

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

PRINTED: 07/07/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555595	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/23/2011
NAME OF PROVIDER OR SUPPLIER SMITH RANCH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1550 SILVEIRA PARKWAY SAN RAFAEL, CA 94903		
(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 STRUCTURE TYPE: TWO STORY, TYPE V, WOOD FRAME CONSTRUCTION, FULLY SPRINKLERED The following reflects the findings of the California Department of Public Health, during an annual Recertification Life Safety Code 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, HFE-I The facility is not in substantial compliance with 42 CFR 483.70 for Long Term Care Facilities. Census: 57	K 000	This Plan of Correction is Smith Ranch Care Center's credible allegation of compliance. 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 in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.		
K 018 SS=E	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 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018			

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 the 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 018	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain its corridor doors, as evidenced by doors that were obstructed from closing, and by doors that failed to latch. This could result in the passage of smoke and flames in the event of a fire, and affected one of two smoke compartments on the Basement level, and two of three smoke compartments on the First Floor level. Findings: During a tour of the facility with maintenance staff on 6/23/11, the corridor doors were observed. 1. At 10:40 a.m., the door to the Beauty Salon was held open by a door stop. 2. At 11:01 a.m., the door to the Director of Staff Development's office was held open by a box of papers. 3. At 11:06 a.m., the self-closing door to Central Supply failed to latch upon closure. 4. At 11:25 a.m., the door to the Activity Director's office was held open by a door wedge. 5. At 11:40 a.m., the door to Room 106 was obstructed from closing by a wastebasket.	K 018	It is the practice of Smith Ranch Care Center to assure that all corridor doors resist the passage of smoke maintaining compliance at all times to include: The door stop to the beauty shop and Activities Director was immediately removed on The box to the Director of Staff Development was immediately removed on The self closing doors to central supply, Marin Room and Sonoma Room were adjusted to latch on The wastebasket obstructing the door to rooms 106, 137 and 129 were immediately removed on All doors shall be inspected monthly per our Preventative Maintenance Program to insure functionality and code compliance. All corridor fire/smoke doors will be inspected and documented in Preventive Maintenance Logs All doors shall be inspected weekly for one quarter and monthly thereafter per Preventative Maintenance Program to insure functionality and code compliance. Preventive Maintenance Logs will be reviewed by the Safety Committee quarterly to ensure continued compliance for one year following the noted issue	6/23/2011 6/23/2011 7/5/2011 6/23/2011	

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K 018	Continued From page 2 6. At 11:51 a.m., the self-closing door to the Sonoma Room failed to latch upon closure. 7. At 12:03 p.m., the self-closing door to the Marin Room failed to latch upon closure. 8. At 12:10 p.m., door to Room 129 was obstructed from closing by a wastebasket. 9. At 12:20 p.m., door to Room 137 was obstructed from closing by a wastebasket.	K 018			
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the fire alarm system and devices in accordance with NFPA 72. This was evidenced by two fire alarm pull stations that were obstructed. This could result in a delay of fire alarm activation, and affected one of two smoke compartments on the Basement level. NFPA 72, 1999 Edition, Chapter 2, Section	K 052	It is the practice of Smith Ranch Care Center to assure that fire alarm systems are installed, tested and maintained in accordance with NFPA 70 and 72 to maintain compliance at all times to include: In the Physical Therapy Department the walkers, a stool and bedside table stored in front of fire alarm pull stations 1 and 2 were removed on All staff will be in-serviced in regards to pull station clearances by Annual fire safety in-services will include pull station clearance and usage. Center safety committee will monitor compliance on a day to basis. Preventive Maintenance Logs will be reviewed by the PI committee quarterly to ensure continued compliance for one year following the noted issue.	7/5/2011 7/25/2011	

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K 052	Continued From page 3 2-8.2.1. Manual fire alarm boxes shall be located throughout the protected area so that they are unobstructed and accessible. Findings: During a tour of the facility with maintenance staff on 6/23/11, the fire alarm system was observed. 1. At 10:45 a.m., five walkers were stored in front of fire alarm pull station 1 in the Physical Therapy Department. 2. At 10:46 a.m., a stool and a bedside table were stored in front of fire alarm pull station 2 in the Physical Therapy Department. 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 maintain its automatic sprinkler system, as evidenced by sprinklers that had debris or were corroded, and by items stored less than 18 inches below a sprinkler's deflector. This could result in the sprinklers malfunctioning in the event of a fire, and affected all staff and 57 of 57 residents. Findings:	K 052	It is the practice of Smith Ranch Care Center to assure that the sprinkler system is maintained and inspected to ensure compliance at all times to include: All the 34 fire sprinklers outside the building will be replaced by Licensed Contractor by TIME-LIMITED WAIVER ATTACHED	11/23/2011	
K 062 SS=E		K 062	One broken escutcheon plate on sprinkler head has been replaced and debris has been removed Items in the closet of the director of Staff Development office that were stored approximately 9 inches below the sprinkler's deflector were removed on The Automatic Sprinkler System is quarterly inspected by a Licensed Contractor to ensure compliance with NFPA 13 and 25. Plant Operations Director and Licensed Contractor will inspect sprinkler system quarterly to ensure future compliance. Safety Committee will inspect Automatic Sprinkler System inspection documentation quarterly for one year following the noted issue..	7/15/2011 7/5/2011	

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K 062	Continued From page 4 During a tour of the facility with maintenance staff on 6/23/11, the automatic sprinkler system was observed. 1. At 9:00 a.m., 34 of 34 sprinklers on the outside of the building had debris and corrosion. One of the 34 sprinklers (outside the Physical Therapy Department) had a broken escutcheon plate that exposed an approximately 3 inch penetration. 2. At 10:58 a.m., items in the closet of the Director of Staff Development's office were stored approximately 9 inches below the sprinkler's deflector.	K 062			
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. 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 and interview, the facility failed to continuously maintain a means of egress free of all obstructions or impediments, as evidenced by an obstructed exit door in a patient care area. This could result in delayed evacuation in the event of a fire, and affected one of two smoke compartments on the Basement level. Findings:	K 072	It is the practice of Smith Ranch Care Center to assure that all miscellaneous life safety issues are within compliance at all times to include: Portable curtain obstructing exit door 2 in the physical therapy was removed on Quarterly rounds will be done by the Maintenance Director to ensure this practice does not re-occur. Results of rounds will be addressed by the facility Performance Improvement Committee monthly. Preventive Maintenance Logs will be reviewed by the PI committee quarterly to ensure continued compliance for one year following the noted issue...	7/5/2011	

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K 072	Continued From page 5 During a tour of the facility with maintenance staff on 6/23/11, the means of egress were observed. At 10:47 a.m., Exit Door 2 in the Physical Therapy Department was obstructed by a portable curtain. Maintenance staff stated the portable screen was used to block the sun.	K 072			
K 144 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that its generator remote annunciator was located in an area that is continuously staffed, as evidenced by the remote annunciator's location in an office that was not continuously occupied. This could result in staff not being alerted of a generator malfunction, and affected two of two smoke compartments on the Basement level, and three of three smoke compartments on the First Floor level. 3-4.1.1.15, NFPA 99, 1998 Edition 3-4.1.1.15 Alarm Annunciator. A remote annunciator, storage battery powered, shall be provided to operate outside of the generating	K 144	It is the practice of this center to assure that all miscellaneous life safety issues are within compliance at all times to include: Remote annunciator for power generator will be relocated to a location readily observed by personnel at a regular work station. To be completed by Licensed Contractor by TIME-LIMITED WAIVER ATTACHED The remote annunciator is weekly inspected by Maintenance Director for compliance with NFPA 99.	11/23/2011	

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1550 SILVEIRA PARKWAY
SAN RAFAEL, CA 94903

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K 144	<p>Continued From page 6</p> <p>room in a location readily observed by operating personnel at a regular work station (See NFPA 70, National Electrical Code, Section 700-12).</p> <p>The annunciator shall indicate alarm conditions of the emergency or auxiliary power source as follows:</p> <p>(a) Individual visual signals shall indicate the following:</p> <ol style="list-style-type: none"> 1. When the emergency or auxiliary power source is operation to supply power to load 2. When the battery charger is malfunctioning <p>(b) Individual visual signals plus a common audible signal to warn of an engine-generator alarm condition shall indicate the following:</p> <ol style="list-style-type: none"> 1. Low lubricating oil pressure 2. Low water temperature (below those required in 3-4.1.1.9) 3. Excessive water temperature 4. Low fuel - when the main fuel storage tank contains less than a 3-hour operating supply 5. Overcrank (failed to start) 6. Overspeed <p>Where a regular work station will be unattended periodically, an audible and visual derangement signal, appropriately labeled, shall be established at a continuously monitored location. This derangement signal shall activate when any of the conditions in 3-4.1.1.15(a) and (b) occur, but need not display these conditions individually. [110; 3-5.5.2]</p> <p>Findings:</p>	K 144		

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K 144	Continued From page 7 During a tour of the facility with maintenance staff on 6/23/11, the emergency and standby power systems were observed. At 1:30 p.m., there was no remote annunciator at either of the nurses' stations or any location readily observed by personnel at a regular work station. The remote annunciator was located in the Minimum Data Set office.	K 144		
K 147 SS=E	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, the facility failed to maintain its electrical wiring and equipment in accordance with NFPA 70. This was evidenced by the use of surge protectors, and by failing to maintain the electrical outlet faceplates. This could result in the increased risk of fire, and affected one of two compartments on the Basement level, and two of three smoke compartments on the First Floor level. Findings: During a tour of the facility with maintenance staff on 6/23/11, the electrical wiring and equipment were observed. 1. At 11:00 a.m., there was a surge protector in use behind the credenza in the Director of Staff Development's office. The surge protector was suspended approximately 9 inches above the floor.	K 147	It is the practice of this center to assure compliance with NFPA 70, National Electrical Code at all times to include: Surge protector in the Director of Staff Development was relocated to be flat against the floor on Missing receptacle cover behind the vending machine and outlet on the right wall behind the TV in room 104 were repaired by Surge protector plugged into another surge protector in Business office was immediately removed on All rooms will be inspected for outlets & surge protectors by 7/23/2011 to assure compliance with NFPA 70. Plant Operations Director will conduct on-going Monthly Room Inspections to ensure this practice will not re-occur. These inspections will be documented in the centers Preventive Maintenance Logs. The facility Safety Committee will review Room Inspection documentation and monitor through periodic inspections to insure compliance with NFPA 70 and the Preventative Maintenance Program.	7/5/2001 7/5/2011 6/23/2011 7/23/2011

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K 147	Continued From page 8	K 147			
K 211 SS=E	<p>2. At 11:20 a.m., there was a missing faceplate on the outlet behind the vending machines, in the Employees' Lounge.</p> <p>3. At 11:38 a.m., the outlet on the right wall behind the Television cabinet in Room 104 was not maintained flush with the wall.</p> <p>4. At 12:25 p.m., a surge protector was plugged into another surge protector, behind the file cabinet in the Business Office.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor:</p> <ul style="list-style-type: none"> 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, 483.623, 485.623 <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that its alcohol based hand rub dispensers were mounted away from ignition sources, as</p>	K 211	<p>It is the practice of Smith Ranch Care Center to assure compliance with NFPA 101, Life Safety Code Standard at all times to include:</p> <p>All the ABHR (alcohol based hand rub) dispensers will be relocated away from outlets and light switches by</p> <p>The facility Safety Committee will conduct random audit of hand sanitizer dispensers to ensure compliance. Negative findings will be immediately corrected to insure compliance with NFPA 101.</p>	7/23/2011	

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K 211	<p>Continued From page 9</p> <p>evidenced by alcohol based hand rub dispensers that were mounted directly above, or adjacent to, ignition sources. This could result in the increased risk of an electrical fire, and affected three of three smoke compartments on the First Floor level.</p> <p>Findings:</p> <p>During a tour of the facility with maintenance staff on 6/23/11, the alcohol based hand rub dispensers were observed.</p> <p>1. At 11:28 p.m., the alcohol based hand rub dispensers in the San Pablo Room was mounted approximately 32 inches above an outlet.</p> <p>2. Between 11:35 a.m. and 12:10 p.m., there were 25 resident rooms that had alcohol based hand rub dispensers mounted approximately six inches adjacent to a light switch in the room.</p> <p>3. At 12:14 p.m., the alcohol based hand rub dispensers in the Shower Room between Rooms 132 and 133 was mounted approximately 23 inches above an outlet.</p>	K 211			