

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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056098	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2012
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NAME OF PROVIDER OR SUPPLIER COTTONWOOD HEALTH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 625 COTTONWOOD STREET WOODLAND, CA 95695
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K 000	INITIAL COMMENTS K3 Building: 01 K6 Plan Approval: 9/15/69 K7 Survey Under: 2000 Existing K12 Structure Type: One Story, Type III, 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 Department of Public Health: Surveyor: 27893 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.	K 000	COTTONWOOD HEALTH CARE PLAN OF CORRECTION This plan of correction constitutes my written credible allegation of compliance for the deficiencies noted. The facility will be in substantial compliance for areas noted no later than August 10, 2012.	
K 012 SS=D	Census: 88 NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the integrity of their building. This was evidenced by unsealed penetrations at three locations in the facility. This affected one of two smoke compartments and could result in the	K 012	K 012 NFPA 101 Life Safety Code Standard Specific action: The unsealed penetrations in the ceiling of the bathroom between 103 and 105, the wall of room 113, and the wall of room 116 have been sealed. Direct responsibility: The Maintenance Supervisor (MS) assumes direct responsibility for the corrective action.	

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

TITLE

(X8) DATE

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

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K 012	Continued From page 1 spread of smoke or fire to other locations in the facility. Findings: During a facility tour with staff on 7/10/12, the walls and ceilings in the facility were observed. 1. At 10:21 a.m., the bathroom between Room 103 and Room 105 was observed. A vertical grab bar pole was installed near the toilet in that bathroom. The ceiling in the bathroom was punctured where the grab bar pole was secured. 2. At 10:29 a.m., there was an approximately three inch diameter penetration in the wall of Room 113. The penetration was located in the wall behind the B-Side bed in that room. The penetration was covered by wall paper. 3. At 10:32 a.m., there was an approximately three inch diameter unsealed penetration in the wall of Room 116. The penetration was located in the wall behind the corridor door to that room. The penetration had a cracked plastic impact plate over it.	K 012	Continued from page 1 Systemic changes: The maintenance supervisor will identify future unsealed penetrations through monthly physical plant inspections to ensure compliance. Monitoring process: The Facility Maintenance Consultant will monitor for compliance during periodic visits. Any anomalies will be discussed with the Quality Assurance Committee for review and recommendation.		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are	K 029	K 029 NFPA 101 LIFE SAFETY CODE STANDARD Specific action: The self-closing device on the door to the soiled side of the laundry room was repaired and positively latches as required. Direct responsibility: The Maintenance Supervisor (MS) assumes direct responsibility for the corrective action. Systemic changes: The maintenance supervisor will identify future door maintenance needs through monthly physical plant inspections to ensure compliance.		

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K 029	Continued From page 2 permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain a hazardous area. This was evidenced by one door to a laundry room that was obstructed from latching. This affected one of two smoke compartments and could result in a delay to contain smoke or fire to a hazardous area. Findings: During a facility tour with staff, on 7/10/12 at 10:53 a.m., the corridor door to the Soiled Side Laundry Room was equipped with a self-closing device. The door was held open to the fullest extent and allowed to close. The door failed to latch. The door was obstructed from latching due to low closing force from the self-closing device.	K 029	Continued from page 2 Monitoring process: The Facility Maintenance Consultant will monitor for compliance through periodic inspection. Any anomalies will be forwarded to the Administrator and discussed with the Quality Assurance Committee for review and recommendation.		
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 and interview, the facility failed to maintain their exit signs. This was evidenced by one exit sign that was not fully illuminated and the facility's failure to document	K 047	K 047 NFPA 101 LIFE SAFETY CODE STANDARD Specific action: The exit sign in the corridor near room 100 was repaired to ensure full illumination. The additional exit signs, equipped with battery back- up, will be tested monthly and documented to ensure continuous illumination while on battery back-up. Direct responsibility: The Maintenance Supervisor assumes responsibility for corrective action.		

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K 047	<p>Continued From page 3</p> <p>testing of their exit signs equipped with battery back-up. This affected two of two smoke compartments and could result in a delayed evacuation due to limited exit sign visibility.</p> <p>NFPA 101, 2000 edition 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 1.5 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. 7.10.9.2 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.</p> <p>Findings:</p> <p>During a facility tour with staff on 7/10/12, the exit signs in the facility were observed.</p> <p>1. At 10:18 a.m., the exit signs located in the corridor near Room 100 was observed. The left side of the sign was not illuminated.</p> <p>2. At 10:42 a.m., the facility was observed to have five exit signs equipped with battery back-up. Maintenance Staff 1 was interviewed at that time. Maintenance Staff 1 indicated that the signs are tested monthly for function. Maintenance Staff 1 indicated that the testing of</p>	K 047	<p>Continued from page 3</p> <p>Systemic changes: The Maintenance Supervisor will verify proper illumination and operation of emergency exit signs through monthly inspection and documentation to ensure compliance.</p> <p>Monitoring process: The Facility Maintenance Consultant will monitor for compliance through periodic inspection. Any anomalies will be forwarded to the Administrator and discussed with the Quality Assurance Committee for review and recommendation.</p>		

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K 047	Continued From page 4 the exit signs are not documented. There were no records that indicated how, when, or by whom the exit signs were tested.	K 047			
K 067 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain their fire/smoke dampers. This was evidenced by the facility's fire/smoke dampers had not been inspected within the past four years. This affected two of two smoke compartments and could result in the spread of smoke or fire to other locations of the facility due to a malfunctioning fire/smoke damper. NFPA 90A, 1999 edition Section 3-4.7 At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they fully close; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary. Findings: During a facility tour with staff, on 7/10/12 at 9:49 a.m., 5/11/11 at 10:05 a.m., the facility was observed to have fusible link type fire/smoke dampers. Maintenance Staff 1 was interviewed at that time. Maintenance Staff 1 indicated that	K 067	K 067 NFPA 101 LIFE SAFETY CODE STANDARD Specific action: The fire/smoke dampers were tested, cleaned, and lubricated by maintenance personnel and documented in the facility preventative maintenance log. Direct responsibility: The Maintenance Supervisor assumes direct responsibility for the corrective action. Systemic changes: Facility Maintenance Supervisor's responsibilities have been expanded to include ensuring that fusible links are removed; dampers are operated to ensure that they fully close; latches are inspected; and moving parts are lubricated at least every 4 years. Monitoring process: The Administrator will monitor for compliance through periodic documentation inspections. Any anomalies will be discussed with the Quality Assurance Committee for review and recommendation.		

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K 067	Continued From page 5 the fire/smoke dampers had not been tested, cleaned, or lubricated during the past four years.	K 067		
K 144 SS=B	This was a repeat finding from the facility's 5/11/11 and 4/27/10 Life Safety Code Surveys. NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain their emergency generator. This was evidenced by the facility's failure to have an emergency generator alarm annunciator. This affected two of two smoke compartments and could result in a delayed notification of a malfunctioning emergency generator. NFPA 110, 1999 Edition 3-5.5.2 An automatic control and safety panel shall be a part of the EPS and shall contain the following equipment or possess the following characteristics, or both: (a) Cranking control equipment to provide the complete cranking cycle described in 3-5.4.2 and Table 3-5.4.2. (b) A panel-mounted control switch(es) marked " run-off-automatic " to perform the following	K 144	K 144 NFPA 101 LIFE SAFETY CODE STANDARD Specific action: We are currently utilizing a vendor to have a generator remote alarm annunciator installed. This will be completed by the 9/30/2012 waiver expiration. Direct responsibility: The Maintenance Director assumes direct responsibility for corrective action. Systemic changes: Upon installation of the annunciator, staff will receive in-service on how to properly interpret the annunciator alarms to determine generator status. Monitoring process: The Facility Maintenance Consultant will monitor for compliance through periodic review of inspection logs. Any anomalies will be forwarded to the Administrator and discussed with the Quality Assurance Committee for review and recommendation.	

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K 144	<p>Continued From page 6</p> <p>functions:</p> <p>1. Run: Manually initiate, start, and run prime mover</p> <p>2. Off: Stop prime mover or reset safeties, or both</p> <p>3. Automatic: Allow prime mover to start by closing a remote contact and stop by opening the remote contact</p> <p>(c) Controls to shut down and lock out the prime mover under the following conditions: failing to start after specified cranking time, overspeed, low lubricating-oil pressure, high engine temperature, or operation of remote manual stop station. An automatic engine shutdown device for high lubricating- oil temperature shall not be required. (See 3-5.5.6.)</p> <p>(d) Battery-powered individual alarm indication to annunciate visually at the control panel the occurrence of any of the conditions in Table 3-5.5.2(d); additional contacts or circuits for a common audible alarm that signals locally and remotely when any of the itemized conditions occurs. A lamp test switch(es) shall be provided to test the operation of all alarm lamps listed in Table 3-5.5.2(d).</p> <p>(e) Controls to shut down the prime mover upon removal of the initiating signal or manual emergency shutdown.</p> <p>(f) The ac instruments listed in 3-5.9.7. Where the control panel is mounted on the energy converter, it shall be mounted by means of antivibration shock mounts, if required, to maximize reliability.</p> <p>3-5.6 Remote Controls and Alarms.</p> <p>3-5.6.1 A remote, common audible alarm powered by the storage battery shall be provided as specified in 3-5.5.2(d). This remote alarm shall be located outside of the EPS service room at a work site readily observable by personnel.</p>	K 144		

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K 144	Continued From page 7 Findings: During a facility tour with staff, on 7/10/12 at 9:43 a.m., there was no remotely located emergency generator alarm annunciator in the facility. Maintenance Staff 1 was interviewed at that time. Maintenance Staff 1 indicated that the facility is awaiting a bid from a vendor for the installation of a remotely located emergency generator alarm annunciator. The facility has a time limited waiver for this project that expires on 9/30/12.	K 144		