

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 12/09/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055916	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/03/2015
NAME OF PROVIDER OR SUPPLIER KAWEAH MANOR CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3710 WEST TULARE AVE VISALIA, CA 93277		
(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 K3 BUILDING: 01 K6 PLAN APPROVAL: 1/17/74 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED. The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 CFR (Code of Federal Regulations) 483.70 (a) and NFPA (National Fire Protection Association) 101, Life Safety Code 2000 edition, Existing codes. Representing the California Department of Public Health: 29752 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census: 84	K 000	Kaweah Manor Convalescent Hospital (KMCH) makes it best effort to operate in full compliance with both Federal and State Law. Nothing included in this Plan of Correction is an admission otherwise. KMCH has submitted this Plan of Correction in order to comply with its regulatory obligation and does not waive any objections to the merits or form of any allegations contained herein, Please note that KMCH may contest the merits and /or form of any of the deficiency or findings alleged below and may take reasonable steps to appeal them. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM 30 LIFE SAFETY CODE UNIT SAN BERNARDINO		
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	K-018 The identified table and chair were moved allowing closure of the dining room doors. Rounds throughout the remainder of the facility were conducted to ensure all remaining doors were free to close. Education will be provided to all Staff by Staff Development on the need to	01/02/16 01/02/16 01/02/16	

LA _____ PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE CEO/Administrator (X6) DATE 12/24/15

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 required to continued program participation.

CA DEPT. OF PUBLIC HEALTH
LICENSING & CERTIFICATION - FRESNO
12/20/16 accepted 1/25/16 per Joel Galang

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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: Based on observation and interview, the facility failed to ensure there were no obstructions to self closing doors. This was evidenced by two corridor doors for the dining room that were obstructed from closing by a table and a chair. This could result in a delay to contain fire or smoke during a fire emergency. This affected one of five smoke compartments. NFPA 101, Life Safety Code, 2000 Edition 19.3.6.3 Corridor Doors. 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. Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials. Exception No. 2: Existing roller latches	K 018	ensure doorways remain clear of obstruction and can be freely closed. It is the responsibility of the Administrator and Staff Development during daily and routine rounds to ensure that doorways remain clear of obstruction and can be freely closed. Through the CQI Process, a probe will be completed on a quarterly basis which includes facility rounds to ensure doors are free of obstruction and can be freely closed. The results of the probe will be reported to the facilities Quality Assurance Committee for review and follow-up action, if warranted. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM LIFE SAFETY CODE UNIT SAN BERNARDINO		

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K 018	Continued From page 2 demonstrated to keep the door closed against a force of 5 lbf (22 N) shall be permitted to be kept in service. 19.2.2.2.6* 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. Findings: During the facility tour and interview with Maintenance Staff 1 on 12/3/15, the self closing doors were observed. 1. At 3:41 p.m., two corridor doors in the dining room failed to self close. The doors were obstructed in halfway open positions by a table and a chair that were placed in the swing path of the doors. Maintenance Staff 1 explained that the table and chairs were supposed to be placed further out from the doors after the lunch clean-up.	K 018			
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. 19.7.8, 4.6.12, NFPA 13, NFPA 25, 9.7.5	K 062	K-062 The water-flow alarm switch has been adjusted by the facility's contracted sprinkler company to ensure it activates within 90 seconds. The boxes in dietary storage have been moved to ensure 18 inches clearance.		01/02/16 01/02/16

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K 062	Continued From page 3 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain their automatic sprinkler system. This was evidenced by an Inspector's Test Valve that failed to activate the fire alarm system within 90 seconds. This was also evidenced by two sprinkler heads in storage rooms that did not have 18 inches of clearance and by one sprinkler head in a resident room with a gap between the escutcheon and the ceiling. This affected five of five smoke compartments and could result in a delayed notification to emergency forces or a delayed response of the automatic sprinkler system. NFPA 101 Life Safety Code, 2000 Edition 19.7.8 Maintenance and Testing. (See 4.6.12.) 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction. 9.6.1.7* To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code. 9.7.1 Automatic Sprinklers. 9.7.1.1* Each automatic sprinkler system required by another section of this Code shall be in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Exception No. 1: NFPA 13R, Standard for the	K 062	The items in the storage closet have been moved to ensure 18 inches clearance. Rounds throughout the remainder of the facility were conducted to ensure no additional items were stored within 18 inches of the ceiling. The identified escutcheon rings were adjusted by the facility's maintenance staff to ensure they were tight to the ceiling. Rounds throughout the remainder of the facility were conducted to ensure all remaining escutcheon rings were properly adjusted. Education will be provided to all Staff by Staff Development on the need to ensure nothing is stored within 18 inches of the ceiling. It is the responsibility of the Administrator or his designee to conduct daily rounds to ensure nothing is stored within 18 inches of the ceiling. It is the responsibility of the facility's maintenance staff, during their monthly routine maintenance rounds, to ensure that all escutcheon rings are	01/02/16 01/02/16 01/02/16 01/02/16 01/02/16	

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K 062	<p>Continued From page 4</p> <p>Installation of Sprinkler Systems In Residential Occupancies up to and Including Four Stories In Height, shall be permitted for use as specifically referenced in Chapters 24 through 33 of this Code.</p> <p>Exception No. 2: NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, shall be permitted for use as provided in Chapters 24, 26, 32, and 33 of this Code.</p> <p>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.</p> <p>NFPA 72, National Fire Alarm Code, 1999 Edition, 2-6.2 Initiation of the alarm signal shall occur within 90 seconds of waterflow at the alarm-initiating device when flow occurs that is equal to or greater than that from a single sprinkler of the smallest orifice size installed in the system. Movement of water due to waste, surges, or variable pressure shall not be indicated.</p> <p>NFPA 13, Installation of Sprinkler Systems, 1999 edition 5-5.6 Clearance to Storage. The clearance between the deflector and the top of storage shall be 18 in. (457 mm) or greater.</p> <p>NFPA 25, 1998 edition. Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems 2-2 Inspection. 2-2.2 Pipe and Fittings. Sprinkler pipe and fittings shall be inspected annually from the floor level.</p>	K 062	<p>properly adjusted.</p> <p>Through the CQI Process, a probe will be completed on a quarterly basis which includes facility rounds to ensure nothing is stored within 18 inches of the ceiling. And all escutcheon rings are properly adjusted. The results of the probe will be reported to the facilities Quality Assurance Committee for review and follow-up action, if warranted.</p>		

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K 062	<p>Continued From page 5</p> <p>Pipe and fittings shall be in good condition and free of mechanical damage, leakage, corrosion, and misalignment. Sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hung from the pipe.</p> <p>Exception No. 1: Pipe and fittings installed in concealed spaces such as above suspended ceilings shall not require inspection.</p> <p>Exception No. 2: Pipe installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown.</p> <p>Findings:</p> <p>During the facility tour and interview with Maintenance Staff 1 on 12/3/15, the automatic sprinkler system was observed.</p> <p>1. At 3:05 p.m., the fire sprinkler system water flow alarm failed to activate within 90 seconds after the Inspector Test Valve (ITV) was opened. The ITV was timed with a digital stopwatch and left open until the fire alarm system activated at 128 seconds. At 3:08 p.m., Maintenance Staff 1 confirmed that the water-flow alarm switch would require adjustment.</p> <p>2. At 3:12 p.m., the sprinkler in the dietary storage closet was obstructed by boxed items stored within fourteen inches of the sprinkler head. The sprinkler did not have a minimum of 18 inches of clearance.</p> <p>3. At 3:31 p.m., there was a sprinkler head in Room 203 with a 1/4 inch gap between the ceiling and the escutcheon.</p> <p>4. At 3:30 p.m., the sprinkler head in the storage</p>	K 062			

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K 062	Continued From page 6 closet between Rooms 416 and 418 was obstructed by storage within ten inches of the sprinkler head. The sprinkler did not have a minimum of 18 inches of clearance.	K 062			
K 072 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are 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 obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their means of egress free of obstructions. This was evidenced by wheelchairs, mechanical lifts, and linen carts that were stored along the corridors of the 100 and 400 wings. This affected three of five smoke compartments and could result in a delayed evacuation during a fire emergency. NFPA 101 Life Safety Code 2000 Edition 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.	K 072	K-072 The identified wheelchairs have been removed from the hallways. The linen carts and lifts are routinely used throughout the facility and are easily moved throughout the hallways routinely. Rounds throughout the remainder of the facility were conducted to ensure no additional items were impeding egress Education will be provided to all Staff by Staff Development on the need to ensure nothing is stored in hallways which would impede egress. It is the responsibility of the Administrator or his designee to conduct daily rounds to ensure nothing is stored in hallways which would impede egress. Through the CQI Process, a probe will be completed on a quarterly basis which includes facility rounds to ensure nothing is stored in the hallways which would impede egress.	01/02/16 01/02/16 01/02/16 01/02/16	

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K 072	Continued From page 7 Findings: During the facility tour and interview with Maintenance Staff 1 on 12/3/15, the corridors and paths of egress were observed. 1. From 2:10 p.m. to 3:17 p.m., the eight foot wide corridor on the 100 wing was reduced to a clear width of six feet. There were 12 wheelchairs, one powered chair, a mechanical lift, and a linen cart stored along the wall between Rooms 102 and 112. 2. At 2:39 p.m., the eight foot wide corridor on the 400 East Wing was reduced to a clear width six feet. There were 8 wheelchairs and a linen cart stored along the corridor walls between Rooms 411 and 420. 3. At 2:46 p.m., the eight foot wide corridor on the 400 West Wing was reduced to a clear width six feet. There were 4 wheelchairs, a mechanical lift, and a linen cart stored along the wall between Rooms 401 and 409.	K 072	The results of the probe will be reported to the facilities Quality Assurance Committee for review and follow-up action, if warranted.		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that appropriate safeguards were in place for electrical equipment. This was evidenced by an aquarium in the TV Room that was plugged into a non-ground fault interrupt (GFI) protected circuit. There was an increased	K 147	K-147 The identified outlet has been added to a GFI protected circuit. Rounds throughout the remainder of the facility were conducted to ensure no additional "wet" areas existed which did not have a GFI protected circuit where an outlet was present. Education will be provided to the facility's Maintenance Staff by Staff Development on the need to ensure	01/02/16 01/02/16 01/02/16	

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K 147	<p>Continued From page 8</p> <p>risk of electrical shock affecting one of five smoke compartments.</p> <p>NFPA 101, 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.</p> <p>NFPA 70, National Electrical Code, 1999 Edition 517-20. Wet Locations. (a) All receptacles and fixed equipment within the area of the wet location shall have ground-fault circuit-interrupter protection for personnel if interruption of power under fault conditions can be tolerated, or by an isolated power system if such interruption cannot be tolerated. Exception: Branch circuits supplying only listed, fixed, therapeutic and diagnostic equipment shall be permitted to be supplied from a normal grounded service, single- or 3-phase system provided that: (a) Wiring for grounded and isolated circuits does not occupy the same raceway, and (b) All conductive surfaces of the equipment are grounded.</p> <p>Findings:</p> <p>During the facility tour and interview with Maintenance Staff 1 on 12/3/15, the electrical devices and wiring connections were observed.</p> <p>1. At 3:59 p.m., in the TV Room, aquarium equipment was plugged into a non-GFI protected circuit. At 4:00 p.m., Maintenance Staff 1 confirmed that the aquarium was potentially a wet</p>	K 147	<p>that "wet" areas have a GFI protected circuit where an outlet is present.</p> <p>It is the responsibility of the facility's maintenance staff, during their monthly preventative maintenance regimen, to inspect to ensure "wet" areas have a GFI protected circuit where an outlet is present.</p> <p>Through the CQI Process, a probe will be completed on a quarterly basis which includes facility rounds to ensure that "wet" areas have a GFI protected circuit where an outlet is present. The results of the probe will be reported to the facilities Quality Assurance Committee for review and follow-up action, if warranted.</p>		

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K 147	Continued From page 9 location and that it was not plugged into a GFI circuit.	K 147		