

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

PRINTED: 03/02/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555349	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/25/2016
NAME OF PROVIDER OR SUPPLIER VACAVILLE CONVALESCENT & REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 585 NUT TREE COURT VACAVILLE, CA 95687	
(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>Surveyor: 31203 K3 BUILDING: 01 K6 PLAN APPROVAL: 1989 K7 SURVEY UNDER: 2000 EXISTING</p> <p>STRUCTURE TYPE: ONE STORY & PARTIAL UPSTAIR, TYPE V (III), FULLY SPRINKLERED</p> <p>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 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: 31203</p> <p>The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.</p>	K 000	<p>This plan of correction constitutes my written credible allegation of compliance for the deficiencies noted.</p>	
K 012 SS=D	<p>Census: 102</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: Surveyor: 31203</p> <p>Based on observation and interview, the facility failed to ensure the integrity of the building construction as evidenced by an unsealed penetration in the ceiling. This affected one of six</p>	K 012	<p>K 012</p> <p>The facility will ensure the integrity of the building construction by maintaining it free from any penetrations, including the ceiling to prevent the potential for passage of smoke or fire to other locations.</p>	

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

[Signature]

TITLE

Administrator

(X6) DATE

16 March 2016

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.

POC accepted 4/5/16 per Robert Compton

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K 012	<p>Continued From page 1</p> <p>smoke compartments, which could result in the passage of smoke or fire to other locations.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 19.1.6.2 Health care occupancies shall be limited to the types of building construction shown in Table 19.1.6.2. (See 8.2.1.) Exception:* Any building of Type I(443), Type I(332), Type II(222), or Type II(111) construction shall be permitted to include roofing systems involving combustible supports, decking, or roofing, provided that the following criteria are met: (a) The roof covering meets Class C requirements in accordance with NFPA 256, Standard Methods of Fire Tests of Roof Coverings. (b) The roof is separated from all occupied portions of the building by a noncombustible floor assembly that includes not less than 2 1/2 in. (6.4 cm) of concrete or gypsum fill. (c) The attic or other space is either unoccupied or protected throughout by an approved automatic sprinkler system. 8.2.1* Construction. Buildings or structures occupied or used in accordance with the individual occupancy chapters (Chapters 12 through 42) shall meet the minimum construction requirements of those chapters. NFPA 220, Standard on Types of Building Construction, shall be used to determine the requirements for the construction classification. Where the building or facility includes additions or connected structures of different construction types, the rating and classification of the structure shall be based on either of the following: (1) Separate buildings if a 2-hour or greater vertically-aligned fire barrier wall in accordance</p>	K 012	<p>This deficient practice had the potential to affect multiple residents between one of six smoke compartments.</p> <p>During the morning of February 25, 2016 the dietary staff observed a leak in the ceiling in the kitchen. The Administrator was informed, who then notified the Maintenance Supervisor. The hot water pipe in the ceiling had a pinhole sized leak that was dripping through the drywall.</p> <p>The Maintenance Supervisor immediately began repair of the leak. The leak was repaired and the penetration was closed by 5:00 p.m. on the same day, February 25, 2016</p> <p>The facility did not serve lunch or dinner from the side of the kitchen with the leak while the repair was being completed. We used canned emergency food supply.</p> <p>The final completion of the repair was completed on March 4, 2016 which included texturing of the replacement sheetrock. On March 7,</p>		

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K 012	Continued From page 2 with NFPA 221, Standard for Fire Walls and Fire Barrier Walls, exists between the portions of the building Exception: The requirement of 8.2.1(1) shall not apply to previously approved separations between buildings. (2) The least fire-resistive type of construction of the connected portions, if no such separation is provided 8.2.3.2.4.2* Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through fire barriers shall be protected as follows: (1) The space between the penetrating item and the fire barrier shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (2) Where the penetrating item uses a sleeve to penetrate the fire barrier, the sleeve shall be solidly set in the fire barrier, and the space between the item and the sleeve shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the fire resistance of the fire barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (3) *Insulation and coverings for pipes and ducts shall not pass through the fire barrier unless one of the following conditions is met: a. The material shall be capable of maintaining the fire resistance of the fire barrier. b. The material shall be protected by an approved device that is designed for the specific purpose.	K 012	2016, Maintenance Staff primed and painted texture. The facility will ensure any penetrations in the facility are repaired as soon as identified. Facility staff will be inserviced to notify the Maintenance Supervisor first by phone of any water leaks, and the Administrator second by phone if they are unable to reach Maintenance Supervisor. Facility staff will also be inserviced to document in the Maintenance Log any penetrations. Maintenance Supervisor reviews Maintenance Log daily for any needed repairs. Administrator randomly reviews Maintenance Log for completion, but at a minimum once a week. Administrator and Maintenance Supervisor will monitor facility for penetrations during daily rounds. The facility's Continuation Quality Improvement program will monitor for any penetrations	March 15 + 16, 2016	

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K 012	Continued From page 3 Findings: During a facility tour with the Administrator and Maintenance Supervisor on 2/25/16, the ceilings were observed. At 9:26 a.m., there was an approximately eight inch by three inch wide opening in the ceiling located in the Kitchen. During interview, the Administrator stated, that there was a pin hole size leak from a hot water pipe that they noticed leaking that morning and that the Maintenance Supervisor was the fixing the leak and the ceiling would be sealed by the end of day. At 12:30 p.m., the penetration in the ceiling from the leak located in the Kitchen was approximately two feet by three feet in size due to the repair that was taking place. The Maintenance Supervisor was observed repairing the hot water pipe. This finding was confirmed by the Administrator. NFPA 101 LIFE SAFETY CODE STANDARD	K 012	during monthly meetings using quality indicator RM-8.		
K 051 SS=D	A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. Fire alarm system wiring or other transmission paths are monitored for integrity. Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are	K 051	K 051 Facility will maintain the fire alarm system to eliminate and ensure there is no delay in the notification of fire. The deficient practice had the potential to affect all residents. Facility purchased an automatic smoke detection device for the		

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
LICENSING & CERTIFICATION PROGRAM

MAR 17 2016

LIFE SAFETY CODE UNIT
SAN BERNARDINO

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K 051	Continued From page 4 located at all nurse's stations. Occupant notification is provided by audible and visual signals. In critical care areas, visual alarms are sufficient. The fire alarm system transmits the alarm automatically to notify emergency forces in the event of fire. The fire alarm automatically activates required control functions. System records are maintained and readily available. 18.3.4, 19.3.4, 9.6 This STANDARD is not met as evidenced by: Surveyor: 31203 Based on observation and interview, the facility failed to maintain the fire alarm system, as evidenced by a chime/strobe combination unit that failed to activate during fire alarm testing and by the failure to provide an automatic smoke detection or heat sensing device installed the fire alarm system communicator location. This could lead to a delay in notification of fire at the fire alarm control system location and affected two of six smoke compartments. NFPA 101, Life Safety Code, 2000 Edition SECTION 9.6 FIRE DETECTION, ALARM, AND COMMUNICATIONS SYSTEMS 9.6.1 General. 9.6.1.1 The provisions of Section 9.6 shall apply only where specifically required by another section of this Code. 9.6.1.2 Fire detection, alarm, and communications systems installed to make use of an alternative allowed by this Code shall be considered required systems and shall meet the provisions of this Code applicable to required systems.	K 051	communication closet and it was installed on March 10, 2016. Smoke detection device was tested by vendor and working correctly. Facility replaced chime/strobe unit in the Laundry Room on March 10, 2016. Chime/Strobe was tested by vendor and working correctly. Maintenance Supervisor is responsible for maintaining the integrity of the fire alarm system, either through a certified vendor or facility inspection. California Department of Public Health Licensing & Certification Supervising Maintenance Supervisor and ensuring inspections are completed timely. MAR 7 2016 LIFE SAFETY CODE UNIT SALES OF FIRE ALARM SYSTEM BERNARDINO Facility will continue with required testing of fire alarm system. A certified vendor inspects each fire alarm component once a year and each smoke detection device every two years. Maintenance		
	9.6.1.3* The provisions of Section 9.6 cover the basic functions of a complete fire alarm system, including fire detection, alarm, and communications. These systems are primarily				

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K 051	Continued From page 5 intended to provide the indication and warning of abnormal conditions, the summoning of appropriate aid, and the control of occupancy facilities to enhance protection of life. 9.6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code, unless an existing installation, which shall be permitted to be continued in use, subject to the approval of the authority having jurisdiction. 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 the location of each fire alarm control unit(s) to provide notification of fire at that location. Exception: Where ambient conditions prohibit installation of automatic smoke detection, automatic heat detection shall be permitted. Chapter 7, Inspection, Testing, and Maintenance 7-1.2 The owner or the owner's designated representative shall be responsible for inspection, testing, and maintenance of the system and alterations or additions to this system. The delegation of responsibility shall be in writing, with a copy of such delegation provided to the authority having jurisdiction upon request. 7-1.2.1 Inspection, testing, or maintenance shall be permitted to be done by a person or organization other than the owner if conducted under a written contract. Testing and maintenance of central station service systems shall be performed under the contractual arrangements specified in 5-2.2.2. 7-1.2.2 Service personnel shall be qualified and	K 051	Supervisor completes visual inspections monthly as well as routine in-house inspections. Facility Continuous Quality Improvement program will monitor during monthly meetings using quality indicator RM-8		

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K 051	Continued From page 6 experienced in the inspection, testing, and maintenance of fire alarm systems. Examples of qualified personnel shall be permitted to include, but shall not be limited to, individuals with the following qualifications: (1) Factory trained and certified (2) National Institute for Certification in Engineering Technologies fire alarm certified (3) International Municipal Signal Association fire alarm certified (4) Certified by a state or local authority (5) Trained and qualified personnel employed by an organization listed by a national testing Findings: During fire alarm testing and document review with the Maintenance Supervisor on 2/25/16, the fire alarm system were observed. 1. At 9:37 a.m., the room that housed the communicator box for the fire alarm system was not equipped with an automatic smoke detection or heat sensing device. The fire alarm system communicator was located in the communication closet. During interview, the Maintenance Supervisor stated that the room did not have a smoke detector or heat sensing device. 2. At 10:48 a.m., the strobe to the chime/strobe unit in the Laundry Room failed to activate during fire alarm testing. There was no flashing light observed. This finding was confirmed by the Maintenance Supervisor.	K 051			
K 062 SS=D	NEPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating	K 062	K 062 Facility will ensure sprinklers are undamaged and not covered with		

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K 062	<p>Continued From page 7</p> <p>condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Surveyor: 31203</p> <p>Based on observation, the facility failed to maintain the automatic sprinkler system. This was evidenced by a sprinklers that was damaged and by sprinklers that were covered with foreign materials. This could lead to malfunction of the sprinkler in the event of a fire, and affected three of six smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition SECTION 9.7 AUTOMATIC SPRINKLERS AND OTHER EXTINGUISHING EQUIPMENT</p> <p>9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition</p> <p>2-2.1.1 Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall).</p>	K 062	<p>foreign materials, which could lead to a malfunction of the sprinkler in the case of a fire.</p> <p>This deficient practice had the potential to affect all residents in the three of six smoke compartments.</p> <p>The deflector on the sprinkler in the corridor near Room 52 will be fixed so the spoke on the gear is no longer bent.</p> <p>The sprinkler in the corridor near Room 48 will be cleaned and foreign matter removed from around the deflector.</p> <p>The two of three sprinklers in Room 32 will be cleaned and foreign matter removed from around the deflector.</p> <p>The sprinkler in Room 21 will be cleaned and foreign matter removed from around the deflector.</p> <p>Administrator will develop a form to be used by Maintenance Supervisor for routine inspection of sprinklers. Maintenance</p>		

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K 062	<p>Continued From page 8</p> <p>Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.</p> <p>Exception No. 1: Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection.</p> <p>Exception No. 2: Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown.</p> <p>2-2.1.2. Unacceptable obstructions to spray patterns shall be corrected.</p> <p>2-4.1.8 Sprinklers shall not be altered in any respect or have any type of ornamentation, paint, or coatings applied after shipment from the place of manufacture.</p> <p>Findings:</p> <p>During a tour of the facility with the Administrator on 2/25/16, the sprinklers were observed.</p> <p>1. At 8:11 a.m., the deflector on the sprinkler along in the corridor near Room 52 was bent. This finding was confirmed by the Administrator.</p> <p>2. At 8:14 a.m., the sprinkler in the corridor near Room 48 had foreign materials around the deflector. This finding was confirmed by the Administrator.</p> <p>3. At 8:48 a.m., two of three sprinklers in Room</p>	K 062	<p>Supervisor will document monthly of a visual inspection of sprinklers to include if there is any foreign material on sprinkler head or any damage to sprinkler head.</p> <p>Facility staff will be inserviced to document in the Maintenance log if they notice a sprinkler head is damaged or if it has foreign material on it.</p> <p>Maintenance Supervisor checks Maintenance Log daily for any repairs.</p> <p>Administrator randomly reviews Maintenance Log for completion, but at a minimum once a week.</p> <p>Administrator and Maintenance Supervisor will monitor facility for sprinklers in need of repairs or cleaning during daily rounds.</p> <p>Facility Continuous Quality Improvement program will monitor during monthly meetings using quality indicator RM-6</p>	<p>March 15 + 16, 2016</p>	

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K 062	Continued From page 9 32 had foreign materials around the deflector. This finding was confirmed by the Administrator.	K 062			
K 066 SS=D	4. At 9:14 a.m., one of two sprinklers in Room 21 had foreign materials around the deflector. This finding was confirmed by the Administrator. NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Surveyor: 31203 Based on observation and interview, the facility failed to maintain the designated smoking area. This was evidenced by discarded cigarette butts in a combustible container and on the ground. This could result in the increased risk of fire, and	K 066	K 066 Facility will maintain designated smoking areas to prevent discarded cigarette butts from increasing the risk of fire. This deficient practice had the potential to affect all residents. Facility provides smoking receptacles in each designated smoking area. Metal containers with self-closing covers will be provided for housekeeping staff to empty smoking receptacles in designated smoking areas. Housekeeping staff will pick up discarded cigarette butts on the ground daily as needed. All residents are assessed for smoking on admission, quarterly and as needed for smoking safety.	March 8, 2016	

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K 066	Continued From page 10 affected one of six smoke compartments. Finding: During a tour of the facility with the Administrator on 2/25/16, the designated smoking areas were observed. At 8:58 a.m., in the designated smoking area, there was approximately one half dozen cigarette butts observed on the lawn area and approximately one dozen cigarette butts disposed of in a plastic-lined garbage can. This finding was confirmed by the Administrator.	K 066	Facility staff will be inserviced to use smoking receptacles when discarding cigarette butts as well as reporting to their charge nurse if they observe a resident discarding cigarette butts on the ground. Housekeeping staff will be inservice on using metal containers with self-closing covers for cleaning discarded cigarette butts.	March 15-16, 2016	
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Surveyor: 31203 Based on observation, documentation review and interview, the facility failed to protect its cooking equipment. This was evidenced by the failure to provide documentation for the kitchen exhaust system semi-annual inspection and cleaning. This affected one of six smoke compartments and could result in a grease fueled fire. NFPA 101, Life Safety Code, 2000 Edition 9.2.3 Commercial Cooking Equipment. Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless existing installations, which shall be permitted to	K 069	Administrator and Maintenance Supervisor will monitor designated smoking areas for discarded cigarette butts on daily rounds. Facility Continuous Quality Improvement program will monitor during monthly meetings using quality indicators. K 069 Facility will protect its cooking equipment by providing semi-annual kitchen exhaust inspections and cleaning.		
			This deficient practice had the potential to affect all residents		

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K 069	<p>Continued From page 11 be continued in service, subject to approval by the authority having jurisdiction.</p> <p>19.3.2.6 Cooking Facilities. Cooking facilities shall be protected in accordance with 9.2.3. Exception:* Where domestic cooking equipment is used for food-warming or limited cooking, protection or segregation of food preparation facilities shall not be required.</p> <p>NFPA 96, 1998 Edition, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations</p> <p>8-3 Cleaning. 8-3.1* Hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction in accordance with Table 8-3.1.</p> <p>Table 8-3.1 Exhaust System Inspection Schedule</p> <p>Systems serving solid fuel cooking operations: Monthly</p> <p>Systems serving high-volume cooking operations such as 24-hour cooking, charbroiling or wok cooking: Quarterly</p> <p>Systems serving moderate-volume cooking:</p>	K 069	<p>Facility contacted vendor for kitchen exhaust inspection and cleaning and they are scheduled to complete on March 11, 2016.</p> <p>Facility will receive semi-annual cleaning and inspection from vendor and Maintenance Supervisor will inspect in between vendor cleaning.</p> <p>Dietary staff will be inserviced to notify Director of Dietary Services if they notice grease droplets forming or grease on the filters. Director of Dietary Services will notify Maintenance Supervisor using the Maintenance Log of the increase in grease forming. Maintenance Supervisor will either clean the kitchen exhaust if applicable or call vendor for cleaning.</p> <p>Maintenance Supervisor will continue to document any cleanings completed in between semi-annual vendor inspection and cleaning.</p> <p>Administrator will change Continuous Quality Improvement form RM-26 from filters/ducts</p>	<p>March 15 + 16, 2016</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM MAR 17 2016 LIFE SAFETY CODE UNIT</p>	

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K 069	Continued From page 12 Semiannually Systems serving low-volume cooking operations, such as churches, day camps, seasonal businesses, or senior centers: Annually Findings: During a tour of the facility, interview, and document review with the Maintenance Supervisor on 2/25/16, the Kitchen hood service documents were reviewed. At 12:20 a.m., the facility was missing one of two required semi-annual inspection records for the kitchen hood exhaust system. The last service conducted by the vendor was on 4/6/15. There was grease droplets forming in the exhaust vent and the filters were grease laden. During interview, the Maintenance Supervisor stated that the vendor only came annually and that the facility inspect the hood visually every six months.	K 069	over cooking equipment are clean?" to read "Filters/ducts over cooking equipment clean and has facility completed semi-annual kitchen exhaust inspection and cleaning?"		
K 073 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Combustible decorations shall be prohibited unless they are flame-retardant or in such limited quantity that hazard of fire development or spread is not present. 18.7.5.4, 19.7.5.4 This STANDARD is not met as evidenced by: Surveyor: 31203 Based on observation and interview, the facility failed to maintain their facility free of combustible decorations, as evidenced by flammable decorations placed on top of the overhead	K 073	K 073 The facility will ensure combustible decorations are not placed on top of the overhead lighting units and in the resident rooms.		

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K 073	<p>Continued From page 13</p> <p>lighting units and in resident rooms. This could lead to the spread of fire and affected three of six smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 19.7.5.4 Combustible decorations shall be prohibited in any health care occupancy unless 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 and interview with the Administrator on 2/25/16, the flammable decorations in the facility were observed.</p> <p>1. At 8:43 a.m., there was an approximately eight inch by eleven inch piece of paper taped on the overhead light fixture above Bed B in Room 34. This finding was confirmed by the Administrator.</p> <p>2. At 8:55 a.m., there was a hat made of paper material that was placed on top of the light fixture above Bed B in Room 37. The Administrator removed the hat and confirmed the finding.</p> <p>3. At 9:06 a.m., there was an approximately two foot by three foot quilt attached to the wall above Bed A in Room 18. There was no smoke detector observed in the room. Upon interview, the Administrator stated, the quilt has not been treated with flame retardant and confirmed the finding.</p>	K 073	<p>This deficient practice had the potential to affect all residents. The eight by eleven inch piece of paper taped on the overhead light fixture above Bed B in Room 34 was removed and placed on the cork board behind the bed.</p> <p>The hat made of paper material that was placed on the top of the light fixture above Bed B in Room 37 was removed during the survey.</p> <p>The Maintenance Supervisor purchased flame retardant and sprayed quilt above Bed A in Room 18 on March 10, 2016.</p> <p>Maintenance Supervisor implemented log to spray quilt semi-annually. Log of spraying will be maintained in the Maintenance Office.</p> <p>The two approximately 10 gallon size wicker baskets with personal belongings in Room 26 were removed. Administrator called responsible party and they removed baskets on March 10, 2016.</p>		

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K 073	Continued From page 14	K 073	Facility staff will be inserviced that no items shall be placed on the overhead light fixture.	March 15, 16, 2016	
K 147 SS=D	<p>4. At At 9:16 a.m., there were two approximately 10 gallon size wicker baskets with personal belongings in Room 26. There was no smoke detector observed in the room. This finding was confirmed by the Administrator.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1</p> <p>This STANDARD is not met as evidenced by: Surveyor: 31203</p> <p>Based on observation and interview, the facility failed to maintain their electrical wiring. This was evidenced by the use of an extension cord, a power strip, and by a missing cover to a light fixture. This could result in an increased risk of an electrical fire or shock and affected two of six smoke compartment.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 21.5.1 Utilities. Utilities shall comply with the provisions of Section 9.1. Exception: Existing installations shall be permitted to be continued in service, provided that the systems do not present a serious hazard to life.</p> <p>9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p> <p>NFPA 70, National Electric Code, 1999 Edition</p>	K 147	<p>Administrator and Maintenance Supervisor will continue daily room to room checks looking for any combustibles that either needs to be flame retardant or removed.</p> <p>Facility Continuous Quality Improvement quality indicator RM 7 will monitor for compliance during monthly meetings.</p> <p>K 147</p> <p>Facility will maintain electrical wiring to eliminate the increased risk of an electrical fire or shock.</p> <p>This deficient practice has the potential to affect all residents.</p> <p>The light fixture in the Housekeeping Office was replaced with a new light by the Maintenance Supervisor on March 11, 2016.</p>		

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K 147	<p>Continued From page 15</p> <p>Section 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.</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: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8.</p> <p>(5) Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors.</p> <p>(6) Where installed in raceways, except as otherwise permitted in this Code.</p> <p>Findings:</p> <p>During a tour of the facility and interview with the Administrator on 2/25/16, the electrical wiring were observed.</p> <p>1. At 8:26 a.m., the cover for the light fixture was missing in the Housekeeping Office located in the partial upstairs location with wires protruding from the ceiling. This finding was confirmed by the Administrator.</p> <p>2. At 9:13 a.m., there was a phone charger, razor charger, and green extension cord plugged into the power strip near Bed B in Room 21. The extension cord had a television plugged into it. This finding was confirmed by the Administrator.</p>	K 147	<p>Maintenance Supervisor removed the extension cord from the power strip near Bed B in Room 21.</p> <p>Facility staff will be inserviced to inform the Maintenance Supervisor if they observe a responsible bringing in an extension cord when the Maintenance Supervisor is in the facility and to document in the Maintenance Log anytime they observe an extension cord being used and the Maintenance Supervisor is not present.</p> <p>Administrator randomly reviews Maintenance Log for completion, but at a minimum once a week.</p> <p>Facility Continuous Quality Improvement quality indicator RM 7 will monitor for compliance during monthly meetings.</p>	<p>March 15 + 16, 2016</p>	

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