

PRINTED: 01/22/2013 FORM APPROVED 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 - MAIN BUILDING 01 B. WING 855071 01/10/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2000 W WASHINGTON BL. SUNNYVIEW CONV HOSP LOS ANGELES, CA 90018 SUMMARY STATEMENT OF DEPICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID in (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY Supprview POC K 000 INITIAL COMMENTS K 000 Disclaimer: The signing of this plan of This facility was surveyed under 42 CFR Part corrections is not an admission or 483.70(a), Life Safety Code NFPA 101, 2000 agreement by this statement of Edition, Chapter 19 Existing Health Care deficiencies and plan of correction. Occupancies, and other applicable codes. In fact, this plan of correction is submitted exclusively to comply The following represents the findings of the with state and federal law. This Plan Department of Public Health Services during the of correction constitutes my written Life Safety Code Survey. credible allegation of compliance for the deficiencies noted Representing the Department of Public Health Services: 13183, HFE I, Life Safety Code Specialist Licensed = 93 beds Census = 88 residents Highest Scope and Severity = E K 015 1/10/13 K 015 Immediate Corrective Azion: K 015 NFPA 101 LIFE SAFETY CODE STANDARD Upon notification on 1/10/13, the SS=D Interior finish for rooms and spaces not used for Maintenance Supervisor repaired corridors or exitways, including exposed interior the penetrations in the kitchen and surfaces of buildings such as fixed or movable maintenance office of 1/4-inch walls, partitions, columns, and ceilings, has a diameter, 4-ft by 3-ft and 2-inch by flame spread rating of Class A or Class B. (in 6-inch on the wall have been sealed fully sprinklered buildings, flame spread rating of with approved fire rated material. Class A. Class B. or Class C may be continued in Identification of others at risk: use within rooms separated in accordance with 1/10/13 19.3.6 from the access corridors.) The Maintenance Supervisor is 19.3.3.2 responsible to ensure that the facility is free of any penetrations. The maintenance supervisor will implement an environmental CQI checklist on a monthly basis to This STANDARD is not met as evidenced by: observe if penetrations are present Based on observation and interview, the facility throughout the facility. failed to maintain a class A, B, or C flame spread BORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X8) DATE

ry deficiency statement ending with an esterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that her safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days lowing 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 ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

Event ID: JBJU21

3

Facility ID: CA970000017

ADMINISTRATOR-

2-1-13

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTERS FOR MEDICARE & MEDICAID SERVICES

	OF CORRECTION	IDENTIFICATION NUMBER:	()	ilding	01 - MAIN BUILDING 01	COMPLI	
		655071	B. WI	NG		01/1	0/2013
	ROVIDER OR SUPPLIER			200	ET ADDRESS, CITY, STATE, ZIP CODE 10 W WASHINGTON BL IS ANGELES, CA 90018	ч	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	COMPLETION DATE
K 015	penetrations through surfaces. Penetration surfaces would contrating, therefore macontainment of smothine. At the time of the strong beds and had findings: On January 10, 20' a.m., during a tour the presence of the observed penetration. 1) There was a 3/4-the wall surface in the dishmachine. 2) There was a 4-ft surface in the wall surface by the entry penetration in the will penetration in the will be in the maintenance of the compartments on the penetration of one smoke collegement.	ns by having unsealed the wall and ceiling ons through wall and ceiling ons through wall and ceiling opportunise the flame spread ay compromise the oke and/or fire in the event of a compromise the oke and/or fire in the event of a compromise the oke and/or fire in the event of a compromise the oke and/or fire in the event of a compromise of 88 residents. 13, from 8:15 a.m. to 9:45 of the facility, the evaluator, in maintenance supervisor, one in the following rooms: Inch diameter penetration in the wall of door and a 2-inch by 6-inch wall surface by the black drain	K	015	Immediate Measures/ Proprevent reoccurrence: An in-service was given on to the Maintenance Superv Housekeeping staff by the Administrator regarding the examination and timely reppenetrations in walls, ceiling other areas throughout the The staff will use a maintent to report any findings of we penetrations that need reparations that need reparations that need reparations will be monitoring Process: The process will be monitored the Maintenance Supervised direct observations of the efficient of the consumeral characteristic all areas of the facility on a monthly basis the CQI environmental characteristic all areas of the facility	isor and corting of ags and facility. nance log all ir. ored by cortine utilizing ecklist to lity are enance present The se will	1/23/13

(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

PRINTED: 01/22/2013 FORM APPROVEO OMB NO 0938-0391

(X3) DATE SURVEY

	OF DEFICIENCIES OF GORRECTION	IDENTIFICATION NUMBER:	1 -	MIDIN	G 01 - MAIN BUILDING 01	GOMPL	
		555071	B, WI	NG_		01/	10/2013
	PROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 000 W WASHINGTON BL OS ANGELES, CA 90018		
(X4) JD PREFIX TAG	EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREI TAC	ΊX	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(XS) COMPLETION DATE
	the exit conference NFPA 101 LIFE SA Doors protecting or required enclosure hazardous areas a those constructed wood, or capable or minutes. Doors in required to resist the no impediment to the second process.	maintenance supervisor during to n January 10, 2013. AFETY CODE STANDARD prridor openings in other than so of vertical openings, exits, or re substantial doors, such as of 1% inch solid-bonded core of resisting fire for at least 20 sprinklered buildings are only se passage of smoke. There is the closing of the doors. Doors		015 018	K 018 Immediate Corrective Acti Upon notification, the Maint Supervisor immediately orde new corridor door to replace door with ½ inch by 6-inch a between door and frame. Identification of Others at The Maintenance Supervisor conduct environmental rounce	enance red a the (ap Risk:	1/10/13
,	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.				ensure no gaps are present be corridor doors and door fram Process to Prevent Recurre An in-service was given on to the maintenance supervise Housekeeping staff by the Administrator regarding the examination and timely reports possible gaps between door in the control of the	etween less. ence: 1/23/13 or and erting of	1/23/13
	Based on observate falled to ensure that smoke-proof by har the door and door follosed. In the ever doors that are smoth essential componer and/or fire. At the time to the same that the time to the same that the	s not met as evidenced by: tion and interview, the facility t the corridor doors were ving a gap between the top of rame when the door was at of a fire emergency, corridor ke-tight when closed, is an int in the containment of smoke rme of the survey, the facility beds and had a census of 88		THE PARTY OF THE P	Monitoring Process: The process will be monitore the maintenance supervisor leaders of the entire facility or monthly basis. Maintenance supervisor will conduct mon rounds to examine condition corridor doors for possible getween door and door fram Maintenance Supervisor will	ed by by direct a thly of all aps	
IRM CMS-25	67(02-99) Previous Versions	Obsolete Evert ID: JBJU21	······································	Faq	: :ity ID: CA970000017	ntinuation she	et Page 3 of 11

(X2) MULTIPLE CONSTRUCTION

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	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) M A. BU		PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE SI COMPLE	
		555071	B. Wi	NG		01/1	D/2013
	ROVIDER OR SUPPLIER			2	REET ADDRESS, CITY, STATE, ZIP CODE 000 W WASHINGTON BL OS ANGELES, CA 90018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	:IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	VLD BE	(XE) COMPLETION DATE
K 018 K 022 SS=D	Findings: On January 10, 201 a.m., during a tour of the presence of the observed that there between the door a corridor door was contider door was contider door was contider door was contidered to be unaway to be unaway to be unaway the deficiency affects on the deficiency was administrator and many the exit conference NFPA 101 LIFE SA Access to exits is more visible signs in all continuations.	3, from 8:15 a.m. to 9:45 of the facility, the evaluator, in maintenance supervisor, was 1/2-inch by 6-inch gap and the door frame when the losed to Room 27. with the maintenance are of the observation, he vare of the gap between the rame. cted one out of three smoke as sleeping room level. brought to the attention of the maintenance supervisor during on January 10, 2013. FETY CODE STANDARD marked by approved, readily asses where the exit or way to		022	Environmental log and present findings to Administrator. The Quality Assurance comm will also review findings on a quarterly basis to ensure effectiveness and compliance effectiveness and compliance. K 022 Immediate Corrective Action on 1/10/maintenance supervisor instance exit sign near the rehabilitation.	on: 13, the illed an	1/10/13
	reach exit is not rea occupants. 7.10.				room. It is the intent of this is to comply with this standard. Identification of Others at It is the responsibility of the Maintenance Supervisor to e all exit signs are visible and directional indicators. The maintenance supervisor will COI Environmental checklis	Risk nsure have	1/10/13
# L ##################################	This STANDARD is	o not met as evidenced by:			observe all exit signs are in compliance.		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:		A BUILDIN	TPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE S COMPL	ETEG
	PROVIDER OR SUPPLIER	555071	87	REET ADDRESS, CITY, STATE, ZIP COD 2000 W WASHINGTON BL LOS ANGELES, CA 90018		0/2013_
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 022	NFPA 101, 2000 e Chapter 7 Means of Section 7.10 Markin 7.10.1.4 Exit Access marked by approve cases where the exit of readily apparent placement shall be access corridor is in nearest externally if excess of the mark illuminated signs. This requirement is Based on observatifalled to ensure acceptance of the control of the occ 7.10.1.4, by not have northeast corridor of an emergency. A facility was licensed census of 88 reside Findings: On January 10, 201 a.m., during a tour of the presence of the observed that there the northeast corrid where the nearest e	dition, Life Safety Code of Egress ong of Means of Egress ons. Access to exits shall be out, readily visible signs in all out or way to reach the exit is out to the occupants. Sign such that no point in an exit on excess of 100-ft from the fluminated sign and is not in ed rating for internally on and interview, the facility coess to exits were marked by isible signs in all cases where each exit were not readily supants in accordance to ving an exit sign on the when the exit was not dentification of exit access and occupants of an immediate on from the building in the event out the time of the survey, the of for 93 beds and had a	K 022	Process to prevent recur An in-service was given of to the Maintenance Super the Administrator regarding observation of directional and their visibility. Monitoring Process: The Maintenance Supervice monitor by completing environmental rounds qua- ensure that all exits are vice Maintenance supervisor vice quarterly observations with and present findings to Administrator. The quality assurance committee will review findings on a quar to ensure effectiveness and compliance.	n 1/23/13 visor by ng the exit signs sor will arterly to sible. vill track th a log ty also terly basis	1/23/13

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA PLAN OF CORRECTION IDENTIFICATION NUMBER: 555071		A. BU	ILDING	LE CONSTRUCTION D1 - MAIN BUILDING D1	(X3) DATE S COMPLI	
	PROVIDER OR SUPPLIER FINANCIAL FOR THE PROVIDER OF THE PROVIDE			200	ET ADDRESS, CITY, STATE, ZIP CODE 00 W WASHINGTON BL 05 ANGELES, CA 90018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	IO PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APT DEFICIENCY)	OULD BE	(XS) COMPLETION DATE
K 022 K 025 SS=E	in the rehabilitation corridor near the kit. During an interview supervisor at the tin stated he was unaw would have a comp the rehabilitation rotareas are located. The deficiency affect on the sleeping roof. The deficiency was administrator and rothe exit conference NFPA 101 LIFE SA. Smoke barriers are least a one half hou accordance with 8.3 terminate at an atriu protected by fire-rationate at an atriu protected by fire-rationate at an atriu protected by fire-rations of smooth and steel fra separate compartm floor. Dampers are penetrations of smooth and smooth steel fra separate compartm floor. Dampers are penetrations of smooth and steel fra separate compartm floor. Dampers are penetrations of smooth and steel fra separate compartm floor. Dampers are penetrations of smooth and steel fra separate compartm floor. Dampers are penetrations of smooth and steel fra separate compartm floor. Dampers are penetrations of smooth and steel fra separate compartm floor. Dampers are penetrations of smooth and steel fra separate compartm floor. Dampers are penetrations of smooth and steel fra separate compartm floor. Dampers are penetrations of smooth and steel fra separate compartm floor. Dampers are penetrations of smooth and steel fra separate compartm floor. Dampers are penetrations of smooth and steel fra separate compartm floor. Dampers are penetrations of smooth and steel fra separate compartm floor by s	room and one down the tchen. with the maintenance ne of the observation, he vare of the requirement but any install an exit sign near om to indicate where the exit cted two out of six exit routes in level. brought to the attention of the naintenance supervisor during on January 10, 2013. FETY CODE STANDARD constructed to provide at in fire resistance rating in 3. Smoke barriers may um wall. Windows are led glazing or by wired glass mes. A minimum of two ents are provided on each not required in duct oke barriers in fully ducted and air conditioning systems.		022	Immediate Corrective Act Upon identification on 1/10 Maintenance Supervisor immediately removed the ex- foam and replaced it with as fire caulking. Identification of Others at The Maintenance Supervisor examined the remaining bar walls in the attic to ensure to sealed penetrations have the material approved fire cault	/13, the xpanding pproved Risk: or rrier hat all	1/10/13

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA MOD PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG D1 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED		
		555071	B. WING		01/10/201	
	PROVIDER OR SUPPLIER		2	REET ADDRESS, CITY, STATE, ZIP CODE 1000 W WASHINGTON BL LOS ANGELES, CA 90018		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID FREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	COMPLETION DATE
K 025	Penetrations of smoompromise the introduced compartments there easily between smoopenings such as the emergency. At the	oke barrier walls will	K 025	Process to Prevent Reoccu The Maintenance Supervisor monitor the performance by completing environmental re monthly using a CQI Enviro checklist to ensure that all se penetrations through out the have the approved fire caulk material.	r will ounds nmental ealed facility	
	a.m., during a tour of the presence of the observed that there foam used to seal a smoke/ fire barrier of the buring an interview supervisor at the tin stated he was unaw would seal the penematerial.	its, from 8:15 a.m. to 9:45 of the facility, the evaluator, in maintenance supervisor, was the use of expanding a 2-inch penetration in the wall by Room 34. with the maintenance me of the observation, he ware of the regulrement but etration with approved rated one sleeping room level.		Menitoring Process: The process will be monitore the Maintenance Supervisor direct observations of sealed penetrations through out the on a monthly basis. The maintenance supervisor will monthly rounds and track monthly rounds and track monthly rounds and track monthly rounds and present findings to Administrator. To quality assurance committee also review findings on a quality assurance effectiveness compliance.	facility conduct outhly nt he will	
K 029 SS=D	The deficiency was administrator and method the exit conference NFPA 101 LIFE SAI One hour fire rated fire-rated doors) or extinguishing system and/or 19.3.5.4 protein the approved automatic administration of the system and the sys	brought to the attention of the naintenance supervisor during on January 10, 2013. FETY CODE STANDARD construction (with % hour an approved automatic fire in accordance with 8.4.1 ects hazardous areas. When natic fire extinguishing system areas are separated from	K 029	K029 Immediate Corrective Action Upon identification on 1/10/1 Maintenance Supervisor		1/10/13

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES TATEMENT OF DESCRIPTIONS (VA) PROVIDED (SINGLE)

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,		LE CONSTRUCTION	(X3) DATE (COMPL	
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		555071	D. WHI	PO		01/	0/2013
	PROVIDER OR SUPPLIER			20	EET ADDRESS, CITY, STATE, ZIP CODE 00 W WASHINGTON BL DS ANGELES, CA 90018		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SI- CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	(X6) COMPLETION DATE
K 029	doors. Doors are safield-applied protect 48 inches from the permitted. 19.3.2 This STANDARD I Based on observatifailed to separate the from other spaces I door to self-close on the separation of the was licensed for 93 residents. Findings: On January 10, 201 a.m., during a tour of the presence of the observed that the connected to an elewas connected to the soiled linen/ linen of and latch after the a system. There was door and the door for During an interview supervisor at the tin stated he was unaw	s not met as evidenced by: tive plates that do not exceed bottom of the door are 2.1 s not met as evidenced by: tion and interview, the facility he laundry (a hazardous area) by not allowing the corridor completely and positively latch, he water heater/boiler room compartments would not be ent of fire and/or smoke time of the survey, the facility beds and had a census of 88 13, from 8:15 a.m. to 9:45 of the facility, the evaluator, in maintenance supervisor, orridor door (that was extro-magnetic door holder that the fire alarm system) to the hute room failed to self-close activation of the fire alarm a 2-inch gap between the	K	129	immediately repaired the ser the self closing device and a door was ordered to replace with a 2 inch gap. Identification of Others at The Maintenance Supervisor responsible to ensure that all corridor doors are free of gap Environmental CQI checklis used to review and observe i are any gaps between door a frames. All corridor doors we examined by the maintenance supervisor to ensure there are gaps between door and door Process to Prevent Recurred An in-service was given on to the Maintenance Supervisor to the Maintenance Supervisor to the Maintenance Supervisor to the Maintenance Supervisor will door frame throughout the faministrator regarding the examination and timely report door frame throughout the faministrator all corridor door door frame. Maintenance Supervisor will conduct monthly rounds to a condition of all corridor door possible gaps between door and door frame. Maintenance Supervisor will track monthly observative a log and present findings to Administrator. The quality assurance commutil also review findings quant to ensure effectiveness and compliance.	new the door Risk: will be ss. An t will be f there ad door ere e no frame. mee: /23/13 or and rting of and cility. xamine rs for and pervisor ons with	1/10/13

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE S COMPL		
Į.		555071	B. WING _		01/	10/2013
	PROVIDER OR SUPPLIER		2	EET ADDRESS, CITY, STATE, ZIP CODE 000 W WASHINGTON BL OS ANGELES, CA 90018		
(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 CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
K 029	The deficiency affes smoke compartme. The deficiency was administrator and rithe exit conference NFPA 101 LIFE SAR Required automatic continuously maint condition and are in periodically. 19.7 25, 9.7.5 This STANDARD NFPA 13 Installatified edition. Chapter 5-Installatified edition.	etely and positively latches. Incted one out of a total of four rists in the facility. In brought to the attention of the maintenance supervisor during on January 10, 2013. AFETY CODE STANDARD It is sprinkler systems are alred in reliable operating respected and tested I.6, 4.6.12, NFPA 13, NFPA It is not met as evidenced by: on of Sprinkler Systems, 1999 on Requirements ce Objective. Sprinklers shall minimize obstructions to sed in 5-5.5.2 and 5-5.5.3, or a shall be provided to ensure	K 062	Immediate Corrective Acti The Maintenance Supervisor immediately removed the ite stored less than 18-inches for bottom of the sprinkler head basement, restorative nursing storage and storage room for clothing. The Maintenance Supervisor also installed on a red line indicating the max height of items to be stored. Identification of Others at On 1/10/13, the maintenance supervisor examined all store areas throughout the facility ensure all items were stored 18-inches from the bottom of sprinkler heads.	ans om the s in the g 1/10/13 imum Risk: age to at least	1/10/13

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. SUI	ILDING	M. P. Park and a manage of the	(X3) DATE S COMPLI	
	:	555071	B. W.Y	4G		01/1	0/2013
	PROVIDER OR SUPPLIER			20	EET ADDRESS, CITY, STATE, ZIP CODE 00 W WASHINGTON BL DS ANGELES, CA 90018		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	JULD BE	(X5) COMPLETION DATE
	obstructions such a pipes, columns and This requirement with Based on observatifalled to be in according to 5-5.5.1, 5-5.5.2.1 aless than 18-inches storage rooms. In the activation and effect sprinkler system may properly maintained impediments or fore the survey, the faciliand had a census of Findings: On January 10, 201 a.m., during a tour of the presence of the observed items (box less than 18-inches bottom of the fire spoasement, in the rescloset and storage radio storage radio storage radio survey in the terminated he was unaw but would remove the using a line to indicate the state of the s	ated sufficiently away from is truss webs can chords, fixtures. as not met as evidenced by: on and interview, the facility dance with NFPA 13, sections and 5-5.5.2.2 by storing items below sprinkler deflectors in the event of a fire, the tive operation of the automatic ay occur if sprinkler heads are in, without any corrosion, sign materials. At the time of ity was licensed for 93 beds if 88 residents. 3, from 8:15 a.m. to 9:45 of the facility, the evaluator, in maintenance supervisor, its and equipment) stored (3 to 8-inches) from the	Kı	26	An in-service was given on Leto the maintenance supervisor housekeeping staff by the Administrator regarding the examination of all storage clothe facility and timely reporting possible items being stored let 18-inches from sprinkler head Monitoring Process: The process will be monitored the Maintenance Supervisor, Services and Administrator the daily rounds and random visus checks to identify possible stobeing stored less than 18-inch from sprinkler heads. Mainter Supervisor will track monthly observations with a log and prindings to Administrator. The quality assurance commit will also review findings on a quarterly basis to ensure effectiveness and compliance.	rand sets in lig of ss than s. liby Social rough ai rrage es ance resent tee	1/23/13

	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X3) DATE S COMPLI	URVEY ETED
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(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	iO PREFIX TAG	(EACH CORRECTIVE ACTION	SHOULD BE	(X5) COMPLETION DATE
compartments on t The deficiency was administrator and r	he sleeping room level. brought to the attention of the naintenance supervisor during	K 062			The state of the s
					-0-00 000 000000
	Continued From pactors on the deficiency was administrator and response to the compartments of the deficiency was administrator and response to the compartments of the compartment	DE CORRECTION IDENTIFICATION NUMBER: 555071 ROVIDER OR SUPPLIER	STREW CONV HOSP SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 Compartments on the sleeping room level. The deficiency was brought to the attention of the administrator and maintenance supervisor during	The deficiency was brought to the attention of the administrator and maintenance supervisor during A. BUILDING 01 - MAIN BUILDING 01 B. WING STREET ADDRESS, CITY, STATE, ZIP COE 2000 W WASHINGTON BL. LOS ANGELES, CA 90018 PROVIDER'S PLAN OF COR PREFIX (EACH CORRECTIVE ACTION) CROSS-REFERENCED TO THE ADDRESS, CITY, STATE, ZIP COE 2000 W WASHINGTON BL. LOS ANGELES, CA 90018 FREFIX (EACH CORRECTIVE ACTION) CROSS-REFERENCED TO THE ADDRESS, CITY, STATE, ZIP COE 2000 W WASHINGTON BL. LOS ANGELES, CA 90018 K 062	STREET ADDRESS, CITY, STATE, ZIP CODE ROVIDER OR SUPPLIER TEW CONV HOSP SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 Compartments on the sleeping room level. The deficiency was brought to the attention of the administrator and maintenance supervisor during