

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

PRINTED: 06/27/2014
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|---|--|---|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555035 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/25/2014 |
| NAME OF PROVIDER OR SUPPLIER PARK ANAHEIM HEALTHCARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3435 W BALL ROAD ANAHEIM, CA 92804 | | |
| (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: 11/23/1976 K7 SURVEY UNDER: 2000 EXISTING</p> <p>STRUCTURE TYPE: ONE STORY. CONSTRUCTION TYPE V(111), FULLY SPRINKLERED.</p> <p>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.</p> <p>Representing the California Department of Public Health: 29665</p> <p>The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.</p> | K 000 | <p>Park Anaheim Healthcare Center makes its best efforts to operate in full compliance with both Federal and State regulations. Nothing included in this plan of correction is an admission otherwise. Park Anaheim Healthcare Center has submitted this plan of correction in order to comply with its regulatory obligation and does not waive any objection to the merit or form of allegation contained herein.</p> <p>The submission of this plan of correction constitutes our allegation for compliance.</p> | | |
| K 012 SS=D | <p>Census: 105</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observation, and interview, the facility failed to maintain their building construction. This was evidenced by a penetration in the ceiling.</p> | K 012 | <p>K 012</p> <p>The 6 inch round penetration in the ceiling of the corridor near Sub Acute Station was covered immediately</p> <p>The Maintenance Supervisor will monitor during his daily rounds to ensure we maintain the building construction and to ensure smoke compartments are not affected by penetrations and prevent the spread of smoke and fire.</p> | | 06/25/2014 |

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: 06/27/2014
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|--|--|---|--|----------------------------|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555035 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/25/2014 |
| NAME OF PROVIDER OR SUPPLIER PARK ANAHEIM HEALTHCARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3435 W BALL ROAD ANAHEIM, CA 92804 | | |
| (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 012 | Continued From page 1 This affected one of three smoke compartments and could result in the spread of smoke and fire. Findings: During a facility tour with staff on 6/25/14, the walls and ceilings were observed, and staff was interviewed. 1. At 1:45 p.m., there was an approximately 6 inch round penetration in the ceiling of the corridor near the Subacute Nurses Station. 2. At 1:46 p.m., during an interview, Maintenance Staff 1 stated that the penetration was caused when a security camera was removed from the location the day before. | K 012 | The Administrator will conduct a random walk through with the Maintenance Supervisor to ensure the maintenance of building construction and check for penetrations in all smoke compartments. The Administrator and Maintenance Supervisor will discuss the findings at our Safety Quality Improvement Meetings Monthly to ensure and meet compliance with building construction. | | |
| K 062 SS=D | 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 sprinkler system. This was evidenced by a sprinkler head that was missing an escutcheon ring. Sprinkler heads are listed to respond to a calculated ceiling temperature. Escutcheon fittings are part of the listed sprinkler assembly and a missing or misaligned escutcheon fitting could allow heat and smoke to affect other areas in the building. This affected one of three smoke compartments and could | K 062 | K 062 The missing sprinkler head's escutcheon ring above Bed C in Room - 306 was replaced immediately by Delta Fire Company. The Maintenance Supervisor will monitor through daily rounds to ensure we continuously maintain automatic sprinkler systems in reliable operating condition. The Administrator will conduct a random walk through with the Maintenance Supervisor to ensure we have a reliable operating sprinkler system. Delta Fire Company will continue to inspect, test, and maintain the Automatic Sprinkler System quarterly to ensure compliance. | 06/26/2014 | |

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

PRINTED: 06/27/2014
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|---|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555035 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/25/2014 |
| NAME OF PROVIDER OR SUPPLIER PARK ANAHEIM HEALTHCARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3435 W BALL ROAD ANAHEIM, CA 92804 | | |
| (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 062 | <p>Continued From page 2</p> <p>result in a delay in extinguishing a fire, in the event of a fire.</p> <p>NFPA 101, Life Safety Code, 2000 Edition. 19.3.5.1 Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Exception: In Type I and Type II construction, where approved by the authority having jurisdiction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specified areas where the authority having jurisdiction has prohibited sprinklers, without causing a building to be classified as nonsprinklered.</p> <p>9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition. 2-2.2 Pipe and Fittings. Sprinkler pipe and fittings shall be inspected annually from the floor level. Pipe and fittings shall be in good condition and free of mechanical damage, leakage, corrosion, and misalignment. Sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hung from the pipe. Exception No. 1: Pipe and fittings installed in concealed spaces such as above suspended ceilings shall not require inspection. Exception No. 2: Pipe installed in areas that are</p> | K 062 | The Administrator and Maintenance Supervisor will discuss the findings at our Safety Quality Improvement Meetings Monthly to ensure and meet compliance with automatic sprinkler system. | | |

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

PRINTED: 08/27/2014
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|--|--|---|------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555035 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/25/2014 |
| NAME OF PROVIDER OR SUPPLIER PARK ANAHEIM HEALTHCARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3435 W BALL ROAD ANAHEIM, CA 92804 | | |
| (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 062 | Continued From page 3 inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown. Findings: During a facility tour with staff on 6/25/14, the automatic sprinkler system was observed. At 12:41 p.m., the sprinkler head above Bed C in Room 306, was missing an escutcheon ring. | K 062 | | | |
| K 147 SS=E | 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. This was evidenced by the use of extension cords and multi-plug adaptors in lieu of permanent wiring. This affected three of three smoke compartments and could result in the increased of an electrical fire. NFPA 101, Life Safety Code, 2000 Edition. 19.5.1 Utilities. Utilities shall comply with the provisions of Section 9.1. Exception: Existing installations shall be permitted to be continued in service, provided that the systems do not present a serious hazard to life. 9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, | K 147 | K 147 The extension cords and multi-plug adaptors in the conference room, Activity Office, Station 1 Utility Room, Sub Acute Medication Room and in the Rehab Office were immediately removed. The Maintenance Supervisor will monitor through daily rounds to ensure wirings are concealed and no use of extension cords and multi-plug adaptors. The Administrator with the Maintenance Supervisor will conduct a random walk rounds to ensure compliance in electrical wiring. The Maintenance Supervisor in-serviced all Department Heads and office staff on the proper use of extension cords and multi-plug. The Administrator and Maintenance Supervisor will discuss the findings at our Safety Quality Improvement Meetings Monthly to ensure the proper use of extension cords and multi-plugs adaptors. | 06/25/2014 | |

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

PRINTED: 06/27/2014
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|--|--|--|--|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555035 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/25/2014 |
| NAME OF PROVIDER OR SUPPLIER PARK ANAHEIM HEALTHCARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3435 W BALL ROAD ANAHEIM, CA 92804 | | |
| (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 | <p>Continued From page 4</p> <p>which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p> <p>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:</p> <ul style="list-style-type: none"> (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 (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces <p>Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8.</p> <ul style="list-style-type: none"> (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. <p>Findings:</p> <p>During a facility tour with staff on 2/25/14, the electrical wiring was observed.</p> <ul style="list-style-type: none"> 1. At 8:46 a.m., there was six-plug surge protector plugged into a three-plug extension cord in the Conference Room. 2. At 12:33 p.m., there was a microwave, and a refrigerator plugged into a three-plug extension cord in the Activity Office. | K 147 | | | |

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

PRINTED: 06/27/2014
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|---|--|--|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555035 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 06/25/2014 |
| NAME OF PROVIDER OR SUPPLIER PARK ANAHEIM HEALTHCARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 3435 W BALL ROAD ANAHEIM, CA 92804 | | |
| (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 | <p>Continued From page 5</p> <p>3. At 12:45 p.m., there was a refrigerator plugged into a six-plug surge protector in the Utility Room across from Station 1.</p> <p>4. At 12:49 p.m., there was a six-plug surge protector plugged into a second six-plug surge protector in the Subacute Medication Room. The second six-plug surge protector was plugged into a heavy duty extension cord. The surge protectors were used for television cable boxes.</p> <p>5. At 11:46 a.m., there was a refrigerator, and a coffee machine plugged into a six-plug surge protector in the Rehab Office. The six-plug surge protector was plugged into an eight-plug surge protector under the adjacent desk.</p> | K 147 | | | |