

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: 055268	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/22/2015
NAME OF PROVIDER OR SUPPLIER GOLDEN LIVINGCENTER - LONDON HOUSE SONOMA			STREET ADDRESS, CITY, STATE, ZIP CODE 678 2ND STREET WEST SONOMA, CA 95476		
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K 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 01/01/1987 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V(111), 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 California Department of Public Health: 31070 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census: 72 NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Based on observation, the facility failed to	K 000	Golden Living Center - submits this response and Plan of Correction as part of the requirements under State and Federal law. The Plan of Correction is submitted in accordance with specific regulatory requirements; it shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this Plan of Correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider of its employees, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at anytime the provider determines that the disputed findings are relied upon in a manner adverse to the interest of the provider either by the governmental agencies or third party. Any changes to provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the federal rules of evidence and California evidence code section 1151 and should be inadmissible in any proceeding on that basis.		
K 064 SS=O		K 064	FK064 1. On 5/7/15 Vendor came to facility and re-inspected both fire extinguishers found to be non-compliant. Vendor installed new pin locks to both after inspection. 2. Maintenance Director re-inspected all fire extinguishers in the facility on 4-23-		

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 064	<p>Continued From page 1</p> <p>maintain its fire extinguishers as evidenced by two fire extinguishers that had the safety pull pins unlocked. This could result in the fire extinguisher being inoperable and the spread of smoke and fire and affected two of four smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 19.3.5.6 Portable fire extinguishers shall be provided in all health care occupancies in accordance with 9.7.4.1</p> <p>NFPA 101, Life Safety Code, 2000 Edition 9.7.4 Manual Extinguishing Equipment. 9.7.4.1* Where required by the provisions of another section of this Code, portable fire extinguishers shall be installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.</p> <p>NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition, 4-3 Inspection 4-3 A trained person who has undergone the instructions necessary to reliably perform maintenance and has the manufacturer's service manual shall service the fire extinguishers not more than 1 year apart, as outlined in Section 4-4. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require. 4-3.2* Procedures. Periodic inspection of fire extinguishers shall include a check of a least the following items:</p>	K 064	<p>15 and found all other fire extinguishers in compliance with pin locks in place and secure.</p> <p>3. On 4/29/15 Administrator spoke with Vendor regarding the following requirements of service: (A) When servicing the fire extinguishers, vendor team will put the pin seal in place and then gently check the seal to ensure it latches and is not defective. (B) Our facility will inspect the fire extinguisher pin seal within 24 hours after all facility fire drills. If pin lock is found to be defective and/or missing, Vendor will be notified with re-inspection of those units found not in compliance.</p> <p>4. The Maintenance Director will monitor the fire extinguisher inspections and service on the "Building Engines" electronic system which will track each individual fire extinguisher's service as a "due task." This includes the regularly scheduled monthly in-house inspections with the addition of tracked and flagged inspection reminders to re-inspect after any related vendor service and facility fire drills to ensure that pin locks are not defective or go missing in between monthly in-house inspections. "Building Engines" will electronically notify Administrator/Designee of any incomplete scheduled tasks.</p>		

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K 064	Continued From page 2 (a) Location in designated Place (b) No obstruction to access or visibility (c) Operating instructions on nameplate legible and facing outward (d) *Safety seals and tamper indicators not broken or missing (e) Fullness determined by weighing or "hefting" (f) Examination for obvious physical damage, corrosion, leakage, or clogged nozzle (g) Pressure gauge reading or indicator in the operable range or position (h) Condition of tires, wheels, carriage, hose, and nozzle checked (for wheeled units) (i) HMIS label in place 4-3.4.2 At least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. 4-3.4.3 Records shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or in an electronic system (e.g., bar coding) that provides a permanent record. 4-4* Maintenance 4-4.1 Frequency. Fire extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection. Findings: During the facility tour with the Director of Maintenance on 4/22/15, the fire extinguisher's were observed. 1. At 3:15 p.m., the portable ABC fire extinguisher located near Room 16, had a safety	K 064	Any occurrences of non-compliance will be reported to the Administrator/Designee for verification and follow-up Maintenance/Designee will do trending/analysis of findings of non- compliance and will report to the quarterly QAPI Committee and/or monthly Safety Committee for further evaluation and/or recommendations on augmentation of this plan of corrections. 5. Compliance will be achieved by 5/7/15 K147 1. On 4-22-15 Maintenance Director relocated the treatment cart with computer screen to appropriate space outside the med room. The cleared area in front of the electrical pane A1 and A2 was marked with red tape with verbiage stating "Keep Area Clear." The taped off clear zone meets the 36 inch depth requirement as well as the 48 inch width clearance. 2. On 4-23-15 Maintenance Director re- inspected all electrical wiring and equipment panels and found all other panels were marked with clear zones of appropriate size and found areas to be in compliance with no blockage observed.	5/7/15	

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K 064	Continued From page 3 pull pin that was not locked. The safety seal attached did not lock. The Director of Maintenance stated the seal appears to be defective.	K 064	3. New Hire Orientation and ongoing in- service includes education about the importance of keeping all clear zones free of obstruction. The newly marked clear zone in front of panel A1 and A2 will now be an additional example of what is already included in facility training.		
K 147 SS=D	2. At 3:40 p.m., the K-Class fire extinguisher located in the Kitchen, had a safety pull pin that was not locked. The safety seal was missing. 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 their electrical wiring and equipment as evidenced by one object stored directly in front of an electrical panel. This could result in authorized staff's inability to service and maintain the panel as needed. This affected one of four smoke compartments. NFPA 101, Life Safety Code, 2000 Edition SECTION 19.5 BUILDING SERVICES 19.5.1 Utilities. Utilities shall comply with the provisions of Section 9.1 NFPA 101, Life Safety Code, 2000 Edition 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 service, subject to approval by the authority having jurisdiction. NFPA 70, National Electrical Code, 1999 Edition	K 147	4. The Maintenance Director/Designee will monitor the panel clearance throughout the building 5x week during scheduled daily rounds. The completion of daily rounds is tracked in "Building Engines" electronic system. "Building Engines" will electronically notify Administrator/Designee of any incomplete scheduled tasks. Any occurrences of non-compliance will be reported to the Administrator/Designee for verification and follow-up Maintenance/Designee will do trending/analysis of findings of non- compliance and will report to the quarterly QAPI Committee and/or monthly Safety Committee for further evaluation and/or recommendations on augmentation of this plan of corrections. 5. Compliance was achieved on 4/23/15. 4/23/15		

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K 147	Continued From page 4 110-26 Spaces About Electrical Equipment. Sufficient access and working space shall be provided and maintained about all electric equipment to permit ready and safe operation and maintenance of such equipment. Enclosures housing electrical apparatus that are controlled by lock and key shall be considered accessible to qualified persons. (2) Width of Working Space. The width of the working space in front of the electric equipment shall be the width of the equipment or 30 in (762 mm), whichever is greater. In all cases, the work space shall permit at least a 90 degree opening of equipment doors or hinged panels. (b) Clear Spaces. Working space required by this section shall not be used for storage. When normally enclosed live parts are exposed for inspection or servicing, the working space, if in a passageway or general open space shall be suitably guarded. Findings: During the facility tour with the Director of Maintenance on 4/22/15, the electrical wiring and equipment was observed. At 3:45 p.m., the electrical panel A1 and A2 located in the Nurses Station Medications Room was obstructed by a treatment cart with a computer screen.	K 147			