

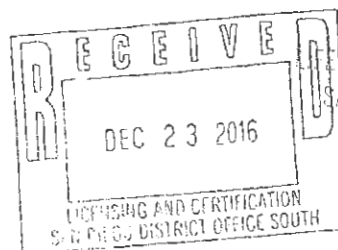
R POC

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 12/13/2016
FORM APPROVED
OMB NO. 0938-0391

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|--|---|--|--|----------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055975 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____ | | (X3) DATE SURVEY COMPLETED 12/08/2016 |
| NAME OF PROVIDER OR SUPPLIER HILLCREST MANOR SANITARIUM | | | STREET ADDRESS, CITY, STATE, ZIP CODE 1889 NATIONAL CITY BLVD NATIONAL CITY, CA 91950 | | |
| (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: 29626 K3 BUILDING: 01 (ANNEX) K6 PLAN APPROVAL: 9/17/1968 K7 SURVEY UNDER: 2012 EXISTING TYPE OF CONSTRUCTION: ONE STORY, WOOD FRAME AND STUCCO CONSTRUCTION, TYPE V (111), FULLY SPRINKLERED. K3 BUILDING: 02 K6 PLAN APPROVAL: 9/17/1968 K7 SURVEY UNDER: 2012 EXISTING TYPE OF CONSTRUCTION: ONE STORY + BASEMENT, CONCRETE CONSTRUCTION, TYPE II (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: 29626 The facility is not in substantial-compliance with 42 CFR §483.70 for Long Term Care Facilities. Census = 60 | K 000 | The following plan of correction represents Hillcrest Manor Sanitarium's credible allegation of compliance. The purpose of this plan of correction is to comply with Federal and State regulations that require a "plan of correction" be submitted whenever a deficiency is cited by the surveying agency. This plan in no way indicates that the facility or its administration agree or admit that the deficiency in fact occurred, nor it is an admission of any kind | | |
| K 161 SS=E | NFPA 101 Building Construction Type and Height Building Construction Type and Height | K 161 | | | |

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
LICENSING & CERTIFICATION PROGRAM

JAN 11 2017

SAFETY CODE UNIT
SAN BERNARDINO

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

TITLE

(X6) DATE

Any deficiency statement containing 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.

1/26/17 - POC Acceptable per Joel Galang

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| K 161 | Continued From page 1 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This STANDARD is not met as evidenced by: | K 161 | K161 This deficiency was written due to the failure of the facility to maintain the integrity of the building structure and maintain fire safety as evidenced by a damaged roof in Building I (Annex) that was covered with material not meeting E 108 or ANSI/UL 790. A. Plastic cover on the damaged are of the roof of Building I not meeting ASTM E108 will be removed and replaced by an Anti Static Fire Retardant Construction Plastic Sheeting. And A Licensed Roof Contractor examined the roof to identify areas that need to be repaired and/or replaced. B. An application for a Building Permit and a New Project will be submitted to OSHDP in order to begin repair of the roof based on the Licensed Contractor's recommendation. | 01/13/17 12/16/16 01/13/17 |

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| K 161 | <p>Continued From page 2</p> <p>Surveyor: 29626</p> <p>Based on observation and interview, the facility failed to maintain the integrity of the building as evidenced by a damaged roof to Building 1 (Annex) that was covered with material not meeting ASTM E 108 or ANSI/UL 790. This could create a hazardous condition from fire and water leaking through the roof.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 4.5.7 System Design/Installation. Any fire protection system, building service equipment, feature of protection, or safeguard provided to achieve the goals of this Code shall be designed, installed, and approved in accordance with applicable NFPA standards.</p> <p>ASTM E 108, Standard Test Methods for Fire Tests of Roof Coverings</p> <p>ANSI/UL 790, Test Methods for Fire Tests of Roof Coverings</p> <p>Findings:</p> <p>During the facility tour with the Plant Supervisor on 12/8/16, the exterior part of the building was observed.</p> <p>At 8:30 a.m., the roof of Building-1 (Annex) was completely covered with a plastic material. The area measured approximately 2,000 square feet. The Plant Supervisor stated that the roof was covered because it had been leaking and it requires repairs. He stated that a roofer had been contacted and is scheduled to look at the roof today.</p> | K 161 | <p>C. While waiting for approval from OSHPD to start working on the project of repairing the roof and disturbing air, fire and static Fire Retardant Plastic Sheeting will remain in place to prevent further damage and protect the residents from any hazardous condition. The Fire Retardant Plastic Sheeting will only be removed upon completion of the project.</p> <p>D. The Maintenance Supervisor will initiate a check log and be responsible in checking the roof of Building 1 and the interior of the Annex to ensure that there are no leaks when it is raining while the roof is being replaced/repaired.</p> | <p>01/13/17 To 04/13/17</p> <p>12/30/16</p> |
| K 345 SS=E | NFPA 101 Fire Alarm System - Testing and Maintenance | K 345 | <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JAN 11 2017</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p> | |

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| K 345 | Continued From page 3 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by: Surveyor: 29626 Based on observation and interview, the facility failed to maintain their smoke alarms. This was evidenced by failing to replace smoke alarms that were more than 10 years old. This could cause the smoke alarms to malfunction and staff to not properly respond to a fire, resulting in injury to residents. This affected 6 of 17 resident sleeping rooms in Building-2. NFPA 101, Life Safety Code, 2012 Edition 9.6.2.10.1.1 Where required by another section of this Code, single-station and multiple-station smoke alarms shall be in accordance with NFPA 72, National Fire Alarm and Signaling Code, unless otherwise provided in 9.6.2.10.1.2, 9.6.2.10.1.3, or 9.6.2.10.1.4. NFPA 72 - National Fire Alarm Code, 2010 Edition 14.4.8.1 Unless otherwise recommended by the manufacturer's published instructions, single- and multiple-station smoke alarms installed in one- and two-family dwellings shall be replaced when | K 345 | A. The deficiency was due to failing to replacing smoke alarms that were more than 10 years old. The expired battery operated smoke detectors in rooms 12, 20, 30, 32, SW1, SW4 removed B. New battery operated smoke alarms were installed to replace expired smoke alarms in rooms 12, 20, 30, 32, SW1, SW4 (see attached pictures, receipt, and log). C. All new battery operated smoke alarms were tested and functioning correctly. One alarm tested weekly per facility policy and documented in smoke detector check log. D. Administrator will perform a random check of battery operated smoke alarms expiration date log to ensure scheduled checks are being done per facility policy. | 12/13/2016 | 12/13/2016 | 12/13/2016 | 12/14/2016 |

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| K 345 | <p>Continued From page 4</p> <p>they fail to respond to operability tests but shall not remain in service longer than 10 years from the date of manufacture.</p> <p>Findings:</p> <p>During the facility tour with the Plant Supervisor on 12/8/16, the single station smoke alarms were observed.</p> <ol style="list-style-type: none"> 1. At 11:43 a.m., the smoke alarm that was observed in Sleeping Room 30 exceeded the allowed 10 year replacement period. The device had a manufacturing date of 10/3/2006. 2. At 11:46 a.m., the smoke alarm that was observed in Sleeping Room 32 exceeded the allowed 10 year replacement period. The device had a manufacturing date of 6/9/2006. 3. At 11:49 a.m., the smoke alarm that was observed in Sleeping Room 20 exceeded the allowed 10 year replacement period. The device had a manufacturing date of 6/9/2006. 4. At 11:53 a.m., the smoke alarm that was observed in Sleeping Room 12 exceeded the allowed 10 year replacement period. The device had a manufacturing date of 6/9/2006. 5. At 11:56 a.m., the smoke alarm that was observed in Sleeping Room Ward 4 exceeded the allowed 10 year replacement period. The device had a manufacturing date of 10/3/2006. 6. At 11:58 a.m., the smoke alarm that was observed in Sleeping Room Ward 1 exceeded the allowed 10 year replacement period. The device had a manufacturing date of 10/3/2006. | K 345 | <p>QUALITY ASSURANCE DIVISION</p> <p>LICENSING & CERTIFICATION</p> <p>JAN 11 2017</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p> | | |

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| K 353 SS=C | <p>NFPA 101 Sprinkler System - Maintenance and Testing</p> <p>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 available.</p> <p>a) Date sprinkler system last checked 2/2014</p> <p>b) Who provided system test Arrow Automatic</p> <p>c) Water system supply source Sweetwater Authority</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: 29626</p> <p>Based on record review and interview, the facility failed to maintain their automatic sprinkler system. This was evidenced by failing to components to the wet pipe sprinkler system. This may affect the operation of the sprinkler system that may cause delay during a fire, resulting in injury to residents. This affected 1 of 1 smoke compartments in Building-1 and 2 of 2 smoke compartments in Building-2.</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</p> | K 353 | <p>The deficiency was written due to failing to complete monthly visual inspections of components to the wet pipe sprinkler system.</p> <p>A. The sprinkler system gauges and valve are visually inspected monthly and logged (see attached log and latest sprinkler inspection report).</p> <p>B. The sprinkler system check log was initiated for monthly visual check of the valves and gauges.</p> <p>C. The maintenance supervisor will perform a monthly visual check of the sprinkler system valves and gauges to ensure all valves and gauges have no physical damage.</p> <p>D. The administrator will perform a random check of the sprinkler system valves and gauges log to ensure compliance with the facilities policy.</p> | <p>12/17/2016</p> <p>12/17/2016</p> <p>12/17/2016</p> <p>12/19/2016</p> |

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
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LIFE SAFETY CODE UNIT

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| K 353 | Continued From page 6 accordance with Section 9.7, unless otherwise permitted by 19.3.5.5. 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. 9.7.8 Record Keeping. Testing and maintenance records required by NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, shall be maintained at an approved, secured location. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition 5.2.4.1* Gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. 13.3.2.1.1 Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. 13.3.2.1.2 After any alterations or repairs, an inspection shall be made by the property owner or designated representative to ensure that the system is in service and all valves are in the normal position and properly sealed, locked, or electrically supervised. 13.3.2.2* The valve inspection shall verify that the valves are in the following condition: (1) In the normal open or closed position (2)* Sealed, locked, or supervised (3) Accessible (4) Provided with correct wrenches (5) Free from external leaks (6) Provided with applicable identification | K 353 | <p>CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES</p> <p>LICENSING DIVISION</p> <p>7-11-16</p> <p>LIFE SAFETY CODE UNIT</p> <p>SAA BERNARDINO</p> | | |

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| K 353 | <p>Continued From page 7</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 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>Findings:</p> <p>During the facility tour with the Plant Supervisor on 12/8/16, the sprinkler system's testing and inspection records were reviewed.</p> <p>At 10:30 a.m., the testing and inspection records provided for the wet pipe sprinkler system, failed to include the monthly visual inspections of the gauge and the control valves. The Plant Supervisor acknowledged that he had not documented the monthly inspection requirement.</p> <p>The above findings were acknowledged during the exit conference on 12/8/16 by the Administrator and the Plant Supervisor.</p> | K 353 | <p>During the facility tour with the Plant Supervisor on 12/8/16, the sprinkler system's testing and inspection records were reviewed.</p> <p>At 10:30 a.m., the testing and inspection records provided for the wet pipe sprinkler system, failed to include the monthly visual inspections of the gauge and the control valves. The Plant Supervisor acknowledged that he had not documented the monthly inspection requirement.</p> <p>The above findings were acknowledged during the exit conference on 12/8/16 by the Administrator and the Plant Supervisor.</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p> | | |

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| STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs | | PROVIDER # 055975 | MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B WING _____ | DATE SURVEY COMPLETE: 12/8/2016 |
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| ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES | | | |
| K 100 | <p>NFPA 101 General Requirements - Other</p> <p>General Requirements - Other</p> <p>List in the REMARKS section any LSC Section 18.1 and 19.1 General Requirements that are not addressed by the provided K-tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567.</p> <p>This STANDARD is not met as evidenced by:</p> <p>Surveyor: 29626</p> <p>Non-releasing metal bars were observed to be installed on the exterior side of 14 windows located in Building-1 (Annex). The bars were placed over 2 of 2 windows in each of the patient sleeping rooms, including Rooms 1, 2, 3, 4, 5 and 6, as well as over a storage room window, and a lavatory window. Doors and gates that lead to the public way were also locked. A continuous waiver was granted by the Centers for Medicare and Medicaid Services (CMS), dated November 15, 2016, with the condition that the facility will provide a reasonable degree of fire safety and the identified requirement would not adversely affect resident or staff health and safety.</p> | | | |
| K 232 | <p>NFPA 101 Aisle, Corridor, or Ramp Width</p> <p>Aisle, Corridor or Ramp Width</p> <p>2012 EXISTING</p> <p>The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5.</p> <p>19.2.3.4, 19.2.3.5</p> <p>This STANDARD is not met as evidenced by:</p> <p>Surveyor: 29626</p> <p>The corridor used as a means of egress to an exit door from sleeping rooms in Building-2, located between Ward 1 and the Day Room/Dining Room, did not meet the minimum required width of 48 inches per NFPA 101, 2012 Edition. The width of the corridor measured approximately 42 inches. A continuous waiver was granted by the Centers for Medicare and Medicaid Services (CMS), dated August 10, 2007, with the condition that the facility will provide a reasonable degree of fire safety and the identified requirement would not adversely affect resident or staff health and safety.</p> | | | |

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

The above isolated deficiencies pose no actual harm to the residents