

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

PRINTED: 09/27/2013
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 09/19/2013
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB - SMITH RANCH			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 K3 BUILDING: 01 K6 PLAN APPROVAL: 1994 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: TWO STORY, CONSTRUCTION TYPE (V) (111), WOOD FRAMED 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: 31201 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.	K 000	<i>This Plan of Correction is the 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.</i>		
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	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 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.

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K 018	<p>Continued From page 1</p> <p>the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain corridor doors to resist the passage of smoke. This was evidenced by a corridor door that did not latch when closed. This affected one of three smoke compartments on the First Floor Level and could result in the passage smoke and flames in the event of a fire.</p> <p>NFPA 101 Life Safety Code, 2000 Edition 4.5.7 Maintenance. 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 maintained unless the Code exempts such maintenance.</p> <p>Findings:</p> <p>During a tour of the facility with the Maintenance Staff on 9/19/13, the corridor doors were observed.</p>	K 018	<p>K18</p> <p>It is the practice of Kindred Transitional Care and Rehab - Smith Ranch to assure that all corridor doors resist the passage of smoke maintaining compliance at all times to include:</p> <p>The door in room 104 was adjusted to open/close and positively latch by 9-23-2013</p> <p>All doors shall be inspected weekly per our Preventative Maintenance Program to insure functionality and code compliance.</p> <p>All corridor fire/smoke doors shall be inspected weekly for one quarter and monthly for the next 12 months per Preventative Maintenance Program to insure functionality and code compliance</p>	9-23-2013	

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K 018	Continued From page 2	K 018			
K 062 SS=D	<p>At 10:05 a.m., in Room 104, the door was impeded by the door frame and required force to open and close the door.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain its automatic sprinkler system. This was evidenced by a bent sprinkler deflector. This could result in an obstruction or malfunction of the automatic sprinkler system in the event of a fire. This affected one of three smoke compartments on the First Floor Level.</p> <p>NFPA 101 Life Safety Code, 2000 edition 4.6.12 Maintenance and Testing 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.</p> <p>NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 edition</p>	K 062	<p>K62</p> <p>It is the practice of Kindred Transitional Care and Rehab – Smith Ranch to assure that the sprinkler system is maintained and inspected to ensure compliance at all times to include:</p> <p>Bent Sprinkler Deflector above bed 125-1 was replaced on 9-25-2013</p> <p>Plant Operations Director and Licensed Contractor will inspect sprinkler system quarterly to ensure future compliance.</p> <p>Safety Committee will inspect Automatic Sprinkler System inspection documentation monthly for the next 3 months and quarterly for the 12 months per Preventative Maintenance Program to insure functionality and code compliance</p>	9-25-2013	

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K 062	Continued From page 3 2-2.1 Sprinklers. 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. Exception No. 1:* Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection. Exception No. 2: Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown. Findings: During a tour of the facility with the Maintenance Staff on 9/19/13, the automatic fire sprinkler system was observed. At 9:40 a.m., there was a bent sprinkler deflector above Bed 1, in Room 125.	K 062			
K 104 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Penetrations of smoke barriers by ducts are protected in accordance with 8.3.6. This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their smoke barrier walls free from penetrations. This was evidenced by a	K 104			

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K 104	Continued From page 4 penetration in a smoke barrier wall. This affected one of three smoke compartments on the First Floor Level, and could result in the spread of fire and smoke to other smoke compartments. NFPA 101, 2000 Edition 8.3.6.1: Pipes, conduits, ducts, cables, wires, air ducts, pneumatic tube and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows: (1) The space between the penetrating item and the smoke barrier shall meet one following conditions: (a) It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. (b) It shall be protected by an approved device that is designed of the specific purpose. (2) Where the penetrating item uses a sleeve to penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall meet one of the following conditions:(a) It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier Findings: During a tour of the facility with the Maintenance Staff on 9/19/13, the smoke barrier walls were observed. At 11:58 a.m., there was an approximately two inch penetration around a cable wire in the smoke barrier wall by Room 123.	K 104	K104 It is the practice of Kindred Transitional Care and Rehab - Smith Ranch to assure that all penetrations of smoke/fire barrier walls to be sealed and protected at all times. The two inch penetration around a cable wire in smoke barrier wall by room 123 was sealed with fire retardant caulking by 9-23- 2013 Preventive Maintenance Logs will be reviewed by the PI committee quarterly to ensure continued compliance for 12 months following the noted issue. All smoke/fire walls shall be inspected monthly for the first 3 months and quarterly for the next 12 months per Preventative Maintenance Program to insure functionality and code compliance	9-23-2013	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 147			

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K 147	<p>Continued From page 5</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their electrical equipment and utilities. This was evidenced by the facility's use of a surge protector as a substitute for permanent wiring and a missing electrical faceplate. This could result in the increased risk of an electrical fire. This deficient practice affected two of two smoke compartments on the Ground Floor level.</p> <p>NFPA 70, 1999 edition 240-4 Flexible cord, including tinsel cord and extension cords, and fixture wires shall be protected against overcurrent by either (a) or (b). (a) Ampacities. Flexible cord shall be protected by an overcurrent device in accordance with its ampacity as specified in Tables 400-5(A) and (B). Fixture wire shall be protected against overcurrent in accordance with its ampacity as specified in Table 402-5. Supplementary overcurrent protection, as in Section 240-10, shall be permitted to be an acceptable means for providing this protection. 400-8 Unless specifically permitted in Section 400-7, flexible cord 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</p>	K 147	<p>K147</p> <p>It is the practice of Kindred Transitional Care and Rehab - Smith Ranch to assure compliance with NFPA 70, National Electrical Code at all times to include:</p> <p>Missing electrical faceplate in Therapy room was replaced by 9-19-2013</p> <p>All rooms were inspected for receptacle covers by 10-4-2013 to assure compliance with NFPA 70.</p> <p>Plant Operations Director will conduct ongoing Monthly Room Inspections to ensure this practice will not re-occur. These inspections will be documented in the centers Preventive Maintenance Logs.</p> <p>The facility Safety Committee will review Room Inspection documentation and monitor monthly for the next 3 months and quarterly inspections for the next 12 months to insure compliance with NFPA 70 and the Preventative Maintenance Program.</p>	9-19-2013	10-4-2013

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K 147	Continued From page 6 (5) Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (6) Where installed in raceways, except as otherwise permitted in this Code 400-10 Flexible cords and cables shall be connected to devices and to fittings so that tension will not be transmitted to joints or terminals. Findings: During a tour of the facility with the Maintenance Staff on 9/9/13, the facility's electrical equipment and wiring were observed. At 9:25 a.m., an electrical faceplate was missing in the Therapy Room.	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, 483.623, 485.623	K 211			

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K 211	Continued From page 7 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 evidenced by an alcohol based hand rub dispenser that was mounted directly above an ignition source. This could result in the increased risk of an fire and affected one of two smoke compartments on the Ground Floor level. Findings: During a tour of the facility with Maintenance Staff on 9/19/13, the alcohol based hand rub dispensers were observed. At 9:18 a.m., the alcohol based hand rub dispenser in the Laundry Room was mounted approximately 26 inches above an outlet.	K 211	K211 It is the practice of Kindred Transitional Care and Rehab – Smith Ranch to assure that all alcohol based hand rub dispensers are mounted correctly to assure compliance with NFPA 101 The alcohol based hand rub dispenser in the Laundry room mounted 26 inches above an outlet was relocated to another location away from an outlet by 9-20-2013 Plant Operations Director will conduct on-going Monthly Room Inspections to ensure we are in compliance. These inspections will be documented in the centers Preventive Maintenance Logs. The facility Safety Committee will review Room Inspection documentation and monitor monthly for the next 3 months and quarterly inspections for the next 12 months to insure compliance.	9-20-2013