

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

PRINTED: 05/30/2024
FORM APPROVED
OMB NO. 0938-0391

Acceptable POC 06/17/2024

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|--|---|--|---|----------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055142 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED 05/20/2024 |
| NAME OF PROVIDER OR SUPPLIER MAGNOLIA GARDENS CONVALESCENT HOSPITAL | | | STREET ADDRESS, CITY, STATE, ZIP CODE 17922 SAN FERNANDO MISSION RD GRANADA HILLS, CA 91344 | | |
| (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 The following reflects the findings of the California Department of Public Health during the Life Safety Code Survey. This facility was surveyed under 42 Code of Federal Regulations, Part 483.70(a), Life Safety Code NFPA 101, 2012 Edition, Chapter 19 Existing Health Care Occupancies, and other applicable codes. Representing the Department of Public Health: Surveyor #: 16281, HFE I Bed capacity: 99 Resident census: 89 Subdivision of Building Spaces - Smoke Barrier CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: NFPA 101 Life Safety Code, 2012 Edition | K 000 | K374 Immediate corrective action: On 5/20/24 re education provided on NFPA 101 life safety code 19.3.7.8 doors should comply with 8.5.4 and all the following 19.2.2.2.7 doors shall be self-closing or automatic closing . On 5/20/24, Maintenance called certified technician to access cross corridor door located in middle station area in which the left leaf magnet was adjusted by maintenance supervisor on 5/20/24 and repaired by certified technician on 5/21/24, Identification of others at risk: Maintenance supervisor did walking rounds with administrator and no residents affected by deficiency and no other residents identified. System process to prevent re-occurrence On 5/20/24, reeducation was provided to maintenance supervisor and maintenance assistant on life safety NFPA 101 of subdivision-smoke barrier to ensure one of four smoke barrier cross -corridors automatically close with activation of the fire alarm. Maintenance will be inspecting all smoke barrier cross-corridors daily to ensure proper closure and test monthly to ensure smoke barrier corridor doors close properly. Maintenance will record testing monthly on maintenance log to ensure proper closures and smoke barrier cross barrier doors are in good repair. Maintenance will report maintenance log findings to Administrator to ensure compliance. Monitoring and Performance: Maintenance will present any findings to Administrator/ designee monthly to safety committee to ensure compliance. Administrator/designee will randomly make observation and check smoke barrier doors two times a week for weeks to ensure compliance. Any findings during log review will be reported to QA committee monthly for three months for further recommendations. Date of completion: 6/9/2024 | | |
| K 374 SS=E | | K 374 | | | |

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 60 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 120 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 374 | <p>Continued From page 1</p> <p>19.3.7.8* Doors in smoke barriers shall comply with 8.5.4 and all of the following:</p> <p>(1) The doors shall be self-closing or automatic closing in accordance with 19.2.2.2.7.</p> <p>This Code was not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure one of four smoke barrier cross-corridor doors automatically close with activation of the fire alarm system.</p> <p>In the event of a fire emergency, automatic closure of smoke barrier cross-corridor doors, without any impediments, is an essential component in the containment of smoke, heat, and fire from other areas of the building.</p> <p>This deficient practice affected two of five smoke compartments.</p> <p>Finding:</p> <p>On 05/20/2024 at 11:32 a.m., during a Life Safety Code (LSC) tour of the facility and test of the facility's fire alarm system, accompanied by the Maintenance Supervisor (MS), the evaluator observed the MS test the manual pull station located by room 123. The manual pull station activated an audible alarm, but the smoke barrier door did not fully close. One of the two leaves of the cross-corridor door remained held open by the door closer's coordinator.</p> <p>At 11:35 a.m., the evaluator observed the MS test the smoke detector located between the smoke barrier cross-corridor door and room 123 with aerosolized smoke test. The smoke detector</p> | K 374 | | | |

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| K 374 | <p>Continued From page 2</p> <p>activated an audible alarm, but the smoke barrier door did not fully close. One of the two leaves of the cross-corridor door remained held open by the door closer's coordinator.</p> <p>During a concurrent interview, the MS acknowledged the cross-corridor door failed to close and stated that door closer activated in the wrong sequence, that the door closer's coordinator needs to be adjusted.</p> <p>At 11:39 a.m., the evaluator observed the MS test the smoke detector located between the smoke barrier cross-corridor door and the fire alarm panel room with aerosolized smoke test. The smoke detector activated an audible alarm, but the smoke barrier door did not fully close. One of the two leaves of the cross-corridor door remained held open by the door closer's coordinator.</p> <p>During a concurrent interview and closer observation, the MS stated that it was not that the door closer that activated in the wrong sequence, that the door failed to fully close because the magnet holding the left leaf of the cross-corridor door released the door later than the magnet holding right leaf of the cross-corridor door.</p> | K 374 | | | |

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| E 000 | <p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness Recertification survey.</p> <p>The findings are in accordance with Title 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities.</p> <p>Representing the Department of Public Health: Surveyor #: 16281, HFE I</p> <p>Bed capacity: 99 Resident census: 89</p> <p>No deficiencies were noted during the time of the survey. The facility was in substantial compliance.</p> | E 000 | | <p><i>copy</i></p> <p>FROM JUNE 10 PM 1:24</p> | |

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

[Signature]

TITLE

Administrative

(X6) DATE

06/24

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