| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555316 | A. BUILDING 01<br>B. WING | 10/11/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COPPER RIDGE CARE CENTER | 201 HARTNELL AVENUE<br>REDDING, CA 96002 |

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| K 000 | INITIAL COMMENTS<br><br>K3 BUILDING: 01<br>K6 PLAN APPROVAL: 1987<br>K7 SURVEY UNDER: 2000 Existing<br><br>STRUCTURE TYPE: Type V (III) Construction, Fully Sprinklered.<br><br>The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code re-certification 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.<br><br>Representing the California Department of Public Health:<br>Federal ID 25385.<br><br>The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.<br><br>Census = 117 | K 000 | This plan of correction constitutes our written credible allegation of compliance for the deficiencies noted. | |
| K 018<br>SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ 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 the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 | K 018 | | |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

ADMINISTRATOR 10/29/12

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.

11-1-12 POC Accepted per Michael Gonzales, HFES

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| K 018 | Continued From page 1<br>Roller latches are prohibited by CMS regulations in all health care facilities.<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, the facility failed to maintain corridor doors free from obstructions to closing. This was evidenced by corridor doors that failed to close and latch when tested. It is critical that corridor doors can be closed and latched quickly to prevent the spread of smoke and/or fire into other areas of the facility. This affected staff and residents in two of eight smoke compartments.<br><br>Findings:<br><br>During a tour of the facility with Maintenance Staff on 10/11/12, corridor doors were observed.<br><br>1. At 10:50 a.m., both doors to the Activity Room did not positive latch when tested by releasing the doors from an open position.<br><br>2. At 11:47 a.m., the door to the Day Room did not positive latch when tested by releasing the door from an open position.<br><br>3. At 11:49 a.m., the Soiled Linen Room near Nurses Station 2 did not positive latch when tested by releasing the door from an open | K 018 | K018<br>The facility will comply with the Standard(s) in regards to maintaining corridor doors free from obstructions to closing.<br>1. Both corridor doors to the Activity Room have been repaired and are now positively latching.<br>2. The corridor door to Day Room has been repaired and is now positively latching .<br>3.The Soiled Linen Room door has been repaired and is now positively latching.<br>A. The Maintenance Director will continue to monitor and ensure that corridor doors remain free from obstructions to closing.<br>B. Corrective action will be implemented by 10/26/2012. | |

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| K 018 | Continued From page 2<br>position. | K 018 | K025<br>The facility will comply with the Standard(s) in regards to maintaining the fire-rated construction of its smoke/fire walls.<br>1. The data cable sleeve penetration located on the fire barrier wall in the attic above Room 39 has been sealed with a fire rated caulking.<br>A. The Maintenance Director will continue to monitor and ensure that fire barrier walls maintain their fire-rated construction.<br>B. Corrective action will be implemented by 10/26/2012. | |
| K 025 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and staff interview, the facility failed to maintain the fire-rated construction of its smoke/fire barrier walls. This was evidenced by an observed unsealed penetration. This affected one of eight smoke compartments within the facility and could potentially result in smoke and/or fire spreading from one smoke compartment to another.<br><br>2000 NFPA 101<br>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:<br>1. The space between the penetrating item and the smoke barrier shall meet one following conditions:<br>a. It shall be filled with a material that is capable | K 025 | | |

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| K 025 | Continued From page 3<br>of maintaining the smoke resistance of the smoke barrier.<br>b. It shall be protected by an approved device that is designed of the specific purpose.<br>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:<br>a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier.<br>b It shall be protected by an approved device that is designed for the specific purpose.<br>3. Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following:<br>a. It shall be made on either side of the smoke barrier.<br>b. It shall be made by an approved device that is designed for the specific purpose.<br><br>Findings:<br><br>During a tour of the facility with Maintenance Staff on 10/11/12, smoke/fire barrier walls were observed.<br>At 12:56 p.m., the smoke/fire barrier wall located near Resident Room 39 had an approximately one and one-quarter inch metal sleeve traveling through the wall. This sleeve had blue data cables that filled one-half of the inside of the sleeve. The end of the sleeve and around the outside of the sleeve was not filled with a fire-rated caulking. When asked, Maintenance Staff stated that the cables had been recently installed. | K 025 | | |
| K 062 | NFPA 101 LIFE SAFETY CODE STANDARD | K 062 | | |

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| K 062<br>SS=E | Continued From page 4<br><br>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<br><br>This STANDARD is not met as evidenced by:<br>Based on record review, the facility failed to periodically test its automatic sprinkler system as evidenced by a lack of documentation for the annual and quarterly sprinkler inspections. This affected eight of eight smoke compartments within the facility and could potentially result in the spread of smoke and/or fire.<br><br>NFPA 101, 4.6.12 and NFPA 25, 2-3 and table 2-1,<br>4.6.12 Maintenance and Testing.<br>4.6.12.3 Equipment requiring periodic testing or operation to ensure its maintenance shall be tested or operated as specified elsewhere in this Code or as directed by the authority having jurisdiction.<br>4.6.12.4 Maintenance and testing shall be under the supervision of a responsible person who shall ensure that testing and maintenance are made at specified intervals in accordance with applicable NFPA standards or as directed by the authority having jurisdiction.<br><br>2-3.3* Alarm Devices. Waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly. | K 062 | K062<br>The facility will comply with the Standard(s) in regards to maintaining its automatic sprinkler system.<br>1. Fire Sprinkler System flow tests will be included as part of the quarterly inspection process.<br>A. The Maintenance Director will continue to ensure that the automatic sprinkler system is maintained in a reliable operating condition and is inspected and tested quarterly.<br>B. Corrective action will be implemented by 10/26/2012. | |

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| K 062 | Continued From page 5<br>2-3.3.1* Testing the waterflow alarms on wet pipe systems shall be accomplished by opening the inspector ' s test connection. Fire pumps shall not be turned off during testing unless all impairment procedures contained in Chapter 11 are followed.<br>Exception: Where freezing weather conditions or other circumstances prohibit use of the inspector ' s test connection, the bypass connection shall be permitted to be used.<br><br>Findings:<br><br>During record review on 10/11/12, at 9:43 a.m., the facility failed to provide documentation for the quarterly sprinkler inspections for the second and third quarters of 2012. Documentation provided from the vendor for the quarterly and annual inspections and testing of the automatic sprinkler system indicated that the testing was being done annually. | K 062 | | |
| K 072 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10<br><br>This STANDARD is not met as evidenced by:<br>Based on observation and interview, the facility failed to ensure that all means of egress are continuously maintained free of obstructions to full, instant use in the case of fire or other | K 072 | | |

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| K 072 | Continued From page 6<br>emergency. This was evidenced by items stored in the path of egress near the exit discharge. This affected all staff and residents in one of eight smoke compartments within the facility and could potentially result in injury or a delayed evacuation in the event of an emergency.<br><br>Findings:<br><br>During a tour of the facility on 10/11/12, egress were observed throughout the facility.<br>At 11:15 a.m., the exit discharge area exiting from the West Exit had a table and three chairs in the path of egress. When asked, Staff confirmed that the location was the smoking area and that the items should be moved. | K 072 | K072<br>The facility will comply with the Standard(s) in regards to ensuring that all means of egress are continuously maintained free of obstructions.<br>1. The table and three chairs have been removed from the path of egress at the West Exit.<br>A. The Maintenance Director and Director of Staff Development will continue to monitor and ensure that all means of egress are continuously free of obstructions.<br>B. Corrective action will be implemented by 10/26/2012. | |
| K 143<br>SS=F | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Transferring of oxygen is:<br><br>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;<br><br>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and<br><br>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2 | K 143 | | |

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| K 143 | Continued From page 7<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, interview, and document review, the facility failed to protect its medical gas filling area as evidenced by two rooms that were being used for oxygen filling that did not have the proper fire separation, flooring, and ventilation. This was also evidenced by the failure to use the equipment in accordance with the manufacturer ' s labeled instructions. This affected two of eight smoke compartments within the facility and could potentially result in the acceleration of fire.<br><br>1999 NFPA 99 8-6.2.5.1 Transfilling Cylinders.<br>(a) Mixing of compressed gases in cylinders shall be prohibited.<br>(b) Transfer of gaseous oxygen from one cylinder to another shall be in accordance with CGA Pamphlet P-2.5, Transfilling of High Pressure Gaseous Oxygen to Be Used for Respiration. Transfer of any gases from one cylinder to another in patient care areas of health care facilities shall be prohibited.<br><br>Official NFPA Definitions<br>2-1 Labeled. Equipment or materials to which has been attached a label, symbol, or other identifying mark of an organization that is acceptable to the authority having jurisdiction and concerned with product evaluation, that maintains periodic inspection of production of labeled equipment or materials, and by whose labeling the manufacturer indicates compliance with appropriate standards or performance in a specified manner.<br><br>9-2.1.8.1 Manuals. The manufacturer of the | K 143 | | |

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| K 143 | Continued From page 8<br>appliance shall furnish operator ' s, maintenance, and repair manuals with all units. These manuals shall include operating instructions, maintenance details, and testing procedures. The manuals shall include the following where applicable:<br>(d) Step-by-step procedures for proper use of the appliance<br>(e) Safety considerations in application and in servicing<br><br>1999 NFPA 70<br>110-3 Examination, Identification, Installation and use of Equipment<br>(b) Installation and use. Listed or labeled equipment shall be installed and used in accordance with any instructions included in the listing or labeling.<br><br>Findings:<br><br>During a tour of the facility with Maintenance Staff on 10/11/12, oxygen filling locations were observed.<br><br>1. At 10:56 a.m., there were two Invacare oxygen filling units in the Storage Room near Resident Room 38. The corridor door to this fill room was a 20 minute fire door. The floor to this room was tile. There were two ceiling vent ducts. The facility was unable to provide documentation indicating what the fire rating of the walls of the room. There was a blue cloth draped over a shelf that was touching one of the fill units. The electrical outlets were approximately the same height as the fill units and were plugged in. (see photo)<br><br>2. At 11:40 a.m., there was one Invacare oxygen | K 143 | | |

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| K 143 | Continued From page 9<br>filling unit in the room near Resident Room 51. This room measured four feet three inches by five feet four inches in size and was notably warmer inside of the room than outside in the corridor. This room had a tile floor, one ceiling vent duct, and the door was a 20 minute fire-rated corridor door. The facility was unable to provide documentation indicating what the fire rating of the walls of the room. The electrical outlets were approximately the same height as the fill units and were plugged in. (see photo)<br><br>3. Electrical outlets in these rooms were lower than the required minimum of 60 inches. The electrical outlet in Fill Room 1 was within twelve horizontal inches of the fill station. The electrical outlet in Fill Room 2 was within five horizontal inches of the fill station.<br><br>4. No documentation was provided indicating that cylinders were inspected during each use and that staff are trained in their handling.<br><br>5. No documentation was provided indicating that they perform a pre-operation check.<br><br>6. The Oxygen fill units in both rooms did not have three inches of clearance around the outside in accordance with the manufacturer ' s instructions.<br><br>During a follow-up interview on 10/17/12 at 8:18 a.m., when asked if the facility documents the prefill inspection, or an inspection of the cylinders, Staff stated that they would need to ask the person that is in charge of the cylinder filling. No documentation was provided | K 143 | | |

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| K 143 | Continued From page 10<br>The fill unit Manufacurer's Documentation stated, in part, the following:<br><br>Documentation provided titled " Operator's Manual " stated:<br>OPERATING INSTRUCTIONS<br>Introduction<br>Your oxygen concentrator is intended for individual use indoors. Keep unit at least 3 inches away from walls, draperies, furniture, and the like....The air intake of the unit should be located in a well ventilated area to avoid airborne pollutants and/or fumes. DO NOT place in a closet.<br><br>LABEL<br>DO NOT handle cylinder or use contents until you are professionally trained, including emergency procedures.<br><br>Use in accordance with Venture HomeFill Operator's Manual. Open valve slowly. Close valve after each use and when empty. Secure cylinder during storage and use. No smoking in cylinder area. Keep away from heat, flame and spark. Keep out of reach of children. DO NOT drop.<br><br>Transfilling of this gas is performed by Venture HomeFill Only.<br><br>WARNING<br>Oxygen Cylinders filled by the Venture HomeFill shall be used for personal use only. "Not to be filled for resale or use by professional users".<br><br>Cylinder Prefill Inspection<br>WARNING | K 143 | | |

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| K 143 | Continued From page 11<br>All cylinders MUST be inspected before attempting to fill. Otherwise, injury or damage may occur.<br><br>Compressor Operation Checklist<br>Each time the HomeFill II Compressor is used to fill a cylinder, complete the following checklist:<br>1. Ensure the concentrator has been On for at least thirty (30) minutes. Refer to the concentrator Owner's Manual.<br>2. Perform the prefill inspection on the cylinder.<br>3 Connect the cylinder to the compressor.<br>4. Push the compressor power switch to the on ( ) position.<br>5. Examine the indicator lights on the control panel.<br>6. Disconnect and remove the full cylinder.<br>7. Push the compressor power switch to the Off (O) position.<br>8. If filling another cylinder, repeat this checklist.<br><br>External Examination<br>1. Examine the outside of the cylinder for the following conditions, and replace the cylinder if they exist:<br>Dents or dings<br>Arc Burns<br>Oil or Grease<br>Any other signs of damage that might cause a cylinder to be unacceptable or unsafe for use.<br><br>2. Examine the cylinder for evidence of fire or thermal damage. Evidence includes charring or blistering of the paint, or other protective coating or heat sensitive indicator. If fire or thermal damage is found, replace the cylinder.<br><br>3. Inspect the cylinder/regulator assembly for the | K 143 | K143<br>The facility will comply with the Standard(s) in regards to protecting its medical gas filling areas.<br>1. The Maintenance Director will continue to monitor and ensure that medical gas areas are protected and that equipment is used in accordance with manufacturer labeled instructions.<br>A. The two Invacare oxygen filling units from the Storage Room near Room-38 and the one Invacare filling unit in the Oxygen Room near Room-51 have been removed until further clarification can be established by the vendor as to the definition of trans-filling cylinders. Or, if the facility's I.D.R. is unsuccessful then the facility may elect to ensure that proper fire separation, flooring and ventilation is provided.<br>B. Corrective action will be implemented by 10/29/2012. | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
| | 555316 | A. BUILDING 01<br>B. WING _____ | 10/11/2012 |

| NAME OF PROVIDER OR SUPPLIER | STREET ADDRESS, CITY, STATE, ZIP CODE |
|---|---|
| COPPER RIDGE CARE CENTER | 201 HARTNELL AVENUE<br>REDDING, CA 96002 |

| (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 143 | Continued From page 12<br>following, and replace if found:<br>Debris, oil or grease<br>Noticeable signs of damage<br>Signs of corrosion inside the valve<br>Signs of excessive heat or fire damage | K 143 | | |
| K 147<br>SS=E | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2<br><br>This STANDARD is not met as evidenced by:<br>Based on observation, the facility failed to comply with the regulations regarding electrical wiring and utilities as evidenced by high-wattage appliances that were plugged into power strips instead of being plugged directly into fixed wall outlets, power strips that were suspended, flexible cords attached to the walls, and the permanent use of extension cords. This deficient practice affected staff and residents in three of eight smoke compartments and could potentially result in the ignition of fire.<br><br>NFPA 70<br>400.8 Flexible cords and cables shall not be used: as a substitute for the fixed wiring of a structure; run through holes in walls, ceilings or floors, doorways or windows; attached to building surfaces; or concealed behind building walls, ceilings, or floors.<br><br>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. | K 147 | | |

| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: | (X2) MULTIPLE CONSTRUCTION | (X3) DATE SURVEY COMPLETED |
|---|---|---|---|
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|---|---|---|---|---|
| K 147 | Continued From page 13<br>Findings:<br><br>During a tour of the facility with Maintenance Staff on 10/11/12, electrical wiring and equipment were observed:<br><br>1. At 10:45 a.m., there was a cookie oven plugged into a power strip in the Front Lobby Office.<br><br>2. At 11:20 a.m., in Resident Room 16 there had an M size oxygen cylinder free standing on the floor within four inches of a plug receptacle.<br><br>3. At 11:21 a.m., there was a power strip in Resident Room 25 suspended from the receptacle transmitting tension to the joint and terminals.<br><br>4. At 11:42 a.m., there was an extension cord in Resident Room 61 that traveled under a bed to an oxygen concentrator.<br><br>5. At 11:45 a.m., there was a flexible extension cord in Resident Room 62 that was attached to the wall in a raceway that was supplying power to a television. | K 147 | K147<br>The facility will comply with the Standard(s) in regards to to electrical wiring and utilities.<br>1. The power strip for the cookie oven has been removed and the duplex receptacle will be upgraded to a quad receptacle.<br>2. The free standing M size oxygen cylinder located in Room-16 has been moved and placed into an appropriate stand.<br>3. The suspended power strip in Room-25 has been removed.<br>4. The extension cord in Room-61 has been removed and the oxygen concentrator is now plugged directly into a wall outlet.<br>5. The flexible extension cord will be removed from Resident Room-62 and a duplex receptacle will be installed in that location.<br>A. The Maintenance Director will continue to monitor and ensure that flexible cords are not used as a substitute for the fixed wiring of a structure.<br>B. Corrective action will be implemented by 10/26/2012. | |