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PRINTED: 06/21/2011 FORM APPROVED OMB NO 0938-0391

**CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A BUILDING 01 - ROYAL OAKS CARE CENT B. WING 555348 06/10/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3565 E. IMPERIAL HWY. **ROYAL OAKS CARE CENTER** LYNWOOD, CA 90262 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG **DEFICIENCY**) K 000 INITIAL COMMENTS K 000 F 000 - This plan of correction serves as my credible allegation of compliance. The facility will be in substantial This facility was surveyed under 42 CFR Part compliance no later than 07/11/2011. 483.70(a) Life Safety Code NFPA 101, 2000 Edition, Chapter 19 Existing Health Care Royal Oaks Survey completed on Occupancies and other applicable codes. 06/10/2011 The following represents the findings of the K 014 NFPA 101 LIFE SAFETY CODE Department of Public Health Services during the **STANDARD** Life Safety Code Survey. It is the policy of this facility to properly Representing the Department of Public Health: seal all corndor penetrations to ensure that facility's evacuation plan is REHS. HFE uncompromised. Census - 80 1. a) The two inch by three inch penetration in the wall at the west end of Highest S/S - E the south corridor above the west exit K 014 NFPA 101 LIFE SAFETY CODE STANDARD K 014 door was repaired by the maintenance SS=D staff on 06/15/11. Interior finish for corridors and exitways, including b) The broken ceiling panel around exposed interior surfaces of buildings such as the smoke detector in the north corridor fixed or movable walls, partitions, columns, and east of the smoke barrier was repaired cellings has a flame spread rating of Class A or by the maintenance staff on 06/17/11. 19.3.3.1. 19.3.3.2 Class B. c) The one inch penetration on the east wall of the east corridor around the magnetic door holder was repaired by the maintenance staff on 06/17/11. This STANDARD is not met as evidenced by: 2. The maintenance supervisor Based on observation and interview, the facility conducted a full facility inspection all failed to maintain a flame spread rating of Class walls, any wall penetrations found will be A or Class B, by having penetration in the corridor reported to the administrator and walls and ceiling. Failure to properly seal all repaired immediately. Completed on corridor penetrations could compromise the

LABORATORY DIRECTOR'S ORPROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

two of two smoke compartments.

facility's evacuation plan. This deficiency affected

Admin

The maintenance supervisor will conduct full facility inspections on a

monthly basis; any wall penetrations will

7/2/11

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.

Findings:

06/30/11.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555348	(X2) MULTI A. BUILDIN B. WING		at comession and my when a press.	ENT (X3) DATE SURVEY COMPLETED 06/10/2011	
	ROVIDER OR SUPPLIER  DAKS CARE CENTER			3.	REET ADDRESS, CITY, STATE, ZIP CODE 565 E. IMPERIAL. HWY. YNWOOD, CA. 98262		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	ULDBE	(X5) COMPLETION DATE
K 014	Continued From page 1  On June 10, 2011, at 11:15 a.m., during an inspection of the fire alarm system, in the presence of the maintenance supervisor, the		K 014		be reported to the administrator and repaired immediately.  4. The Administrator will report findings of full facility inspections and corresponding repairs to QA committee		The second secon
	in the wall at the the corridor above the 2. There was a brosmoke detector in smoke barrier.  3. There was a on	o inch by three inch penetration e west end of the south west exit door. oken ceiling panel around the the north corridor east of the e inch penetration on the east ridor around the magnetic door			on a quarterly basis and as need  K 018 NFP A 101 LIFE SAFETY  STANDARD		6/17/11
	with the maintenan penetrations will be sealer right away.	at 12 p.m., during an interview page supervisor, he stated the sealed with fire retardant			It is the policy of this facility to pi seal all wall penetrations to ensu facility's automatic sprinkler system's abi extinguish a fire is uncompromis	ire that lity to	
K 018 SS=E	conference, in the maintenance super supervisor, this del NFPA 101 LIFE SA Doors protecting co	at 2:30 p.m., during the exit presence of the administrator, rvisor and housekeeping ficiency was discussed.  AFETY CODE STANDARD prridor openings in other than	K	018	a) The one inch penetration caking around the sprinkler and a 1/4 inch penetration in north wall in the Director of (DON) office was repaired be maintenance staff on 06/17/	head I the Nurse's Iy the	Common of the co
	hazardous areas a those constructed wood, or capable o minutes. Doors in required to resist the no impediment to the provided with a the door closed. D	s of vertical openings, exits, or re substantial doors, such as of 1% inch solid-bonded core if resisting fire for at least 20 sprinklered buildings are only ne passage of smoke. There is the closing of the doors. Doors means suitable for keeping utch doors meeting 19.3.6.3.6			b) The 1/2 inch penetration south wall and a 1/4 inch penetration in the ceiling of Business office closet was repaired by the maintenar on 06/17/11  c) The 6 inch by three feet	of the s nce staff	
		utch doors meeting 19.3,5,3.6 9.3.6,3			penetration of the east, nort west walls in Storage Room		<b>—</b>

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				E CONSTRUCTION  01 - ROYAL OAKS CARE CENT	(X3) DATE SURVEY COMPLETED 06/10/2011	
	ROVIDER OR SUPPLIER		356	ET ADDRESS, CITY, STATE, ZIP CODE 5 E. IMPERIAL HWY. NWOOD, CA 90262	00/10/2011	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE COMPLÉTIC	
K 018	Roller latches are p	Continued From page 2 Roller latches are prohibited by CMS regulations all health care facilities.		repaired by the maintenance 06/17/11.  d) The one inch penetra the south wall of the nurstation was repaired by maintenance staff on 06 e) The two inch penetra the Ceiling in the boller was repaired by the maintenance staff on 06	ation in rses' the 6/17/11. ation of room	
	This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain a flame spread rating of a Class A or Class B for rooms and spaces by having penetrations in the Director of Nurse's office, the business office closet, at the nurses' station, in Storage Room B and in the boiler room. Failure to maintain the flame spread rating in rooms and spaces, could compromise the automatic sprinkler system's ability to extinguish a fire. This deficiency affected two of two smoke compartments.  Findings:  On June 10, 2011, at 11:15 a.m., during an inspection of the fire alarm system, in the presence of the maintenance supervisor and housekeeping supervisor, the following was observed:  1. There was a one inch penetration in the ceiling around the sprinkler head and a 1/4 inch penetration in the north wall in the Director of Nurse's (DON) office.		MARKET PARK MILENS A CHARACTER MANAGEMENT AND A SAME AND A SAME CONTRACTOR CO	2. The maintenance supervice conducted a full facility inspall walls; any wall penetration will be reported to the admirand repaired immediately. Completed on 06/30/11.  3. The maintenance supervice conduct full facility inspection monthly basis; any wall penetrate to the admirand repaired immediately.  4. The Administrator will registed in the admirance of full facility inspection and corresponding repairs to committee on a quarterly basis needed.	isor ection of ons found histrator  isor will ons on a letrations histrator  port ctions to QA	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				ILTIF DINC G	- at - ) the same target and and are the meaning s	EN1 (X3) DATE SURVEY COMPLETED 06/10/2011	
	ROYDER OR SUPPLIER	ŧ		38	EET ADDRESS, CITY, STATE, ZIP CODE 165 E. IMPERIAL HWY. YNWOOD, CA 90262		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	•	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIED OFFICIENCY)	ULD BE	(XS) COMPLETION DATE
	the Business office 3. There was a six of the east, north a 8.  4. There was a on wall of the nurses of the horizes of the nurses of the boiler room.  On June 10, 2011, with the maintenant penetrations will be sealer right away.  On June 10, 2011, conference, in the maintenance super supervisor, this del NFPA 101 LIFE SA Smoke barriers are least a one half horizected by fire-rapanels and steel froseparate comparting floor. Dampers are penetrations of sme	penetration in the ceiling of closet. Inch by three feet penetration and west walls in Storage Room  e inch penetration in the south station. In inch penetration of the ceiling at 12 p.m., during an interview at 12 p.m., during an interview at 2:30 p.m., during the exit presence of the administrator, resonand housekeeping ficiency was discussed.  AFETY CODE STANDARD  In constructed to provide at air fire resistance rating in 3. Smoke barriers may aum wall. Windows are ted glazing or by wired glass ames. A minimum of two nents are provided on each not required in duct oke barriers in fully ducted, and air conditioning systems.	K 0	The second of th	K 025 NFPA 101 LIFE SAFETY STANDARD  It is the policy of this facility to present all smoke barrier penetration ensure that facility walls and compartment provides and attain least one half hour fire resistance.  1. a) The two inch penetrates the north side of the barrier was repaired by the maintenance staff on 06/17/11.  b) The interior of two PVC with wire inside that penetration the maintenance staff on 06/17/11.  2. The maintenance supervision of the administrator and repaired by the maintenance staff on 06/17/11.  2. The maintenance supervision ducted a full facility inspense smoke barriers, any wall penetrations found will be reto the administrator and repairmediately. Completed on 06/30/11  3. The maintenance supervision of the administrator and repairmediately inspection monthly basis; all findings were ported to the administrator repaired immediately.	operly ris to  is at e rating.  ion of rier and lear the sance  tubes etrates sealed ial by  sor ported aired  sor will ns on a ill be	
		s not met as evidenced by: tion and interview, the facility			<ol> <li>The Administrator will rep findings of full facility inspect and corresponding repairs to</li> </ol>	tions	6/20/11

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

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(X3) DATE SURVEY

		IDENTIFICATION NUMBER:	A BUIL	.DING	01 - ROYAL OAKS CARE CENT	COMPLETED	
**	ROVIDER OR SUPPLIER DAKS CARE CENTE		<u></u>	STREET ADDRESS, CITY, STATE, ZIP COD 3565 E. IMPERIAL HWY. LYNWOOD, CA 90262		<u>06/10/2011</u>	
(X4) ID PREFIX TAG	(EACH DEFICIENT	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC (DENTIFYING INFORMATION)	ID PREFIL TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPLICATION OF THE APPLICATI	ULD BE	(XS) COMPLETI DATE
K 025	Continued From page 4 failed to ensure the construction of the smoke barrier provided at least a one half hour fire resistance rating by having penetrations. Failure to construct the smoke barrier as required, can compromise the automatic sprinklers systems' ability to extinguish a fire during an emergency. This deficiency affected two of two smoke compartments.  Findings:		ΚO	125	committee on a quarterly bar as needed	sis and	
K 029 SS=E	of the smoke barrier was a two inch per barrier and a one near the middle of investigation revex with wire inside the Although the PVC outside of the tuber not sealed.  On June 10, 2011 interview with the stated he was surry and reported he wifer retardant sealed.  On June 10, 2011 conference in the maintenance super supervisor, this de NFPA 101 LIFE S.  One hour fire rater fire-rated doors) of extinguishing systems.	at 2 p.m., during an inspection er, it was observed that there netration of the north side of the nch penetration was observed the barrier. Further sled there were two PVC tubes at penetrated the barrier, tubes were sealed around the state interior of the tubes was at 2:15 p.m., during an maintenance supervisor, he orised to see the penetrations ould seal all penetrations with er right away.  at 2:30 p.m., during the exit presence of the administrator, evisor and the housekeeping ficiency was discussed.  AFETY CODE STANDARD  d construction (with % hour ran approved automatic fire am in accordance with 8.4.1 otects hazardous areas. When	K (		K 029 NF PA 1 01 LIFE SAFET STANDARD  It is the policy of this facility to p self closing device to the door to laundry room and other hazardo areas, to ensure that the automisprinkler systems ability to extinifire during an emergency is uncompromised.  1 a) A self closing device installed on the east reathe laundry area by the maintenance staff on 00.  2. The maintenance supposed a full facility inspection all doors to hareas to ensure that the have self closing device installed as needed and to the administrator. Colon 06/30/11.	rovide a o the ous atic guish a was ar door to azardous ey all es. I reported	

(X2) MULTIPLE CONSTRUCTION

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION				(X2) MULTIPLE CONSTRUCTION  A BUILDING 01 - ROYAL OAKS CARE CENT  B. WING			(X3) DATE SURVEY COMPLETED 06/10/2011	
	ROVIDER OR SUPPLIER DAKS CARE CENTE	₹		350	ET ADDRESS, CITY, STATE, ZIP CODE 85 E. IMPERIAL HWY. (NWOOD, CA 90262			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	XILD BE	COMPLETION DATE	
K 029	option is used, the other spaces by sr doors. Doors are field-applied protect	matic fire extinguishing system areas are separated from noke resisting partitions and self-closing and non-rated or citive plates that do not exceed bottom of the door are	K 029		<ol> <li>The maintenance supervice conduct full facility inspection monthly basis; all findings we reported to the administrator repaired immediately.</li> <li>The Administrator will repfindings of full facility inspectand corresponding repairs to committee on a quarterly basis needed.</li> </ol>	ns on a ill be and ort tions o QA	The tr	
	Based on observation failed to provide a to the laundry room closing device to description ability to extinguish	is not met as evidenced by: ation and interview, the facility self closing device to the door n. Failure to provide a self cors to hazardous areas, could utomatic sprinkler systems' n a fire during an emergency, ected one of two smoke		(V)				
	Findings:	I •		!				
	inspection of the fil presence of the ma housekeeping sup-	, at 11:45 a.m., during the re alarm system, in the aintenance supervisor and ervisor, it was observed that to the laundry area did not device.						
	with the maintenan	at 12 p.m., during an interview lice supervisor, he reported he e requirement for the need of a to the door to the laundry area.						
	conference, in the	at 2:30 p.m., during the exit presence of the administrator, rvisor and housekeeping					**************************************	

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(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 - ROYAL OAKS CARE CENT B. WING 555348 06/10/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3565 E. IMPERIAL HWY. **ROYAL OAKS CARE CENTER** LYNWOOD, CA 90262 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION m (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE ÆACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY K 029 | Continued From page 6 K 029 K 051 NIFPA 101 LIFE SAFETY CODE STANDARD supervisor, this deficiency was discussed. NFPA 101 LIFE SAFETY CODE STANDARD K 051 K 051 It is the policy of this facility to provide a SS#E fire alarm system with approved A fire alarm system with approved components, components by not having a smoke devices or equipment is installed according to detector to monitoring the fire alarm NFPA 72, National Fire Alarm Code, to provide control, and having a smoke detector to effective warning of fire in any part of the building. monitor the fire alarm control panel, and Activation of the complete fire alarm system is by having a tamper switch buzzer sound manual fire alarm initiation, automatic detection or every time the fire alarm is activated, extinguishing system operation. Pull stations in and having a warning device near the patient sleeping areas may be omitted provided nurse station. that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the 1. A licensed fire alarm company path of earess. Electronic or written records of was immediately contracted by tests are available. A reliable second source of the maintenance supervisor to power is provided. Fire alarm systems are evaluate, recommend and maintained in accordance with NFPA 72 and implement required changes. records of maintenance are kept readily available. Completed on 07/10/11. There is remote annunciation of the fire alarm 2. Fire alarm system is contracted system to an approved central station. 19.3.4. for routine inspection by the 9.6 licensed fire alarm company, and all findings will be reported to the administrator and repaired accordingly. Completed on or before 07/10/11. 3. Maintenance supervisor will do monthly test of fire alarm system to ensure that the system is in good working condition. Findings will be reported to the This STANDARD is not met as evidenced by: Administrator. Based on observation and interview, the facility The Administrator will report failed to provide a fire alarm system with findings of fire alarm inspections approved components by not having a smoke and corresponding services to detector to monitoring the fire alarm control QA committee on a quarterly panel, by having the tamper switch buzzer basis and as needed sounds every time the fire alarm is activated and by no warning device near the nurses station.

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION 01 - ROYAL OAKS CARE CENT	(X3) DATE S COMPL	
	555348	B. WING		06/1	0/2011
NAME OF PROVIDER OR SUPI ROYAL OAKS CARE CE		356	ET ADDRESS, CITY, STATE, ZIP CODE 5 E. IMPERIAL HWY. NWOOD, CA 90262		
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devices installed to confus This deficiency compartments Findings:  On June 10, 2 inspection of the presence of the tamper swill local alarm accordant that the fire all at the east en monitored with alarm control  On June 10, 2 with the mainted conference, in maintenance	the required components and led for the fire alarm system could sion and a false sense of security. It is a sense of security affected two of two smokes.  2011, at 11:45 a.m., during an the fire alarm system, in the ne maintenance supervisor and a supervisor, it was observed when witch was activated, it sounded the cross from the nurses station, ligation revealed when the pull smoke detectors were activated, arm sounded. It was also revealed arm control panel which is located dof the north corridor was not in a smoke detector protect the fire panel.				