

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/24/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056364	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02  B. WING _____		(X3) DATE SURVEY COMPLETED  07/18/2017
NAME OF PROVIDER OR SUPPLIER  SUMMERFIELD HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1280 SUMMERFIELD RD SANTA ROSA, CA 95405		
(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  Surveyor: 37135 K3 BUILDING: 01 K6 PLAN APPROVAL: 6/21/1972 K7 SURVEY UNDER: 2012 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 Code of Federal Regulations (CFR) 483.70 (a), National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 Edition, and NFPA 99, Health Care Facilities Code, 2012 Edition.  Representing the California Department of Public Health: 37135  The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.  Census: 51	K 000	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM  AUG - 7 2017  LIFE SAFETY CODE UNIT SAN BERNARDINO		
K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily	K 353	<u>K 353</u>  <u>NFPA 101 SPRINKLER SYSTEM -</u> <u>MAINTENANCE AND TESTING</u>  <u>Corrective action for residents found to</u> <u>have been affected by this deficiency:</u>  No residents were affected.  <u>Corrective action for residents that may be</u>		

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 353	<p>Continued From page 1 available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Surveyor: 37135 Based on observation, document review, and interview, the facility failed to maintain their automatic sprinkler system and its components. This was evidenced by the absence of 3 of 12 monthly inspections and by one sprinkler head that did not have the required 18 inches of clearance. This affected three of three smoke compartments, and could result in the malfunction of the automatic sprinkler system in the event of a fire.</p> <p>NFPA 101, Life Safety Code, 2012 Edition. 19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5.</p> <p>9.7.1.1* Each automatic sprinkler system required by another section of this Code shall be in accordance with one of the following: (1) NFPA 13, Standard for the Installation of Sprinkler Systems (2) NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two Family Dwellings and Manufactured Homes</p>	K 353	<p><u>affected by this deficiency:</u></p> <p>Other residents have the potential to be affected. No residents were affected.</p> <ol style="list-style-type: none"> <li>1. Monthly inspections for the fire alarm have been consistent since January 2017 as evidenced by the Monthly Fire Alarm System Inspection forms and will continue monthly with results recorded on the form.</li> <li>2. The box obstructing the sprinkler in the walk-in freezer was immediately removed upon discovery by the surveyor.</li> </ol> <p><u>Measures that will be put into place to ensure that this deficiency does not recur:</u></p> <ol style="list-style-type: none"> <li>1. The Maintenance Director will continue to inspect the fire alarm system on a monthly basis and record the results on the Monthly Fire Alarm System Inspection form.</li> <li>2. The Dietary Supervisor provided a reminder to dietary staff on 8/2/17 regarding 18" of clearance required for any sprinkler heads including those located within the walk-in freezer.</li> </ol> <p><u>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:</u></p>	<p>7/18/17</p> <p>8/2/17</p>	

AUG 7 2017

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K 353	<p>Continued From page 2</p> <p>(3) NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height</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 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, 2011 Edition.</p> <p>5.2.4 Gauges</p> <p>5.2.4.1* Gauges on a wet pipe sprinkler shall be inspected monthly to ensure that they are in good condition and the normal water supply pressure is being maintained.</p> <p>13.3.2.1.1 Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly.</p> <p>13.3.2.2* The valve inspection shall verify that the valves are in the following condition:</p> <p>(1) In the normal open or closed position</p> <p>(2)*Sealed, locked, or supervised</p> <p>(3) Accessible</p> <p>(4) Provided with correct wrenches</p> <p>(5) Free from external leaks</p> <p>(6) Provided with applicable identification</p> <p>13.4.1.1* Alarm valves and system riser check valves shall be externally inspected monthly and shall verify the following:</p> <p>(1) The gauges indicate normal supply water</p>	K 353	<p>The Maintenance Director will report monthly during Safety Committee meeting the results of his monthly fire alarm inspection including any instances of obstruction of sprinkler heads. Any trends will be brought to the attention of the QAPI (Quality Assessment and Performance Improvement) Committee during its monthly meeting to be addressed further as needed.</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING &amp; CERTIFICATION PROGRAM</p> <p>AUG - 7 2017</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 353	<p>Continued From page 3</p> <p>pressure is being maintained.</p> <p>(2) The valve is free of physical damage.</p> <p>(3) All valves are in the appropriate open or closed position.</p> <p>(4) The retarding chamber or alarm drains are not leaking.</p> <p>13.6.1.1.1 Valves secured with locks or electrically supervised in accordance with applicable NFPA standards shall be inspected monthly.</p> <p>5.2.5 Waterflow Alarm and Supervisory Devices. Waterflow alarms and supervisory alarm devices shall be inspected quarterly to verify that they are free of physical damage.</p> <p>5.3.3 Waterflow Alarm Devices.</p> <p>5.3.3.1 Mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly.</p> <p>5.3.3.3 Testing waterflow alarm devices on wet pipe systems shall be accomplished by opening the inspector's test connection.</p> <p>13.7.1 Fire department connections shall be inspected quarterly to verify the following:</p> <p>(1) The fire department connections are visible and accessible.</p> <p>(2) Couplings or swivels are not damaged and rotate smoothly.</p> <p>(3) Plugs or caps are in place and undamaged.</p> <p>(4) Gaskets are in place and in good condition.</p> <p>(5) Identification signs are in place.</p> <p>(6) The check valve is not leaking.</p> <p>(7) The automatic drain valve is in place and operating properly.</p> <p>(8) The fire department connection clapper(s) is in place and operating properly.</p>	K 353	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING &amp; CERTIFICATION PROGRAM</p> <p>AUG 7 2017</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 353	Continued From page 4  4.3 Records 4.3.1* Records shall be made inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request.  NFPA 13, Standard for the Installation of Sprinkler System, 2010 Edition. 8.6.6* Clearance to Storage (Standard Pendent and Upright Spray Sprinklers).  8.6.6.1 The clearance between the deflector and the top of storage shall be 18 in. (457 mm) or greater.  Findings:  During a tour of the facility, document review, and interview with staff on 7/18/17, the automatic sprinkler system was observed, and records were requested.  1. At 9:15 a.m., records indicated that monthly visual inspections for the alarm and system riser check valves and pressure gauge for the following months were not completed: September, October, and December of 2016.  2. At 10:00 a.m., the sprinkler located in the Dietary Kitchen Freezer was observed. There was a cardboard box being stored approximately 8 inches from the sprinkler deflector. Upon interview, Staff 2 confirmed this finding.	K 353	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM  AUG - 7 2017  LIFE SAFETY CODE UNIT SAN BERNARDINO  K 355  <u>NFPA 101 PORTABLE FIRE EXTINGUISHERS</u>  <u>Corrective action for residents found to have been affected by this deficiency:</u>  No residents were affected.		
K 355 SS=D	NFPA 101 Portable Fire Extinguishers  Portable Fire Extinguishers Portable fire extinguishers are selected, installed,	K 355			

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K 355	<p>Continued From page 5:</p> <p>inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.</p> <p>18.3.5.12, 19.3.5.12, NFPA 10</p> <p>This STANDARD is not met as evidenced by:</p> <p>Surveyor: 37135</p> <p>Based on observation and interview, the facility failed to maintain the portable fire extinguishers. This was evidenced by one extinguisher that was obstructed from view. This affected one of three smoke compartments and could result in the inability to locate and/or obtain the extinguisher in the event of a fire.</p> <p>NFPA 101, Life Safety Code, 2012 Edition.</p> <p>19.3.5.12 Portable fire extinguishers shall be provided in all health care occupancies in accordance with 9.7.4.1.</p> <p>9.7.4.1* Where required by the provisions of another section of this Code, portable fire extinguishers shall be selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.</p> <p>NFPA 10, Standard for Portable Extinguishers, 2010 Edition.</p> <p>6.1.3.3.1 Fire extinguishers shall not be obstructed or obscured from view.</p> <p>Findings:</p> <p>During a tour of the facility, and interview with staff on 7/18/17, the portable fire extinguishers were observed.</p> <p>At 10:05 a.m., the type K fire extinguisher located</p>	K 355	<p>A sign was immediately posted on the wall above the fire extinguisher indicating the location of the fire extinguisher so that it could be easily located during an emergency.</p> <p><u>Corrective action for residents that may be affected by this deficiency:</u></p> <p>Other residents have the potential to be affected by this. No other residents were affected.</p> <p><u>Measures that will be put into place to ensure that this deficiency does not recur:</u></p> <p>The Dietary Supervisor provided a reminder to dietary staff on 8/2/17 regarding the location of the fire extinguisher and the importance of ensuring the newly placed sign remains on display to indicate the location of the fire extinguisher.</p> <p><u>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:</u></p> <p>The Maintenance Director will verify during his monthly fire alarm system inspection that all fire extinguishers are not obstructed by anything or that they have appropriate signage to indicate their location. Any trends will be brought to the attention of the QAPI (Quality Assessment and Performance Improvement) Committee during its monthly meeting to be addressed further as needed.</p>	7/18/17  8/2/17

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K 355	Continued From page 6	K 355			
K 374 SS=D	<p>in the kitchen was observed. The type K extinguisher was obstructed from view by an Everest refrigerator, which was directly to the right of the fire extinguisher. Upon interview, Staff 2 and Staff 3 confirmed this finding.</p> <p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie</p> <p>Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This STANDARD is not met as evidenced by: Surveyor: 37135 Based on observation, and interview, the facility failed to maintain the smoke barrier doors. This was evidenced by one smoke barrier door that did not close when tested. This affected two of three smoke compartments, and could result in the spread of smoke and/or fire in the event of a fire.</p> <p>NFPA 101, Life Safety Code, 2012 Edition. 19.3.7.6 Openings in smoke barriers shall be protected using one of the following methods: (4) Construction that resists fire for a minimum of 20 minutes.</p>	K 374	<p><u>K 374</u></p> <p><u>NFPA 101 SUBDIVISION OF BUILDING SPACES - SMOKE BARRIER</u></p> <p><u>Corrective action for residents found to have been affected by this deficiency:</u></p> <p>No residents were affected by this deficient practice.</p> <p><u>Corrective action for residents that may be affected by this deficiency:</u></p> <p>Other residents have the potential to be affected. No other residents were affected.</p> <p>The door closure on the door in question was adjusted on 7/19/17 and a test was completed to indicate that the door latched.</p> <p><u>Measures that will be put into place to ensure that this deficiency does not recur:</u></p> <p>Maintenance Director will visually test and inspect the fire door on a monthly basis to ensure proper working condition. Maintenance Director will adjust the door closure as needed to ensure that the door will latch when shut.</p>	7/19/17	

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K 374	Continued From page 7  Findings:  During testing of the fire alarm system, and interview, the smoke barrier doors were observed.  At 10:50 a.m., the smoke barrier doors by Room 9, and Room 17 were observed. The doors were both equipped with a magnetic hold that was interfaced with the fire alarm system, and a self closing device. When the system smoke detector by Room 9, and Room 17 was tested the doors were released. The door near Room 17, bounced back, and remained open approximately 20 degrees. Upon interview, Staff 3 confirmed this finding.	K 374	<u>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:</u>  Maintenance Director will report to Administrator and the Safety Committee on a monthly basis the results of his monthly inspection. Any issues will be brought to the attention of the QAPI (Quality Assessment and Performance Improvement) Committee during its monthly meeting to be addressed further as needed.		
K 901 SS=C	NFPA 101 Fundamentals - Building System Categories  Fundamentals - Building System Categories Building systems are designed to meet Category 1 through 4 requirements as detailed in NFPA 99. Categories are determined by a formal and documented risk assessment procedure performed by qualified personnel. Chapter 4 (NFPA 99)  This STANDARD is not met as evidenced by: Surveyor: 37135 Based on document review, and interview, the facility failed to categorize the risks associated with the loss of building systems. This was evidenced by the absence of documentation for a formal risk assessment for failure of equipment	K 901	<u>K 901</u>  <u>NFPA 101 FUNDAMENTALS - BUILDING SYSTEM CATEGORIES</u>  <u>Corrective action for residents found to have been affected by this deficiency:</u>  No residents were affected  <u>Corrective action for residents that may be affected by this deficiency:</u>  Other residents have the potential to be affected. No residents were affected.  <u>Measures that will be put into place to ensure that this deficiency does not recur:</u>  Maintenance Director and Administrator will conduct and complete a risk assessment to		

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K 901	Continued From page 8 and systems. This affected three and three smoke compartments, and could result in unsafe conditions in the event of a system failure.  NFPA 99, Health Care Facilities Code, 2012 Edition. Chapter 4 Fundamentals 4.1* Building System Categories. Building systems in health care facilities shall be designed to meet system Category 1 through Category 4 requirements as detailed in this code. 4.1.1* Category 1. Facility systems in which failure of such equipment or system is likely to cause major injury or death of patients or caregivers shall be designed to meet system Category 1 requirements as defined in this code. 4.1.2* Category 2. Facility systems in which failure of such equipment is likely to cause minor injury to patients or caregivers shall be designed to meet system Category 2 requirements as defined in this code. 4.1.3 Category 3. Facility systems in which failure of such equipment is not likely to cause injury to patients or caregivers, but can cause patient discomfort, shall be designed to meet system Category 3 requirements as defined in this code. 4.1.4 Category 4. Facility systems in which failure of such equipment would have no impact on patient care shall be designed to meet system Category 4 requirements as defined in this code. 4.2* Risk Assessment. Categories shall be determined by following and documenting a defined risk assessment procedure. 4.3 Application. The Category definitions in Chapter 4 shall apply to Chapters 5 through 11. Chapter 5 Gas and Vacuum Systems Chapter 6 Electrical Systems Chapter 9 Heating, Ventilation, and Air Conditioning (HVAC) Chapter 9 was added by a	K 901	categorize the risks associated with the loss of building systems by 8/11/17. Facility has already completed a risk assessment for the emergency generator.  <u>Measures that will be implemented to</u> <u>monitor the continued effectiveness of the</u> <u>corrective action taken to ensure that this</u> <u>deficiency has been corrected and will not</u> <u>recur:</u>  The risk assessments will be reviewed on an annual basis by the QAPI (Quality Assessment and Performance Improvement) Committee during the annual review of the facility emergency and disaster plan and will be updated as necessary.           CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM  AUG 7 2017  LIFE SAFETY CODE UNIT SAN BERNARDINO	8/11/17	