

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

PRINTED: 07/03/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055361	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 02/12/2024
NAME OF PROVIDER OR SUPPLIER VISTA PACIFICA CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3662 PACIFIC AVENUE JURUPA VALLEY, CA 92509		
(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	
E 000	Initial Comments Surveyor: 40325 The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities. The facility is in substantial compliance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities. Representing the California Department of Public Health: 40325	E 000			
K 000	Census = 49 INITIAL COMMENTS Surveyor: 40325 K3 BUILDING: 01 K6 PLAN APPROVAL: 1971 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED. Resident Certified Beds: 49 Resident Census: 49 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 Code of Federal Regulations (CFR) §483.90(a)(b)(c)(j),	K 000			

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

TITLE

(X6) DATE

Electronically Signed

03/04/2024

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 000	Continued From page 1 National Fire Protection Association (NFPA) 101 - Life Safety Code, 2012 Edition, and NFPA 99 - Health Care Facilities Code, 2012 Edition. Representing the California Department of Public Health: 40325 The facility is not in substantial compliance with 42 CFR §483.90 for Long Term Care Facilities. Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed	K 000			
K 161 SS=D		K 161		2/28/24	

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K 161	<p>Continued From page 2</p> <p>non-sprinklered 8 V (000) Maximum 1 story sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 40325</p> <p>Based on observation and interview, the facility failed to maintain their fire-rated construction. This was evidenced by an unsealed penetration in a ceiling. During a fire, this could allow smoke and flames to pass through the penetration. This affected visitors, staff and 12 of 49 residents in one of three smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 4.5.7 System Design/Installation. Any fire protection system, building service equipment, feature of protection, or safeguard provided to achieve the goals of this Code shall be designed, installed, and approved in accordance with applicable NFPA standards.</p> <p>8.2.3.1* The fire resistance of structural elements and building assemblies shall be determined in accordance with test procedures set forth in ASTM E 119, Standard Test Methods for Fire Tests of Building Construction and Materials, or ANSI/UL 263, Standard for Fire Tests of Building Construction and Materials; other approved test</p>	K 161	<p>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>a) Maintenance assistant installed fire caulking around the cables at the hole in the Social Services Office on 2/14/24</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>a) Maintenance supervisor conducted facility inspection on 2/16/24 to check for any other penetrations missing fire caulking.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p>		

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K 161	<p>Continued From page 3</p> <p>methods; or analytical methods approved by the authority having jurisdiction.</p> <p>8.3.5 Penetrations. The provisions of 8.3.5 shall govern the materials and methods of construction used to protect through-penetrations and membrane penetrations in fire walls, fire barrier walls, and fire resistance-rated horizontal assemblies. The provisions of 8.3.5 shall not apply to approved existing materials and methods of construction used to protect existing through-penetrations and existing membrane penetrations in fire walls, fire barrier walls, or fire resistance-rated horizontal assemblies, unless otherwise required by Chapters 11 through 43.</p> <p>8.4.4 Penetrations. The provisions of 8.4.4 shall govern the materials and methods of construction used to protect through-penetrations and membrane penetrations of smoke partitions.</p> <p>8.4.4.1 Penetrations for cables, cable trays, conduits, pipes, tubes, vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a smoke partition shall be protected by a system or material that is capable of limiting the transfer of smoke.</p> <p>Findings:</p> <p>On 2/12/24, during a facility tour with the Maintenance Assistant (MA), the fire-rated construction was observed.</p> <p>At 12:30 p.m., in the Social Services office, a penetration measuring approximately 1 1/2 inches in diameter went through the ceiling. A cluster of cables went through the penetration, and there was fire caulk in approximately 1/4 of the area, with the remainder unsealed. The MA</p>	K 161	<p>a) Maintenance supervisor will monitor for penetrations during each monthly facility inspection</p> <p>b) Maintenance counseled I.T. Department on the importance of ensuring fire caulking on all penetrations</p> <p>c) Maintenance supervisor inserviced staff on the importance of notifying maintenance of any holes in the building.</p> <p>How the facility plans to monitor its performance to make sure that 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 POC is integrated into the quality assurance system; and</p> <p>a) The Maintenance supervisor will report to the Continuous Quality Improvement committee on the findings of his monthly inspections quarterly during Quality Assurance Meetings.</p>		

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K 161	Continued From page 4 stated the whole area needed fire caulk. At 3:55 p.m., the Administrator acknowledged the finding at the exit conference.	K 161			
K 352 SS=E	Sprinkler System - Supervisory Signals CFR(s): NFPA 101 Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This REQUIREMENT is not met as evidenced by: Surveyor: 40325 Based on observation, interview, and record review, the facility failed to maintain their wet-pipe sprinkler system. This was evidenced by a supervisory switch which failed to provide required notification of a sprinkler system failure. During a fire, this could cause failure of the sprinkler system, affecting visitors, staff, and 49 of 49 residents in three of three smoke compartments. NFPA 101, Life Safety Code, 2012 edition 9.7.2 Supervision. 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	K 352	How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; a) Troy Alarm repaired the PIV valve alarm on 2/16/24 and tested for compliance in the presence of the Maintenance Supervisor How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken; a) Maintenance supervisor conducted facility inspection on 2/16/24 to ensure any other PIV valves were functioning properly	2/28/24	

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K 352	Continued From page 5 Fire Alarm and Signaling Code, and a distinctive supervisory signal shall be provided to indicate a condition that would impair the satisfactory operation of the sprinkler system. 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. Findings: On 2/12/24, during a facility tour with the Maintenance Assistant (MA), the wet-pipe sprinkler system was observed. At 2:42 p.m., during a test of the Post Indicator Valve (PIV), the panel indication remained normal even though the sprinkler water was shut off. Observation of the PIV showed exposed wiring between the PIV and the electric switch. Upon interview, the MA stated there was a part on order. During a record review of the sprinkler inspection of 10/23/23, the vendor reported that the PIV at street and the OS&Y at Riser failed. The Maintenance Supervisor stated during a telephone interview that he believed the switch had been fixed at that time since the vendor report had a repair tickets. At 3:55 p.m., the Administrator acknowledged the finding at the exit conference.	K 352	What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; a) Maintenance supervisor will test the PIV valve every three months during the routine spirnkler testing to ensure proper operation. b) Maintenance supervisor inserviced staff on the Tamper Alarms funciton. How the facility plans to monitor its performance to make sure that 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 POC is integrated into the quality assurance system; and a) The Maintenance supervisor will report to the Continuous Quality Improvement committee on the findings of his quarterly PIV valve testing quarterly during Quality Assurance Meetings.		
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance	K 353		2/28/24	

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K 353	<p>Continued From page 6</p> <p>with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked</p> <p>_____</p> <p>b) Who provided system test</p> <p>_____</p> <p>c) Water system supply source</p> <p>_____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system.</p> <p>9.7.5, 9.7.7, 9.7.8, and NFPA 25</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 40325</p> <p>Based on observation and interview, the facility failed to maintain their wet-pipe sprinkler system. This was evidenced by material stored within 18 inches of sprinklers. During a fire, this could cause a malfunction of the sprinkler system. This affected visitors, staff, and 33 of 49 residents in two of three smoke compartments.</p> <p>NFPA 101 - Life Safety Code, 2012 Edition</p> <p>19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5.</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</p>	K 353	<p>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>a) Maintenance assistant removed the 2 shelves noted on the inspection on 2/16/24</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>a) Maintenance supervisor conducted facility inspection on 2/16/24 to check for any other shelves less than 18 inches clearance</p> <p>What measures will be put into place or what systemic changes the facility will</p>		

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K 353	<p>Continued From page 7</p> <p>Water-Based Fire Protection Systems.</p> <p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition</p> <p>5.2.1.1* Sprinklers shall be inspected from the floor level annually.</p> <p>5.2.1.1.1* Sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., upright, pendent, or sidewall).</p> <p>5.2.1.2* The minimum clearance required by the installation standard shall be maintained below all sprinkler deflectors.</p> <p>5.2.1.3 Stock, furnishings, or equipment closer to the sprinkler deflector than permitted by the clearance rules of the installation standard shall be corrected.</p> <p>NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 Edition</p> <p>8.5.5.2 * Obstructions to Sprinkler Discharge Pattern Development.</p> <p>8.5.5.2.1 Continuous or noncontinuous obstructions less than or equal to 18 in. (457 mm) below the sprinkler deflector that prevent the pattern from fully developing shall comply with 8.5.5.2.</p> <p>8.5.5.2.2 Sprinklers shall be positioned in accordance with the minimum distances and special requirements of Section 8.6 through Section 8.12 so that they are located sufficiently away from obstructions such as truss webs and chords, pipes, columns, and fixtures.</p> <p>8.5.5.3 * Obstructions That Prevent Sprinkler Discharge from Reaching the Hazard.</p> <p>Continuous or noncontinuous obstructions that interrupt the water discharge in a horizontal plane</p>	K 353	<p>make to ensure that the deficient practice does not recur;</p> <p>a) Maintenance supervisor will monitor for 18 inch clearance during his monthly facility inspections.</p> <p>b) Maintenance supervisor inserviced staff on the importance of not blocking the fire sprinklers, and being ensuring 18 inch clearance.</p> <p>How the facility plans to monitor its performance to make sure that 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 POC is integrated into the quality assurance system; and</p> <p>a) The Maintenance supervisor will report to the Continuous Quality Improvement committee on the findings of his monthly inspections quarterly during Quality Assurance Meetings.</p>		

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K 353	<p>Continued From page 8</p> <p>more than 18 in. (457 mm) below the sprinkler deflector in a manner to limit the distribution from reaching the protected hazard shall comply with 8.5.5.3.</p> <p>8.5.5.3.1 Sprinklers shall be installed under fixed obstructions over 4 ft (1.2 m) wide such as ducts, decks, open grate flooring, cutting tables, and overhead doors.</p> <p>8.5.5.3.2 Sprinklers shall not be required under obstructions that are not fixed in place such as conference tables.</p> <p>8.5.5.3.3 * Sprinklers installed under open gratings shall be of the intermediate level/rack storage type or otherwise shielded from the discharge of overhead sprinklers.</p> <p>8.5.6 * Clearance to Storage.</p> <p>8.5.6.1 * Unless the requirements of 8.5.6.2, 8.5.6.3, 8.5.6.4, or 8.5.6.5 are met, the clearance between the deflector and the top of storage shall be 18 in. (457 mm) or greater.</p> <p>Findings:</p> <p>On 2/12/24, during a facility tour with the Maintenance Assistant (MA), the wet-pipe sprinkler system was observed.</p> <p>1. At 12:16 p.m., in the Storage room near Resident Sleeping Room 9, the top of the shelf unit was approximately 10 inches from the sprinkler deflector.</p> <p>2. At 12:36 p.m., in the Storage room opposite Resident Sleeping Room 16, the top of the shelf unit was approximately 8 inches from the sprinkler deflector.</p> <p>Upon interview, the MA stated he would remove the top shelf from the units.</p>	K 353			

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K 355 SS=E	<p>At 3:55 p.m., the Administrator acknowledged the findings at the exit conference.</p> <p>Portable Fire Extinguishers CFR(s): NFPA 101</p> <p>Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Surveyor: 40325</p> <p>Based on observation and interview, the facility failed to properly secure their portable fire extinguishers. This was evidenced by portable fire extinguishers found unsecured in their cabinets. This could cause the extinguishers to topple during a seismic event, inhibiting their use and possibly causing damage. This affected 49 of 49 residents in three of three smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 9.7.4 Manual Extinguishing Equipment. 9.7.4.1* Where required by the provisions of another section of this Code, portable fire extinguishers shall be selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.</p> <p>NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition 6.1.3.4* Portable fire extinguishers other than</p>	K 355	<p>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>a) Maintenance assistant installed mounting brackets in the fire extinguisher boxes and hung up the extinguishers on 2/16/24</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>a) Maintenance supervisor conducted facility inspection on 2/16/24 to check for any other extinguishers freestanding in cabinets with loose plastic covers.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p>	2/28/24	

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K 355	<p>Continued From page 10</p> <p>wheeled extinguishers shall be installed using any of the following means:</p> <p>(1) Securely on a hanger intended for the extinguisher</p> <p>(2) In the bracket supplied by the extinguisher manufacturer</p> <p>(3) In a listed bracket approved for such purpose</p> <p>(4) In cabinets or wall recesses</p> <p>6.1.3.7 Fire extinguishers installed under conditions where they are subject to physical damage (e.g., from impact, vibration, the environment) shall be protected against damage.</p> <p>Findings:</p> <p>On 2/12/24, during a facility tour with the Maintenance Assistant (MA), the portable fire extinguishers were observed.</p> <p>At 12:22 p.m., four fire extinguishers, located throughout the facility, were located in unsecured cabinets. The extinguishers were freestanding inside the cabinets, which had loose plastic covers that could not support the extinguisher if it fell over during a seismic event. The extinguishers were positioned as follows:</p> <ol style="list-style-type: none"> 1. In the corridor across from Resident Sleeping Room 4. 2. In the corridor by Resident Sleeping Room 7 3. In the corridor across from Resident Sleeping Room 18 4. In the corridor by Resident Sleeping Room 21 <p>Upon interview, the MA stated the extinguishers were unsecured and could fall through the plastic cover during a seismic event.</p> <p>At 3:55 p.m., the Administrator acknowledged the</p>	K 355	<p>a) Maintenance supervisor will monitor to ensure extinguishers are being kept on brackets monthly during his facility inspection</p> <p>b) Maintenance supervisor inserviced staff on ensuring the fire extinguishers are hanging on the brackets inside the cabinets.</p> <p>How the facility plans to monitor its performance to make sure that 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 POC is integrated into the quality assurance system; and</p> <p>a) The Maintenance supervisor will report to the Continuous Quality Improvement committee on the findings of his monthly inspections quarterly during Quality Assurance Meetings.</p>		

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K 355 K 711 SS=D	<p>Continued From page 11 findings at the exit conference.</p> <p>Evacuation and Relocation Plan CFR(s): NFPA 101</p> <p>Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This REQUIREMENT is not met as evidenced by: Surveyor: 40325</p> <p>Based on observation, interview, and record review, the facility failed to ensure staff were trained in all components of their evacuation and relocation plan. This was evidenced by staff untrained and unable to activate the fire alarm. This could delay facility and fire department notification of a fire. This affected 49 of 49 residents in three of three smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 edition 19.7.2.3 Staff Response. 19.7.2.3.1 All health care occupancy personnel shall be instructed in the use of and response to fire alarms.</p> <p>Findings:</p>	K 355 K 711	<p>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>a) Maintenance supervisor counseled the staff who were unable to activate the fire alarm.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>a) Maintenance supervisor inserviced staff on how to activate the fire alarm, including a demonstration of ensuring to remove the tamper alarm cover and pull down on</p>	2/28/24	

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K 711	Continued From page 12 On 2/12/24, during a facility tour and record review with the Maintenance Assistant, the Evacuation and Relocation plan was reviewed and staff response assessed. At 2:30 p.m., during a fire alarm test, staff were unable to activate the fire alarm. The surveyor asked a staff member to find the nearest fire alarm pull station and activate it. She removed the tamper box, which covered the pull station. This set off a loud alarm. She did not further activate the pull station. She was prompted to activate the pull station but was still unable to activate it. Upon interview, the staff member stated she was trained on the activation of fire alarms about six years ago, but had never actually practiced setting one off. At 3:55 p.m., the Administrator acknowledged the finding at the exit conference.	K 711	the pull station. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; a) Maintenance supervisor will quiz staff monthly during facility inspections on how to activate the fire alarm. b) Fire Drill consultants will meet with staff monthly for fire drills and be sure to include the actions needed to activate the alarm. How the facility plans to monitor its performance to make sure that 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 POC is integrated into the quality assurance system; and a) The Maintenance supervisor will report to the Continuous Quality Improvement committee on the findings of his monthly quizing of staff quarterly during Quality Assurance Meetings.		
K 753 SS=D	Combustible Decorations CFR(s): NFPA 101 Combustible Decorations Combustible decorations shall be prohibited unless one of the following is met: o Flame retardant or treated with approved	K 753		2/28/24	

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K 753	<p>Continued From page 13</p> <p>fire-retardant coating that is listed and labeled for product.</p> <ul style="list-style-type: none"> o Decorations meet NFPA 701. o Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. o Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6(4) or 19.7.5.6(4). o The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present. <p>19.7.5.6 This REQUIREMENT is not met as evidenced by: Surveyor: 40325</p> <p>Based on observation and interview, the facility failed to maintain fire safety in the use of combustible decorations. This was evidenced by corridor doors covered with non-fire-rated material. This could cause the rapid spread of smoke and flames during a fire. This affected visitors, staff, and 12 of 49 residents in one of three smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 edition 19.7.5.6 Combustible decorations shall be prohibited in any health care occupancy, unless one of the following criteria is met: (1) They are flame-retardant or are treated with approved fire-retardant coating that is listed and labeled for application to the material to which it is applied. (2) The decorations meet the requirements of NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films. (3) The decorations exhibit a heat release rate not exceeding 100 kW when tested in</p>	K 753	<p>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</p> <p>a) Activities staff removed the decorations from the door on 2/12/24.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</p> <p>a) Maintenance supervisor conducted facility inspection on 2/16/24 to check for any other combustible decorations covering corridor doors.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</p>		

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K 753	<p>Continued From page 14</p> <p>accordance with NFPA 289, Standard Method of Fire Test for Individual Fuel Packages, using the 20 kW ignition source.</p> <p>(4)* The decorations, such as photographs, paintings, and other art, are attached directly to the walls, ceiling, and non-fire-rated doors in accordance with the following:</p> <p>(a) Decorations on non-fire-rated doors do not interfere with the operation or any required latching of the door and do not exceed the area limitations of 19.7.5.6(b), (c), or (d).</p> <p>(b) Decorations do not exceed 20 percent of the wall, ceiling, and door areas inside any room or space of a smoke compartment that is not protected throughout by an approved automatic sprinkler system in accordance with Section 9.7.</p> <p>(c) Decorations do not exceed 30 percent of the wall, ceiling, and door areas inside any room or space of a smoke compartment that is protected throughout by an approved supervised automatic sprinkler system in accordance with Section 9.7.</p> <p>(d) Decorations do not exceed 50 percent of the wall, ceiling, and door areas inside patient sleeping rooms, having a capacity not exceeding four persons, in a smoke compartment that is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.</p> <p>(5)* They are decorations, such as photographs and paintings, in such limited quantities that a hazard of fire development or spread is not present.</p> <p>Findings:</p> <p>On 2/12/24, during a facility tour with the Maintenance Assistant (MA), the combustible decorations were observed.</p>	K 753	<p>a) Maintenance supervisor will monitor for inappropriate use of combustable decorations during each monthly facility inspection</p> <p>b) Maintenance supervisor inserviced staff on the importance of keeping the fire doors free from flammables or decorations.</p> <p>How the facility plans to monitor its performance to make sure that 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 POC is integrated into the quality assurance system; and</p> <p>a) The Maintenance supervisor will report to the Continuous Quality Improvement committee on the findings of his monthly inspections quarterly during Quality Assurance Meetings.</p>		

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K 753	Continued From page 15 At 12:31 p.m., the corridor doors to the Living Room/Day Room were approximately 50 percent covered with plastic decorations. The plastic was in the form of a flat sheet and was used to paper over the doors. Upon interview, the MA stated he did not believe the material was fire-rated. At 3:55 p.m., the Administrator acknowledged the finding at the exit conference.	K 753			