

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

FORM APPROVED  
OMB NO. 0938-0391

|   |  |   |   |  |   |
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| STATEMENT OF DEFICIENCIES<br>AND PLAN OF CORRECTION           |  | (X1) PROVIDER/SUPPLIER/CLIA<br>IDENTIFICATION NUMBER:<br><br>555733 | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01<br>B. WING _____   |  | (X3) DATE SURVEY<br>COMPLETED<br><br>08/31/2011 |
| NAME OF PROVIDER OR SUPPLIER<br><br>FULLERTON POST ACUTE CARE |  |   | STREET ADDRESS, CITY, STATE, ZIP CODE<br>2222 N. HARBOR BLVD.<br>FULLERTON, CA 92835  |  |   |
| (X4) ID<br>PREFIX<br>TAG                                      | SUMMARY STATEMENT OF DEFICIENCIES<br>(EACH DEFICIENCY MUST BE PRECEDED BY FULL<br>REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID<br>PREFIX<br>TAG   | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD BE<br>CROSS-REFERENCED TO THE APPROPRIATE<br>DEFICIENCY)  |  | (X5)<br>COMPLETION<br>DATE                      |
| K 000   | INITIAL COMMENTS<br><br>K3 BUILDING: 01<br>K6 PLAN APPROVAL: January 19, 1999<br>K7 SURVEY UNDER: 2000 Existing<br>TYPE OF CONSTRUCTION: Three Stories plus<br>Basement, Type II, Fully Sprinklered<br><br>The following reflects the findings of the California<br>Department of Public Health, Life Safety Code<br>Unit, during an Annual Re-Certification Life Safety<br>Code Survey of the facility using the 101 NFPA<br>(National Fire Protection Association) 2000<br>Edition (existing) of the Life Safety Code. The<br>facility was surveyed in accordance with 42 CFR<br>(Code of Federal Regulations) 483.70 (a) for<br>Long Term Care Facilities.<br><br>CENSUS: 116<br><br>Representing the Department of Public Health:<br>29626 | K 000   | <b>DISCLAIMER CLAUSE</b><br>PREPARATION AND/OR EXECUTION OF THIS PLAN<br>OF CORRECTION DOES NOT CONSTITUTE THE<br>PROVIDER'S ADMISSION OF OR AGREEMENT WITH<br>THE FACTS ALLEGED OR CONCLUSIONS SET FORTH<br>IN THE STATEMENT OF DEFICIENCIES. THE PLAN OF<br>CORRECTION IS PREPARED AND/OR EXECUTED<br>SOLELY BECAUSE IT IS REQUIRED BY THE PROVI-<br>SIONS OF FEDERAL AND STATE LAW.  |  |   |
| K 027<br>SS=D   | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Door openings in smoke barriers have at least a<br>20-minute fire protection rating or are at least<br>1 3/4-inch thick solid bonded wood core. Non-rated<br>protective plates that do not exceed 48 inches<br>from the bottom of the door are permitted.<br>Horizontal sliding doors comply with 7.2.1.14.<br>Doors are self-closing or automatic closing in<br>accordance with 19.2.2.2.6. Swinging doors are<br>not required to swing with egress and positive<br>latching is not required. 19.3.7.5, 19.3.7.6,<br>19.3.7.7   | K 027   | K027<br><br><i>Specific action and/ or measures to<br/>correct the deficiency:</i><br><br>Fire door by room 112 was repaired by<br>maintenance staff and was tested to<br>validate closure on 8/31/2011.<br><br><i>Who will be directly responsible for the<br/>corrective action?</i><br><br>The Plant Operations Manager inspected<br>and validated the latch mechanism on fire<br>door near 112. All fire doors will be<br>inspected monthly thereafter.<br><br><i>What measures will be put into place or<br/>what systematic changes the facility will<br/>make to ensure that the deficient practice<br/>does not recur:</i> Maintenance staff will |  |   |

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

TITLE

(X6) DATE

*Tom Shuck*

*Executive Dir 9/19/11*

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.

*POC accepted per Marian DeMeire 9/20/11*

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| K 027                    | Continued From page 1<br>This STANDARD is not met as evidenced by:<br>Based on observation, the facility failed to maintain the integrity of smoke barrier doors to prevent the passage of smoke. This was evidenced by a door that failed to positively latch upon closure. This could result in the spread of smoke and fire from one smoke compartment to the next, and affected 2 of 17 smoke compartments.<br><br>Findings:<br><br>During a tour of the facility with the Plant Operations Manager and Administrator in Training on August 31, 2011, the smoke barrier doors were observed.<br><br>At 2:50 p.m., the smoke barrier doors by Room 112 failed to positively latch 1 of 2 leaf doors. Both doors were equipped with latching mechanisms. | K 027               | inspect smoke barrier doors during monthly fire panel activation testing to validate proper closure on a monthly schedule.<br><br><i>How the facility plans to monitor its performance to make sure that the solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system:</i><br><br>The Plant Operations Manager will be responsible inspection and documentation of smoke barrier doors during the monthly fire panel activation and report the findings and action plan at the CQI committee for review and recommendations. |                            |
| K 038<br>SS=D            | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, the facility failed to ensure that exit discharges be kept clear from obstructions and impediments in accordance with NFPA 101. This was evidenced by 1 of 5 exit discharges that had obstructions to the public way, that affected the North Wing Exits of the   | K 038               | <i>K038: Specific action and/ or measures to correct the deficiency:</i><br><br>The obstruction on the north wing exit basement floor was removed from exit discharge on 8/31/2011.<br><br><i>Who will be directly responsible for the corrective action?</i>  |                            |

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| K 038   | Continued From page 2<br>Basement, and the 1st, 2nd, and 3rd Floors. This could result in a delay in egress in the event of a fire or other emergency, resulting in injury to residents and staff.<br><br>NFPA 101, Life Safety Code, 2000 Edition<br>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.<br><br>7.7.1 Exits shall terminate directly at a public way or at an exterior exit discharge. Yards, courts, open spaces, or other portions of the exit discharge shall be of required width and size to provide all occupants with a safe access to a public way.<br><br>Findings:<br><br>During a tour of the facility with the Plant Operations Manager and Administrator in Training on August 31, 2011, the exits, exit access, and exit discharges were observed.<br><br>At 10:37 a.m., the exit discharge located on the North Wing of the facility had a trash can and a wheeled cart that obstructed the exit pathway leading to the public way. This exit discharge was part of the facility's evacuation plan.<br>NFPA 101 LIFE SAFETY CODE STANDARD | K 038   | The Plant Operations Manager was responsible for the removal of the obstruction.<br><br><i>What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur:</i> The<br><br>Janitorial staff was in- serviced on 9/8/2011 to maintain all means of egress free of obstruction and impediments. Daily maintenance rounds will be completed by the Plant Operations Manager and recorded on the Daily Maintenance Rounds log.<br><br><i>How the facility plans to monitor its performance to make sure that the solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system:</i><br><br>Plant Operations Manager will report findings and action plans at the CQI committee for review and recommendations. |  |   |
| K 050<br>SS=E   | Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are  | K 050   | K050  |  |   |

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| K 050                    | <p>Continued From page 3</p> <p>qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by:<br/>Based on record review and staff interview, the facility failed to provide complete records of fire drills for each shift in each quarter to ensure that staff members were aware of their duties to protect residents in the event of a fire. This was evidenced by incomplete records for fire drills in the 1st, 3rd, and 4th quarters. This could result in staff members not being familiar with procedures in the event of a fire or other emergency situation, and affected the entire facility.</p> <p>Findings:</p> <p>During a tour of the facility with the Plant Operations Manager and Administrator in Training on August 31, 2011, fire drill documents were reviewed.</p> <p>At 11:35 a.m., there was no record of fire drills during the morning shift in the first quarter (January, February, March) in 2011; the nocturnal (NOC) shift in the third quarter (July, August, September) in 2010 or 2011; and the evening shift in the fourth quarter (October, November, December) in 2010. The Plant Operations Manager stated that they were in charge of conducting the fire drills, and there were no additional records for the fire drills available for review.</p> | K 050               | <p><i>Specific action and/ or measures to correct the deficiency:</i></p> <p>The Plant Operations Manager conducted (NOC) shift fire drill on 9/12/2011.</p> <p><i>Who will be directly responsible for the corrective action?</i></p> <p>The Plant Operations Manager will establish an annual schedule to follow and validate one fire drill per shift per quarter is conducted.</p> <p><i>What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur:</i></p> <p>All fire drills will be conducted according to schedule. The Plant Operations Manager will present for review by Executive Director the fire drill report with annualized schedule for validation of completion to plan.</p> <p><i>How the facility plans to monitor its performance to make sure that the solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system:</i></p> |                            |
| K 051                    | NFPA 101 LIFE SAFETY CODE STANDARD  | K 051               |   |                            |

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| K 051<br>SS=D            | <p>Continued From page 4</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>This STANDARD is not met as evidenced by:<br/>Based on observation, the facility failed to maintain the fire alarm system and device in accordance with NFPA 72. This was evidenced by no smoke detector installed in the room that contained the fire alarm control panel. This could result in fire alarm system failure, and a delay in notification of a fire in the facility, and affected the entire facility.</p> | K 051               | <p>The Plant Operations Manager will report fire drill findings and action plan to CQI committee for review and recommendations.</p> <p>K051: <i>Specific action and/ or measures to correct the deficiency:</i></p> <p>Battery operated smoke detector was installed on ceiling in fire panel room, I.D. BFD on 8/31/2011.</p> <p><i>Who will be directly responsible for the corrective action?</i></p> <p>Maintenance staff installed battery operated smoke detector where fire panel is installed on 8/31/2011. Plant Operations Manager validated installation and working performance of smoke detector on 8/31/2011.</p> <p><i>What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur:</i></p> <p>The Plant Operations Manager and maintenance staff will inspect the all facility areas that are not continuously occupied to validate that automatic smoke detection is installed and operational.</p> |                            |



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| K 051                    | Continued From page 5<br>NFPA 72 National Fire Alarm Code, 1999 Edition<br>1-5.6 Protection of Fire Alarm Control Unit(s).<br>In areas that are not continuously occupied,<br>automatic smoke detection shall be provided at<br>the location of each fire alarm control unit(s) to<br>provide notification of fire at that location.<br>Exception: Where ambient conditions prohibit<br>installation of automatic smoke detection,<br>automatic heat detection shall be permitted.<br><br>Findings:<br><br>During a tour of the facility with the Plant<br>Operations Manager and the Administrator in<br>Training on August 31, 2011, the fire alarm<br>control panel was observed.<br><br>At 2:16 p.m. the fire alarm system control panel,<br>located in the Basement, did not have a smoke<br>detector or heat detector installed. The room<br>where the fire alarm control panel was installed<br>was not continuously occupied. | K 051               | <i>How the facility plans to monitor its<br/>performance to make sure that the<br/>solutions are sustained. The facility must<br/>develop a plan for ensuring that<br/>correction is achieved and sustained. This<br/>plan must be implemented, and the<br/>corrective action evaluated for its<br/>effectiveness. The plan of correction is<br/>integrated into the quality assurance<br/>system:</i><br><br>Smoke detector will be tested monthly<br>and recorded in the fire panel log and<br>monitored by the Plant Operations<br>Manager. The Plant Operations Manager<br>will report findings to CQI committee<br>with review and recommendations. |                            |
| K 067<br>SS=F            | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Heating, ventilating, and air conditioning comply<br>with the provisions of section 9.2 and are installed<br>in accordance with the manufacturer's<br>specifications. 19.5.2.1, 9.2, NFPA 90A,<br>19.5.2.2<br><br>This STANDARD is not met as evidenced by:<br>Based on document review, interview, and<br>observation, the facility failed to maintain their<br>fire/smoke dampers in accordance with NFPA<br>90A. This was evidenced by the failure to identify   | K 067               | <i>Specific action and/ or measures to<br/>correct the deficiency:</i><br><br>1. Plant Operations Manager will<br>supervise a designated licensed<br>contractor to:<br><ul style="list-style-type: none"> <li>• Replace fusible links on all fire,<br/>smoke and ceiling dampers.</li> <li>• Validate all fire, smoke and<br/>ceiling dampers moving parts<br/>close fully.</li> <li>• Provide 4 year inspection<br/>certification of work.</li> <li>• performed.</li> </ul>   |                            |

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| K 067                    | <p>Continued From page 6</p> <p>the location of each fire/smoke damper in the building, no record to indicate the date/s that fusible links were replaced for all dampers, no record showing that all dampers were tested to verify that they close fully, and a damper that was obstructed from closing. This had the potential for the fire/smoke dampers to malfunction and fail to contain smoke in the event of a fire, resulting in injury to residents, staff, and visitors from smoke inhalation, and affected the entire facility.</p> <p>NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, 1999 Edition</p> <p>2-3.4.2 Service openings shall be identified with letters having a minimum of 1/2 in. (1.27 cm) to indicate the location of the fire protection devices(s) within.</p> <p>2-3.4.5 Openings in walls or ceilings shall be provided so that service openings in air ducts are accessible for maintenance and inspection needs.</p> <p>3-4.6.1 The locations and mounting arrangement of all fire dampers, smoke dampers, ceiling dampers, and fire protection means of a similar nature required by this standard shall be shown on the drawings of the air duct systems.</p> <p>3-4.7 Maintenance. At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they close fully; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary.</p> <p>5-1.2 Records shall be maintained on acceptance test results and shall be available for inspection.</p> <p>Findings:</p> | K 067               | <p>2. The Plant Operations Manager will identify on facility maps locations of all smoke, fire and ceiling dampers</p> <p>3. The five cables by the kitchen in the basement floor were removed/relocated on 9/1/2011.</p> <p><i>Who will be directly responsible for the corrective action?</i></p> <p>The Plant Operations Manager will be responsible for validating completion of corrective and report findings to the Executive Director.</p> <p><i>What measures will be put into place or what systematic changes the facility will make to ensure that the deficient practice does not recur:</i>The</p> <p>Plant Operations Manager will retain service records and facility maps identifying fire, smoke and ceiling dampers and make available for review during annual inspection.</p> |                            |

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| K 067                    | <p>Continued From page 7</p> <p>During a tour of the facility with the Plant Operations Manager and the Administrator in Training on August 31, 2011, the fire/smoke dampers were observed and documents were reviewed.</p> <p>1. At 11:45 a.m., the document received for the fire/smoke dampers from COSCO Fire Protection dated 05/27/09 did not list the number of dampers inspected, did not indicate that the fusible links were replaced or date when they were last replaced, did not verify that all dampers closed as indicated by the "N/A" box that was checked for "HVAC shut down/damper closure tested", and it did not test all dampers in the building as indicated in their comments section that they "tested all devices 1st Floor no defects found." The Plant Operations Manager said that this was the only document they had for testing of the dampers and that no other documents could be requested from COSCO Fire Protection because they were no longer in business.</p> <p>2. At 11:55 a.m., no drawings were available for the location of all dampers in the building.</p> <p>3. At 4:08 p.m., the damper on the smoke barrier wall, located above the drop-down ceiling by the Kitchen in the Basement Floor, had five cables running through it. In the event that the fusible link was activated, the damper measuring approximately 1foot by 6 inches would not be capable of closing.</p> | K 067               | <p><i>How the facility plans to monitor its performance to make sure that the solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan of correction is integrated into the quality assurance system:</i></p> <ol style="list-style-type: none"> <li>1. The Plant Operations Manager will validate and report findings to ED. Plant Operations Manager will report findings and action plan to CQI committee with review and recommendations.</li> <li>2. The Plant Operations Manager will update facility maps and report findings and action plan to CQI committee with review and recommendations</li> <li>3. The Plant Operations Manager will report findings and action plan to CQI committee with review and recommendations.</li> </ol> |                            |