

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

PRINTED: 08/29/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>055361</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/28/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>VISTA PACIFICA CONVALESCENT HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3662 PACIFIC AVENUE RIVERSIDE, CA 92509</b>		
(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 000	INITIAL COMMENTS  K3 BUILDING: 01 K6 PLAN APPROVAL: 12/31/71 K7 SURVEY UNDER: 2000 EXISTING  STRUCTURE TYPE: TYPE (V) (111), FULLY SPRINKLERED.  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.  Representing the California Department of Public Health: 27961  Census = 49	K 000	This plan of correction is submitted as required under Federal and State regulations and statues applicable to Long Term Care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility and such liability is hereby specifically denied. The submission of the Plan does not constitute agreement by the facility that the surveyor's finding or conclusion are accurate, that the findings constitute a deficiency, or that the scope or severity cited are correctly applied. This plan of Correction constitutes my written credible allegation of compliance for the deficiencies noted.		
K 018 SS=D	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 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  Roller latches are prohibited by CMS regulations in all health care facilities.	K 018			

STATE DEPT OF  
PUBLIC HEALTH  
2012 SEP 12 PM 4:39  
LIC & CERT  
SAN BERNARDINO COUNTY

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

TITLE

(X6) DATE

*[Signature]*

*administrator*

*9-12-12*

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.

*9/12/12 - POC Acceptable per Marian DeMeire*

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

PRINTED: 08/29/2012  
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 01 B. WING _____		(X3) DATE SURVEY COMPLETED  08/28/2012
NAME OF PROVIDER OR SUPPLIER  VISTA PACIFICA CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3662 PACIFIC AVENUE RIVERSIDE, 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
K 018	Continued From page 1  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain corridor doors to resist the passage of smoke as evidenced by corridor doors that failed to positive latch. This affected 1 of 3 smoke compartments, and had the potential to allow the migration of smoke causing harm to residents and staff.  Findings:  During the facility tour with the Maintenance Supervisor and the Housekeeping Supervisor on August 28, 2011, the corridor doors were observed.  At 11:23 A.M., the door to the Clothing Room was equipped with a self closing device. The door was held open to the fullest extent and allowed to close, but failed to positive latch upon closure.	K 018	A. Specific actions to correct deficiency Maintenance assistant adjusted self closer and added a spring hinge to the clothing room door to ensure a positive latch upon closure  B. Systems put in place to ensure deficient practice does not recur and person responsible Maintenance Supervisor will conduct monthly inspections to ensure corridor doors upon closure have a positive latch.  C. How facility plans to monitor corrective actions MS to report findings to administrator at quarterly Quality Assurance Committee.		8/28/2012
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 other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed	K 029			

STATE DEPT OF  
PUBLIC HEALTH  
2012 SEP 12 PM 4:39  
LSC CLERK  
SAN BERNARDINO COUNTY

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

PRINTED: 08/29/2012  
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 01 B. WING _____		(X3) DATE SURVEY COMPLETED  08/28/2012
NAME OF PROVIDER OR SUPPLIER  VISTA PACIFICA CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3662 PACIFIC AVENUE RIVERSIDE, 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	
K 029	Continued From page 2 48 inches from the bottom of the door are permitted 19.3 2.1  This STANDARD is not met as evidenced by: NFPA 101®, Life Safety Code, 2000 Edition 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 ft2 (9.3 m2) (3) Paint shops (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft2 (4.6 m2), 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	K 029			

STATE DEPT OF  
PUBLIC HEALTH  
2012 SEP 12 PM 4:39  
SAN BERNARDINO COUNTY

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

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>055361</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/28/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>VISTA PACIFICA CONVALESCENT HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3662 PACIFIC AVENUE RIVERSIDE, CA 92509</b>		
(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 029	Continued From page 3 extending not more than 48 in. (122 cm) above the bottom of the door.  Based on observation, the facility failed to protect hazardous areas with self-closing doors. This was evidenced by a hazardous area with a door that did not have a self closing device. This could allow the spread of smoke and fire from one hazardous area to another, and increase the risk of injury to residents and staff. This affected 1 of 3 smoke compartments.  Findings:  During a tour of the facility with the Maintenance Supervisor and the Housekeeping Supervisor on August 28, 2012, the hazardous areas were observed.  At 12:50 P.M., the storage room in the Dinning Room containing floor pads, wheelchairs and other medical equipment. The room measured approximately 8 feet by 10 feet, and failed to have a self-closing device on the door.	K 029	<b>A. Specific actions to correct deficiency</b> Maintenance assistant added a spring hinge to the storage room door in the dinning room. All floor pads kept in room meet all regulations as fire retardant.  <b>B. Systems put in place to ensure deficient practice does not recur and person responsible</b> Maintenance Supervisor will conduct monthly inspections to ensure appropriate rooms have self closing doors.  <b>C. How facility plans to monitor corrective actions</b> Maintenance Supervisor will report findings to administrator at quarterly Quality Assurance Committee.	8/28/2012	
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1  This STANDARD is not met as evidenced by: NFPA 101, Life Safety Code, 2000 Edition SECTION 19.2 MEANS OF EGRESS	K 038			

STATE DEPT OF  
PUBLIC HEALTH  
2012 SEP 12 PM 4:39  
LIC. & CEN.  
SAN BERNARDINO COUNTY



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

FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>055361</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> B. WING _____		(X3) DATE SURVEY COMPLETED  <b>08/28/2012</b>
NAME OF PROVIDER OR SUPPLIER  <b>VISTA PACIFICA CONVALESCENT HOSPITAL</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3662 PACIFIC AVENUE RIVERSIDE, CA 92509</b>		
(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 038	<p>Continued From page 4</p> <p><b>REQUIREMENTS</b></p> <p>19.2.1 General. Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7.</p> <p>7.1.10 Means of Egress Reliability. 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.</p> <p>Based on observation, the facility failed to maintain their exit access so that exits were readily accessible at all times. This was evidenced by plant growth that obstructed the concrete walkway that was used as an emergency exit from the Dinning Room. This could result in a delay in egress in the event of an evacuation, and affected 1 of 3 smoke compartments.</p> <p>Findings:</p> <p>During the tour of the facility with Maintenance Supervisor and the Housekeeping Supervisor on August 28, 2012, the exit access was observed.</p> <p>At 11:35 A.M., the concrete walkway leading from the Dinning Room to the parking lot had plants growing on it that measured approximately 3 feet wide, by 3 feet long, by 2 feet high. The plants partially obstructed the concrete walkway, which was approximately 5 feet wide.</p>	K 038	<p><b>A. Specific actions to correct deficiency</b> Maintenance assistant cut back bush that was partially obstructing the door from fully opening.</p> <p><b>B. Systems put in place to ensure deficient practice does not recur and person responsible</b> MS informed gardener all bushes need to be kept neat and trimmed MS will inspect monthly that gardener keeps bushes from obstructing exit doors.</p> <p><b>C. How facility plans to monitor corrective actions</b> MS to report findings to administrator at quarterly Quality Assurance Committee.</p>	8/28/2012	

STATE DEPT OF  
PUBLIC HEALTH  
2012 SEP 12 PM 4:39  
SAN BERNARDINO COUNTY  
LIC & CLN