

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555348	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ROYAL OAKS CARE CENT B. WING _____		(X3) DATE SURVEY COMPLETED 06/10/2011
NAME OF PROVIDER OR SUPPLIER ROYAL OAKS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3565 E. IMPERIAL HWY. LYNWOOD, CA 90262		
(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 This facility was surveyed under 42 CFR Part 483.70(a) Life Safety Code NFPA 101, 2000 Edition, Chapter 19 Existing Health Care Occupancies and other applicable codes. The following represents the findings of the Department of Public Health Services during the Life Safety Code Survey. Representing the Department of Public Health: REHS, HFE I Census - 80 Highest S/S - E		K 000	F 000 - This plan of correction serves as my credible allegation of compliance. The facility will be in substantial compliance no later than 07/11/2011. Royal Oaks Survey completed on 06/10/2011 K 014 NFPA 101 LIFE SAFETY CODE STANDARD It is the policy of this facility to properly seal all corridor penetrations to ensure that facility's evacuation plan is uncompromised. 1. a) The two inch by three inch penetration in the wall at the west end of the south corridor above the west exit door was repaired by the maintenance staff on 06/15/11. b) The broken ceiling panel around the smoke detector in the north corridor east of the smoke barrier was repaired by the maintenance staff on 06/17/11. 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. 2. The maintenance supervisor conducted a full facility inspection all walls, any wall penetrations found will be reported to the administrator and repaired immediately. Completed on 06/30/11. 3. The maintenance supervisor will conduct full facility inspections on a monthly basis; any wall penetrations will	
K 014 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for corridors and exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings has a flame spread rating of Class A or Class B. 19.3.3.1, 19.3.3.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain a flame spread rating of Class A or Class B, by having penetration in the corridor walls and ceiling. Failure to properly seal all corridor penetrations could compromise the facility's evacuation plan. This deficiency affected two of two smoke compartments. Findings:		K 014		

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 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 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 following was observed: 1. There was a two inch by three inch penetration in the wall at the the west end of the south corridor above the west exit door. 2. There was a broken ceiling panel around the smoke detector in the north corridor east of the smoke barrier. 3. There was a one inch penetration on the east wall of the east corridor around the magnetic door holder. On June 10, 2011, at 12 p.m., during an interview with the maintenance supervisor, he stated the penetrations will be sealed with fire retardant sealer right away. On June 10, 2011 at 2:30 p.m., during the exit conference, in the presence of the administrator, maintenance supervisor and housekeeping supervisor, this deficiency was discussed.	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 on a quarterly basis and as needed.		6/17/11
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 1 1/4 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	K 018	K 018 NFP A 101 LIFE SAFETY CODE STANDARD It is the policy of this facility to properly seal all wall penetrations to ensure that facility's automatic sprinkler system's ability to extinguish a fire is uncompromised. 1. a) The one inch penetration in the caking around the sprinkler head and a 1/4 inch penetration in the north wall in the Director of Nurse's (DON) office was repaired by the maintenance staff on 06/17/11. b) The 1/2 inch penetration in the south wall and a 1/4 inch penetration in the ceiling of the Business office closet was repaired by the maintenance staff on 06/17/11 c) The 6 inch by three feet penetration of the east, north and west walls in Storage Room B was		

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K 018	<p>Continued From page 2</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>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.</p> <p>Findings:</p> <p>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:</p> <ol style="list-style-type: none"> 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. 2. There was a 1/2 inch penetration in the south 			K 018	<p>repaired by the maintenance staff on 06/17/11.</p> <p>d) The one inch penetration in the south wall of the nurses' station was repaired by the maintenance staff on 06/17/11.</p> <p>e) The two inch penetration of the Ceiling in the boiler room was repaired by the maintenance staff on 06/17/11</p> <p>2. The maintenance supervisor conducted a full facility inspection of all walls; any wall penetrations found will be reported to the administrator and repaired immediately. Completed on 06/30/11.</p> <p>3. The maintenance supervisor will conduct full facility inspections on a monthly basis; any wall penetrations will be reported to the administrator and repaired immediately.</p> <p>4. The Administrator will report findings of full facility inspections and corresponding repairs to QA committee on a quarterly basis and as needed.</p>		6/17/11

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K 018	Continued From page 3 wall and a 1/4 inch penetration in the ceiling of the Business office closet. 3. There was a six inch by three feet penetration of the east, north and west walls in Storage Room B. 4. There was a one inch penetration in the south wall of the nurses station. 5. There was a two inch penetration of the ceiling in the boiler room. On June 10, 2011, at 12 p.m., during an interview with the maintenance supervisor, he stated all penetrations will be sealed with fire retardant sealer right away. On June 10, 2011, at 2:30 p.m., during the exit conference, in the presence of the administrator, maintenance supervisor and housekeeping supervisor, this deficiency was discussed.	K 018	K 025 NFPA 101 LIFE SAFETY CODE STANDARD It is the policy of this facility to properly seal all smoke barrier penetrations to ensure that facility walls and compartment provides and attains at least one half hour fire resistance rating. 1. a) The two inch penetration of the north side of the barrier and a one inch penetration near the middle of the barrier was repaired by the maintenance staff on 06/17/11. b) The interior of two PVC tubes with wire inside that penetrates through the barrier was sealed with fire retardant material by the maintenance staff on 06/17/11.		
K 025 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility	K 025	2. The maintenance supervisor conducted a full facility inspection of smoke barriers, any wall penetrations found will be reported to the administrator and repaired immediately. Completed on 06/30/11 3. The maintenance supervisor will conduct full facility inspections on a monthly basis; all findings will be reported to the administrator and repaired immediately 4. The Administrator will report findings of full facility inspections and corresponding repairs to QA		6/20/11

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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: On June 10, 2011, at 2 p.m., during an inspection of the smoke barrier, it was observed that there was a two inch penetration of the north side of the barrier and a one inch penetration was observed near the middle of the barrier. Further investigation revealed there were two PVC tubes with wire inside that penetrated the barrier. Although the PVC tubes were sealed around the outside of the tubes, the interior of the tubes was not sealed. On June 10, 2011, at 2:15 p.m., during an interview with the maintenance supervisor, he stated he was surprised to see the penetrations and reported he would seal all penetrations with fire retardant sealer right away. On June 10, 2011, at 2:30 p.m., during the exit conference in the presence of the administrator, maintenance supervisor and the housekeeping supervisor, this deficiency was discussed.	K 025	committee on a quarterly basis and as needed K 029 NF PA 1 01 LIFE SAFETY CODE STANDARD It is the policy of this facility to provide a self closing device to the door to the laundry room and other hazardous areas, to ensure that the automatic sprinkler systems ability to extinguish a fire during an emergency is uncompromised. 1 a) A self closing device was installed on the east rear door to the laundry area by the maintenance staff on 06/17/11. 2. The maintenance supervisor conducted a full facility inspection all doors to hazardous areas to ensure that they all have self closing devices. Installed as needed and reported to the administrator. Completed on 06/30/11.		
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When	K 029			

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NAME OF PROVIDER OR SUPPLIER ROYAL OAKS CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3585 E. IMPERIAL HWY. LYNWOOD, CA 90262		
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K 029	<p>Continued From page 5</p> <p>the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a self closing device to the door to the laundry room. Failure to provide a self closing device to doors to hazardous areas, could compromise the automatic sprinkler systems' ability to extinguish a fire during an emergency. This deficiency affected one of two smoke compartments.</p> <p>Findings:</p> <p>On June 10, 2011, at 11:45 a.m., during the inspection of the fire alarm system, in the presence of the maintenance supervisor and housekeeping supervisor, it was observed that the east rear door to the laundry area did not have a self closing device.</p> <p>On June 10, 2011, at 12 p.m., during an interview with the maintenance supervisor, he reported he was unaware of the requirement for the need of a self closing device to the door to the laundry area.</p> <p>On June 10, 2011, at 2:30 p.m., during the exit conference, in the presence of the administrator, maintenance supervisor and housekeeping</p>	K 029	<p>3. The maintenance supervisor will conduct full facility inspections on a monthly basis; all findings will be reported to the administrator and repaired immediately.</p> <p>4. The Administrator will report findings of full facility inspections and corresponding repairs to QA committee on a quarterly basis and as needed.</p>	<p>7/10/11 WJS</p>	

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K 029	Continued From page 6	K 029	K 051 NIFPA 101 LIFE SAFETY CODE STANDARD		
K 051 SS=E	<p>supervisor, this deficiency was discussed.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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. 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 and interview, the facility failed to provide a fire alarm system with approved components by not having a smoke detector to monitoring the fire alarm control panel, by having the tamper switch buzzer sounds every time the fire alarm is activated and by no warning device near the nurses station.</p>	K 051	<p>It is the policy of this facility to provide a fire alarm system with approved components by not having a smoke detector to monitoring the fire alarm control, and having a smoke detector to monitor the fire alarm control panel, and having a tamper switch buzzer sound every time the fire alarm is activated, and having a warning device near the nurse station.</p> <ol style="list-style-type: none"> 1. A licensed fire alarm company was immediately contracted by the maintenance supervisor to evaluate, recommend and implement required changes. Completed on 07/10/11. 2. Fire alarm system is contracted for routine inspection by the 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 Administrator. 4. The Administrator will report findings of fire alarm inspections and corresponding services to QA committee on a quarterly basis and as needed 	<p>7/1/11 7/10/11 MS</p>	

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K 051	<p>Continued From page 7</p> <p>Failure to have the required components and devices installed for the fire alarm system could lead to confusion and a false sense of security. This deficiency affected two of two smoke compartments.</p> <p>Findings:</p> <p>On June 10, 2011, at 11:45 a.m., during an inspection of the fire alarm system, in the presence of the maintenance supervisor and housekeeping supervisor, it was observed when the tamper switch was activated, it sounded the local alarm across from the nurses station. Further investigation revealed when the pull stations and smoke detectors were activated, same local alarm sounded. It was also revealed that the fire alarm control panel which is located at the east end of the north corridor was not monitored with a smoke detector protect the fire alarm control panel.</p> <p>On June 10, 2011, at 12 p.m., during an interview with the maintenance supervisor, he stated he will contact the maintenance company and have the problems corrected.</p> <p>On June 10, 2011, at 2:30 p.m., during the exit conference, in the presence of the administrator, maintenance supervisor and housekeeping supervisor this deficiency was discussed.</p>	K 051			