CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUBBLIEB/CIA				····	OMB	ORM APPROVE 3 NO. 0938-039
AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A BUILDING 01 - BELLA VISTA			ATE SURVEY OMPLETED
		555870	B. WING			06/44/9042
NAME OF F	PROVIDER OR SUPPLIER		STREE	T ADDRESS, CITY, STATE, ZIP CO		06/14/2012
BELLA V	VISTA HEALTH CENT		792	2 PALM STREET MON GROVE, CA 91945		
(X4) ID PREFIX	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ND i	PROVIDER'S PLAN OF CO	RRECTION	(X5)
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE APPROPRIAT	(X5) COMPLETION E DATE
K 000	INITIAL COMMENTS		K 000	this plan of	a a noca	, +
	K3 BUILDING: 01			( ) const	L	
	K6 PLAN APPROVAL: 2011			and the same	near	my
	K7 SURVEY UNDER: 2000 NEW		۱ اح	our veal	1 - a	W .
	STRUCTURE TYPE: ONE STORY,		a	legation of	ample	ance
j	WITH A BASEMEN	T. TYPE (V) (111).	7	for sine deffic	unci	4
	FULLY SPRINKLERED.		199	noted		
	The following reflects the findings of the California,		16	Preparation	andjo	<b>ル</b>
	Department of Public Health, during an annual		į.	xecution of-	thing	plan
	Life Safety Code re-certification survey. The findings are in accordance with 42 CFR (Code of		<i>(</i> ∼	1 correctiones	loes n	ot
	Federal Regulations	i) 483.70 (a) and NFPA	d		misse	
	(National Fire Protection Association) 101, Life Safety Code 2000 edition, New codes.		نام ا	1) sargement	bys	the
		<u>;</u>		sorder of	the,	-
	Representing the Ca Health:	alifornia Department of Public		ruth of that	fact	الم
	27272			Maged for for	relus	ions
	0	1		et charth on	the	-
	Census 82 NEPA 101 LIEE SAE	ETY CODE STANDARD	V 555 A	tatement	Adeli	C
SS=E		!		encies Ohis	1) alla	พ
ļ	Smoke barriers are	constructed to provide at			ed all	v t
	east a one-hour fire resistance rating in accordance with 8.3. Smoke barriers may			correction and for	pole	le
	erminate at an atrium wall. Windows are		19	recuted ber	AAIIA	$\mathbf{L}_{i}$
	protected by fire-rated glazing or by wired glass		الم		the	
	panels in approved frames. A minimum of two separate compartments are provided on each			Marga A Anna	al	'   
	floor. Dampers are n	ot required in duct		nama ilam	907 21	rd
	penetrations of smoke barriers in fully ducted neating, ventilating, and air conditioning systems.		4	2 C.F. K. 703.	+	آر
	<del>18.3.7.3</del> , <del>18.3.7.5</del> , 16	3.1.6.3	- L	tate regula	reon	7
				O		
			1	,		
BATODY	ODESTONIO OD OTO O	E'S SIGNA	ATURE	T2T1 F		Ne) Date
						(X6) DATE

termined that ructions.) Except for nursing homes, the findings stated above are disclosable 90 days days following the date these dodsments are made available to the facility. If deliciencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: DTNG21

Facility ID: CA090000044

If continuation sheet Page 1 of 2

STATÉMEN	RS FOR MEDICAR TOF DEFICIENCIES	E & MEDICAID SERVICES (K1) PROVIDER/SUPPLIER/CLIA	1		FORM APPROVE OMB NO. 0938-039
AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A BUILDING 01 - BELLA VISTA  B. WING		(X3) DATE SURVEY COMPLETED
		555870			00/44/0040
NAME OF PROVIDER OR SUPPLIER			STR	SET ADDRESS, CITY, STATE	06/14/2012
BELLA \	/18TA HEALTH CEN	TER	79	22 PALM STREET EMON GROVE, CA 919	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN (EACH CORRECTIVE CROSS-REFERENCED	OF CORRECTION ACTION SHOULD BE TO THE APPROPRIATE IENCY)  (X5) COMPLETION DATE.
K 025	Continued From pa	age 1	K 025	Penetrates	ns) 1,243 6-14-1
	This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the integrity of the smoke barrier walls to prevent the passage of smoke. This was evidenced by penetrations in the smoke barrier walls. This could result in the spread of fire and smoke from one smoke compartment to the next smoke compartment, and increase the risk of injury to residents, visitors and staff in the event of a fire. This affected 4 of 8 smoke compartments.  Findings:  During the facility tour and interview with the Environmental Services Director on June 14, 2012, the smoke barrier walls were observed, and staff was interviewed.  1. At 12:01 p.m., there was an approximately 1/2 inch penetration next to a group of blue cables in the right center of the smoke barrier wall above the drop down ceiling by the Salon.  2. At 12:05 p.m., there was an approximately 1/2 inch penetration around a group of blue cables in the center of the smoke barrier wall above the drop down ceiling by Room 158.  3. At 12:10 p.m., there was an approximately 1 inch penetration around a group of blue cables in the right center of the smoke barrier wall above the drop down ceiling by Nurse Station 1. The Environmental Services Director stated that cables were put in by a vendor.		were stated immed- lately with appropria fire residents were affe and to ensure not residents would be affe the ESD inspected all anoke barrier walls ho other penetration were noticed. any work which require a contractor to make penetrations in the senoke walls will a mapleted by the ESD will are left limble monthly all smoke barre walls will be inspected repaired by ESD.  ESD will report finder to the administrato		
				uarterly of	resulta will be other Alom-
M CMS-2567	(02-99) Previous Versions	Obsolete Event ID: DTNG21	/ Facility	ID: CA090000044	If continuation sheet Page 2 of :