflector. This could lead to the sprinkler malfunctioning in the event of a fire. This affected 1 of 2 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. 2-4.1.8 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 Facilities Director on 3/18/13, the automatic sprinkler system was observed. | K 062 | | | |

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K 062 Continued From page 4

At 11:22 a.m., the deflector in the restroom of Room 27, was discolored by a black and white spots.

K 072 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

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 ensure that their emergency exit door was maintained. This was evidenced by an emergency exit door that was obstructed by an object. This affected 1 of 2 smoke compartments and could result in delay and confusion in the event of an emergency.

Findings:

During a tour of the facility with the Facilities Director on 3/18/13, the facility emergency exit was observed.

At 11:00 a.m., the emergency exit door near Room 229, had a velcro "STOP" sign across the door frame. There was another "STOP" sign next to the exit door.

K 147 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2

K 062

K 072 K072:

4/10/13

Removable Velcro "stop" sign has been removed. A subsequent inspection showed this was the only Velcro "stop" sign in use at the time.
Monthly preventive maintenance tours will include inspecting for Velcro "stop" signs and removal of such signage if found.
Responsible: Director of Maintenance
A report will be made to the facility's Continuous Quality Improvement (CQI) Committee meeting and followed up in subsequent meetings as necessary thereafter.
Administrator will monitor for overall compliance

K 147

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K 147 Continued From page 5

K 147 ~~K147~~

4/10/13

This STANDARD is not met as evidenced by:
Based on observation, the facility failed to maintain their electrical wiring and equipment, as evidenced by the use of power strip. This deficient condition affected 1 of 2 smoke compartments and could result in the ignition of an electrical fire.

NFPA 70, National Electrical Code, 1999 Edition
400-7 Uses Permitted

(a) Uses. Flexible cords shall be used only for the following:

- 1) Pendants
 - 2) Wiring of fixtures
 - 3) Connection of portable lamps, portable and mobile signs or appliances
 - 4) Elevator cables
 - 5) Wiring of cranes and hoists
 - 6) Connection of stationary equipment to facilitate their frequent interchange
 - 7) Prevention of the transmission of noise or vibration
 - 8) Appliances where the fastening means and mechanical connections are specifically designed to permit ready removal for maintenance and repair, and the appliance is intended or identified for flexible cord connection\
 - 9) Data processing cables as permitted by Section 645-5
 - 10) Connection of moving parts
 - 11) Temporary wiring as permitted in Sections 305-4 b) & 305-4 c)
- 400-8. Uses not Permitted. Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following:

The power strip referenced during the survey tour has been removed. A subsequent inspection showed no other power strips in use.

Monthly preventive maintenance tours will include inspecting for power strips and removal of such devices if found.

Responsible: Director of Maintenance

A report will be made to the facility's Continuous Quality Improvement (CQI) Committee meeting and followed up in subsequent meetings as necessary thereafter.

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| K 147 | Continued From page 6 (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8. Findings: During a tour of the facility with the Facilities Director, the electrical wiring in the facility was observed. At 10:55 a.m., in the Nurse's Lounge, a hot pot, clock, and a toaster, were plugged into power strips instead of directly into the wall outlets. | K 147 | | |