SUMMERFIELD

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PRINTED: 07/24/2017

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

7075390630

FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	FIPLE CONSTRUCTION NG 02	(X3) DAT	(X3) DATE SURVEY COMPLETED	
		056364	B. WING		07	/18/2017
NAME OF PROVIDER OR SUPPLIER SUMMERFIELD HEALTH CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CO 1280 SUMMERFIELD RD SANTA ROSA, CA 95405	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DÉFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDERS PLAN OF COR (EACH CORRECTIVE ACTION: CROSS-REFERENCED TO THE A DEFICIENCY)	임바이네 하 모드	COMPLETION DATE
K 000	INITIAL COMMENT	rs	Ko	00		
	STRUCTURE TYPI	R: 2012 EXISTING E: ONE STORY,				
	SPRINKLERED.  The following reflect	TYPE V (111), FULLY  ts the findings of the California ic Health, during an annual				
ļ	Life Safety Code re- findings are in accor Federal Regulations Fire Protection Asso	certification survey. The rdance with 42 Code of (CFR) 483.70 (a), National ociation (NFPA) 101, Life Edition, and NFPA 99, Health		CALIFORN'A DEPARTMENT OF LICENS NG & CERTIFICATION AUG 7 20	IN PROGRAM	
	Health: 37135	allfornia Department of Public		LIFE SAFETY CODE ( SAN BERNARDIN	JNIT	
	The facility is not in : 42 CFR 483.70 (a) f	substantial compliance with or Long Term Care Facilities.				
K 353	Census: 51 NFPA 101 Sprinkler Testing	System - Maintenance and	K 35	3 <u>K 353</u>		
	Automatic sprinkler a inspected, tested, ar with NFPA 25, Stand Testing, and Maintail Protection Systems. maintenance, inspec	Maintenance and Testing and standpipe systems are and maintained in accordance lard for the Inspection, ning of Water-based Fire Records of system design, and testing are		NFPA 101 SPRINKLER SYST MAINTENANCE AND TEST  Corrective action for residents have been affected by this defice the control of	found to	
	maintained in a secu	re location and readily		Corrective action for residents	that may be	

Administrator

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

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 9SGW21

Facility ID: CA010000078

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

PRINTED: 07/24/2017 FORM APPROVED OMB NO. 0938-0391

CLIVILL	10 LOLI MEDIOVIZE	A MEDICAID SERVICES	,		ONI DIVID	<u>. U938-U39</u>	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
		056364	B. WING		07	18/2017	
	AME OF PROVIDER OR SUPPLIER  UMMERFIELD HEALTH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1280 SUMMERFIELD RD SANTA ROSA, CA 95405		TOTAL IT	
WALID	SUMMARY STA	TEMENT OF DEFICIENCIES	l ID	PROVIDER'S PLAN OF CORRECT	TION	0.00	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO GROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
K 353		system last checked	K 353	Other residents have the potential affected. No residents were affected			
	any non-required or system.  9.7.5, 9.7.7, 9.7.8, and the STANDARD in Surveyor: 37135  Based on observation of the facility automatic sprinkler. This was evidenced monthly inspections that did not have the clearance. This afficompartments, and malfunction of the atthe event of a fire.  NFPA 101, Life Saff 19.3.5.1 Buildings shall be protected to supervised automatic accordance with Sepermitted by 19.3.5.  9.7.1.1* Each autor required by another in accordance with (1) NFPA 13, Standard process of the system of the s	KS information on coverage for r partial automatic sprinkler and NFPA 25 is not met as evidenced by:  ion, document review, and y failed to maintain their system and its components. If by the absence of 3 of 12 is and by one sprinkler head its required 18 inches of ected three of three smoke is could result in the automatic sprinkler system in containing nursing homes throughout by an approved, tic sprinkler system in ection 9.7, unless otherwise is section of this Code shall be one of the following:		1. Monthly inspections for the alarm have been consister January 2017 as evidence Monthly Fire Alarm Syster Inspection forms and will monthly with results recomform.  2. The box obstructing the synthem walk-in freezer was in removed upon discovery learned upon discovery lea	at since of by the orinkler in amediately by the orinkler in amediately by the orinkler in and record Fire Alarm ovided a n 8/2/17 required sluding alk-in or store of the orinkler in orinkler in and record fire Alarm ovided a n 8/2/17 required sluding alk-in orinkler in		
	(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		A DEPARTM	corrective action taken to ensure	that this		

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Event ID:95GW21 CX CLITE Facility ID: CAD10000076 W

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

PRINTED: 07/24/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
		056364	B. WING			07/	18/2017
NAME OF	NAME OF PROVIDER OR SUPPLIER			_	TREET ADDRESS, CITY, STATE, ZIP CODE 280 SUMMERFIELD RD		
SUMMERFIELD HEALTH CARE CENTER					SANTA ROSA, CA 95405		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(XS) COMPLETION DATE
K 353	Sprinkler Systems to and Including For and Including For 9.7.5 Maintenance sprinkler and stand Code shall be inspection, Testing Water-Based Fire For 125, Standard for the Maintenance of Wasystems.  NFPA 25, Standard and Maintenance of Maintenance of Wash 125, Standard and Maintenance of Wash 125, Standard and Maintenance of Wash 125, Standard 125, S	and Testing. All automatic pipe systems required by this acted, tested, and maintained NFPA 25, Standard for the and Maintenance of Protection Systems with NFPA a Inspection, Testing, and ater-Based Fire Protection	КЗ	353	The Maintenance Director will report during Safety Committee meeting the of his monthly fire alarm inspection in any instances of obstruction of sprink heads. Any trends will be brought to tattention of the QAPI (Quality Assess and Performance Improvement) Communing its monthly meeting to be addressed.	results cluding ler he ment nittee	
	inspected monthly condition and the number of maintained. 13.3.2.1.1 Valves a supervised in according to a supervised in the folion of the normal of (2)*Sealed, locked, (3) Accessible (4) Provided with a supervised with a supervised with a supervised with a supervised monthly and the	a a wet pipe sprinkler shall be to ensure that they are in good ormal water supply pressure is ecured with locks or rdance with applicable NFPA permitted to be inspected inspected inspection shall verify that the flowing condition: pen or closed position or supervised prrect wrenches hall leaks oplicable identification was and system riser check ernally inspected monthly and	,		CALIFORNIA DEPARTMENT OF PUBLIC H LICENSING & CERTIFICATION PROGR AUG 7 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO	· .	
	shall verify the follo						

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

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	r of Deficiencies Of Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		ONSTRUCTION		ë Survëy IPLETED
		056364	B. WING		<u> </u>	07/	18/2017
	PROVIDER OR SUPPLIER RFIELD HEALTH CAR	RE CENTER		1280	ET ADDRESS, CITY, STATE, ZIP CODE SUMMERFIELD RD ITA ROSA, CA 95405		
(X4) ID PREFIX TAG	(ÉACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	_D BE	(X5) COMPLETION DATE
K 353	pressure is being in (2) The valve is fre (3) All valves are in closed position.  (4) The retarding of leaking.  13.6.1.1.1 Valves a electrically supervisapplicable NFPA at monthly.  5.2.5 Waterflow Ala Waterflow alarms a shall be inspected free of physical darks.  5.3.3 Waterflow Ala 5.3.3.1 Mechanical including, but not lishall be tested quastincluding, but not lishall be tested quasting including, but not lishall be tested quasting property.  13.7.1 Fire department inspected quarterly.  (1) The fire department and accessible.  (2) Couplings or swrotate smoothly.  (3) Plugs or caps a (4) Gaskets are in (5) Identification sig (6) The check valve (7) The automatic coperating properly.	maintained. e of physical damage. h the appropriate open or hamber or alarm drains are not secured with locks or sed in accordance with randards shall be inspected  arm and Supervisory Devices, and supervisory alarm devices quarterly to verify that they are mage.  arm Devices. waterflow alarm devices mited to, water motor gongs, retriy. erflow alarm devices on wet be accomplished by opening connection.  ment connections shall be to verify the following: ment connections are visible wivels are not damaged and are in place and undamaged. place and in good condition. gns are in place. e is not leaking. drain valve is in place and ment connection clapper(s) is	КЗ		CALIFORNIA DEPARTMENT OF PUBLIC LICENSING & CERTIFICATION PRO AUG 7 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO		

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<u> </u>	10   OLVINITEDIONICE	RIMEDIOVID PELZAIOED	<del> </del>			14110 1100	0330-038
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		E CONSTRUCTION 02		SURVEY PLETED
		056364	B. WING			07/	18/2017
NAME OF PROVIDER OR SUPPLIER SUMMERFIELD HEALTH CARE CENTER				12	TREET ADDRESS, CITY, STATE, ZIP CODE 280 SUMMERFIELD RD ANTA ROSA, CA 95405	<u>1 011</u>	1072017
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRÉCÉDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X3) COMPLETIO DATE
K 353	Continued From pa	ge 4	. Кз	53			
	and maintenance of components and sl	Il be made inspections, tests, f the system and its nall be made available to the isdiction upon request.					
	System, 2010 Edit	Storage (Standard Pendent					
		ice between the deflector and shall be 18 in. (457 mm) or		- 1	LIFORNIA DEPARTMENT OF PUBLIC HEAL LICENSING & CERTIFICATION PROGRAM	ТН	
	Findings:				AUG <sup>-</sup> 7 2017		
	interview with staff	facility, document review, and on 7/18/17, the automatic as observed, and records were			LIFE SAFETY CODE UNIT		
	1. At 9:15 a.m., revisual inspections f	cords indicated that monthly or the alarm and system riser			SAN BERNARDINO		
	following months w	ressure gauge for the ere not completed: er, and December of 2016.			<u>К 355</u>		
	Dietary Kitchen Fre was a cardboard bo 8 inches from the s	ne sprinkler located in the ezer was observed. There ox being stored approximately prinkler deflector. Upon			NFPA 101 PORTABLE FIRE EXTINGUISHERS		
K 355 SS=D	interview, Staff 2 co NFPA 101 Portable	onfirmed this finding. Fire Extinguishers	Кз	55	Corrective action for residents foun have been affected by this deficience		
	Portable Fire Exting		1		No residents were affected.	1	

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

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NAME OF PROVIDER OR SUPPLIER  SUMMERFIELD HEALTH CARE CENTER    SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAGE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)    K 355	STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A, BUILD		CONSTRUCTION	(X3) DATE	SURVEY PLETED
STREET ADDRESS, CITY, STATE, ZIP GODE 1280 SUMMERFIELD RB  WAS SUMMERFIELD RB  WAS SANTA ROSA, CA 95405  Continued From page 5 inspected, and maintained in accordance with NPPA 10, Standard for Portable Fire Extinguishers and could result in the inability to locate and/or obtain the extinguishers and south resolved in all health care accurance with 13.3.5.12, 193.3.5.12, Portable fire extinguishers and could result in the inability to locate and/or obtain the extinguishers and health care occupancies in accordance with 19.7.4.1.  9.7.4.1* Where required by the provisions of another section of this Code, portable fire extinguishers and be selected, installed, inspected, and maintained in accordance with NPPA 10, Standard for Portable Extinguishers shall be provided in all health care occupancies in accordance with NPPA 10, Standard for Portable Fire Extinguishers.  NFPA 10, Standard for Portable Extinguishers shall be provided in all health care occupancies in accordance with NPPA 10, Standard for Portable Extinguishers.  NFPA 10, Standard for Portable Extinguishers, 2010 Edition. 6.1.3.3.1 Fire extinguishers shall not be obstructed or obscured from view.  Findings:  During a tour of the facility, and interview with staff on 7/18/17, the portable fire extinguishers were observed.  CALIFORNIA D. PARTMENT OF PROVIDERS CORRECTION SHOULD BE COMPLETION.  PROVIDERS PLAN OF CORRECTION SHOULD BE COMPLETION.  PROVIDERS PLAN OF CORRECTION SHOULD BE COMPLETION.  PROVIDERS PLAN OF CORRECTION SHOULD BE COMPLETION.  PROVIDER CALIFORNIA D. PARTMENT OF PROVIDERS PLAN OF CORRECTION SHOULD BE COMPLETION.  PROVIDERS PLAN OF CORRECTION.  A sign was immedi	i de la maria de		056364	B. WING			07/1	8/ <u>2017</u>
SUMMARY STATEMENT OF DEPICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAGE (LATON PROPERTY AND STORMATION)   PREFIX (EACH DEPICIENCY MUST BE PRECEDED BY PULL TAGE (LATON PROPERTY AND STORMATION)					ST 12	80 SUMMERFIELD RD		
inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.  18.3.5.12, 19.3.5.12, NFPA 10  This STANDARD is not met as evidenced by: Surveyor: 37135  Based on observation and interview, the facility falled 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.  NFPA 101, Life Safety Code, 2012 Edition. 19.3.5.12 Portable fire extinguishers shall be provided in all health care occupancies in accordance with 9.7.4.1.  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.  NFPA 10, Standard for Portable Extinguishers, 2010 Edition. 6.1.3.3.1 Fire extinguishers shall not be obstructed or obscured from view.  Findings:  During a tour of the facility, and interview with staff on 7/18/17, the portable fire extinguishers were observed.  above the fire extinguishers in incleating the location of the fire extinguishers hat it tool be easily located during an emergency.  Corrective action for residents that may be affected by this. No other residents that may be affected by this. No other residents that may be affected by this. No other residents were affected.  Measures that will be put into place to consure that this deficiency:  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 and the importance of ensuring the newly placed sign remains on display to indicate the location of the fire extinguisher shall be importance of ensuring the newly placed sign remains on display to indicate the location of the fire extinguishers are	(X4) ID PREFIX	SUMMARY ST	ATEMENT OF DEFICIENCIES	PREF	ix	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPRIES	DBE (	(X5) COMPLETION DATE
During a tour of the facility, and interview with staff on 7/18/17, the portable fire extinguishers were observed.  Assessment and Performance Improvement) Committee during its monthly meeting to be addressed further as needed.  CALIFORNIA D. PARTIMENT OF PUBLIC HEALTH		Continued From painspected, and mainspected, and mainspected, and mainspected, and mainspected, and mainspected from visuability to locate at the event of a fire.  NFPA 101, Life Sainspected in all health care occuping. 37.4.1.  9.7.4.1* Where reanother section of extinguishers shainspected, and minspected, and minspected or obstituted or	age 5 intained in accordance with d for Portable Fire  12, NFPA 10 is not met as evidenced by: tion and interview, the facility the portable fire extinguishers. ed by one extinguisher that was ew. This affected one of three ents and could result in the end/or obtain the extinguisher in afety Code, 2012 Edition. e fire extinguishers shall be eancies in accordance with equired by the provisions of this Code, portable fire all be selected, installed, aintained in accordance with rd for Portable Extinguishers, inguishers shall not be		355	A sign was immediately posted on the above the fire extinguisher indicating location of the fire extinguisher so the easily located during an emergence.  Corrective action for residents that affected by this deficiency:  Other residents have the potential to affected by this. No other residents was affected.  Measures that will be put into place ensure that this deficiency does not to dictary staff on 8/2/17 regarding the location of the fire extinguisher and to timportance of ensuring the newly placemains on display to indicate the location of the continued effectiveness corrective action taken to ensure the deficiency has been corrected and receur:  The Maintenance Director will verify his monthly fire alarm system inspectall fire extinguishers are not obstructed anything or that they have appropriat to indicate their location. Any trends	the at it could by.  t may be  tended to the country of the court of the country	7/18/17
		staff on 7/18/17, were observed.	the portable fire extinguishers CALIFORNIA	DI PARTI	MENT	Committee during its monthly meetin addressed further as needed.  OF PUBLIC HEALTH		

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Event ID:95GW21

Facility ID: CA010000076

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

PRINTED: 07/24/2017 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCT A, BUILDING 02				E SURVEY IPLETED		
		056364	B. WING		07/	18/2017
	PROVIDER OR SUPPLIER RFIELD HEALTH CAF			STREET ADDRESS, CITY, STATE 1280 SUMMERFIELD RD SANTA ROSA, CA 95405		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES 37 MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFII TAG		ACTION SHOULD BE TO THE APPROPRIATE	(X5) COMPLETION DATE
K 355	extinguisher was o Everest refrigerato right of the fire exti	age 6 observed. The type K obstructed from view by an or, which was directly to the inguisher. Upon interview, confirmed this finding.	КЗ	355		
K 374 SS=D	NFPA 101 Subdivis	sion of Building Spaces -	кз	374		
	Doors 2012 EXISTING Doors in smoke ba bonded wood-core resists fire for 20 m plates of unlimited are permitted to ha assemblies per 8.5 automatic-closing, are not required to egress travel. Door clear width of 32 in doors. 19.3.7.6, 19.3.7.8, This STANDARD Surveyor: 37135 Based on observat failed to maintain th was evidenced by did not close when three smoke comp the spread of smok fire.	is not met as evidenced by: tion, and interview, the facility the smoke barrier doors. This one smoke barrier door that tested. This affected two of partments, and could result in ke and/or fire in the event of a		NFPA 101 SUBDIVISION SPACES - SMOKE BACES - SMOKES - SMOKE BACES - SMOKE BACES - SMOKE BACES - SMOKE BACES - SMOKE	esidents found to his deficiency: ed by this deficient esidents that may be nev: potential to be nts were affected. door in question was a test was completed latched. ut into place to nev does not recur:	7/19/17
	19.3.7.6 Openings protected using one	fety Code, 2012 Edition. in smoke barriers shall be se of the following methods: sat resists fire for a minimum of CALIFORN	, A DEPAR	inspect the fire door on a ensure proper working condition will adjust the door will not on the ensure that the door will have a support of the public HEALTH.	monthly basis to ondition. Maintenance oor closure as needed	

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	NT OF DEFICIENCIES (X1) PROVIDER/SUPPLIEF/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DENTIFICATION NUMBER: (X4) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) PROVIDER/SUPPLIEF/CLIA (X2) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X3) MULTIPLE CONSTRUCTION (X4) MULTIPLE CONSTRUCTION (X5) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X6) MULTIPLE CONSTRUCTION (X7) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED					
		. 056364	B. WING_		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	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION ( (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE APPROPRIED CORRECTION ( DEFICIENCY)	D BE COMPLETION			
K 374		age 7 ne fire alarm system, and ke barrier doors were	К 37	monitor the continued effectiveness corrective action taken to ensure the deficiency has been corrected and vecure	of the at this			
K 901	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.			Maintenance Director will report to Adminstrator and the Safety Commit monthly basis the results of his month inspection. Any issues will be brough attention of the QAPI (Quality Assess and Performance Improvement) Comduring its monthly meeting to be additurther as needed.  Maintenance Director will report to Administration and the safety of the safe	t to the sment mittee			
	Categories  Fundamentals - Br Building systems a 1 through 4 require Categories are de			NFPA 161 FUNDAMENTALS - BUILDING SYSTEM CATEGOR  Corrective action for residents four have been affected by this deficient  No residents were affected  Corrective action for residents that affected by this deficiency:	<u>nd to</u> <u>v:</u>			
	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			Other residents have the potential to affected. No residents were affected.  Measures that will be put into place ensure that this deficiency does not Maintenance Director and Administrational conduct and complete a risk assessment.	e to recer: ator will			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: A, BUILDING 02 AND PLAN OF CORRECTION 07/18/2017 R WING 056364 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1280 SUMMERFIELD RD SANTA ROSA, CA 95405 SUMMERFIELD HEALTH CARE CENTER PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX DATE PREFIX TAG DEFICIENCY) TAG categorize the risks associated with the loss of K 901 building systems by 8/11/17. Facility has Continued From page 8 8/11/17 K 901 already completed a risk assessment for the and systems. This affected three and three smoke compartments, and could result in unsafe emergency generator. conditions in the event of a system failure. Measures that will be implemented to NFPA 99, Health Care Facilities Code, 2012 monitor the continued effectiveness of the corrective action taken to ensure that this Edition. deficiency has been corrected and will not Chapter 4 Fundamentals 4.1\* Building System Categories. Building recur: systems in health care facilities shall be designed to meet system Category 1 through Category 4 The risk assessments will be reviewed on an annual basis by the QAPI (Quality Assessment requirements as detailed in this code. 4.1.1\* Category 1. Facility systems in which and Performance Improvement) Committee failure of such equipment or system is likely to during the annual review of the facility cause major injury or death of patients or emergency and disaster plan and will be caregivers shall be designed to meet system updated as necessary. 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 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH patients or caregivers, but can cause patient LICENSING & CERTIFICATION PROGRAM 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 AUG 7 2017 patient care shall be designed to meet system Category 4 requirements as defined in this code. 4.2\* Risk Assessment. Categories shall be LIFE SAFETY CODE UNIT determined by following and documenting a SAN BERNARDINO 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