

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

POC accepted
12/05/17 *05373*

PRINTED: 11/22/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555397	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2017
NAME OF PROVIDER OR SUPPLIER COUNTRY VILLA REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 340 SOUTH ALVARADO STREET LOS ANGELES, CA 90057		
(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	<p>INITIAL COMMENTS</p> <p>This facility was surveyed under 42 CFR Part 483.70 (a) Life Safety Code NFPA 101, 2012 Edition, Chapter 19 Existing Health Care Occupancies, and other applicable codes.</p> <p>The following represents the findings of the Department of Public Health during a Life Safety Code Survey.</p> <p>Representing the Department of Public Health:</p> <p>Surveyor ID No. 05373, REHS, HFE-I</p> <p>Highest S/S = F Census = 167</p>	K 000	<p>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 in this 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 42CFR et seq. This plan of correction constitutes the facilities credible allegation of compliance</p>		
K 211 SS=D	<p>Means of Egress - General CFR(s): NFPA 101</p> <p>Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1</p> <p>This REQUIREMENT is not met as evidenced by: Section 19.2.1 General</p> <p>Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7.</p> <p>Chapter 7 Means of Egress 7.1.10 Means of Egress Reliability 7.1.10.1 Means of egress shall be continuously</p>	K 211	<p>K211 MEANS OF EGRESS-GENERAL CFR(s): NFPA 101</p> <p>1. For room 333 the bedside tables were removed so that the door to the room would not be obstructed from closing. Linen hampers by the shower room on the second floor were also removed from the doorway of the shower room so that the door would be able to close unobstructed.</p>		

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.

POC originally submitted on
12-1-17 at 11:44 a.m

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K 211	<p>Continued From page 1</p> <p>maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.</p> <p>Based on observation and interview, the facility failed to ensure the door to the residents' rooms and shower room, were free from obstruction to allow rapid closure of the door in case of a fire. In the event of smoke and/or fire, an unobstructed means of egress is essential in prompt evacuation of residents and staff as well as facilitating easy access into the facility by the fire department in response to an emergency. The deficient practice affected two of 17 smoke compartments.</p> <p>Findings:</p> <p>On November 7, 2017, during the facility tour accompanied by the maintenance supervisor, the evaluator observed the following:</p> <p>a. The door to Room 333 was obstructed by the side tables which were stored on the foot of the bed obstructing the door from rapid closure.</p> <p>b. The door to Shower Room near Room 226-234 was obstructed by two double soiled linen hampers which were stored in the doorway of the shower room preventing the door from rapid closing.</p> <p>The maintenance supervisor confirmed that the doors needed to be free from obstruction.</p>	K 211	<p>2. During the tour, several other doors were noted to be propped open and these doors were closed and obstructions to close the doors were removed. Staff was reminded during the tour that doors should not be propped open or that doors must be able to close.</p> <p>3. Staff in-services were given by Asst. Admin on November 30, 2017 to staff on the second and third floors that doors must not be impeded by any objects so that doors could easily close in the event of a fire and that the closed doors would act as a smoke barrier.</p> <p>4. During rounds by Admin or designee, doorways will be checked to ensure that there are no obstructions for the doors to close. Findings and trends will be reviewed with the QA committee.</p> <p>5. Compliance achieved on November 30, 2017.</p>		
K 223 SS=E	<p>Doors with Self-Closing Devices</p> <p>CFR(s): NFPA 101</p> <p>Doors with Self-Closing Devices</p>	K 223	<p>K223 DOORS WITH SELF CLOSING DEVICES</p> <p>CFR(s): NFPA 101</p>		

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K 223	<p>Continued From page 2</p> <p>Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:</p> <ul style="list-style-type: none"> * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. <p>18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by:</p> <p>NFPA 101, Life Safety Code, 2012 Edition. 19.2.2.2.7* Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier, or hazardous area enclosure shall be permitted to be held open only by an automatic release device that complies with 7.2.1.8.2. The automatic sprinkler system, if provided, and the fire alarm system, and the systems required by 7.2.1.8.2, shall be arranged to initiate the closing action of all such doors throughout the smoke compartment or throughout the entire facility.</p> <p>7.2.1.8 Self-Closing Devices. 7.2.1.8.1* A door leaf normally required to be kept closed shall not be secured in the open position at any time and shall be self-closing or automatic-closing in accordance with 7.2.1.8.2, unless otherwise permitted by 7.2.1.8.3. 7.2.1.8.2 In any building of low or ordinary hazard contents, as defined in 6.2.2.2 and 6.2.2.3, or where approved by the authority having jurisdiction, door leaves shall be permitted to be automatic-closing, provided that all of the</p>	K 223	<p>1. The stopper which held the doors to the DSD and SS offices open were removed during the tour so that the doors to the offices would remain closed. The non-working magnetic door holder to the rehab room was removed and that door will remain in a closed position until the magnetic device is properly working.</p> <p>2. During the tour, several other doors were noted to be propped open and these doors were closed and obstructions to close the doors were removed. Staff was reminded during the tour that doors should not be propped open or that doors must be able to close.</p> <p>3. Staff in-services were given by Asst. Admin on November 30, 2017 to Social Services staff MDS staff and the staff in the DSD office that doors that have door closure devices must remain in a closed position so that if in the event of a fire the closed doors would act as a smoke barrier. The magnetic door holder to the rehab room has been removed until the magnetic holder can be tied into the fire system.</p>		

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K 223	<p>Continued From page 3</p> <p>following criteria are met:</p> <p>(1) Upon release of the hold-open mechanism, the leaf becomes self-closing.</p> <p>(2) The release device is designed so that the leaf instantly releases manually and, upon release, becomes self-closing, or the leaf can be readily closed.</p> <p>(3) The automatic releasing mechanism or medium is activated by the operation of approved smoke detectors installed in accordance with the requirements for smoke detectors for door leaf release service in NFPA 72, National Fire Alarm and Signaling Code.</p> <p>(4) Upon loss of power to the hold-open device, the hold-open mechanism is released and the door leaf becomes self-closing.</p> <p>Based on observation and interview, the facility failed to ensure the doors to the director of staff developer, social services offices, and the rehab room which were equipped with an automatic self-closing device were kept closed at all times to establish conditions conducive to the rapid spread of fire, smoke, and heat, to the rest of the facility. The deficient practice affected three of 17 smoke compartment.</p> <p>Findings:</p> <p>On November 7, 2017, during a tour of the facility, accompanied by the maintenance supervisor, the following was noted:</p> <p>a. The doors to the director of staff developer and social services offices were noted to be equipped with self-closing device. They were kept open against the wall by a wedge stopper under the doors preventing the doors from closing.</p>	K 223	<p>4. During rounds by Admin or designees, doorways will be checked to ensure that there are no obstructions for the doors to close. Findings and trends will be reviewed with the QA committee.</p> <p>5. Compliance achieved on November 30, 2017.</p>		

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K 223	Continued From page 4 b. The door to the rehab room with a self-closing device was kept open against the wall by a magnetic door holder on the door. The magnetic door holder did not automatically release and close upon activation of the alarm.	K 223	K271 DISCHARGE FROM EXITS CFR(s): NFPA101 1. The truck parked that was obstructing the exit door to the rehab room was immediately relocated by the valet attendant. 2. A tour of the outside are showed that no other exits were blocked or impeded. 3. During a 1-1 conversation on November 7, 2017 and again on November 28 the administrator explained to the Valet attendant that all exterior doors must not be blocked by any vehicles and that if there is a vehicle blocking an exterior door the vehicle must be immediately removed from blocking the exit doors and that a path of evacuation is clear. The area on the ground by the exit door identified in the text of the deficiency has been painted in RED indicating a no parking area, also a sign is posted on exterior door indicating that this is an emergency exit.		
K 271 SS=D	Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface in accordance with CMS Survey and Certification Letter 05-38. 18.2.7, 19.2.7, S&C 05-38 This REQUIREMENT is not met as evidenced by: Based on observation, interview and review of the evacuation plan, the facility failed to maintain the egress pathways free of obstructions. In the event of smoke and/or fire, an unobstructed means of egress is essential in prompt evacuation of residents and staff as well as facilitating easy access into the facility by the fire department in response to an emergency. Findings: On November 7, 2017, the evaluator observed a	K 271			

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K 271	Continued From page 5 truck parked on the path of evacuation in front of the exit door located in the Rehab Room toward the parking lot. The maintenance supervisor confirmed that the door was the exit to the parking and the path of evacuation needed to be unobstructed. The truck was relocated right away. A review of the evacuation plan indicated this was one of the exits to the parking lot.	K 271	4. Parking lot will be checked daily by Administrator or designee to ensure that exterior doors are free from obstruction so that a clear path of evacuation exists. Findings and trends to be reviewed with the QA committee. 5. Compliance completed on November 22, 2017		
K 293 SS=E	Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: 7.10.8.1* No Exit. Any door, passage, or stairway that is neither an exit nor a way of exit access and that is located or arranged so that it is likely to be mistaken for an exit shall be identified by a sign that reads as follows: NO EXIT Such sign shall have the word NO in letters 2 in. (5 cm) high with a stroke width of 3/8 in. (1 cm) and the word EXIT in letters 1 in. (2.5 cm) high, with the word EXIT below the word NO.	K 293	K293 EXIT SIGNAGE CFR(s): NFPA101 1. During the tour with the evaluator it was noted that the doors that lead to the patios did not have a sign indicating that the door was not leading to an exit. Signs were created that stated this was not an exit and placed on all doors leading to the patios. 2. All other doors were checked and there were no other doors that required a "not an exit sign".		

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K 293	Continued From page 6 Exception: This requirement shall not apply to approve existing signs. Based on observation and interview, the facility failed to post a "NO EXIT" sign on the doors leading to the middle patio. Readily visible and marked signs will prevent confusion and delay of rapid evacuation during an emergency. The deficient practice affected one of four smoke compartments. The deficient practice affected six of six doors leading to patios. Findings: During the Life Safety Code Survey on November 7, 2017, accompanied by the maintenance supervisor, the evaluator noticed the following: There were one and/or two glass doors in the main activity rooms on each floor leading to the patios with no sign indicating, "NO EXIT." The maintenance supervisor confirmed the finding and agreed that the door could be mistaken as an Exit door.	K 293	3. Administrator in-serviced Maintenance and Housekeeping staff on November 8 th about checking the exit doors leading to the patio's daily to ensure that the sign indicating that this is "not an exit" remains intact. 4. During daily rounds the Admin or designee will check doors leading to the patio to ensure that signs stating not an exit are still intact so that everyone can clearly see that the doors do not lead to an exit. Trends to be evaluated and reported to the QA committee. 5. Compliance achieved on November 8, 2017.		
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure 2012 EXISTING Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4-hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be	K 321	K321HAZARDOUS AREAS- ENCLOSURE CFR(s): NFPA 101 1. The copy machine was moved to an enclosed area. 2. No other copy machine was noted to be in an open area unprotected by smoke barriers.		

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K 321	Continued From page 8 maintenance supervisor stated he did not know the copy machine had to be in a room with a self-closing door device.	K 321			
K 920 SS=F	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: NFPA 99 Health Care Facilities 1999 Edition 3-3.2.1.2 (d)2. Minimum Number of Receptacles. The number of receptacles shall be determined by the intended use of the patient care area. There shall be sufficient receptacles located so	K 920	K920 ELECTRICAL EQUIPMENT- POWER CORDS AND EXTEN CFR(s):NFPA101 1. All non-approved power cords will be removed from 17 patient rooms. 2. Staff checked all rooms where non-approved UL power cords were being used and those cords will be removed as well. 3. Maintenance and housekeeping staff were instructed in an in- service by Administrator on November 8, 2017 that only Hospital grade UL approved power cords were to be used in patient areas and only to be used on medical equipment. Facility has hired a licensed electrician to run tests to determine the ampacity levels in patient rooms to determine if the total electrical ampacity does not exceed 75% as required. Facility will replace all		

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K 920	<p>Continued From page 9 as to avoid the need for extension cords or multiple outlet adapters.</p> <p>Based on observation and interview, the facility failed to connect medical related equipments directly into the electrical receptacles but instead, used non-UL (Underwriter Laboratories) approved multi-plug adaptors. The facility also failed to ensure the electrical wiring and equipment was in accordance with NFPA 70, National Electrical Code. NFPA 70 contains provisions necessary for safety and its purpose is the practical safeguarding of persons and property from hazards arising from the use of electricity. Hazards often occur because of overloading the wiring systems by methods or usage not in conformity with this code. To meet power supply needs in buildings with an inadequate supply of readily available electrical receptacles or for the convenience of employees, extension cords and/or power strips are often used to provide more receptacles and/or reach greater distances. The deficient practice affected 17 of 17 smoke compartments.</p> <p>Findings:</p> <p>On November 7, 2017, during the tour of the facility accompanied by the maintenance supervisor, the evaluator observed medical equipment that included gastrostomy tube feeding pump, bed, and air mattress, were connected to power strips in Rooms 104, 107, 417 and 422. During the tour it was also noted the power strips were being used in the kitchen and the medical records room.</p> <p>According to the list provided to the evaluator by the housekeeping supervisor, power strips were</p>	K 920	<p>non-approved cords with correct approved UL cord for use with medical equipment.</p> <p>4. Maintenance staff will check patient rooms daily to ensure that only approved UL hospital grade power cords are being used on medical type equipment and will check that no other non-hospital cords are being used and will report findings to the Administrator, who will review trends with the QA committee.</p> <p>5. Completion is December 20, 2017</p>		

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K-920	<p>Continued From page 10 being used throughout the facility for both medical and non-medical equipments.</p> <p>During an interview at the time of observation, the maintenance supervisor stated they did not have enough wall outlets to accommodate all of the equipment in the residents' rooms. The maintenance supervisor also acknowledged the use of the non-medical - grade power strips for resident care area for medical equipment such as electrical beds, mattress, air mattress, oxygen concentrators, suction machine in patient care areas and also non-medical equipment. There were two/three beds in each room. There was more than one equipment connected to the power strips.</p> <p>During an interview with the maintenance supervisor, he stated the facility did not have a written policy regarding the use of power strips and confirmed that they were using non-UL approved power strips.</p> <p>According to the CMS (Center For Medicare and Medicaid Services) letter dated September 26, 2014, Ref: S&C: 14-46-LSC to the State Survey Agency Directors regarding the use of power strips use in Patient Care Areas as follows:</p> <p>- Power strips may be used in patient care vicinity to power rack, table, pedestal, or cart mounted patient care related electrical equipment assemblies, provided all of the following conditions are met, as required by section 10.2.3.6:</p> <p>1) The receptacles are permanently attached to the equipment assembly.</p>	K 920			

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555397	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2017
NAME OF PROVIDER OR SUPPLIER COUNTRY VILLA REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 340 SOUTH ALVARADO STREET LOS ANGELES, CA 90057		
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K 920	<p>Continued From page 11</p> <p>2) The sum of ampacity of all appliances connected to the receptacles shall not exceed 75 percent of the ampacity of flexible cord supplying the receptacles.</p> <p>3) The ampacity of the flexible cord is suitable in accordance with the current edition of NFPA 70, National Electric Code.</p> <p>4) The electrical and mechanical integrity of assembly is regularly verified and documented through an ongoing maintenance program.</p> <p>During an interview with the maintenance supervisor and the administrator, the facility did not have a written policy addressing the use of power strips.</p>	K 920			