10/01	/2012 15:10	925-837-4676		5	STAT:	ION 1		02/03
DEPARTM	ENT OF HEALT	HAND HUMAN SERVI	CES				FORM AF MB NO. 09	PROVED
TATEMENT OF DEFICIENCIES ND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIES IDENTIFICATION NUMBER 1		ACIA (X2) MULTIPLE CONSTRUCTION			CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		555376				THE STATE THE CODE		
	NOTER OR SUPPLIER				336	T ADDRESS, CITY, STATE, ZIP CODE DIABLO ROAD NVILLE, CA 94526		
(X4) ID PREFIX TAG		TATEMENT OF DEFICIENCIS CY MUST BE PRECEDED BY LSC IDENTIFYING INFORMA		PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	UBE	(X5) COMPLETION DATE
K 000	NITIAL COMME K3 Building: 01 K6 Plan Approva K7 Survey Under K12 Structure Ty Sprinklered The following ref Department of P Life Safety Code findings are in act federal Regulati (National Fire Pr Safety Code 200 Representing th Health: 30514 Census = 45 NFPA 101 LIFE Electrical wiring with NFPA 70, This STANDAF Based on inter failed to maintal equipment, as where the work could meant duri	i: 5/1/1989 : 2000 Existing pe: Type V (111), Fully lects the findings of the ublic Health, during all re-certification survey. Coordance with 42 CPR ons) 483.70 (a) and file of the coordance with 20 edition, Existing code and equipment is in accordance to the coordance of the	California annual The (Code of PA D1, Life es. t of Public DARD cordance e. 9.1.2 ced by: he facility relectrical panel d. This electrical to a		000	This plan of correction is being submustate regulations. Nothing contained herein shall be construed as an admittat Danville Rehabilitation violated federal or state regulation or failed to follow any applicable standard of carried and applicable standard of carried regulation of complifier the deficiencies noted. K147 NFPA 101 LIFE SAFETY CODE STANDARD It is the policy of the facility to ensuthat electrical panels are not obstruct that electrical panels are not obstruct. Specific Action and/or measure to correct the deficiency. The privacy curtain will be remove obstructing the electrical panel accomplication. The Director of Maintenance is shall be directly responsible for content action. The Therapy staff educated by the Maintenance Director of put the privacy curtain in from access panel to the electrical panel.	dission fany to the services or to to the for the services or to not of the services or the services or to not of the services or the services or to not of the services or the se	10/1/12
	reduced workir smoke compa	out of 3	1				1	

Any deficiency statement ending with an agregar (*) deriotes 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 attated 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. ministrat

FORM CMS-2587 (02-99) Previous Versions Obsolete

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

Event ID: ECI621

Facility ID: CA020000130

TITLE

If continuation sheet Page 1 of 2

(XB) DATE

DEPART	MENT OF HEALT	F & MEDICAID SERVI	ES				0938-039
AND PLAN OF CORRECTION IDENTIFICATION NO		(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM	CLIA	IA (X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED 09/19/2012	
2000	ROVIDER OR SUPPLIER			38	ET ADDRESS, CITY, STATE, ZIP CODE 6 DIABLO ROAD ANVILLE, CA 94526		
DANTILL					PROVIDER'S PLAN OF CORRE	CTION	(X5)
(X4) ID PREFIX TAG	CACH DECICIENT	TATEMENT OF DEFICIENCIES OY MUST BE PRECEDED BY LSC IDENTIFYING INFORMAT	ON)	PREFIX TAG	(EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	COMPLETION
	Continued From p NFPA 70, National 110-26. Spaces All Sufficient access provided and mail equipment to personal loc and key shall qualified persons (b) Clear Spaces this section shall normally enclosed inspection or services passageway or g suitably guarded.	ent. Il be c ation closures trolled by le to so by When for le, if in a li be tenance	K 147	How the facility will encompliance is continuously may Again, inservice will be condustaff related to requirements for electrical panels are not blanything. Maintenance D responsible for conducting daily monitor. Quality Indicator completed no less than que monitor for ongoing compliance.	aintained, noted with r ensuring ocked by irector is rounds to will be arterly to		
	areas were obse	12, the electrical equipor rved. the Physical Therapy F ctrical panel was obstru	oom.				Ĭ.
	Unon interview. Ms	aintenance Director obstructed electrical	panel and		1		ķ.
	immediately removed the privacy scree		n.		i e		5
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