

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

PRINTED: 09/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055079	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2012
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

MISSION VIEW HEALTH CENTER

1425 WOODSIDE DR

SAN LUIS OBISPO, CA 93401

(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: 1958 K7 SURVEY UNDER: 2000 EXISTING</p> <p>STRUCTURE TYPE: TYPE V (111), ONE STORY, FULLY SPRINKLERED.</p> <p>The following reflects the findings of the California Department of Public Health, Life Safety Code, during an annual 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.</p> <p>Representing the California Department of Public Health: 29665</p> <p>Census: 131</p>	K 000		
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 1½ 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</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p>	K 018	<p>This plan of correction constitutes my written credible allegation of compliance for the deficiencies noted.</p>	

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.

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

PRINTED: 09/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055079	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/12/2012
NAME OF PROVIDER OR SUPPLIER MISSION VIEW HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WOODSIDE DR SAN LUIS OBISPO, CA 93401		
(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 018	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their corridor doors, as evidenced by one door that failed to close and latch. This affected one of four smoke compartments and could result in the spread of smoke and fire, in the event of a fire. Findings: During a facility tour on 9/12/12, the corridor doors were observed. At 11:16 a.m., the door to Room 108 closed but failed to latch.	K 018	K 018 Doors protecting corridor openings are substantial doors with a means suitable for keeping the door closed. 1. The deficient practice was immediately corrected by adjusting the strike plate so that the door latched in room 108 2. The Director of Environmental services adjusted the strike plate so that the door latched in room 108 3. The Director of Environmental Services will audit the entire building weekly to make sure that all doors latch ensuring compliance. 4. All audits will be reviewed by the administrator or designee and Any non-compliance will be brought to the quality assurance committee for review and possible change to the policy and procedure.	9/24/12	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4	K 076			

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

PRINTED: 09/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055079	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/12/2012
NAME OF PROVIDER OR SUPPLIER MISSION VIEW HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WOODSIDE DR SAN LUIS OBISPO, CA 93401		
(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 076	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain their oxygen storage areas. This was evidenced by empty and full cylinders that were not separated, and by storage of oxygen in a room with a light switch that was less than 5 feet from the floor. This affected one of four smoke compartments and could result in a delay in accessing a full oxygen cylinder, and damage to the light switch by a cylinder. NFPA 99, Standard for Health Care Facilities, 1999 Edition 4-3.1.1.2 Storage Requirements (Location, Construction, Arrangement). (a) Nonflammable Gases (Any Quantity; In-Storage, Connected, or Both) 4. The electric installation in storage locations or manifold enclosures for nonflammable medical gases shall comply with the standards of NFPA 70, National Electrical Code, for ordinary locations. Electric wall fixtures, switches, and receptacles shall be installed in fixed locations not less than 152 cm (5 ft) above the floor as a precaution against their physical damage. 4-3.5.2.2 Storage of Cylinders and Containers. If stored within the same enclosure, empty cylinders shall be segregated from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurriedly. Findings:	K 076	K 076 Medical gas storage and administration areas are protected. 1. The 13 oxygen E cylinders were immediately removed from the hospice utility room. 2. The Director of Environmental Services relocated the 13 E cylinders to the oxygen storage room. 3. The Director of Environmental Services or designee will inservice all Licensed nursing staff regarding proper location of oxygen E cylinders. 4. The Director of Environmental Services will audit weekly for compliance and report any non-compliance to the quality assurance committee for review and possible change to the policy and procedure.	9/24/12	

STATE DEPT
PUBLIC HEALTH
SEP 27 AM 11:16
SAN BERNARDINO COUNTY

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

PRINTED: 09/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055079	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/12/2012
NAME OF PROVIDER OR SUPPLIER MISSION VIEW HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WOODSIDE DR SAN LUIS OBISPO, CA 93401		
(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 076	Continued From page 3 During a facility tour on 9/12/12, the oxygen storage areas were observed. At 10:31 a.m., there were 13 full and 3 empty oxygen E-cylinders in the hospice utility room. The cylinders were not segregated or labeled as empty or full. During an interview, Staff 2 determined which cylinders were full or empty by inspecting the gauges on the tanks. The oxygen cylinders were stored against a wall with a light switch that was approximately 4 feet from the floor.	K 076			
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 their electrical wiring, as evidenced by one appliance that was plugged into a multi-plug surge protector. This affected one of four smoke compartments and could result in an increased risk of an electrical fire. NFPA 70, National Electrical Code, 1999 Edition. 400-8 Uses Not Permitted Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following: (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	K 147	K 147 Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 1. The six-plug surge protector was immediately removed from the kitchen. 2. The Director of Environmental Services removed the six-plug surge protector. 3. The Director of Environmental Services will audit the entire building weekly for compliance with six-plug surge protector 4. All audits will be reviewed by the administrator or designee and Any non-compliance will be brought to the quality assurance committee for review and possible change to the policy and procedure.		STATE DEPT OF PUBLIC HEALTH 2012 SEP 27 AM 11:15 9/24/12

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

PRINTED: 09/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055079	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/12/2012
NAME OF PROVIDER OR SUPPLIER MISSION VIEW HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WOODSIDE DR SAN LUIS OBISPO, CA 93401		
(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 147	Continued From page 4 (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. (5) Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (6) Where installed in raceways, except as otherwise permitted in this Code. Findings: During a facility tour on 9/12/12, the electrical wiring was observed. At 11:24 a.m., there was an ice machine plugged into a six-plug surge protector in the kitchen. The surge protector was hanging on the wall. NFPA 101 LIFE SAFETY CODE STANDARD	K 147			
K 211 SS=D	Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor: o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623	K 211			

STATE DEPT OF
PUBLIC HEALTH
2012 SEP 27 AM 11:16
LIC & REG
SAN BERNARDINO COUNTY

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

PRINTED: 09/20/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055079	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/12/2012
---	--	--	--

NAME OF PROVIDER OR SUPPLIER

MISSION VIEW HEALTH CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

**1425 WOODSIDE DR
SAN LUIS OBISPO, CA 93401**

(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 211	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that ABHR dispensers were not installed over ignition sources. This was evidenced by one ABHR dispenser that was installed directly over an ignition source. This affected one of four smoke compartments, and could result in the increased risk of a fire.</p> <p>Findings:</p> <p>During the facility tour on 9/12/12, the ABHR dispensers were observed.</p> <p>At 10:02 a.m., the ABHR dispenser in the soiled linen room, near Room 403, was installed directly above a light switch.</p>	K 211	<p>K 211</p> <p>Where Alcohol Based Hand Rub dispensers are installed in a corridor, Dispensers are not installed over or adjacent to an ignition source.</p> <p>1. The ABHR dispenser was immediately removed from the soiled linen room near 403.</p> <p>2. The Director of Environmental Services removed the ABHR dispenser from the soiled linen room near 403</p> <p>3. The Director of Environmental Services will immediately audit the entire building for ABHR dispenser location compliance.</p> <p>4. Any non-compliance with the audit will be brought to the quality assurance committee for review and possible change to the policy and procedure.</p>	<p>9/24/12</p> <p>STATE DEPT OF PUBLIC HEALTH</p> <p>2012 SEP 27 AM 11:16</p>