

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 05/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 655801	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/28/2015
NAME OF PROVIDER OR SUPPLIER PINE CREEK CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1139 CIRBY WAY ROSEVILLE, CA 95661	
(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: 30514 K3 Building: 01 K6 Plan Approval: 4/9/1987 K7 Survey Under: 2000 Existing K12 Structure Type: One Story, Construction Type V Wood Frame 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: 30514 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.	K 000	This plan of correction as submitted shall serve as provider's letter of credible allegation in reference to the survey findings. Preparation and/or execution of this plan of correction do 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 Health and Safety Code Section 1280 and 42 CFR 405.1907.	
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 the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3	K 018	1. Storage room door near mechanical room weather stripping was replaced allowing the door to close properly anew. 4/28/15 2. All other facility doors were inspected by the facility maintenance director to ensure	4/28/15

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

TITLE

(X5) 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.

Chellis - Pa Acceptable per Robert Campbell

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K 018	Continued From page 1 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Surveyor: 30514 Based on observation and interview, the facility failed to maintain its doors as evidenced by a door that did not latch upon testing. This could result in the passage of smoke or fire in the event of a fire, and affected 1 of 4 smoke compartments. NFPA 101 Life Safety Code, 2000 Edition 19.3.6.3 Corridor Doors. 19.3.6.3.1* 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-in. (4.4-cm) thick, solid-bonded core wood or of construction that resists fire for not less than 20 minutes and shall be constructed to resist the passage of smoke. Compliance with NFPA 80, Standard for Fire Doors and Fire Windows, shall not be required. Clearance between the bottom of the door and the floor covering not exceeding 1 in. (2.5 cm) shall be permitted for corridor doors. Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials.	K 018	that no other issues existed impeding proper door closing and latching. 4/23/15 3. The facility maintenance director or designee will do monthly rounds to inspect each facility door to ensure proper closing and latching without issues. If an issue is identified it will be fixed immediately by facility maintenance director or designee. 4. The facility maintenance director will report at least quarterly to the Quality Assurance Committee(QAC) regarding any issues identified through monthly rounds and daily reports. The QAC will adjust and add interventions as needed to avoid further issues with doors no latching properly.		

00:50:00

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K 018	<p>Continued From page 2</p> <p>Exception No. 2: In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, the door construction requirements of 19.3.6.3.1 shall not be mandatory, but the doors shall be constructed to resist the passage of smoke.</p> <p>19.3.6.3.2* Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door. Roller latches shall be prohibited on corridor doors in buildings not fully protected by an approved automatic sprinkler system in accordance with 19.3.5.2.</p> <p>Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials.</p> <p>Exception No. 2: Existing roller latches demonstrated to keep the door closed against a force of 5 lbf (22 N) shall be permitted to be kept in service.</p> <p>During a tour of the facility with the Maintenance Director on 4/28/15, the doors in the facility were observed.</p> <p>Findings:</p> <p>At 10:33 a.m., the outside door to the Storage Room by the Mechanical Room did not latch when tested. The door stopped at the latch plate in the door frame. The weather stripping at the bottom of the door was preventing the door from closing properly. When interviewed, the Maintenance Director stated that he will have</p>	K 018			

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K 018 K 073 SS=D	<p>Continued From page 3 someone look at the door.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4</p> <p>This STANDARD is not met as evidenced by: Surveyor: 30514 Based on observation and interview, the facility failed to maintain their facility free of combustible decorations as evidenced by decorations tapped to an overhead light, and by large decorations, pictures, and posters on a wall. This could lead to an increased risk of fire in resident care areas and affected 2 of 4 smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 19.7.5.4 Combustible decorations shall be prohibited in any health care occupancy unless they are flame retardant.</p> <p>Exception: Combustible decorations, such as photographs and paintings, in such limited quantities that a hazard of fire development or spread is not present.</p> <p>Findings:</p> <p>During a tour of the facility with Maintenance Director on 4/28/15, the decorations in the facility were observed.</p> <p>1. At 9:57 a.m., in Room 101 Bed A, a holiday tinsel was tapped on the overhead light. The tinsel was approximately 2 feet in length. When interviewed, the Maintenance Director stated that</p>	K 018 K 073	<p>K 073</p> <ol style="list-style-type: none"> 1. Tinsel taped on the overhead light in room 101A was removed and discarded immediately. The 3 foot snowman in room 220A was removed permanently. The wall décor in room 220A was taken down and a large majority of it was paired down to a minimal amount. 2. The facility maintenance director did rounds of all rooms within the facility and did not find any other violations related to K 073. 4/28/15 3. The facility maintenance director or designee will complete monthly rounds to ensure the facility remains in compliance with K 073 to avoid combustible décor, other décor that poses a risk of fire adjacent to lights and other wall décor that does not meet state and federal standards. 4. The facility maintenance director will report concerns identified through monthly rounds to the QAC for additional solutions to remain in compliance with K 073. 	4/23/15	

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K 073	Continued From page 4 he will talk with the resident and remove the thseel.	K 073			
K 147 SS=D	2. At 10:24 a.m., in Room 220 Bed A, an approximately 3 foot illuminated snowman was sitting on a table and pictures and posters was covering approximately 70% of the wall behind the snowman. When interviewed, the Maintenance Director stated that this has been an issue with the resident and will work with the resident and family to reduce the decorations. 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: Surveyor: 30514 Based on observation, the facility failed to maintain their electrical wiring and equipment, as evidenced by the use of a surge protector. This could lead to an increased risk for an electrical fire and affected 1 of 4 smoke compartments. NFPA 101, Life Safety Code, 2000 Edition 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. NFPA 70, National Electrical Code, 1999 Edition 400-7 Uses Permitted (a) Uses. Flexible cords shall be used only for the following:	K 147	K 147 1. The surge protector in room 120A was removed immediately and the fan in question was plugged in directly to the wall outlet. 2. The facility maintenance director did a full facility check to be sure that there were no other surge protectors being misused. No other issues were identified. 4/28/15 3. The facility maintenance director or designee will do monthly rounds throughout the facility to ensure that the facility remains in compliance with K. 147. All issues identified through monthly rounds will be fixed immediately. 4. All concerns identified through monthly rounds will be reported to the QAC. The QAC will formulate plans to		4/28/15

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K 147	<p>Continued From page 5</p> <ol style="list-style-type: none"> 1) Pendants 2) Wiring of fixtures 3) Connection of portable lamps, portable and mobile signs or appliances 4) Elevator cables 5) Wiring of cranes and hoists 6) Connection of stationary equipment to facilitate their frequent interchange 7) Prevention of the transmission of noise or vibration 8) Appliances where the fastening means and mechanical connections are specifically designed to permit ready removal for maintenance and repair, and the appliance is intended or identified for flexible cord connection 9) Data processing cables as permitted by Section 645-5 10) Connection of moving parts 11) Temporary wiring as permitted in Sections 305-4 b) & 305-4 c) <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> <ol style="list-style-type: none"> (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces <p>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>Findings:</p> <p>During a tour of the facility with the Maintenance</p>	K 147	<p>address any issues to involve the whole facility to remedy the issue.</p>		

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K 147	Continued From page 8 Director on 4/29/15, the electrical wiring and equipment were observed.	K 147			
K 164 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1 This STANDARD is not met as evidenced by: Surveyor: 30514 Based on document review and staff interview, the facility failed to maintain an approved fire watch plan in the event that the automatic sprinkler system was out of service for more than four hours in a twenty-four hour period. This was evidenced by an outdated fire watch policy. This could result in the lack of staff knowledge of fire watch requirements and procedures in the event of a sprinkler system failure and affected 4 of 4 smoke compartments. NFPA 101 Life Safety Code, 2000 edition 19.3.5.1 Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7	K 154	K 154 1. The facility maintenance director corrected the facility's fire watch plan to reflect updated information including the current administrator and the current facility name. 2. There was no other risk from this finding due to the fire watch policy update. 3. The facility fire watch plan will be updated whenever information within the plan changes. 4. At least annually, the QAC will ensure the fire watch plan is up to date.	4/28/15	

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K 154	Continued From page 7 Exception: In Type I and Type II construction, where approved by the authority having jurisdiction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specified areas where the authority having jurisdiction has prohibited sprinklers, without causing a building to be classified as nonsprinklered. 9.7.6.1 Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. Findings: During document review with Maintenance Director on 4/28/15, the fire watch plan for the sprinkler system was requested. At 11:40 a.m., the fire watch plan provided did not include updated information for the current administrator and current facility name. When interviewed, the Maintenance Director confirmed the outdated fire watch policy information and stated that it will be updated.	K 154		STATEMENT OF DEFICIENCIES 2015-2016 APR 9:00	
K 155 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8	K 155	K 155 1. The facility maintenance director corrected the facility's fire watch plan to reflect updated information including	4/28/15	

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K 155	Continued From page 8 This STANDARD is not met as evidenced by: Surveyor: 30514 Based on document review and staff interview, the facility failed to maintain a designated fire watch plan in the event the manual fire system were to fail or be out of service for more than four hours in a twenty-four hour period. This was evidenced by an outdated fire watch policy. This could result in the lack of staff knowledge of fire watch requirements in the event of a fire alarm system failure and affected 4 of 4 smoke compartments. 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. 9.6.1.8* Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. Findings: During document review with Maintenance Director on 4/28/15, the fire watch plan for the manual fire alarm system was requested. At 11:40 a.m., the fire watch plan provided did not include updated information for the current administrator and current facility name. When interviewed, the Maintenance Director confirmed	K 155	<p>the current administrator and the current facility name.</p> <ol style="list-style-type: none"> There was no other risk from this finding due to the fire watch policy update. The facility fire watch plan will be updated whenever information within the plan changes. At least annually, the QAC will ensure the fire watch plan is up to date. 		

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K 155	Continued From page 9 the outdated fire watch policy information and stated that it will be updated.	K 155			