

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

PRINTED: 05/10/2012
FORM APPROVED
OMB NO. 0938-0391

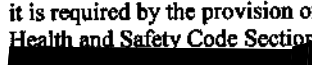
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056444	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/02/2012
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NAME OF PROVIDER OR SUPPLIER

COMMUNITY EXTENDED CARE HOSPITAL OF MONTCLAIR

STREET ADDRESS, CITY, STATE, ZIP CODE

**9620 FREMONT AVENUE
MONTCLAIR, CA 91763**

(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	<p>INITIAL COMMENTS</p> <p>K3 BUILDING: 01 K6 PLAN APPROVAL: March 15, 1974 K7 SURVEY UNDER: 2000 EXISTING</p> <p>STRUCTURE TYPE: TYPE (V) (111), FULLY SPRINKLERED, TWO STORY,</p> <p>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.</p> <p>Representing the California Department of Public Health: 27961</p> <p>The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.</p>	K 000	<p>RECEIVED MAY 18 2012</p> <p>Preparation and/or execution of this POC does not constitute admission and agreement by the provider of truth of the facts alleged or conclusion set forth in the statement of deficiencies. This POC is prepared and/or executed because it is required by the provision of Health and Safety Code Section </p>	
K 012 SS=D	<p>Census = 126</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the integrity of their building construction, as evidenced by unsealed penetrations in the walls or ceiling. This affected 1 of 7 smoke compartments and could result in</p>	K 012		

TITLE

(X6) DATE

Information may be disclosed from this document providing it is determined that
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.

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K 012	Continued From page 1 the spread of smoke or fire to other locations in the facility. Findings: During a tour of the facility with the Maintenance Supervisor, on May 2, 2012, the building construction was observed. 1. At 12:10 P.M., there was an approximately 2-inch penetration around the parameter of a 3 foot by 2 foot wide piece of sheet rock, in the corridor ceiling by the Fire Alarm Control Panel Room. During an interview, the Maintenance Supervisor stated that they had a leak in the ceiling the week before during the rain storm and had not had a chance to fix it yet. (see attached photo) 2. At 3:00 P.M., there was an approximately 1.5-inch round penetration, around a brown wire, in the wall in the Conference Room.	K 012	The ceiling leak location will be repaired in a manner that will seal the penetration exposure. The unsealed wire in the conference room will be sealed with red fireproof caulking. Repairs will be made by the Maintenance Department. QA tool will be developed to review for similar deficiencies throughout the year. QA tool studies will be brought to QA monthly x3 and quarterly thereafter x 3. QA team will review any further problems in these areas. Maintenance Director and NHA to monitor and bring to QA Completion date is June 2, 2012		
K 018 SS=E	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			

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K 018	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their doors to resist the passage of smoke, as evidenced by doors that were obstructed or failed to positive latch. This affected 3 of 7 smoke compartments and had the potential to allow the spread of smoke in the event of a fire.</p> <p>Findings:</p> <p>During a tour of the facility with the Maintenance Supervisor, on May 2, 2012, the facility doors were observed.</p> <ol style="list-style-type: none"> At 11:45 A.M., the door to Room 8 was blocked by a rolling tray that was pushed up against the end of the bed. The tray obstructed the door from closing. At 12:27 P.M., the door to Soiled Utility Room, by Room 42, was equipped with a self closing device. The door was held open to the fullest extent and allowed to close. The door closed but failed to positive latch. At 12:34 P.M., the door to the Housekeeping Closet, by Room 46, was equipped with a self closing device. The door was held open the 	K 018	<p>Room 8 will be reviewed by NHA to see if the problems continues to exist in regards to the rolling tray blocking the door. Staff will be in serviced in regards to insuring that the rolling trays do not block any doors keeping them from closing. The doors to the Soiled Utility Room by room 42 will be repaired so that it closes and latches completely when released.</p> <p>Maintenance will be responsible for the repair of the doors. Maintenance and DSD will be responsible for in servicing the staff regarding the blocking of room doors due to rolling tray furniture.</p> <p>A QA tool will be developed to insure that doors are not blocked. QA studies will be brought to QA monthly x 3 and quarterly thereafter x 3.</p> <p>NHA to monitor</p> <p>Completion date June 2, 2012</p>		

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K 018	Continued From page 3 fullest extent and allowed to close. The door closed but failed to positive latch.	K 018			
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: Based on observation, the facility failed to maintain their exit access so that exits were readily accessible at all times. This was evidenced by a Hoyer lift, a ramp, and medical equipment in the corridor exit access that leads outside. This has the potential to delay evacuation in the event of a fire. This affected 1 of 7 smoke compartments. Findings: During the tour of the facility with the Maintenance Supervisor, on May 2, 2012, the corridor and exits were observed. At 1:48 P.M., there was a Hoyer Lift, a wooden ramp and medical equipment in the corridor that leads to the exit outside, in the back (see attached photo).	K 038	Facility will find a new location to store the equipment located in the hallway leading to the exit to the back area of the property. DON, NHA and Maintenance Director will be responsible for locating a new storage area and for insuring that the hallways stay clear. A QA tool will be developed to monitor the blocking of exits due to storage of equipment. QA studies to be brought to QA monthly x 3 and quarterly thereafter x 3. NHA to Monitor Completion date June 2, 2012		
K 051 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building.	K 051			

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K 051	<p>Continued From page 4</p> <p>Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure the Fire Alarm Control Panel (FACP) is protected with automatic smoke detection, in accordance with NFPA 72. This was evidenced no smoke detector installed in the FACP room. This could result in a delay to notify the facility in the event of a fire in the FACP room, resulting in the failure of the fire alarm system. This affected 7 of 7 smoke compartments.</p> <p>NFPA 72, National Fire Alarm Code, 1999 Edition 1-5.6 Protection of Fire Alarm Control Unit(s). In areas that are not continuously occupied, automatic smoke detection shall be provided at</p>	K 051	<p>An approved smoke detector will be installed in the FACP room.</p> <p>Maintenance will be responsible for the installation of the approved smoke detector.</p> <p>Smoke detector in the FACP room will be tested monthly by Maintenance per the Preventive Maintenance Log. Results will be brought to QA monthly x3 and quarterly thereafter x 3.</p> <p>NHA to monitor</p> <p>Completion date June 2, 2012</p>		

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: ILH721 Facility ID: CA240000287 If continuation sheet Page 6 of 12

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K 052	<p>Continued From page 6</p> <p>smoke detectors. This could result in the failure of some smoke detectors and a delay in notification in the event of a fire.</p> <p>NFPA 72, 1999 Edition. 7-3.2* Testing. Testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. If automatic testing is performed at least weekly by a remotely monitored fire alarm control unit specifically listed for the application, the manual testing frequency shall be permitted to be extended to annual. Table 7-3.2 shall apply.</p> <p>Findings:</p> <p>During document review with the Maintenance Supervisor, on May 2, 2012, the Inspection, Testing, and Maintenance report for the Fire Alarm system, dated 6/7/11, was reviewed.</p> <p>The annual report from the vendor, dated 6/7/11, listed 8 smoke detectors that were tested at the facility. The report did not state which detectors were tested. Prior annual reports stated there were 16 smoke detectors.</p> <p>When the Maintenance Supervisor was interviewed, he stated that the facility had 16 smoke detectors and he did not know why they had only tested 8.</p>	K 052	<p>Facility will inform the vendor that they must identify on the annual report each smoke detector they test. Upon completion of the annual test and prior to the vendor leaving the facility the Maintenance Director and NHA will insure that the total number of smoke detectors tested are listed on the report.</p> <p>Since the vendor test is annual, this deficiency will be brought up for discussion at the quarterly QA meeting x 4.</p> <p>NHA to monitor</p> <p>Completion date June 2, 2012</p>		
K 062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p>	K 062			

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K 062	<p>Continued From page 7 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and document review, the facility failed to maintain their automatic sprinkler system in accordance with NFPA 25. This was evidenced by no documentation of quarterly sprinkler testing for 2 of 4 quarters, and by a sprinkler with less than 18 inches clearance. This could result in a delay in extinguishing a fire and the potential failure of the fire sprinkler system. This increased the risk of injury to residents and staff.</p> <p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition 2-2.1.2* Unacceptable obstructions to spray patterns shall be corrected.</p> <p>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.</p> <p>Findings:</p> <p>During document review with the Maintenance Supervisor, on May 2, 2012, the maintenance records were reviewed.</p> <p>At 9:45 A.M., the facility maintenance documents were reviewed. There were no documents for sprinkler tests and inspections conducted for 2 of</p>	K 062	<p>Facility will coordinate a quarterly fire sprinkler test with the vendor. Facility will conduct QA studies on the 18" clearance for fire sprinklers.</p> <p>Maintenance Director will coordinate with vendor. NHA will coordinate the creation of a QA tools and conducting the studies. Studies will be brought to QA monthly x 3 and quarterly thereafter x 3.</p> <p>Maintenance Director and NHA to monitor</p> <p>Completion date June 2, 2012.</p>		

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K 062	Continued From page 8 4 quarters. When interviewed, the Maintenance Supervisor stated that he thought the tests were conducted twice a year. During a tour of the facility with the Maintenance Supervisor on May 2, 2012, the sprinkler system was observed. At 12:35 P.M., cushions and soft cushion rails were stored approximately 9 inches below the sprinkler, in the small linen closet between Room 50 and Room 52.	K 062			
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Surveyor: Hurrell, Jeanette Based on observation, the facility failed to maintain the electrical wiring and equipment, as evidenced by appliances and patient care equipment plugged into adapters instead of directly into an electrical receptacle, and by broken electrical components. This affected 7 of 7 smoke compartments and had the potential for a fire and causing harm to the residents. NFPA 70 National Electrical Code (1999 Edition) 400-7 Uses Permitted. (a) Uses. Flexible cords and cables shall be used only for the following: (1) Pendants (2) Wiring of fixtures (3) Connection of portable lamps, portable and mobile signs, or appliances	K 147			

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K 147	<p>Continued From page 9</p> <p>(4) Elevator cables (5) Wiring of cranes and hoists (6) Connection of stationary equipment to facilitate their frequent interchange (7) Prevention of the transmission of noise or vibration (8) Appliances where the fastening means and mechanical connections are specifically designed to permit ready removal for maintenance and repair, and the appliance is intended or identified for flexible cord connection (9) Data processing cables as permitted by Section 645-5 (10) Connection of moving parts (11) Temporary wiring as permitted in Sections 305-4(b) and 305-4(c)</p> <p>400-8. Uses Not Permitted. Unless specifically permitted in Section 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 (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces</p> <p>Findings:</p> <p>During a tour of the facility with the Maintenance Supervisor on May 2, 2012, the facility electrical wiring and equipment was observed. Appliances and medical equipment were plugged into adapters instead of directly into the wall in the following areas.</p>	K 147	<p>Multi outlet adapters will be removed in the Business Office, Respirator Supply Room, Employee Break Room, Rooms 28, 34, 35, 37, 38, 40, 51. The outlet in the lobby with the broken ground port will be replaced.</p> <p>Maintenance Director will be responsible for the completion of the repair process.</p> <p>A QA tool will be developed to insure that electrical appliances will be properly powered. Results of the studies will be brought to QA monthly x 3 and quarterly thereafter x3.</p> <p>Maintenance Director and NHA to monitor.</p> <p>Completion date June 2, 2012.</p>		

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K 147	<p>Continued From page 10</p> <ol style="list-style-type: none"> At 11:16 A.M., there was a refrigerator plugged into a multi-outlet adapter, in the Business Office. At 11:42 A.M., there was a refrigerator plugged into a multi-outlet adapter in the Respiratory Supply Room. At 11:54 A.M., a refrigerator and two microwaves were plugged into a multi-outlet adapter, and two vending machines were plugged into a multi-outlet adapter, in the Employee Break Room. At 12:20 P.M., a 6 plug adapter was used to provide electrical power to a G-tube feeding machine in Room 28. At 12:22 P.M., a 6 plug adapter was used to provide electrical power to an oxygen concentrator, in Room 34. At 12:23 P.M., a 6 plug adapter was used to provide electrical power to an oxygen concentrator, resident bed, and mattress, in Room 35. At 12:28 P.M., a 6 plug adapter was used to provide electrical power to an oxygen concentrator, in Room 40. At 12:29 P.M., a 6 plug adapter was used to provide electrical power to an oxygen concentrator, in Room 38. At 12:30 P.M., a 6 plug adapter was used to provide electrical power to an oxygen concentrator, in Room 37. 	K 147			

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K 147	Continued From page 11 10. At 12:37 P.M., a 6 plug adapter was used to provide electrical power to an oxygen concentrator, in Room 51, there was a 2 plug electrical outlet with a 6 plug adapter used to provide electrical power to a concentrator. 11. At 1:55 P.M., in the Lobby wall by the stairs, there was a two plug electrical outlet with a broken ground port.	K 147					