

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

PRINTED: 06/03/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555083	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/25/2016
NAME OF PROVIDER OR SUPPLIER ESKATON CARE CENTER MANZANITA			STREET ADDRESS, CITY, STATE, ZIP CODE 5318 MANZANITA AVENUE CARMICHAEL, CA 95608	
(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: 27994 K3 BUILDING: 01 K6 PLAN APPROVAL: 1978 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: ONE STORY, TYPE V CONSTRUCTION, 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: 27994 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.	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 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 Federal and State Law. This response and plan of correction constitutes the facility's allegation of compliance in accordance with applicable codes of the State Operations Manual CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JUN 14 2016 LIFE SAFETY CODE UNIT SAN BERNARDINO	
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following: 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Surveyor: 27994 Based on observation, the facility failed to maintain the integrity of the building construction. This was evidenced by unsealed penetration in the ceiling. This affected one of five smoke compartments, and could result in the spread of fire and smoke to other areas of the facility.	K 012	Affected Resident: No residents were identified in this deficiency. Potentially Affected Resident: As this POC addresses prevention of smoke or fire spreading to other areas of the facility it potentially affects all residents.	6/25/16

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 012	Continued From page 1	K 012	K 012 Correction: The maintenance department has sealed the noted hole. The Maintenance Supervisor, or his designee, will inservice maintenance staff on the requirements of sealed penetrations.	
K 018 SS=D	Findings: During a tour of the facility with Maintenance Staff on 5/25/16, the ceilings were observed. At 9:31 a.m., in the Medical Record Equipment Room, there was a two inch pipe with a bundle of wires traveling through it that exposed an approximately one inch opening in the ceiling. NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3 This STANDARD is not met as evidenced by: Surveyor: 27994 Based on observation, the facility failed to maintain the corridor doors. This was evidenced by three doors that were obstructed. This affected three of five smoke compartments, and could result in the inability to contain a fire to a room.	K 018	Monitoring: The Maintenance Supervisor, or his designee, will conduct monthly inspections to identify potential breaches of smoke compartments. Inspections will commence no later than the "completion Date" noted on column X5 and continue for 90 days. The inspection results will be reviewed at the quarterly Patient Safety meeting. K 018 Affected Resident: No residents were identified in the deficiency. Potentially Affected Residents: As this POC addresses the containment of a fire to a particular room it potentially affects all residents. Correction: The walker noted in room 103 was removed.	6/25/16

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K 018	Continued From page 2 Findings: During a tour of the facility with Maintenance Staff on 5/25/16, the corridor doors were observed. 1. At 9:25 a.m., the electro-magnetic door to Room 103 was obstructed by a walker that prevented the door from closing. 2. At 9:50 a.m., the self closing door to the Zone 3 Utility Room near Room 601 was obstructed by a rubber wedge. 3. At 9:42 a.m., the self closing door to the Kitchen Dry Storage was obstructed by a rubber wedge.	K 018	K 018 Correction Cont.: The rubber wedge in the Utility Room was removed. The rubber wedge obstructing the Kitchen Dry Storage door was removed. The Maintenance Supervisor, Dietary Manager, DSD, or their designee will inservice all staff on the requirement to keep all doorways free of obstruction. Monitoring: The Maintenance Supervisor or his designee will make weekly inspections of the facility to confirm the absence of doorway obstructions. Inspections will begin no later than the "Completion Date" noted on column X5 and last for 90 days. Inspection results will be submitted at the quarterly Patient Safety committee meeting.		
K 022 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Access to exits shall be marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. Doors, passages or stairways that are not a way of exit that are likely to be mistaken for an exit have a sign designating "No Exit". 7.10, 18.2.10.1, 19.2.10.1 This STANDARD is not met as evidenced by: Surveyor: 27994 Based on observation, record review, and interview, the facility failed to maintain the emergency exit locations. This was evidenced by two exit signs with directional arrows that were not part of the facility evacuation route. This affected two of five smoke compartments, and could result in a delay in evacuation or confusion in the event of an emergency. Findings:	K 022	K 022 Affected Residents: There were no residents identified in this deficiency. Potentially Affected Residents: As this POC addresses the proper and complete marking of evacuation routes it potentially affects all residents. Correction: The Maintenance Supervisor edited the noted evacuation route map to agree with the exit signs above fire doors near Room 103 and 106.	6/25/16	

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K 022	Continued From page 3 During a tour of the facility, record review, and interview with Maintenance Staff on 5/25/16, the emergency exit locations were observed. 1. At 10:05 a.m., the exit sign above the fire door near Room 303 had a directional arrow that prompted occupants to turn left after the fire door. According to the facility posted evacuation route, the arrow on the map prompt you to go beyond the fire door and pass nine rooms and then make a left turn near the Therapy Gym corridor to exit. Upon interview, Maintenance Staff confirmed findings. 2. At 10:48 a.m., the exit sign above the fire door near Room 306 had a directional arrow that prompt occupants to make a right turn after Room 307. According to the facility posted evacuation route, the arrow on the map prompt you to go beyond the fire door and then make a left turn near the Activities Room corridor to exit. Upon interview, Maintenance Staff confirmed findings.	K 022	K 022 Correction Cont.: The Maintenance Supervisor or his designee will inspect the remaining evacuation maps to confirm agreement with the related evacuation signage. Monitoring: The Maintenance Supervisor will include an inspection of all exit signs and related evacuation maps in his monthly preventative maintenance rounds. A record of these inspections will be maintained for a period of 12 months.		
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA 70 and 72. 9.6.1.4, 9.6.1.7, This STANDARD is not met as evidenced by: Surveyor: 27994 Based on record review and interview, the facility failed to maintain the fire alarm system. This was	K 052	K 052 Affected Resident: There were no residents identified in this deficiency. Potentially Affected Residents: As this POC addresses the potential delay of emergency response it potentially affects all residents. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM	6/25/16	

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K 052	<p>Continued From page 4</p> <p>evidenced by incomplete testing records for the annual fire alarm inspection report. This affected five of five smoke compartments and could result in a delay for responder to identified an emergency.</p> <p>NFPA 101 Life Safety Code, 2000 edition 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with section 9.6</p> <p>9.6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code, unless an existing installation, which shall be permitted to be continued in use, subject to the approval of the authority having jurisdiction.</p> <p>NFPA 72 National Fire Alarm Code, 1999 edition 1-6.3 Records. A complete, unalterable record of the tests and operations of each system shall be kept until the next test and for 1 year thereafter. The record shall be available for examination and, if required, reported to the authority having jurisdiction. Archiving of records by any means shall be permitted if hard copies of the records can be provided promptly when requested. Exception: If off-premises monitoring is provided, records of all signals, tests, and operations recorded at the supervising station shall be maintained for not less than 1 year.</p> <p>7-3.1* Visual Inspection. Visual inspection shall be performed in accordance with the schedules in Section 7-3 or more often if required by the authority having jurisdiction. The visual inspection shall be made</p>	K 052	<p>K 052 Cont.: Correction:</p> <p>The facility's Maintenance Supervisor has contacted the contractor retained to inspect the facility's system to schedule the missing tests to include: all Pull Stations, Door Releases, and Audible Devices.</p> <p>A copy of the completed testing will be achieved for review by the authority having jurisdiction upon request for a minimum period of 12 months per regulatory requirement.</p> <p>Monitoring:</p> <p>The above testing components will be included in the annual maintenance schedule by the Maintenance Supervisor.</p> <p>The Maintenance Supervisor will submit a report of the above review and testing schedule at the quarterly Patient Safety meeting.</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JUN 14 2016</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 052	<p>Continued From page 5</p> <p>to ensure that there are no changes that affect equipment performance.</p> <p>Exception No. 1: Devices or equipment that is inaccessible for safety considerations (for example, continuous process operations, energized electrical equipment, radiation, and excessive height) shall be inspected during scheduled shutdowns if approved by the authority having jurisdiction. Extended intervals shall not exceed 18 months.</p> <p>Exception No. 2: If automatic inspection is performed at a frequency of not less than weekly by a remotely monitored fire alarm control unit specifically listed for such application, the visual inspection frequency shall be permitted to be annual. The requirements of Table 7-3.1 shall apply.</p> <p>Table 7-3.1 Visual Inspection Frequencies</p> <p>9. Initiating Devices</p> <p>c. Electromechanical Releasing Devices-semi-annually</p> <p>e. Fire Alarm Boxes-semi-annually</p> <p>h. Smoke Detectors-semi-annually</p> <p>7-3.2* Testing. Testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. If automatic testing is performed at least weekly by a remotely monitored fire alarm control unit specifically listed for the application, the manual testing frequency shall be permitted to be extended to annual. Table 7-3.2 shall apply.</p> <p>Exception: Devices or equipment that are inaccessible for safety considerations (for example, continuous process operations,</p>	K 052	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JUN 14 2016</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 052	<p>Continued From page 6</p> <p>energized electrical equipment, radiation, and excessive height) shall be tested during scheduled shutdowns if approved by the authority having jurisdiction but shall not be tested more than every 18 months.</p> <p>Table 7-3.2 Testing Frequencies</p> <p>15. Initiating Devices</p> <p>b. Electromechanical Releasing Device-annually</p> <p>f. Fire Alarm Boxes-annually</p> <p>h. All Smoke Detectors - Functional-annually</p> <p>19. Alarm Notification Appliances</p> <p>a. audible device-annually</p> <p>b. audible textual notification appliances-annually</p> <p>c. visible device-annually</p> <p>7-5.2.2 A permanent record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 7-5.2.2.</p> <p>(1) Date</p> <p>(2) Test frequency</p> <p>(3) Name of property</p> <p>(4) Address</p> <p>(5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number</p> <p>(6) Name, address, and representative of approving agency(ies)</p> <p>(7) Designation of the detector(s) tested, for example, " Tests performed in accordance with Section _____."</p> <p>(8) Functional test of detectors</p> <p>(9) *Functional test of required sequence of operations</p> <p>(10) Check of all smoke detectors</p> <p>(11) Loop resistance for all fixed-temperature,</p>	K 052	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JUN 14 2016</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 052	<p>Continued From page 7</p> <p>line-type heat detectors</p> <p>(12) Other tests as required by equipment manufacturers</p> <p>(13) Other tests as required by the authority having jurisdiction</p> <p>(14) Signatures of tester and approved authority representative</p> <p>(15) Disposition of problems identified during test (for example, owner notified, problem corrected/successfully retested, device abandoned in place)</p> <p>7-5.3 Supervising station fire alarm systems, records, pertaining to signal received at the supervising station that result from maintenance, inspection, and testing shall be maintained for not less than 12 months. Upon request, a hard copy record shall be provided to the authority having jurisdiction. Paper or electronic media shall be permitted.</p> <p>Findings:</p> <p>During record review and interview with Maintenance Staff on 5/25/16, the annual fire alarm inspection report was reviewed.</p> <p>At 11:52 a.m., the annual fire alarm inspection report provided at the time of survey was incomplete. The record titled, "System Record of Inspection and Testing" dated 6/25/15 was incomplete. The report did not indicate what devices were tested. Upon interview, Maintenance Staff he will contact the vendor. The facility was given the opportunity to send via e-mail the annual fire alarm inspection report by 5 p.m.</p> <p>A review of the device list printout indicated that seven manual pull stations were tested. The</p>	K 052	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JUN 14 2016</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>	

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K 052	Continued From page 8 facility evacuation diagram showed that the facility had approximately nine pull stations. The device printout failed to indicate if the electro-mechanical releasing devices were tested or if the alarm notification appliances (NAC) audible devices were tested.	K 052			
K 062 SS=E	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: Surveyor: 27994 Based on record review and interview, the facility failed to maintain the automatic sprinkler system. This was evidenced incomplete testing records for three of four quarter sprinkler water flow test. This affected five of five smoke compartments, and could result in a malfunction and/or delay in sprinkler system alarm activation in the event of a fire. NFPA 101 Life Safety Code, 2000 edition 19.7.6 Maintenance and Testing (see 4.6.12) 4.6.12 4.6.12 Maintenance and Testing. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provision 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	K 062	K 062 Affected Resident: No residents were identified in the deficiency. Potentially Affected Residents: As this POC addresses the potential delay of emergency response it potentially affects all residents. Correction: The facility's Maintenance Supervisor has contacted the contractor retained to inspect the facility's system to schedule the missing water flow tests. Upon completion test results will be achieved for review by the authority having jurisdiction upon request for a minimum period of 12 months per regulatory requirement. Monitoring: The above testing components will be included in the quarterly maintenance schedule by the Maintenance Supervisor. Results of the correction testing will be submitted at the quarterly Patient Safety Meeting CALIFORNIA DEPARTMENT OF PUBLIC HEALTH	6/25/16	

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K 062	<p>Continued From page 9</p> <p>Maintenance of Water Based Fire Protection Systems, 1998 edition</p> <p>Chapter 2 Sprinkler Systems, 2-1 General. This chapter provides the minimum requirements for the routine inspection, testing, and maintenance of sprinkler systems. Table 2-1 shall be used to determine the minimum required frequencies for inspections, testing, and maintenance. Exception: Valves and fire department connections shall be inspected, tested, and maintained in accordance with Chapter 9.</p> <p>1-8*. Records of inspections, tests, and maintenance of the system and its components shall be made available to the authority having jurisdiction upon request. Typical records include, but are not limited to, valve inspections; flow, drain, and pump tests; and trip tests of dry pipe, deluge, and pre-action valves.</p> <p>1-8.1 Records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date.</p> <p>2-2.6 Alarm Devices. Alarm devices shall be inspected quarterly to verify that they are free of physical damage.</p> <p>2-3.3* Alarm Devices. 2 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.</p> <p>Findings:</p> <p>During record review and interview with Maintenance Staff on 5/25/16, the quarterly sprinkler reports were reviewed.</p> <p>At 11:34 a.m., the facility provided three quarterly sprinkler testing that were incomplete at the time of survey. First quarter 3/22/16, second quarter 4/16/16, and fourth quarter 12/22/15 and 10/22/15 were incomplete. The report indicated</p>	K 062	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JUN 14 2016</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>	

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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NAME OF PROVIDER OR SUPPLIER ESKATON CARE CENTER MANZANITA			STREET ADDRESS, CITY, STATE, ZIP CODE 5318 MANZANITA AVENUE CARMICHAEL, CA 95608		
(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 062	Continued From page 10 that the inspections were done but no water flow tests were perform. Upon interview, Maintenance Staff stated that he recalled that the vendor informing him that testing of the water flow alarm was not required.	K 062			
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Surveyor: 27994 Based on observation, the facility failed to maintain the kitchen range hood suppression system. This was evidenced by a nozzle blow cap that was not in place. This affected one of five smoke compartments, and could result in a failure to extinguish a fire in the kitchen if the nozzles were to become plugged. NFPA 101 Life Safety Code, 2000 edition 19.3.2.6 Cooking Facilities. Cooking facilities shall be protected in accordance with 9.2.3 9.2.3 Commercial cooking equipment. Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protecting of Commercial Cooking Operations, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction NFPA 96 The Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 1998 edition 7-2.2.1 Automatic fire-extinguishing systems shall be in- stalled in accordance with the terms of their listing, the manufacturer's instructions, and the following standards where applicable.	K 069	K 069 Affected Resident: No resident was identified in this deficiency. Potentially Affected Residents: As this POC addresses the maintenance of fire suppression equipment in compliance with applicable regulation it potentially affects all residents. Correction: The Maintenance Supervisor reattached the loose nozzle blow cap. The Maintenance Supervisor, Dietary Supervisor, or their designee, will inservice dietary staff on the requirement to maintain the nozzle blow caps attached. Monitoring: The Maintenance Supervisor will inspect the Ansel nozzle blow caps monthly for a period of 90 days commencing no later than the "Completion Date" noted in column X5. A copy of the inspections will be retained for no less than one year. The Maintenance Supervisor will include a monthly visual inspection of the Ansel system blow caps in the facility's preventative maintenance program	6/25/16	

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K 069	Continued From page 11 (a) NFPA 12, Standard on Carbon Dioxide Extinguishing Systems (b) NFPA 13, Standard for the Installation of Sprinkler Systems (c) NFPA 17, Standard for Dry Chemical Extinguishing Systems (d) NFPA 17A, Standard for Wet Chemical Extinguishing Systems NFPA 17A, 1998 edition 2-3.1.4 All discharge nozzles shall be provided with caps or other suitable devices to prevent the entrance of grease vapors, moisture, or other foreign materials into the piping. The protection device shall blow off, open, or blow out upon agent discharge. Findings: During a tour of the facility with Maintenance Staff on 5/25/16, the kitchen nozzle blow caps were observed. At 9:44 a.m., one of three nozzle blow caps for the ANSEL system sprinkler head was loosely hanging down from the nozzle.	K 069			
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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. No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress there from, or visibility thereof shall be in accordance with 7.1.10. 18.2.1, 19.2.1 This STANDARD is not met as evidenced by: Surveyor: 27994 Based on observation, the facility failed to	K 072	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JUN 14 2016 LIFE SAFETY CODE UNIT SAN BERNARDINO K 072 Affected Resident: No residents were identified in this deficiency. Potentially Affected Resident: As this POC addresses maintaining the facility corridors free of obstructions it potentially affects all residents.	6/25/16	

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K 072	<p>Continued From page 12</p> <p>maintain the corridors free of obstructions. This was evidenced by wall mounted items that projected out more than six inches from the wall. This affected three of five smoke compartments, and could result in a potential delay in evacuating the facility in the event of an emergency.</p> <p>NFPA 101, Life Safety Code 2000 edition 19.2.1 Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7. 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. 7.1.10.2 Furnishings and Decorations in Means of Egress. 7.1.10.2.1 No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress therefrom, or visibility thereof.</p> <p>S&C 10-18-LSC dated 5/14/10. Revision of S&C 04-41 dated August 12, 2004, corridor width & corridor mounted computer touch screens in health care facilities.</p> <p>Findings:</p> <p>During a tour of the facility with Maintenance Staff on 5/25/16, the corridors were observed.</p> <p>At 9:27 a.m. to 10 a.m., the facility was observed with wall mounted infection control supply holder that projected out to approximately eight and half inches. The infection control supply holders were observed in Hallway 200, 300, two in 500, 400, and 800.</p>	K 072	<p>K 072 Cont.: Correction: The Maintenance Supervisor or his designee will remove the noted infection prevention stations. Removal will be accomplished prior to the "Completion Date" noted in column X5.</p> <p>Monitoring: The Maintenance Supervisor or his designee will conduct a quarterly inspection of facility corridors to confirm compliance with the six inch obstruction regulation. These inspections will commence no later than the "Completion Date" noted in column X5 and last for a period of 90 days. A copy will be maintained for no less than one year for requested review. The Maintenance Supervisor will submit a copy at the quarterly Patient Safety Committee meeting.</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JUN 14 2016</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 076 K 076 SS=D	<p>Continued From page 13</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside.</p> <p>4-3.1.1.2 (NFPA 99), 8-3.1.11.1 (NFPA 99), 18.3.2.4, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: Surveyor: 27994</p> <p>Based on observation, the facility failed to maintain the Oxygen Storage Rooms. This was evidenced by unsecured oxygen cylinders. This affected one of five smoke compartments, and could result in an increased safety risk in the event of a emergency.</p> <p>NFPA 101, 2000 edition 19.3.2.4 Medical Gas.</p> <p>Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities.</p> <p>NFPA 99, 1999 edition 1-2 Application Chapters 12-18 specify the conditions under which the requirement of Chapters 3 through 11 shall apply in Chapters 12 through 18</p> <p>Chapter 16 Nursing Home Requirement 16-3.8.1 Patient Equipment shall conform to requirement for patients equipment in Chapter 8</p> <p>Chapter 8</p>	K 076 K 076	<p>K 076</p> <p>Affected Residents:</p> <p>No residents were identified in this deficiency.</p> <p>Potentially Affected Residents:</p> <p>As this POC addresses compliance with requirements of NFPA99 for Health Care Facilities it potentially affects all patients.</p> <p>Correction:</p> <p>The noted oxygen cylinders were secured.</p> <p>The Maintenance Supervisor, Director of Staff Development, or their designee will inservice all licensed and all certified direct care staff on the proper storage of oxygen cylinders.</p> <p>Monitoring:</p> <p>The Maintenance Supervisor or his designee will make monthly inspections of the facility to confirm compliance. These inspections will commence no later than the "Completion Date" noted in column X5 and continue for 90 day. The Maintenance Supervisor will submit a copy of these inspections to the facility's quarterly Patient Safety committee.</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JUN 14 2016</p>	6/25/16	

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K 076	Continued From page 14 Gas equipment 8-3.1.11.1 storage requirement 8-3.1.11 Storage for nonflammable gases greater than 3000 ft.3 shall comply with 4-3.1.1.2 and 4-3.5.2.2 8-3.1.11.2 storage of nonflammable gases less than 3000 ft.3 (85 m3) (H) cylinder or container restraint shall meet 4-3.5.2.1 (b) 27 4-3.5.2.1 B (27) Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart. Findings: At 10:15 a.m., two E cylinder tanks were observed unsecured, in the Piped in Oxygen Room.	K 076			
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code, 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: Surveyor: 27994 Based on observation, the facility failed to maintain the electrical wiring and connections. This was evidenced by a medical equipment plugged into power strip, power strips connected to another power strips, a power strip suspended off the floor, obstructed electrical panel, and electrical panels circuit that were not properly label. This affected three of five smoke compartments, and could result in an increased risk of an electrical fire resulting in potential harm to the residents. NFPA 101, 2000 edition	K 147	K 147 Affected Resident: No resident was identified in this deficiency. Potentially Affected Resident: As this POC addresses compliance with the requirements of NFPA99 Standard for Health Care Facilities it potentially affects all patients. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JUN 14 2016	6/25/16	

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K 147	<p>Continued From page 15</p> <p>19.5.1 Utilities. Utilities shall comply with the provisions of section 9.1</p> <p>9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p> <p>NFPA 70, 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>110-22 Identification of Disconnecting Means. Each disconnecting means required by this Code for motors and appliances, and each service, feeder, or branch circuit at the point where it originates, shall be legibly marked to indicate its purposes unless located and arranged so the purpose is evident. The marking shall be sufficient durability to withstand the environment involved.</p> <p>110-26 Spaces About Electrical Equipment. Sufficient access and working space shall be provided and maintained about all electrical equipment to permit ready and safe operation and maintenance of such equipment. Enclosures housing electrical apparatus that are controlled by</p>	K 147	<p>K 147 Cont.:</p> <p>Correction:</p> <p>The Maintenance Supervisor applied the following corrections:</p> <ol style="list-style-type: none"> 1. The power strip was correctly secured. 2. The noted dish cart was immediately moved. 3. The noted electrical panel has been properly labeled. 4. The noted air mattress pump was plugged into a wall socket. 5. The noted electrical panel has been properly labeled. <p>Monitoring:</p> <p>The Maintenance Supervisor or his designee will make monthly inspections of the facility to confirm compliance with the use of power strips. These inspections will commence no later than the "completion Date" listed in column X5 and continue for 90 days. The Maintenance Supervisor will submit a copy of these inspections to the facility's quarterly Patient Safety committee.</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JUN 14 2016</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 147	<p>Continued From page 16</p> <p>lock and key shall be considered accessible to qualified persons.</p> <p>(1) Depth of Working Space. The depth of the working space in the direction of access to live parts shall not be less than indicated in Table 110-26(a). Distances shall be measured from the live parts if such are exposed or from the enclosure front or opening if such are enclosed.</p> <p>(2) Width of Working Space. The width of the working space in front of the electric equipment shall be the width of the equipment or 30 in. (762 mm), whichever is greater.</p> <p>240-83 Marking</p> <p>(a) Durability and Visible. Circuit breakers shall be marked with their ampere rating in a manner that will be durable and visible after installation. Such marking shall be permitted to be made visible by removal of a trim or cover.</p> <p>384-13 General. All panelboards shall have a rating not less than the minimum feeder capacity required for the load computed in accordance with Article 220. Panelboards shall be durably marked by the manufacturer with the voltage and the current rating and the number of phases for which they are designed and with the manufacturer name or trademark in such a manner so as to be visible after installation, without disturbing the interior parts of wiring. All panelboard circuits and circuit modification shall be legibly identified as to purpose or use on a circuit directory located on the face or inside of the panel doors.</p> <p>400-8 Unless specifically permitted in Section 400-7, flexible cord 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</p>	K 147	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JUN 14 2016</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 147	<p>Continued From page 17</p> <p>floors.</p> <p>(3) Where run through doorways, windows, or similar openings</p> <p>(4) Where attached to building surfaces</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>400-10. Flexible cords and cables shall be connected to devices and to fittings so that tension will not be transmitted to joints or terminals.</p> <p>Findings:</p> <p>During a tour of the facility with Maintenance Staff on 5/25/16, the electrical wiring and connections were observed.</p> <p>1. At 9:40 a.m., a power strip was suspended above the floor with three items that were plugged into it, in the Dirty Laundry Room.</p> <p>2. At 9:45 a.m., electrical panel D in the Kitchen had a metal dish cart that was stationed within one inch of the front of it preventing the door from opening.</p> <p>3. At 9:46 a.m., electrical panel D Kitchen had circuit breaker switches 3 and 4 that were in the on position and were not labeled.</p> <p>4. At 9:59 a.m., an air mattress pump was plugged into a power strip near Bed A, Room 311.</p> <p>5. At 10:10 a.m., electrical panel F by Room 601 had circuit breaker switches 8 and 9 that were in the on positions and were not labeled.</p>	K 147	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JUN 14 2016</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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