

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

PRINTED: 01/29/2019  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055996	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02  B. WING _____		(X3) DATE SURVEY COMPLETED  01/24/2019
NAME OF PROVIDER OR SUPPLIER  DYCORA TRANSITIONAL HEALTH-MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3408 EAST SHIELDS AVENUE FRESNO, CA 93726		
(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: 38415 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.  Representing the California Department of Public Health: 38415  The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities.	E 000	Preparation, submission and implementation of this Plan of Correction does not constitute an admission of or agreement with the facts and conclusions set forth on the survey report. Our Plan of Correction is prepared and executed as a means to continuously improve the quality of care and to comply with all applicable state and federal regulatory requirements.  This Plan of Correction shall constitute this facility's credible allegation of compliance.		
K 000	Census = 104 INITIAL COMMENTS  Surveyor: 38415 K3 BUILDING: 02 K6 PLAN APPROVAL: 1968 K7 SURVEY UNDER: 2012 EXISTING  STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED.  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), 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-	K 000			

**RECEIVED**

By CDPH L&C at 2:43 pm, Feb 04, 2019

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

TITLE

(X6) DATE

A deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the institution has provided 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.

2/6/19 Accepted by Janine Smith-Farmer

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K 000	Continued From page 1 Health: 38415  The facility is not in substantial compliance with 42 CFR §483.90 for Long Term Care Facilities.  Census = 104	K 000			
K 211 SS=E	Means of Egress - General CFR(s): NFPA 101  Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Surveyor: 38415  Based on observation and interview, the facility failed to maintain clear paths of egress. This was evidenced by exit corridors with wall projections greater than four inches. This affected one of four smoke compartments, and could result in a delayed evacuation in the event of an emergency.  NFPA 101, Life Safety Code, 2012 Edition 7.1.10.1* General. 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.  19.2.3.4* Any required aisle, corridor, or ramp shall be not less than 48 in. (1220 mm) in clear width where serving as means of egress from	K 211			

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K 211	Continued From page 2 patient sleeping rooms, unless otherwise permitted by one of the following: (1) Aisles, corridors, and ramps in adjunct areas not intended for the housing, treatment, or use of inpatients shall be not less than 44 in. (1120 mm) in clear and unobstructed width. (2)*Where corridor width is at least 6 ft (1830 mm), noncontinuous projections not more than 6 in. (150 mm) from the corridor wall, above the handrail height, shall be permitted. (3) Exit access within a room or suite of rooms complying with the requirements of 19.2.5 shall be permitted. (4) Projections into the required width shall be permitted for wheeled equipment, provided that all of the following conditions are met: (a) The wheeled equipment does not reduce the clear unobstructed corridor width to less than 60 in. (1525 mm). (b) The health care occupancy fire safety plan and training program address the relocation of the wheeled equipment during a fire or similar emergency. (c)*The wheeled equipment is limited to the following: i. Equipment in use and carts in use ii. Medical emergency equipment not in use iii. Patient lift and transport equipment (5)*Where the corridor width is at least 8 ft (2440 mm), projections into the required width shall be permitted for fixed furniture, provided that all of the following conditions are met: (a) The fixed furniture is securely attached to the floor or to the wall. (b) The fixed furniture does not reduce the clear unobstructed corridor width to less than 6 ft (1830 mm), except as permitted by 19.2.3.4(2). (c) The fixed furniture is located only on one side of the corridor.	K 211		

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K 211	<p>Continued From page 3</p> <p>(d) The fixed furniture is grouped such that each grouping does not exceed an area of 50 ft<sup>2</sup> (4.6 m<sup>2</sup>).</p> <p>(e) The fixed furniture groupings addressed in 19.2.3.4(5)</p> <p>(d) are separated from each other by a distance of at least 10 ft (3050 mm).</p> <p>(f)*The fixed furniture is located so as to not obstruct access to building service and fire protection equipment.</p> <p>(g) Corridors throughout the smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the fixed furniture spaces are arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space.</p> <p>(h) The smoke compartment is protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.8.</p> <p>ADA, Accessibility Guidelines for Buildings and Facilities, 2010 Standards 307 Protruding Objects 307.1 General. Protruding objects shall comply with 307. 307.2 Protrusion Limits. Objects with leading edges more than 27 inches (685 mm) and not more than 80 inches (2030 mm) above the finish floor or ground shall protrude 4 inches (100 mm) maximum horizontally into the circulation path. EXCEPTION: Handrails shall be permitted to protrude 4 1/2 inches (115 mm) maximum.</p> <p>Findings:</p> <p>During the facility tour with staff on 1/24/19, the egress corridors were observed.</p>	K 211		

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K 211	Continued From page 4 1. At 11:26 a.m., two clocks were observed in the egress corridors. The clocks were hanging from a mounting bracket, and protruded 19.5 inches. The bottom of the clock was approximately 67 inches from the floor. One clock was located across from Nurse Station 1 and 2. The other clock was located across from Nurse Station 3.  In an interview at 11:27 a.m., Maintenance 2 confirmed the clocks protruded more than the allowed distance into the corridor.  2. At 11:28 a.m., the egress corridors were observed with four wall-mounted boxes that contained Automated External Defibrillators (AED). Each box protruded seven inches into the corridor, and the bottom of each box was mounted at approximately 60 inches. There were AED boxes located between Room 2 and 4, Room 15 and 16, Room 30 and 32, and Room 46 and Nurse Station 4.  In an interview at 11:29 p.m., Maintenance 2 confirmed the AED boxes exceeded the four inch projection limit.	K 211	K211  It is the policy of this facility to continuously strive to Maintain the all areas of egress free of all obstructions to full use in case of an emergency.  1. The two clocks have been removed from the walls on Station 1 and 3. The AED Units will be re-located by 2-22-19. 2. There were no residents affected by this occurrence. 3. The Maintenance Supervisor will supervise all areas of egress to ensure that they are free of obstructions. All items placed on walls in areas of egress will be measured prior to placement to ensure the proper measurements are maintained. 4. The Maintenance Director will monitor facility egresses during maintenance checks and rounds. Any negative trends identified will be brought to QAPI for discussion and an action plan developed if necessary. 5. 2-22-19		
K 223 SS=D	Doors with Self-Closing Devices CFR(s): NFPA 101  Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect	K 223			

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K 223	<p>Continued From page 5</p> <p>smoke passing through the opening or a required smoke detection system; and</p> <ul style="list-style-type: none"> <li>* Automatic sprinkler system, if installed; and</li> <li>* Loss of power.</li> </ul> <p>18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Surveyor: 38415</p> <p>Based on observation and interview, the facility failed to maintain a self-closing door. This was evidenced by a door to a hazardous area that failed to latch when allowed to self-close. This affected one of four smoke compartments and could result in the spread of smoke and fire in the event of a fire emergency.</p> <p>NFPA 101 LIFE SAFETY CODE, 2012 Edition</p> <p>7.2.1.8.1* A door leaf normally required to be kept closed shall not be secured in the open position at any time and shall be self-closing or automatic-closing in accordance with 7.2.1.8.2, unless otherwise permitted by 7.2.1.8.3.</p> <p>19.2.2.2.7* Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier, or hazardous area enclosure shall be permitted to be held open only by an automatic release device that complies with 7.2.1.8.2. The automatic sprinkler system, if provided, and the fire alarm system, and the systems required by 7.2.1.8.2, shall be arranged to initiate the closing action of all such doors throughout the smoke compartment or throughout the entire facility.</p> <p>Findings:</p> <p>During the facility tour and interview with staff on</p>	K 223			

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K 223	Continued From page 6 1/24/19, the doors with self-closing devices were observed.  1. At 1:14 p.m., the door to the Kitchen Dry Food Storage was observed with a self-closing device. The door failed to latch when allowed to self-close. The room was larger than 50 square feet and contained combustible items including cardboard and plastics.  In an interview at 1:15 p.m., Maintenance 1 confirmed the door failed to latch.	K 223	K223  It is the policy of this facility to continuously strive to maintain those doors requiring self-closure in good working order.  1. The Kitchen Dry Storage door was repaired on 1-28-19 by the Maintenance Supervisor and now closes and latches properly. 2. There were no residents affected by this occurrence. 3. The Maintenance Supervisor will include the Kitchen Dry Storage door in his weekly check of doors in the facility preventative maintenance logs. Door will be checked weekly and logged. 4. The Maintenance Director will check and log weekly and the Administrator will monitor the log for compliance. Any negative trends identified will be brought to QAPI for discussion and an action plan developed if necessary. 5. 2-22-19		
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101  Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors	K 363			

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K 363	<p>Continued From page 7</p> <p>meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met-as evidenced by: Surveyor: 38415</p> <p>Based on observation and interview, the facility failed to maintain their corridor doors. This was evidenced by two corridor doors that failed to latch with their self-closing devices. This affected two of four smoke compartments and could result in the spread of smoke and fire in the event of a fire emergency.</p> <p>NFPA 101 LIFE SAFETY CODE, 2012 Edition</p> <p>19.3.6.3.5* Doors shall be provided with a means for keeping the door closed that is acceptable to the authority having jurisdiction, and the following requirements also shall apply: (1) The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door.</p> <p>Findings:</p> <p>During the facility tour with staff on 1/24/19, the</p>	K 363 F363	<p>It is the policy of this facility to continuously strive to maintain the corridor doors so that when allowed, they self-close.</p> <ol style="list-style-type: none"> <li>1. The door for Shower Room A and the door to Linen Room 4 have been adjusted and now self-close when allowed. Adjustment was done by the Maintenance Supervisor on 1-25-19.</li> <li>2. There were no residents affected by this occurrence.</li> <li>3. The Maintenance Supervisor will include all doors with self-closures to his weekly check of doors in the facility preventative maintenance logs. Doors will be checked weekly and logged.</li> <li>4. The Maintenance Director will check and log weekly and the Administrator will monitor the log for compliance. Any negative trends identified will be brought to QAPI for discussion and an action plan developed if necessary.</li> <li>5. 2-22-19</li> </ol>		



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K 363	Continued From page 8 corridor doors were observed.  1. At 10:40 a.m., the door to Shower Room A was equipped with a self-closing device. The door failed to latch when allowed to self-close.  In an interview at 10:41 a.m., Maintenance 1 confirmed the door failed to latch when it self-closed.  2. At 10:51 a.m., the door to Linen Room 4, near Room 46, was equipped with a self-closing device. The door failed to latch when allowed to self-close.  In an interview at 10:52 a.m., Maintenance 1 confirmed the finding.	K 363			
K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101  Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure.	K 920			

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K 920	<p>Continued From page 9</p> <p>Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 38415</p> <p>Based on observation and interview, the facility failed to maintain their electrical wiring. This was evidenced by the use of extension cords and a power strip in place of permanent wiring. This affected three of four smoke compartments and could result in the increased risk of an electrical fire.</p> <p>NFPA 101, Life Safety Code, 2012 Edition</p> <p>9.1.2 Electrical Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>19.5.1.1 Utilities shall comply with the provisions of Section 9.1.</p> <p>NFPA 99, Health Care Facilities Code, 2012 Edition.</p> <p>10.2.3.6 Multiple Outlet Connection: Two or more power receptacles supplied by a flexible cord shall be permitted to be used to supply power to plug-connected components of a movable equipment assembly that is rack-, table-, pedestal-, or cartmounted, provided that all of the following conditions are met:</p>	K 920			

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K 920	<p>Continued From page 10</p> <p>(1) The receptacles are permanently attached to the equipment assembly.</p> <p>(2) The sum of the ampacity of all appliances connected to the outlets does not exceed 75 percent of the ampacity of the flexible cord supplying the outlets.</p> <p>(3) The ampacity of the flexible cord is in accordance with NFPA 70, National Electrical Code.</p> <p>(4) The electrical and mechanical integrity of the assembly is regularly verified and documented.</p> <p>10.3.1 Physical Integrity. The physical integrity of the power cord assembly composed of the power cord, attachment plug, and cord-strain relief shall be confirmed by visual inspection.</p> <p>NFPA 70, National Electrical Code, 2011 Edition. 400.8 Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following:</p> <p>(1) As a substitute for the fixed wiring of a structure</p> <p>(2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors</p> <p>(3) Where run through doorways, windows, or similar openings</p> <p>(4) Where attached to building surfaces</p> <p>Exception to (4): Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of 368.56(B)</p> <p>(5) Where concealed by walls, floors, or ceilings or located above suspended or dropped ceilings</p> <p>(6) Where installed in raceways, except as otherwise permitted in this Code</p> <p>(7) Where subject to physical damage.</p> <p>Findings:</p>	K 920			

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055996	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02  B. WING _____		(X3) DATE SURVEY COMPLETED  01/24/2019
NAME OF PROVIDER OR SUPPLIER  DYCORA TRANSITIONAL HEALTH-MANCHESTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3408 EAST SHIELDS AVENUE FRESNO, CA 93726		
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K 920	<p>Continued From page 11</p> <p>During the facility tour with staff on 1/24/19, the electrical wiring was observed.</p> <p>1. At 10:27 a.m., Room 23 was observed with a brown extension cord near the head of Bed B. The extension cord was supplying power to a phone charger.</p> <p>In an interview at 10:28 a.m., Maintenance 1 confirmed the use of an extension cord.</p> <p>2. At 10:29 a.m., Room 11 was observed with a white, approximately 12-foot extension cord plugged into an electrical receptacle at the head of Bed C. The extension cord supplied power to a small fan and a phone.</p> <p>In an interview at 10:30 a.m., Maintenance 1 confirmed an extension cord was in use.</p> <p>3. At 10:38 a.m., Room 6 was observed with a brown extension cord with the receptacle end in resident's bed. The extension cord was plugged into an electrical receptacle at the head of Bed B, and was supplying power to a cell phone charger.</p> <p>In an interview at 10:39 a.m., Maintenance 1 confirmed the use of an extension cord.</p> <p>4. At 10:55 a.m., Room 52 was observed with an extension cord and power strip plugged into the electrical receptacle at the head of Bed A. The extension cord was supplying power to a phone charger, and the power strip was supplying power to a radio, light, and phone. The power strip was suspended in the air by the power strip cord.</p> <p>In an interview at 10:56 a.m., Maintenance 1</p>	K 920	<p>K920</p> <p>It is the policy of this facility to continuously strive to maintain our electrical wiring.</p> <ol style="list-style-type: none"> <li>1. The extension cords brought in by family members in rooms 23, 11, 6, and 52 were removed by the Maintenance Director on 1-24-19.</li> <li>2. The Life Safety requirement and facility policy was explained to the residents in rooms 23, 11, 6, and 52. No other residents were affected.</li> <li>3. Although the residents and families are informed during the admission process about items to bring in and not to bring in to the facility, the handout will be updated regarding the regulation. (Attached).</li> <li>4. The Maintenance Director will check during routine rounds, repairs, and room inspections for compliance around extension cords. Extension cords will be added to the Room Preparation Check List used in admission and discharge process. Any negative trends identified will be brought to QAPI for discussion and an action plan developed if necessary.</li> <li>5. 2-22-19</li> </ol>		

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K 920	Continued From page 12 confirmed an extension cord and power strip were in use near the head of the resident's bed.	K 920			

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By CDPH L&C at 2:43 pm, Feb 04, 2019