

Feb. 2. 2012 10:3 AM

No. 5720 P. 2

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FORM APPROVED
OMB NO. 0938-0381DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555039	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/23/2012
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NAME OF PROVIDER OR SUPPLIER FIRESIDE CONVALESCENT HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 147 THIRD STREET SANTA MONICA, CA 90403
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(04) 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)	(05) COMPLETION DATE
K 000	INITIAL COMMENTS This facility was surveyed under 42 CFR Part 483.70(a), Life Safety Code NFPA 101, 2000 Edition, Chapter 19 Existing Health Care Occupancies, and other applicable codes. The following represents the findings of the Department of Public Health Services during the Life Safety Code Survey. Representing the Department of Public Health Services: [REDACTED] HFE I, Life Safety Code Specialist Highest Scope and Severity = E NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This STANDARD is not met as evidenced by: 7.1.10 Means of Egress Reliability. 7.1.10.1 Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. 7.2.1.5.1 Doors shall be arranged to be opened readily from the egress side whenever the building is occupied. Locks, if provided, shall not require the use of a key, a tool, or special	K 000	Preparation and/ or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/ or executed because it is required by the provisions of Health and Safety Code Section 1250 and C.F.R. 405.1907 This Plan of Correction constitutes my written credible allegation of compliance for the deficiencies noted.	
K 038 SS=D		K 038		12 FEB -7 A7:53 HFID - WEST DISTRICT RECEIVED

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Mark White</i>	TITLE Administrator	(06) DATE 2/3/12
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Deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 30 days after 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 following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued accreditation.

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No. 5720 P. 3/6

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER FIRESIDE CONVALESCENT HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 247 THIRD STREET SANTA MONICA, CA 90403
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(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
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K 038

Continued From page 1
knowledge or effort for operation from the egress
side.

This requirement was not met as evidenced by:

Based on observation, interview and record
review, the facility failed to:

(1) ensure that a path of exit discharge used for
emergency evacuation did not have impediments
in the path of egress surface of the pathway for
one out of five emergency exit routes. In the
event of an emergency, a level and clear pathway
used for exit discharge would allow safe and
immediate evacuation away from the building.

(2) that an exit door designed for emergency
evacuation did not require special knowledge to
open the door (not a single action release). Doors
used for egress that open easily and immediately
may allow occupants to evacuate the building
safely and immediately in the event of a fire
emergency. At the time of the survey, the facility
was licensed for 66 beds and had a census of 63
residents.

Findings:

(1) On January 23, 2012, from 10:30 a.m. to
11:45 a.m., during a tour of the facility, the
evaluator, in the presence of the maintenance
supervisor, observed a vehicle blocking the path
of egress ramp on the southwest of the building
outside Room 10.

During an interview with the maintenance
supervisor at the time of the observation, he

K 038 K038

(1)
1. **Immediate Corrective Action:** On
1/23/12, the vehicle was immediately
moved to ensure that a path of exit
discharge used for emergency
evacuation did not have impediments.

2. **Identification of areas/others with
potential for adverse effects:**

The maintenance supervisor then
inspected all emergency evacuation
routes to ensure all emergency exit paths
were clear of impediments.

3. **System changes to ensure deficient
practice does not recur:**

On 1/27/12, signs were posted and red
lines were painted by maintenance
supervisor on all emergency exit routes
to alert all to these evacuation exit
routes. Maintenance supervisor will do
daily rounds to ensure all emergency
exit routes remain clear.

4. **Monitor Performance:**

A maintenance log was developed and
will be utilized each month starting
2/2012 to ensure all areas meet
evacuation requirements. All findings
will be reported to the Administrator
and QA committee for further action or
resolution.

1/23/12

1/27/12

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555039	(K2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(K3) DATE SURVEY COMPLETED 01/23/2012
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NAME OF PROVIDER OR SUPPLIER FIRESIDE CONVALESCENT HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 147 THIRD STREET SANTA MONICA, CA 90403
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(K4) 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)	DATE COMPLETION DATE
K 038	<p>Continued From page 2</p> <p>stated he was unaware of the obstruction in the egress pathway and would have the vehicle removed immediately.</p> <p>According to the emergency evacuation map, the deficiency affected one out of five emergency exit routes.</p> <p>(2) On January 23, 2012, from 10:30 a.m. to 11:45 a.m., during a tour of the facility, the evaluator, in the presence of the maintenance supervisor, observed exit doors that required more than one action to unlock and open the door from the egress side in the following areas:</p> <ol style="list-style-type: none"> 1. medical record office 2. Physical therapy room <p>During an interview with the maintenance supervisor at the time of the observation, he stated he was unaware of the requirement. He also stated that he would replace the locks immediately.</p> <p>The deficiency affected two out of two smoke compartments.</p> <p>The deficiency was brought to the attention of the administrator and maintenance supervisor during the exit conference on January 23, 2012.</p>	K 038	<p>(2)</p> <p>1. Immediate Correction Action: On 1/24/12, the locks on both the medical records office and the physical therapy room were replaced with locks that open easily and immediately in the event of an emergency.</p> <p>2. Identification of areas/others with potential for adverse effects: The maintenance supervisor then inspected all facility doors to ensure that appropriate locks were present and that all doors do not require special knowledge or more than one step to open the door. The maintenance supervisor ensured all doors used for egress will open easily and immediately to allow occupants to evacuate the building safely and immediately in the event of an emergency.</p> <p>3. System changes to ensure deficient practice does not recur: Inservice will be given quarterly to all maintenance staff regarding life safety code standards.</p> <p>4. Monitor Performance: A maintenance log was developed and will be utilized each month starting 2/2012 to ensure all exit doors can be opened easily and immediately in the event of emergency. All findings will be reported to the Administrator and QA committee for further action or resolution.</p>	1/24/12
K 046 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Emergency lighting of at least 1% hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>This STANDARD is not met as evidenced by:</p>	K 046		

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K 046	<p>Continued From page 3</p> <p>Chapter 7 Means of Egress Section 7.9 Emergency Lighting 7.9.1 General. 7.9.1.1 Emergency lighting facilities for means of egress shall be provided in accordance with Section 7.9 for the following:</p> <p>(1) Building or structures where required in Chapters 11 through 42. (2) Underground and windowless structures as addressed in Section 11.7 (3) High-rise buildings as required by other sections of this Code (4) Doors equipped with delayed egress locks (5) The stair shaft and vestibule of smoke-proof enclosures, which shall be permitted to include a standby generator that is installed for the smoke-proof enclosure mechanical ventilation equipment and used for the stair shaft and vestibule emergency lighting power supply.</p> <p>For the purposes of this requirement, exit access shall include only designated stairs, aisles, corridors, ramps, escalators, and passageways leading to an exit. For the purposes of this requirement, exit discharge shall include only designated stairs, ramps, aisles, walkways, and escalators leading to a public way.</p> <p>This requirement is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure that there was emergency lighting in an area used for means of egress for two out of two exit routes. In the event of an emergency evacuation during interruption of normal power, areas used for means of egress that are illuminated may allow occupants to evacuate</p>	K 046		

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NAME OF PROVIDER OR SUPPLIER FIRESIDE CONVALESCENT HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 947 THIRD STREET SANTA MONICA, CA 90403
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K 046	<p>Continued From page 4</p> <p>away from the building in a safe and immediate manner. At the time of the survey, the facility was licensed for 66 beds and had a census of 83 residents.</p> <p>Findings:</p> <p>On January 23, 2012, from 10:30 a.m. to 11:45 a.m., during a tour of the facility, the evaluator, in the presence of the maintenance supervisor, observed there was no emergency lightening of the exterior south side of the kitchen basement with two stairwells for egress.</p> <p>During an interview with the maintenance supervisor at the time of the observation, he stated the lighting was not connected to emergency power of the two stairwells egress from the basement. He indicated that in the event of a power outage at night, the exit routes on the south side of the building would be left in darkness in the event of an emergency evacuation.</p> <p>The kitchen basement area included the maintenance office, storage rooms, and laundry room. The kitchen was a separate building from the patient-care building. At the time of the survey, there were two staff in the basement.</p> <p>The deficiency affected two out of two emergency evacuation routes from the kitchen basement.</p> <p>The deficiency was brought to the attention of the administrator and maintenance supervisor during the exit conference on January 23, 2012.</p>	K 046	<p>K046</p> <p>1. Immediate Corrective Action: On 1/31/12, an emergency lighting fixture was installed on the exterior south side of the kitchen basement in both stair wells.</p> <p>2. Identification of areas/others with potential for adverse effects: Maintenance supervisor conducted a facility inspection to ensure that emergency lighting is present in all areas used for means of egress. The inspection included all areas used for means of egress away from the building.</p> <p>3. System changes to ensure deficient practice does not recur: The emergency lighting will be checked during each test of the emergency power supply system monthly.</p> <p>4. Monitor Performance: A maintenance log was developed and will be utilized each month starting 2/2012 to ensure all emergency lighting requirements. All findings will be reported to the Administrator and QA committee for further action or resolution.</p>	1/31/12