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

PRINTED: 10/01/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055336	A. BUILDING 01 B. WING	09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYWARD CONVALESCENT HOSPITAL	1932 B STREET HAYWARD, CA 94541

(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: 1990 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: ONE STORY PLUS BASEMENT, TYPE V (111) 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: 29753 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census: 78	K 000	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH OCT 15 2015 L & C DIVISION SAN JOSE	
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 1¾ 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		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER [redacted]

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following the date of survey whether or not a plan of correction is provided. For nursing homes, the findings stated above are disclosable 90 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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	055338	A. BUILDING _____ B. WING _____	09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYWARD CONVALESCENT HOSPITAL	1222 B STREET HAYWARD, CA 94541

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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, the facility failed to maintain their corridor doors. This was evidenced by two corridor doors that were obstructed from closing or latching. This affected two of four smoke compartments and could result in the faster spread of smoke and fire, in the event of a fire. Findings: During a tour of the facility with Maintenance Staff 1 on 9/23/15, the corridor doors were observed. 1. At 11:49 a.m., the door to Room 10 was obstructed from latching by a privacy curtain near Bed A. 2. At 2:47 p.m., the door to Room 44 was obstructed from closing and latching by the foot board of Bed A. The obstruction resulted in a 28-inch gap between the edge of the door and door jamb.	K 018	The curtain was moved across the room and no longer blocks the door from closing. This will be monitored daily by the Room Ambassador and the Maintenance Supervisor. 2. The bed was moved away from the door and no longer blocks the door from closing. This will be monitored daily by the Room Ambassador and the Maintenance Supervisor. DSD IN SERVICED STAFF ON KEEPING DOORS FREE OF IMPEDIMENTS. COPY OF IN SERVICE ATTACHED.	9/23/15 And ongoing 10/12/15
K 047 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in	K 047		

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	055336	A. BUILDING _____ B. WING _____	09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYWARD CONVALESCENT HOSPITAL	1692 B STREET HAYWARD, CA 94541

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K 047	Continued From page 2 accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their exit signs. This was evidenced by exit signs with directional indicators pointing in the wrong direction of egress and by exit signs that failed to illuminate when tested. This affected three of four smoke compartments and could result in a delayed evacuation in the event of an emergency. NFPA 101, Life Safety Code, 2000 Edition 7.10.2 Directional Signs. A sign complying with 7.10.3 with a directional indicator showing the direction of travel shall be placed in every location where the direction of travel to reach the nearest exit is not apparent. 7.10.5 Illumination of Signs. 7.10.5.1 General. Every sign required by 7.10.1.2 or 7.10.1.4, other than where operations or processes require low lighting levels, shall be suitably illuminated by a reliable light source. Externally and internally illuminated signs shall be legible in both the normal and emergency lighting mode. Findings: During a tour of the facility with Maintenance Staff 1 on 9/23/15, the exit signs were observed. 1. At 11:28 a.m., the exit sign near the Medical	K 047	1. The Exit Signs near the Medical Records office, near to Room 29 and near to Room 30 are all wired in to the Emergency Generator and function as part of the emergency lighting, therefore the Battery Option is not used in these cases. The Exit Signs will be replaced with more appropriate fixtures that do not have the battery test button. The fixtures are currently on order. Expected completion date 10/16/15 2. The Exit Sign near Station 1 Patio is wired in to the Emergency Generator and functions as part of the emergency lighting, therefore the Battery Option is not used in this case. The Exit sign will be replaced with a more appropriate fixture that does not have the battery test button. The fixtures are currently on order. Expected completion date 10/16/15 3. The Exit Sign near the Activities Room will be replaced with a more appropriate fixture having directional arrows that point to the nearest egress. The fixtures are currently on order. Expected completion date 10/16/15	10/16/15

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	055338	A. BUILDING _____ B. WING _____	09/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYWARD CONVALESCENT HOSPITAL	982 B STREET HAYWARD, CA 94541

(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 047	Continued From page 3 Records Office was equipped with a test button. The exit sign failed to illuminate when tested. 2. At 11:35 a.m., the exit sign near the Station 1 Patio was equipped with a test button. The exit sign failed to illuminate when tested. 3. At 11:42 a.m., the exit sign near the Activities Office had no directional arrows that pointed to the means of egress. 4. At 12:18 p.m., the directional arrow on the exit sign outside the Administrator's Office pointed toward the office and not to the means of egress. 5. At 1:02 p.m., the exit sign above the fire door near Room 29 was equipped with a test button. The exit sign failed to illuminate when tested. 6. At 1:04 p.m., the exit sign above the fire door near Room 30 was equipped with a test button. The exit sign failed to illuminate when tested. 7. At 2:44 p.m., one of the directional arrows on the exit sign near Room 43 pointed toward Room 43 and not to the means of egress.	K 047	4. . The Exit Signs near the Administrators Office and near to Room 43 have both had their ambiguous directional Arrows covered and these Exit Signs will be replaced with more appropriate fixtures that do not display any directional arrows. Covering of arrows was completed 9/24/15 The fixtures are currently on order. Expected completion date 10/16/15	9/24/15 (arrow covered) 10/16/15
K 062 SS=D	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: Based on observation, the facility failed to	K 062	1. Sprinkler Head in the Lobby was replaced On 9/25/15 By Thorpe Design, our Sprinkler Contractor. Please see attached invoice. Date completed 9/25/15 2. Sprinkler Head in the shower room across from Room 7 was replaced On 9/25/15 By Thorpe Design, our Sprinkler Contractor. Please see attached invoice. Date completed 9/25/15	9/25/15

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	052330	A. BUILDING _____ B. WING _____	09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYWARD CONVALESCENT HOSPITAL	1982 B STREET HAYWARD, CA 94541

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K 062	Continued From page 4 maintain the automatic sprinkler system. This was evidenced by two damaged sprinkler deflectors. This affected two of four smoke compartments and could result in an obstructed sprinkler spray pattern, in the event of a fire. NFPA 101, Life Safety Code, 2000 Edition 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. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition 2-2.1.1 Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. 2-2.1.2* Unacceptable obstructions to spray patterns shall be corrected. Findings: During a tour of the facility with Maintenance Staff 1 on 9/23/15, the automatic sprinkler system was observed. 1. At 11:24 a.m., a spoke on the sprinkler	K 062		

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	[redacted]	A. BUILDING _____ B. WING _____	09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYWARD CONVALESCENT HOSPITAL	668 B STREET HAYWARD, CA 94541

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K 062	Continued From page 5 deflector near the Station 1 Lobby Entrance was bent. 2. At 11:57 a.m., a spoke on the sprinkler deflector in the Shower Room across from Room 7 was bent.	K 062	The Mesh, Velcro mounted Stop Sign on the Exit Door near the Activities Office, was moved up, so as not to obstruct the emergency egress bar. Date completed 9/23/15	9/23/15
K 072 SS=D	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. Any 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. This was evidenced by two exit doors that were equipped with a stop signs. This affected one of four smoke compartments and could result in a delayed evacuation in the event of an emergency. NFPA 101, 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		

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	055330	A. BUILDING _____ B. WING _____	09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYWARD CONVALESCENT HOSPITAL	1563 B STREET HAYWARD, CA 94541

(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 072	Continued From page 6 7.5.2.2* Exit access and exit doors shall be designed and arranged to be clearly recognizable. Hangings or draperies shall not be placed over exit doors or located to conceal or obscure any exit. Mirrors shall not be placed on exit doors. Mirrors shall not be placed in or adjacent to any exit in such a manner as to confuse the direction of exit. Exception: Curtains shall be permitted across means of egress openings in tent walls if the following criteria are met: (a) They are distinctly marked in contrast to the tent wall so as to be recognizable as means of egress. (b) They are installed across an opening that is at least 6 ft (1.8 m) in width. (c) They are hung from slide rings or equivalent hardware so as to be readily moved to the side to create an unobstructed opening in the tent wall of the minimum width required for door openings. Findings: During a tour of the facility with Maintenance Staff 1 on 9/23/15, the exit doors were observed. 1. At 11:42 a.m., a "Stop" sign on mesh material was attached to the exit door near the Activities Office. The mesh material was attached to the door by Velcro. The material was placed over the emergency exit access bar. 2. At 12:05 p.m., a "Stop" sign was affixed to the exit door near Room 1.	K 072		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance	K 147		

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	055332	A. BUILDING _____ B. WING _____	09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYWARD CONVALESCENT HOSPITAL	1925 E STREET HAYWARD, CA 94541

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K 147	Continued From page 7 with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the electrical wiring and equipment. This was evidenced by a damaged cord insulation and by the use of surge protectors as a substitute for fixed wiring. This affected two of four smoke compartments and could result in an electrical fire. 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 400-8. Uses Not Permitted. Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following: (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 Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8. (5) Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors	K 147	The exposed wires on the B bed in Room 9 have been replaced. This will be monitored daily by the Room Ambassador and the Maintenance Supervisor. The Surge Protector number two was removed from the Rehab Department office and only a single surge protector is in use and only one will be in use going forward. This will be monitored daily by the Department Head to whom the office belongs and the Maintenance Supervisor. Date completed 9/23/15	

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	055036	A. BUILDING _____ B. WING _____	09/23/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYWARD CONVALESCENT HOSPITAL	1052 B STREET HAYWARD, CA 94541

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K 147	Continued From page 8 (e) Where installed in raceways, except as otherwise permitted in this Code Findings: During a tour of the facility with Maintenance Staff 1 on 9/23/15, the electrical wiring and equipment were observed. 1. At 11:53 a.m., the insulation of the cord attached to Bed B in Room 9 was damaged. Three interior wires (one black, one white, and one green) were exposed. 2. At 12:35 p.m., two surge protectors were observed in the Rehab Office. Two chargers and computer equipment were plugged into Surge Protector 1. A charger and Surge Protector 1 were plugged into Surge Protector 2.	K 147		
K 211 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor: o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.823, 485.623	K 211		

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NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HAYWARD CONVALESCENT HOSPITAL	1905 B STREET HAYWARD, CA 94541

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K 211	Continued From page 9 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the alcohol-based hand rub (ABHR) dispensers. This was evidenced by an ABHR dispenser mounted directly above an ignition source. This affected one of four smoke compartments and could result in an ABHR ignited fire. Findings: During a tour of the facility with Maintenance Staff 1 on 9/23/15, the ABHR dispensers were observed. At 2:42 p.m., an ABHR dispenser in the Station 2 Small Dining Room was mounted 24 inches above an electrical outlet.	K 211	The ABHR Dispenser in the Station 2 Small Dining Room was removed and relocated. Date completed 9/23/15	9/23/15

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
OCT 15 2015
L & C DIVISION SAN JOSE

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