

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

PRINTED: 01/27/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056345	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING		(X3) DATE SURVEY COMPLETED  01/21/2015
NAME OF PROVIDER OR SUPPLIER  SAN LEANDRO HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 368 JUANA AVENUE SAN LEANDRO, CA 94577		
(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  K3 Building: 01 K6 Plan Approval: 9/1/1972 K7 Survey Under: 2000 Existing K12 Structure Type: Two Story with Partial Basement, 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: 30514  The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.  Census = 52	K 000		2/21	
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 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  Roller latches are prohibited by CMS regulations	K 018	1. Specific activity and/or measures to correct the deficiency  a. Room 24 and 25 doors now latches b. The stain well door in the basement now latches		

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

TITLE

(X6) DATE

by deficiency

regards 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	<p>Continued From page 1 in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on interview and observation, the facility failed to maintain their corridor doors as evidenced by doors that did not latch. This could lead to the spread of smoke and/or fire into other areas and affected 2 of 4 smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 19.3.6.3 Corridor Doors. 19.3.6.3.2* Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door. Roller latches shall be prohibited on corridor doors in buildings not fully protected by an approved automatic sprinkler system in accordance with 19.3.5.2.</p> <p>Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets and similar auxiliary spaces that do not contain flammable or combustible materials.</p> <p>Exception No. 2: existing roller latches demonstrated to keep the door closed against a force of 5 lbf (22 N) shall be permitted to be kept in service.</p>	K 018	<p>2. Who will be directly responsible for the corrective action</p> <p>a. The maintenance supervisor or designee</p> <p>3. What measures will be put in place or systematic changes the facility will make to ensure that the deficient practice does not recur</p> <p>a. The maintenance supervisor or designee will do monthly rounds to ensure all self closing doors properly latch.</p> <p>4. How the facility plans to maintain its performance to make sure that solutions are sustained</p> <p>a. The maintenance supervisor will give the inspection report to the QA team on a monthly basis. The QA team will decide if any actions should be taken.</p>	2/21	

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K 018	Continued From page 2  Findings:  During a tour of the facility with the Maintenance Supervisor on 1/21/15, the corridor doors in the facility were observed.  1. At 11:28 a.m., the door to the Linen Room between Room 24 and 25 did not latch when tested. The door was tested 3 times. When interviewed, the Maintenance Supervisor stated that he will have staff correct the problem.  2. At 11:56 a.m., the stairwell door in the Basement did not latch when tested. The door was tested 3 times. When interviewed, the Maintenance Supervisor stated that he will have staff correct the problem.	K 018		2/21	
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 permitted. 19.3.2.1  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to protect its hazardous areas. This was	K 029	1. Specific activity and/or measures to correct the deficiency  a. Facility installed a self closing for the storage room  2. Who will be directly responsible for the corrective action  a. The maintenance supervisor or designee will be responsible for the corrective action		

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K 029	<p>Continued From page 3</p> <p>evidenced by a door to a hazardous area that is was not equipped with a self-closing device. This could result in the spread of smoke or fire and affected one smoke compartment.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following:</p> <ul style="list-style-type: none"> <li>(1) Boiler and fuel-fired heater rooms</li> <li>(2) Central/bulk laundries larger than 100 ft<sup>2</sup> (9.3 m<sup>2</sup>)</li> <li>(3) Paint shops</li> <li>(4) Repair shops</li> <li>(5) Soiled linen rooms</li> <li>(6) Trash collection rooms</li> <li>(7) Rooms or spaces larger than 50 ft<sup>2</sup> (4.6 m<sup>2</sup>), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction</li> <li>(8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard</li> </ul> <p>Exception: Doors in rated enclosures shall be permitted to have nonrated, factory- or field-applied protective plates extending not more</p>	K 029	<p>3. What measures will be put in place or systematic changes the facility will make to ensure that the deficient practice does not recur</p> <p>a. The maintenance supervisor or designee will do monthly rounds to ensure all doors that need self closing door devices are properly installed</p> <p>4. How the facility plans to maintain its performance to make sure that solutions are sustained</p> <p>a. The maintenance supervisor will give the inspection report to the QA team on a monthly basis. The QA team will decide if any actions should be taken.</p>	2/21	

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K 029	Continued From page 4 than 48 in. (122 cm) above the bottom of the door.  Findings:  During a tour of the facility with the Maintenance Supervisor on 1/21/15, the hazardous areas were observed.  At 11:51 a.m., the door to the Storage Room on the second floor, did not have a self-closing device installed. The Storage Room contained combustible materials and plastic bins. The room measured greater than 50 square feet.	K 029		2/21	