

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

PRINTED: 11/27/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555790	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  11/19/2012
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NAME OF PROVIDER OR SUPPLIER

CEDAR CREST NURSING AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

797 E FREMONT AVENUE  
SUNNYVALE, CA 94087

(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: 1970 K7 Survey Under: 2000 Existing K12 Structure Type: One Story, 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: 30514  Census = 81	K 000	The plan of correction is prepared in compliance with state and federal statutes and regulations, and is not intended to be an admission to or agreement with the allegations contained herein.  This plan of Correction constitutes the facility's written credible allegation of compliance for the deficiencies noted.  Signed <i>Tracey E. Munoz, JD, NHA</i>	
K 073 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their facility free of combustible decorations. This was evidenced by untreated decorations in a resident room. This affected 1 of 4 smoke compartments and could result in the expedited spread of fire.  NFPA 101 Life Safety Code, 2000 Edition 19.7.5.4 Combustible decorations shall be prohibited in any health care occupancy unless	K 073	K073 The Residents two poster boards mounted on the wall near bed C, brought in by the family, were sprayed with fire retardant on both the front and back side (without spraying the photographs) by the Maintenance Director on 11/26/12.  The Administrator checked all rooms to make sure that there were no combustible decorations in patient rooms or in common areas that had not been sprayed on 11/19/12.	12/05/12

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

TITLE

(X6) DATE

*Tracey E. Munoz, JD, NHA*

Administrator

12/04/12

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.

12/18/12 Rec Accepted per Michael Longley, HFES II

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NAME OF PROVIDER OR SUPPLIER  <b>CEDAR CREST NURSING AND REHABILITATION CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>797 E FREMONT AVENUE SUNNYVALE, CA 94087</b>		
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K 073	<p>Continued From page 1 they are flame retardant.</p> <p>Exception: Combustible 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>During a tour of the facility with Administrative Staff 1 on 11/19/12, the decorations in the facility were observed.</p> <p>At 12:04 p.m., in Room 41, an approximately 36 inch by 48 inch poster board was mounted on the wall near Bed C. The poster board had pictures and cards on it. An approximately 26 inch by 36 inch poster was also mounted on the wall in that area.</p> <p>Upon interview, Administrative Staff 1 did not know the items were treated with fire retardant substances.</p>	K 073	<p>Upon admission and throughout the year (in Resident Council meetings) all Residents will be told that if personal items pose a fire hazard they must be sprayed with fire retardant.</p> <p>The Maintenance Director will monitor by: making spot checks weekly to each room and checking rooms on a monthly basis, spraying all items that require fire retardant and reporting to the Quality Assurance Committee on a quarterly basis for the next year.</p> <p>The Director of Customer Service will routinely remind the Residents in the monthly Resident Council meetings and report to the Quality Assurance Committee on a quarterly basis for the next year.</p>		