


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

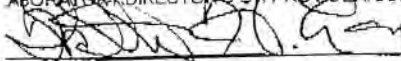
PRINTED: 04/24/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056258	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 04/17/2013
NAME OF PROVIDER OR SUPPLIER WINDSOR REDDING CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2490 COURT STREET REDDING, CA 96001		
(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)	(X6) COMPLETION DATE	
K 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 1/2/73 K7 SURVEY UNDER: 2000 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 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: 29753 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census: 72	K 000	"Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth on the Statement of Deficiencies. This plan of Correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 CFR 483 et seq."  Signature		
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 1 1/4 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	K 018			

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

TITLE

(X6) DATE

 Administrator 5/6/13

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 018	Continued From page 1 the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the corridor doors, as evidenced by a corridor door that failed to latch. This could result in the passage of smoke and flames in the event of a fire, and affected one of four smoke compartments. Findings: During a tour of the facility with the Maintenance Supervisor on 4/17/13, the corridor doors were observed. At 3:57 p.m., the door to the Station 1 Dirty Utility Room was held open to the fullest extent and allowed to close. The door failed to latch because of a defective latching mechanism.	K 018	1) The dirty utility room door latching mechanism was replaced by the Maintenance Supervisor. 2) The Maintenance Supervisor checked the door latching mechanism of each door was checked and found to be functioning appropriately. All staff were reminded to document all items they find to be malfunctioning in the daily maintenance log book on each nursing station. 3) Doors will be checked and repaired as needed during the monthly door check rounds by the Maintenance Supervisor and documented on the monthly door log. The door maintenance log will be kept in the maintenance office.	4/30/13 4/30/13 5/6/13 ongoing
K 054 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3	K 054	4) The maintenance supervisor will report the information from the monthly door log to the monthly QAPI committee meeting for review and recommendations for improvement	5/6/13 ongoing

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K 054	Continued From page 2 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to maintain the smoke detectors, as evidenced by the absence of documentation indicating that sensitivity tests were tested according to NFPA 72 standards. This could result in the smoke detectors malfunctioning in the event of a fire, and affected four of four smoke compartments. NFPA 101, Life Safety Code, 2000 Edition 4.6.12 Maintenance and Testing. 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction. NFPA 72, National Fire Alarm Code, 1999 Edition 7-3.2.1 Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be	K 054	1) The smoke detector sensitivity test was completed on all smoke detectors with all detectors determined to meet sensitivity requirements of <4%. 2) All detectors were checked. 3) The agreement with the Fire Control Inspection company was updated to have the smoke detector sensitivity test completed with the Annual NFPA 25 inspection. 4) The results of the smoke detector sensitivity test will be reported with the Annual Fire Inspection to the QAPI committee meeting for review and recommendations for improvement.	5/1/13 5/1/13 5/1/13 ongoing 5/1/13 ongoing

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K 054	<p>Continued From page 3</p> <p>maintained. In zones or in areas where nuisance alarms show and increase over the previous year, calibration tests shall be performed.</p> <p>To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods:</p> <ul style="list-style-type: none"> (1) Calibrated test method (2) Manufacturer's calibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed range (5) Other calibrated sensitivity test methods approved by the authority having jurisdiction <p>Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced.</p> <p>Exception No. 1: Detectors listed as field adjustable shall be permitted to be either adjusted within the listed and marked sensitivity range and cleaned and recalibrated, or they shall be replaced.</p> <p>Exception No. 2: This requirement shall not apply to single station detectors referenced in 7-3.3 and Table 7-2.2.</p> <p>The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector.</p> <p>Findings:</p>	K 054		

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K 054	Continued From page 4 During document review with the Maintenance Supervisor on 4/17/13, the smoke detector sensitivity report was requested. At 11:58 a.m., there were no smoke detector sensitivity documents available for review. The Maintenance Supervisor was given the opportunity to locate the documents and present them via fax to this surveyor by 10 a.m. 4/18/13. As of 8 a.m. 4/22/13, the documents were not available for review. When interviewed at 11:27 a.m. on 4/22/13, the Maintenance Supervisor said he could not locate the documents.	K 054		
K 062 SS=F	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 document review and interview, the facility failed to maintain the automatic sprinkler system, as evidenced by the lack documentation for three of four quarters that indicated quarterly testing was performed. This could result in the sprinkler system malfunctioning in the event of a fire, and affected four of four smoke compartments. NFPA 101, Life Safety Code, 2000 Edition 4.6.12 Maintenance and Testing. 4.6.12.1 Whenever or wherever any device,	K 062		

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K 062	Continued From page 5 equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition 2-3.3 Alarm Devices. Waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly. Findings: During a tour of the facility with the Maintenance Supervisor on 4/17/13, the automatic sprinkler system quarterly records were requested. At 11:59 a.m., there were no quarterly records available for review. The Maintenance Supervisor was given the opportunity to locate the documents and present them via fax to this surveyor by 10 a.m. 4/18/13. As of 8 a.m. 4/22/13, the documents were not available for review. During a phone interview on 4/22/13 at 11:27 a.m., the Maintenance Supervisor said he could not locate the documents.	K 062	1) The Annual NFPA 25 Inspection includes all elements of the quarterly inspection. Facility had its Annual inspection completed on 3/6/13. 2) The annual fire inspection was for the complete building. 3) The agreement with the Fire Inspection Company was amended to include quarterly inspections. Maintenance Supervisor will maintain a schedule of planned inspections and the Administrator will place the quarterly inspection result discussion on the QAPI schedule on the month it is due. 4) The quarterly fire inspection report will be presented to the QAPI committee members for review and recommendations for improvement.	5/1/13	5/1/13
K 066 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no	K 066		5/1/13 ongoing	5/1/13 ongoing

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K 066	Continued From page 6 less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the designated smoking areas, as evidenced by the presence of cigarette butts in trash cans containing combustibles. This could result in the increased risk of a fire, and affected all staff and residents. Findings: During a tour of the facility with the Maintenance Supervisor on 4/17/13, the smoking policy was	K 066	1) Trash cans were removed from both the Resident Smoking Area and Staff Smoking area. The open style ashtrays were removed from both smoking areas. Tall fire preventive ash receptacles were placed in both smoking areas. 2) Staff were reminded to use ash receptacles for cigarette butts. Employees who supervise resident smoking were instructed to educate and monitor residents to place cigarette butts in appropriate receptacle. 3) The smoking area cleaning times were increased from once a day to twice a day. Housekeeping will maintain a log of compliance with smoking rules in designated smoking areas. Administrator will monitor smoking areas for compliance when making early morning and late afternoon rounds. 4) Housekeeping will report the results of the smoking area log to the monthly QAPI meeting for review and recommendations for improvement.	4/17/13 4/17/13 5/6/13 ongoing 5/6/13 ongoing

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K 066	Continued From page 7 reviewed and the designated smoking areas were observed. 1. At 2:50 p.m., in the Resident Smoking Area, there were greater than two dozen cigarette butts in the trash can. The trash can was lined with plastic, and contained paper and other combustibles. 2. 4:30 p.m., in the Employee Smoking Area, there were approximately five cigarette butts in the trash can. The trash can was lined with plastic, and contained paper and other combustibles.	K 066			
K 074 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701. Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13 Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3), 10.3.4. 19.7.5.3	K 074			

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K 074	Continued From page 8 This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to maintain the fabric furnishings, as evidenced by a chair that was not treated with a fire-retardant substance. This could result in the spread of flames in the event of a fire, and affected one of four smoke compartments. NFPA 101, Life Safety Code, 2000 Edition 19.7.5.2 Newly introduced upholstered furniture within health care occupancies shall meet the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. Exception: Upholstered furniture belonging to the patient in sleeping rooms of nursing homes, provided that a smoke detector is installed in such rooms. Battery-powered single-station smoke detectors shall be permitted. Findings: During a tour of the facility with the Maintenance Supervisor on 4/17/13, the furnishings and decorations were observed. At 3:12 p.m., in Room 5, a chair with two cushions was located near Bed A. There was no information that indicated the cushions were inherently flame retardant or were treated with a flame-retardant substance. There was no smoke detector in the room.	K 074	1) A battery powered single station smoke detector was placed in room 5. The resident's chair was treated with a fire retardant compound. 2) All other furniture in the building was checked to ensure they meet fire standards. All staff were reminded that all furniture must meet fire and safety codes and to report all new furniture to the Maintenance Supervisor 3) Maintenance Supervisor will check all incoming furniture to ensure it meets all NFPA codes and check each day if any furniture was brought in on the off hours. The maintenance supervisor will maintain a log of all new furniture that comes into the building and that it meets fire and safety codes. 4) The Maintenance Supervisor will report furniture log to the QAPI committee for review and recommendations for improvement.	5/6/13 5/6/13 5/6/13 ongoing 5/6/13 ongoing
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		

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K 144	Continued From page 9 This STANDARD is not met as evidenced by: Based on document review, the facility failed to maintain the electrical system, as evidenced by the lack of confirmation that the generator was load tested and inspected for one of 12 months. This could result in failure of the generator in the event of an emergency, and affected four of four smoke compartments. Findings: During document review with the Maintenance Supervisor on 4/17/13, the generator maintenance and testing records were requested. At 11:52 a.m., there were no generator inspection and load test records that indicated the generator was inspected weekly and load tested in the month of January 2013.	K 144	1) The individual responsible to check the generator in January no longer works here. 2) The Administrator checks all other preventive maintenance logs to ensure all other duties are documented and up to date. 3) The Maintenance Supervisor will complete a generator check and load test every month and document that it is done. The Administrator will periodically check PM log books to ensure PMs are completed as required. 4) Maintenance Supervisor will report results of weekly generator tests and monthly load test to the QAPI committee for review and recommendations for improvement.	5/6/13 5/6/13 5/6/13 ongoing 5/6/13 ongoing
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 the electrical wiring and equipment, as	K 147		

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K 147	<p>Continued From page 10</p> <p>evidenced by the use of surge protectors and a multioutlet adapter in an unauthorized manner, by broken or missing electrical outlet faceplates, and by paint on electrical outlet receptacles. This could result in the increased risk of fire, and affected four of four smoke compartments.</p> <p>NFPA 70, National Electrical Code, 1999 Edition</p> <p>110-12. Mechanical Execution of Work. Electrical equipment shall be installed in a neat and workmanlike manner.</p> <p>(c) Integrity of Electrical Equipment and Connections. Internal parts of electrical equipment, including busbars, wiring terminals, insulators, and other surfaces, shall not be damaged or contaminated by foreign materials such as paint, plaster, cleaners, abrasives, or corrosive residues. There shall be no damaged parts that may adversely affect safe operation or mechanical strength of the equipment such as parts that are broken; bent; cut; or deteriorated by corrosion, chemical action, or overheating.</p> <p>370-25 Covers and Canopies. In completed installations, each box shall have a cover, faceplate, or fixture canopy.</p> <p>400-8. Uses Not Permitted. Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following:</p> <p>(1) As a substitute for the fixed wiring of a structure</p> <p>(2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors</p>	K 147	<p>1) Issue:</p> <p>1 – The receptacle in room 17 between beds 17a + 17b was replaced.</p> <p>2 – The receptacle in room 20 between beds 20 b + 20 c was replaced</p> <p>3 – The gap at the top of the receptacle in room 11 between bed 11a + 11b was filled and the paint was removed from all receptacles.</p> <p>4 – The faceplate was replaced on the receptacle behind the snack machine in the Small Dining room.</p> <p>5 – The multiple outlet adapter was removed from the MDS Social Work office</p> <p>6 – The surge protector was removed from the beauty shop.</p> <p>7 – All receptacles in room 34 were replaced.</p> <p>8 – The surge protector was removed and the items plugged into the wall receptacle.</p> <p>2) All other receptacles checked in the building resulting in no other issues.</p>	<p>5/1/13</p> <p>5/1/13</p>

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056258	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/17/2013
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NAME OF PROVIDER OR SUPPLIER

WINDSOR REDDING CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

2490 COURT STREET
REDDING, CA 96001

(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 11</p> <p>(3) Where run through doorways, windows, or similar openings</p> <p>(4) Where attached to building surfaces Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8.</p> <p>(5) Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors</p> <p>(6) Where installed in raceways, except as otherwise permitted in this Code</p> <p>Findings:</p> <p>During a tour of the facility with Maintenance Supervisor on 4/17/13, the electrical wiring and equipment were observed.</p> <p>1. At 12:20 p.m., in Room 17, the receptacle between Beds 17 B and 17 C was broken.</p> <p>2. At 12:24 p.m., in Room 20, the receptacle between Beds 20 B and 20 C was broken.</p> <p>3. At 2:30 p.m., in Room 11, there was an approximately 1/2 inch break on the top of the outlet between Beds 11 A and 11 B. Paint was observed on the receptacles.</p> <p>4. At 2:45 p.m., in the Station 2 Small Dining Room, the faceplate was missing from the outlet behind the snack machine.</p> <p>5. At 2:55 p.m., in the MDS/Social Services Room, a small refrigerator and two coffee makers were plugged into a non surge-protected multioutlet adapter located behind the service credenza.</p>	K 147	<p>3) Maintenance supervisor will check outlets to ensure they are intact monthly. All other staff were instructed to notify the Maintenance Supervisor either verbally or on the unit maintenance repair book whenever an outlet needs repair or appears broken.</p> <p>4) The Maintenance Supervisor will report to the monthly QAPI meeting the results of monthly safety check for review and recommendations for improvement.</p>	<p>5/1/13 ongoing</p> <p>5/1/13 ongoing</p>

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

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K 147	Continued From page 12 6. At 3:19 p.m., in the Beauty Shop, a 12.8 amp hairdryer and a .55 amp fan were plugged into a surge protector. 7. At 4 p.m., in Room 34, the bottom right receptacle of the outlet near Bed 34 A was broken. All the receptacles in the room were painted. 8. At 4:04 p.m., in Room 31, Bed 31 B, a telephone, and a charger were plugged into a surge protector.	K 147		