

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: 555251	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/19/2012
NAME OF PROVIDER OR SUPPLIER KNOLLS WEST CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 16890 GREEN TREE BLVD VICTORVILLE, CA 92395		
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K 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 3-18-87 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: TYPE II (222), 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: 27961 Census = 104	K 000	<i>Poc Acceptable Punitive Medicare 10/2/12 HES II</i>		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 3/4 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.	K 018			

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

TITLE

(X6) 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 018	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their doors to resist the passage of smoke, as evidenced by doors that failed to positive latch. This affected 2 of 7 smoke compartments and had the potential to allow the spread of smoke and potential harm to residents and staff. Findings: During a tour of the facility with the maintenance supervisor, on September 19, 2012, the facility doors were observed. 1. At 11:55 A.M., the door to the Utility Room, by the laundry exit door, was equipped with a self closing device. The door was held open to the fullest extent and allowed to close. The door closed but failed to positive latch. 2. 12:17 P.M., the door to Room 32 was equipped with a self closing device. The door was held open the fullest extent and allowed to close. The door closed but failed to positive latch.	K 018	1A. The Utility Room door and patient room 32 were adjusted by the Maintenance Supervisor to properly latch when closed on 09/19/12 QA will add to monthly rounds to randomly check fire doors for proper closure and will report to Maintenance Super and Admin. Completion Date 09/19/12 and will be added to QA rounds 10/01/12.		
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are	K 025			

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K 025	<p>Continued From page 2</p> <p>protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the integrity of their smoke barrier walls, as evidenced by penetrations in two areas. These penetrations could result in the increased risk of injury to the residents and staff due to the spread of smoke and fire. This affected 2 of 7 smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 8.3.6.1 Pipes, conduits, ducts, cables, wires, air ducts, pneumatic tube and ducts, and similar building services equipment that pass through floors and smoke barriers shall be protected as follows: (1) The space between the penetrating item and the smoke barrier shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed of the specific purpose. (2) Where the penetrating item uses a sleeve to penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall meet one</p>	K 025			

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K 025	<p>Continued From page 3 of the following conditions:</p> <p>a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier.</p> <p>b. It shall be protected by an approved device that is designed for the specific purpose.</p> <p>(3) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following:</p> <p>a. It shall be made on either side of the smoke barrier.</p> <p>b. It shall be made by an approved device that is designed for the specific purpose.</p> <p>Findings:</p> <p>During a tour of the facility with the maintenance supervisor, on September 19, 2012, the smoke barrier walls were observed.</p> <p>1. At 2:15 P.M., the smoke barrier wall by the HK Storage, next to Room 20, had two unsealed penetrations. There was an approximately 2 inch round penetration and an approximately 1.5 inch round penetration. The maintenance supervisor stated that the facility was in the process of installing television cable.</p> <p>2. At 2:20 P.M., the smoke barrier wall by Room 13 had one approximately 3 inch round penetration. The maintenance supervisor stated that this for the television cable.</p>	K 025	<p>1A.</p> <p>The smoke barrier walls located by room 20 and 13 where the new TV cable was being ran will be properly sealed with 3M fire rated caulking and the Maintenance Supervisor will oversee all work done by outside vendors to ensure all holes are sealed when the jobs are completed. These areas have been completed as of 10/01/2012.</p> <p>Maintenance Supervisor will oversee all attic projects that would include making holes in smoke barrier walls and will be responsible to review jobs after completion for compliance in this area. QA will review log indicating all barrier walls have been signed off as completed by the Maintenance Supervisor on a monthly basis.</p> <p>Completion Date 10/01/2012</p>		
K 027 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches</p>	K 027			

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K 027	Continued From page 4 from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This STANDARD is not met as evidenced by: Based on observation and alarm testing, the facility failed to maintain its smoke barrier doors. This was evidenced by smoke barrier doors that were equipped with latching hardware that failed to latch. This affected 1 of 7 smoke compartments and could result in the spread of smoke and fire, in the event of a fire. Findings: During fire alarm testing with the maintenance supervisor on September 19, 2012, the smoke barrier doors were observed and tested. At 2:28 P.M., the smoke barrier doors leading to the Lobby/Museum failed to close and positive latch after activation of a smoke detector.	K 027	1A. The lobby door that failed to properly latch had a weak closure and a new one has been ordered and will be installed by October 15 th , 2012. The Maintenance Supervisor will do monthly checks for proper closure and operation. QA will add to monthly rounds to randomly check all doors for proper closure on a monthly basis. Effective 10/01/2012 and will report to Maintenance and Administration of their findings. Completion Date 10/15/2012		
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	K 047			

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K 047	Continued From page 5 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their exit signs, as evidenced by an exit sign that was not illuminated. This has the potential to delay evacuation in the event of a fire. This affected 1 of 7 smoke compartments. Findings: During the tour of the facility with the maintenance supervisor, on September 19, 2012, the exit signs were observed. At 12:25 P.M., the Exit directional sign by Nursing Station 2 failed to illuminate on the left side.	K 047	1A. The exit light by Station 2 which had one of two bulbs burnt out was replaced on September 19 th , 2012. The maintenance Supervisor is in charge of doing daily rounds to make sure all emergency lighting is working properly. QA will add to monthly rounds to ensure all exit signs are illuminated and properly lit at all times and report to Maintenance Super and Administration		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their automatic sprinkler system in accordance with NFPA 13 and NFPA 25. This was evidenced by sprinklers with missing escutcheon rings and by a sprinkler covered with dirt and debris. This could result in a delay in activation of the fire sprinkler system and increased the risk of injury to residents and staff. This affected 3 of 7 smoke compartments. NFPA 13, Installation of Sprinkler Systems, 1999 Edition.	K 062	Completion Date 09/19/2012		

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K 062	<p>Continued From page 6</p> <p>Chapter 12 System Inspection, Testing, and Maintenance</p> <p>12.1 General. A sprinkler system installed in accordance with this standard shall be properly inspected, tested, and maintained in accordance with NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water Based Fire Protection Systems, to provide at least the same level of performance and protection as designed.</p> <p>NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition</p> <p>2-2 Inspection.</p> <p>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.</p> <p>Findings:</p> <p>During a tour of the facility with the maintenance supervisor on September 19, 2012 the sprinkler system was observed. Escutcheon rings are used to cover penetrations around sprinkler pipes and sprinkler heads.</p> <p>1. At 12:40 P.M., in the Kitchen, 1 of 15 sprinklers was covered in dust and debris and was missing the escutcheon ring.</p> <p>2. At 12:55 P.M., in the Therapy Room, there</p>	K 062	<p>The escutcheon rings in the kitchen, therapy room, and by room 34 were replaced on 09/19/2012.</p> <p>The Maintenance Supervisor will be in charge of adding this to his monthly check list to ensure all of these are in place at all times. Will be completed by 10/15/2012.</p> <p>QA will add to monthly rounds to check all Fire Sprinklers to assure they also have the proper escutcheon rings applied. Findings will be reported to Maintenance Supervisor and Administrator.</p> <p>Completion Date 10/15/2012</p>		

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K 062	Continued From page 7 was a sprinkler missing the escutcheon ring.	K 062			
K 069 SS=C	3. At 2:36 P.M., in the corridor by Room 34, there was a sprinkler missing the escutcheon ring. NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to maintain their kitchen suppression system, as evidenced by failing to keep the hood professionally cleaned semiannually. This could result in a failure of the suppression system in the event of a stove top fire. This affected 1 of 7 smoke compartments. NFPA 96, 1998 Edition: Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations 8-3 Cleaning. 8-3.1 Hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction in accordance with Table 8-3.1. Table 8-3.1 Exhaust System Inspection Schedule Type or Volume of Cooking	K 069			

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K 069	Continued From page 8 Frequency Systems serving solid fuel cooking operations Monthly Systems serving high-volume cooking operations Quarterly such as 24-hour cooking, charbroiling or wok cooking Systems serving moderate-volume cooking Semiannually Operations Systems serving low-volume cooking operations, such Annually as churches, day camps, seasonal businesses, or senior centers Findings: During document review with the maintenance supervisor, on September 19, 2012, the kitchen hood suppression system documentation was reviewed. At 10 A.M., the documentation provided indicated the kitchen hood suppression system was professionally cleaned on 6/28/12. No other documentation was provided. During an interview, the maintenance supervisor stated that the vendor was going through company changes and had failed to show up for the usual cleaning in January 2012.	K 069	The second required service for the Kitchen Hood has been scheduled for 10/10/12 by an outside professional trained to conduct this service. QA will add to monthly rounds to follow up for Semi-Annual service on this Kitchen Hood. Maintenance Super and Administration will monitor findings. Maintenance Supervisor to arrange for Semi-Annual service in this area and will report to Administration. Completion Date 10/10/2012		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147			

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K 147	<p>Continued From page 9</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain electrical safety, as evidenced by one electrical appliance plugged into a multi-plug power strip and not directly into an electrical outlet. This could result in an increased risk of electrical fire and potential injury to residents and staff in the event of a fire. This affected 1 of 7 smoke compartments.</p> <p>NFPA 70 Section 400-8 1999 Ed. Uses not permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following:</p> <ul style="list-style-type: none"> (1) As a substitute for a 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 (5) Where concealed behind building walls, structural ceilings, suspended ceilings, or floors (6) Where installed in raceways, except as otherwise permitted in this code <p>Findings:</p> <p>During a tour of the facility with the maintenance supervisor, on September 19, 2012, the electrical system was observed.</p> <p>At 12:20 P.M., in Nursing Station 2, there was a refrigerator plugged into a power strip and not</p>	K 147	<p>Refrigerator located on Nursing Station 2 was plugged directly into main outlet from power surge on 09/19/12 by the Maintenance Supervisor.</p> <p>Maintenance Super will add to monthly check list to check all refrigerators to make sure they are plugged directly into the electrical outlets.</p> <p>QA will also add to monthly rounds and look for any major appliances plugged into surge bars and will report to Maintenance Supervisor and Administration of findings.</p> <p>Administration and Maintenance Supervisor to monitor.</p> <p>Completion Date 09/19/2012</p>		

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K 147	Continued From page 10 directly into the wall.	K 147			