

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

PRINTED: 06/22/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/18/2015</b>
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NAME OF PROVIDER OR SUPPLIER  <b>ESKATON CARE CENTER MANZANITA</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>5318 MANZANITA AVENUE CARMICHAEL, CA 95608</b>
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K 000	INITIAL COMMENTS  K3 BUILDING: 01  K6 PLAN APPROVAL: 3/02/1978  K7 SURVEY UNDER: 2000 EXISTING  STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V, 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: 31203  The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.	K 000	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 on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of applicable state and federal regulations. This plan of correction constitutes the community's written credible allegation of compliance for the deficiencies noted. Abbreviations are defined within the specific POC: Abbreviations: ESS: Environmental Services Supervisor	
K 018 SS=D	Census: 85 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 3/4 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	K 018	<b>K 018</b> <b>Affected Residents:</b> Room 310: The latch was adjusted, and tested successfully. Room 312: The noted walker was removed. Room 311: The noted rubber strip was replaced and the door retested successfully. Clean Linen Closet: The noted latch was adjusted and tested successfully.	7/18/15

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>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</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 doors that failed to positively latch and by doors that were obstructed from closing. This affected one of five smoke compartments 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>	K 018	<p><b>K 018 Continued:</b></p> <p><b>Potentially Affected Residents:</b> As this POC addresses maintenance of doorways to resist the passage of smoke all residents are potentially affected.</p> <p><b>Correction:</b> See "Affected Residents" for individual corrections. The ESS, or designee, will inservice environmental service staff regarding the process of reporting malfunctioning doorways. The ESS, or his designee, will inservice direct care staff on the necessity, and process, of reporting malfunctioning doorways.</p> <p><b>Monitoring:</b> The facility's ESS, or his designee, will make daily rounds for a period of one week to confirm correct operation of doors and latches. Following the initial week the ESS, or his designee, will perform weekly inspections for one month. Following the second period of inspections the ESS will include monthly inspections in the preventative maintenance schedule. The ESS will document each of the inspections noted above. A summary report of these inspections will be prepared and presented at the facility's</p>		

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K 018	Continued From page 2 During the facility tour with the Maintenance Supervisor on 6/18/15, the corridor doors were observed.  1. At 8:03 a.m., the door to Room 310 was equipped with a self-closing device that failed to positively latch when fully opened and closed. The door was tested two times and failed. This finding was confirmed by the Maintenance Supervisor.  2. At 8:43 a.m., the door to Room 312 was equipped with a self-closing device that was obstructed by a walker, which prevented the door from closing and latching. This finding was confirmed by the Maintenance Supervisor.  3. At 8:44 a.m., the door to Room 311 was equipped with a self-closing device that failed to positively latch when fully opened and closed. The rubber strip on the floor prevented the door from closing. This finding was confirmed by the Maintenance Supervisor.  4. At 8:51 a.m., the door to the Clean Linen closet near Room 102 was equipped with a self-closing device that failed to positively latch when fully opened and closed. The door was tested two times and failed. This finding was confirmed by the Maintenance Supervisor.	K 018	<b>K 018 Monitoring Cont.:</b> QAPI quarterly Patient Safety Committee meeting.		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from	K 029	<b>K 029</b> <b>Affected Resident:</b> No residents were identified in this deficiency.  <b>Potentially Affected Residents:</b> The areas noted are not occupied by residents.		7/18/15

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K 029	<p>Continued From page 3</p> <p>other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to protect its hazardous areas. This was evidenced by doors that were equipped with a self-closing device that failed to positively latch. This affected one of five smoke compartments, and could potentially result in the the spread of fire and/or smoke to other areas of the facility.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 19.3.2 Protection from Hazards. 19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following: (1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 ft 2 (9.3 m 2) (3) Paint shops</p>	K 029	<p><b>K 029 Continued:</b></p> <p><b>Correction:</b> The Laundry Dry Room door closure was adjusted and tested successfully. The Dry Storage Door has been scheduled for replacement.</p> <p><b>Monitoring:</b> The facility's ESS, or his designee, will make daily rounds for a period of one week to confirm correct operation of doors and latches. Following the initial week the ESS, or his designee, will perform weekly inspections for one month. Following the second period of inspections the ESS will include monthly inspections in the preventative maintenance schedule. The ESS will document each of the inspections noted above. A summary report of these inspections will be prepared and presented at the facility's QAPI quarterly Patient Safety Committee meeting.</p>		



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K 029	<p>Continued From page 4</p> <p>(4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft 2 (4.6 m 2), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction (8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard. Exception: Doors in rated enclosures shall be permitted to have nonrated, factory- or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door.</p> <p>Findings:</p> <p>During a tour of the facility with Maintenance Supervisor on 6/18/15, the hazardous areas were observed.</p> <p>1. At 7:50 a.m., the door to the Laundry Dry Room was equipped with a self-closing device that failed to positively latch when fully opened and closed. The door was tested two times and failed each time. This finding was confirmed by Maintenance Supervisor.</p> <p>2. At 7:56 a.m., the door to the Dry Storage Room located in the Kitchen was equipped with a self-closing device that failed to positively latch when fully opened and closed. The door was tested two times and failed each time. This</p>	K 029			

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K 029	Continued From page 5	K 029			
K 048	finding was confirmed by Maintenance Supervisor.				
SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1  This STANDARD is not met as evidenced by: Based on interview and observation, the facility failed to ensure that all staff were familiar with its emergency procedures. This was evidenced by a staff member who was not familiar with the facility Fire Safety procedures. This affected one of five smoke compartments and could result in failure to extinguish a kitchen fire in the event of an emergency.  NFPA 101, Life Safety Code, 2000 Edition 19.7.1 Evacuation and Relocation Plan and Fire Drills. 19.7.1.1 The administration of every health care occupancy shall have, in effect and available to all supervisory personnel, written copies of a plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building when necessary. All employees shall be periodically instructed and kept informed with respect to their duties under the plan. A copy of the plan shall be readily available at all times in the telephone operator's position or at the security center.	K 048	<b>K 048</b> <b>Affected Resident:</b> There were no residents identified in the deficiency.		7/18/15
			<b>Potentially Affected Residents:</b> The deficiency does not encompass facility residents.		
			<b>Correction:</b> The noted staff member was immediately reminded of the location and procedure of activating the Ansul system. The ESS, or his designee will inservice all dietary personnel on the location and procedure of activating the Ansul system.		
			<b>Monitoring:</b> The ESS, or his designee, will interview dietary staff monthly for a period of three months. Interviews and return demonstration will insure dietary staff's awareness of the location and procedure for activating the Ansul system. The ESS or his designee will document each of the monthly interviews and present the findings at the facility's QAPI quarterly Patient Safety Committee meeting.		

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K 048	Continued From page 6 Findings:  During a tour of the facility with the Maintenance Supervisor on 6/18/15, staff members were interviewed.  At 8:01 a.m., during an interview, a Kitchen Staff person was unable to identify where the Pull Station for the kitchen hood fire-extinguishing system was. The Kitchen Staff person stated that they would use the K-class fire extinguisher if there was fire on the stove. The Maintenance Supervisor showed the Kitchen Staff person where the pull station for the ansul system was located. This finding was confirmed by the Maintenance Supervisor.	K 048			
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. This was evidenced by a magnetic hold device on a fire door that failed to release upon alarm testing.	K 052	<b>K 052</b> <b>Affected Resident:</b> There were no residents identified in the deficiency.  <b>Potentially Affected Residents:</b> No specific residents are affected by the following correction.  <b>Correction:</b> The magnetic hold device was repaired and tested successfully.  <b>Monitoring:</b> The door noted in this deficiency will be part of the doors tested in the "monitoring" for K 018 and 029 above.	7/18/15	

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K 052	Continued From page 7  This affected one of five smoke compartments and could result in a malfunction leading to the spread of fire or smoke.  NFPA 101, Life Safety Code, 2000 Edition SECTION 9.6 FIRE DETECTION, ALARM, AND COMMUNICATIONS SYSTEMS 9.6.1 General. 9.6.1.1 The provisions of Section 9.6 shall apply only where specifically required by another section of this Code.  NFPA 72, National Fire Alarm Code, 1999 Edition 7-4 Maintenance. 7-4.1 Fire alarm system equipment shall be maintained in accordance with the manufacturer's instructions. The frequency of maintenance shall depend on the type of equipment and the local ambient conditions.  Findings:  During the alarm testing with the Maintenance Supervisor on 6/18/15, the fire doors were observed.  At 9:26 a.m., the 20-minute rated fire door to the Therapy room was equipped with a magnetic hold open device. The magnetic hold device failed to release upon activation of the fire alarm system. This finding was confirmed by the Maintenance Supervisor.	K 052			
K 061 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems have valves supervised so that at least a local alarm	K 061	K 061 Affected Resident: No residents were identified in this deficiency.	7/18/15	



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K 061	<p>Continued From page 8</p> <p>will sound when the valves are closed. NFPA 72, 9.7.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and document review, the facility failed to insure that the automatic sprinkler system was in normal operating condition at all times. This was evidenced by a sprinkler system shut off valve that failed to transmit a supervisory signal during the first two revolutions of the hand wheel. This affected five of five smoke compartments and could result in staff being unaware that the valve to the sprinkler system water supply was partially closed.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 9.7.2.1* Supervisory Signals. Where supervised automatic sprinkler systems are required by another section of this Code, supervisory attachments shall be installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm Code, and a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system. Monitoring shall include, but shall not be limited to, monitoring of control valves, fire pump power supplies and running conditions, water tank levels and temperatures, tank pressure, and air pressure on dry-pipe valves. Supervisory signals shall sound and shall be displayed either at a location within the protected building that is constantly attended by qualified personnel or at an approved, remotely located receiving facility.</p>	K 061	<p><b>K 061 Continued:</b></p> <p><b>Potentially Affected Residents:</b> No specific residents are affected by the following correction.</p> <p><b>Correction:</b> The post indicator valve signaling device was repaired and tested successfully.</p> <p><b>Monitoring:</b> The ESS or his designee will test the post indicator valve on a monthly basis for a period of three months. The results of these tests will be documented and submitted for review at the facility's QAPI quarterly Patient Safety committee meeting. The ESS or his designee will include testing of the post indicator valve on the facility's preventative maintenance program.</p>		

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K 061	<p>Continued From page 9</p> <p>9.7.2.2 Alarm Signal Transmission. Where supervision of automatic sprinkler systems is provided in accordance with another provision of this Code, waterflow alarms shall be transmitted to an approved, proprietary alarm receiving facility, a remote station, a central station, or the fire department. Such connection shall be in accordance with 9.6.1.4.</p> <p>9.6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code, unless an existing installation, which shall be permitted to be continued in use, subject to the approval of the authority having jurisdiction.</p> <p>9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 edition</p> <p>9-3.4.3 Valve supervisory switches shall be tested semiannually. A distinctive signal shall indicate movement from the valve's normal position during either the first two revolutions of a hand wheel or when the stem of the valve has moved one fifth of the distance from its normal position. The signal shall not be restored at any valve position except the normal position.</p> <p>Findings:</p> <p>During a tour of the facility with the Maintenance Supervisor on 6/18/15, the automatic sprinkler</p>	K 061			

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K 061	Continued From page 10 system were observed. At 9:42 a.m., upon testing of the post indicator valve, the post indicator valve failed to transmit supervisory signal to the fire alarm control panel. The Maintenance Supervisor turned the hand wheel at two revolutions and no alarm was transmitted. At 9:47 a.m., the post indicator valve was retested and the hand wheel was turned at three revolutions and no alarm was transmitted. At 9:48 a.m., the post indicator valve was retested and hand wheel was turned at four revolutions and a supervisory signal was transmitted to the fire alarm control panel. This finding was confirmed by the Maintenance Supervisor. All signals were confirmed by the alarm monitoring company.	K 061			
K 144 SS=E	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 maintain its emergency generator. This was evidenced by failure to provide a battery-powered emergency light in the Automatic Transfer Switch Room. This could lead to decreased visibility in	K 144	<b>K 144</b> <b>Affected Resident:</b> There were no residents identified in this deficiency.  <b>Potentially Affected Residents:</b> No specific residents are affected by the correction noted below.  <b>Correction:</b> A battery powered emergency light is scheduled to be installed adjacent to the automatic transfer switch for the emergency generator.	7/18/15	

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555083</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/18/2015</b>
NAME OF PROVIDER OR SUPPLIER  <b>ESKATON CARE CENTER MANZANITA</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>5318 MANZANITA AVENUE CARMICHAEL, CA 95608</b>		
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K 144	<p>Continued From page 11</p> <p>the event of an emergency and affected five of five smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 7.9.2 Performance of System. 7.9.2.3 Emergency generators providing power to emergency lighting systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. Stored electrical energy systems, where required in this Code, shall be installed and tested in accordance with NFPA 111, Standard on Stored Electrical Energy Emergency and Standby Power Systems.</p> <p>NFPA 110, (1999) 5-3 Lighting.</p> <p>5-3.1 The Level 1 or Level 2 EPS equipment location shall be provided with battery-powered emergency lighting. The emergency lighting charging system and the normal service room lighting shall be supplied from the load side of the transfer switch.</p> <p>Findings:</p> <p>During a tour of the facility with the Maintenance Supervisor on 6/18/15, the room that housed the automatic transfer switch for the emergency generator was observed.</p> <p>At 8:05 a.m., there was no battery-powered emergency lighting unit observed in the location that housed the automatic transfer switch for the diesel powered emergency generator. The automatic transfer switch Room was located in the Main Electrical Panel Room and Boiler Room.</p>	K 144	<p><b>K 144 Continued:</b></p> <p><b>Monitoring:</b></p> <p>The ESS, or his designee, will establish a monthly preventative maintenance schedule for testing of the battery powered emergency lighting unit. The schedule will be introduced at the facility's QAPI Patient Safety committee meeting for review.</p>		

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NAME OF PROVIDER OR SUPPLIER  ESKATON CARE CENTER MANZANITA			STREET ADDRESS, CITY, STATE, ZIP CODE 5318 MANZANITA AVENUE CARMICHAEL, CA 95608		
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K 144	Continued From page 12 This finding was confirmed by the Maintenance Supervisor.	K 144			