PRINTED: 10/30/2013
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055199	A. BUILDING 01 B. WING	10/22/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HORIZON HEALTH AND SUBACUTE CENTER	3034 E HERNDON FRESNO, CA 93720

(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 K3 BUILDING: 01 K6 PLAN APPROVAL: 1980 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: ONE STORY, TYPE V (111), FULLY SPRINKLERED. The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code re-certification survey. The findings are in accordance with 42 CFR (Code of Federal Regulations) 483.70 (a) and NFPA (National Fire Protection Association) 101, Life Safety Code 2000 edition, Existing codes Representing the California Department of Public Health: 29752. The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census = 163	K 000	K000 This plan of correction shall serve as the facility's written credible allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission by the provider or the truth of the facts set forth on the statement of deficiencies. This plan of correction is prepared and/or executed solely because required by the provisions of the Health and Safety Code Section 1280 and C.F.R.	
K 066 SS=D	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	K 066	K066 No residents were harmed as a result of cigarette butts and ashes being found in the trash can located at one of the seven designated smoking areas. The trash cans were cleaned up immediately during the survey. All trash cans located at designated smoking areas were examined on October 23, 2013 to ensure that cigarette butts were not disposed of in the trash cans preventing harm to all residents, staff and visitors.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Teresa Ann — TITLE: Assistant Administrator — (X6) DATE: 11-13-13

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.

11/14/13 - POC Acceptable per Jared Okimoto

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K 066	Continued From page 1 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: Based on observation, the facility failed to ensure smoking areas were maintained. This was evidenced by the use of a self-closing metal trash can for dumping ashtrays and for the disposal of combustible trash. This affected one of seven smoke compartments and could result in a fire in the trash container. NFPA 101, 2000 edition 4.6.1.2 Any requirements that are essential for the safety of building occupants and that are not specifically provided for by this Code shall be determined by the authority having jurisdiction. 19.7.4* Smoking. Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be 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 areas shall be posted with signs that read NO SMOKING or shall be posted with the	K 066	Two separate trash cans with self closing lids are located at each designated smoking area. One is labeled "Trash Only No Cigarette Butts" and the second is labeled "Cigarette Butts Only". All staff will be inserviced by the Maintenance Director, to proper disposal of cigarette butts. Majority of staff were inserviced on 11/08/2013. Additional inservices have been scheduled for 11/14/2013 and 11/19/2013. Lesson plan and sign in sheets are attached to this plan of correction. The Maintenance staff or designee will examine all trash cans daily to ensure that no cigarette butts are found in these cans. Cigarette butts will be emptied from ashtrays and disposed into the appropriate can twice a day by the janitorial staff. The janitors will initial a log (attached) located at each trash can acknowledging that they have inspected the trash can for cigarette butts. Cigarette butts will be collected at least three times a week and disposed appropriately into the dumpster by the janitorial staff.	

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K 066	Continued From page 2 International symbol for no smoking. Exception: In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (2) Smoking by patients classified as not responsible shall be prohibited. Exception: The requirement of 19.7.4(2) shall not apply where the patient is under direct supervision. (3) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. Findings: During a facility tour with the Maintenance Supervisor on 10/22/13, the trash containers and ashtray receptacles in the designated smoking areas were observed. 1. At 9:05 a.m., there was a metal trash container with a self closing lid and a plastic can liner located outside of an access door for the smoking patio. Inside the trash container were approximately six cigarette butts and ashes mixed in with the combustible trash. The container was located within eight feet of a hallway door next to a wall in the interior smoking courtyard.	K 066	Maintenance Director will monitor that all corrective actions are carried out and will report all negative findings to the Quality Assurance team. The facility will be in substantial compliance no later than November 22, 2013.	
K 073 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 073	K073 No residents were harmed as a result of the decorative materials hung on the wall above bed 117-B. The decorations and decorative tee-shirt were removed from the wall on 10/22/2013. All resident rooms were examined by the maintenance and social service departments to ensure that loosely hanging furnishings and decorations were removed or treated with UL listed flame retardant, preventing all residents, visitors, and staff from any harm.	

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K 073	Continued From page 3 No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4 This STANDARD is not met as evidenced by Based on observation and interview, the facility failed to prevent displays of decorations of a flammable nature. This was evidenced by loosely hanging decorative materials over a resident bed. This affected one of seven smoke compartments and could result in the spread of fire or smoke NFPA 101, 2000 edition 10.3.1 Where required by the applicable provisions of this Code, draperies, curtains, and other similar loosely hanging furnishings and decorations shall be flame resistant as demonstrated by testing in accordance with NFPA 701, Standard Methods of Fire Tests for Flame Propagation of Textiles and Films. Finding: During a tour of the facility with the Maintenance Supervisor, between 1 p.m. and 4 p.m. on 10/22/13, the wall decorations were observed. 1. In Room 117, there were decorative materials attached to the wall over Bed B. There was an approximately three foot by three foot square lightweight cloth material loosely attached to the wall near the head of the bed. There was decorative tee-shirt loosely attached to the wall near the head of the bed. The Maintenance Supervisor explained that these items had not been treated with fire retardant coating.	K 073	All staff will be inserviced by Maintenance Director to fire safety and the regulation regarding hanging decorations of a flammable nature in the facility. Majority of staff were inserviced on 11/08/2013. Additional inservices have been scheduled for 11/14/2013 and 11/19/2013. Lesson plan and sign in sheets are attached to this plan of correction. A notification regarding fire safety was sent to all residents and families on 11/11/2013. This notification has been added to the admission packet for all future residents. The maintenance department conducts safety room inspections. Daily resident room inspections are completed, ensuring that every resident room is inspected at least once a month. Common areas are inspected monthly. Room inspection logs are maintained by the Maintenance Director. The inspections have been expanded to include flammable materials. Furnishings and decorations found to be flammable will be returned to the resident's family or treated with a UL listed flame retardant per the resident or family's request.	
K 144	NFPA 101 LIFE SAFETY CODE STANDARD	K 144		

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K 144 SSE	Continued From page 4 Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99 3.4.4.1 This STANDARD is not met as evidenced by Based on observation, the facility failed to provide emergency generator batteries that allowed electrolyte levels to be visually inspected. This was evidenced by two maintenance free batteries installed on the emergency generator for a Level 1/Level 2 system. This could result in a loss of battery electrolyte going unnoticed and a potential failure of the emergency power supply if the generator failed to start during a public utility outage. This affected seven of seven smoke compartments with one these being the Sub-acute Unit. NFPA 110 Standard for Emergency and Standby Power Systems (1999 Edition) 6-3.6 Storage batteries, including electrolyte levels, used in connection with Level 1 and Level 2 systems shall be inspected at intervals of not more than 7 days and shall be maintained in full compliance with manufacturer's specifications. Defective batteries shall be repaired or replaced immediately upon discovery of defects. Findings	K 144	Maintenance Director will monitor that all corrective actions are carried out and will report all negative findings to the Quality Assurance team. The facility will be in substantial compliance no later than November 22, 2013. K144 No residents were harmed as a result of the generator having maintenance free batteries that could not be visually inspected. The Maintenance Director contacted Quinn Equipment for purchase and installation of a maintenance free battery that allows the Maintenance department to properly inspect the electrolyte levels. The installation was completed on 11/11/2013. Invoice for the work is attached to this plan of correction. The Maintenance Director or designee will conduct weekly checks of the electrolyte levels within the generator batteries. Acid or distilled water will be added as needed. The Maintenance Director will maintain a log of the weekly checks.	

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K 144	Continued From page 5 During a facility tour and interview with the Maintenance Supervisor, from 1 p.m. to 4:30 p.m. on 10/22/13, the emergency generator was observed. 1. There were two batteries installed on the emergency power generator that were labeled as Cat Maintenance Free 153-5700 and with install dates of 2/26/09. The Maintenance Supervisor confirmed that the maintenance free batteries electrolyte levels were not visually inspected. He explained that they do not inspect the electrolyte levels on the batteries due to this battery type which does not have individual cell caps.	K 144	Maintenance Director will monitor that all corrective actions are carried out and will report all negative findings to the Quality Assurance team. The facility will be in substantial compliance no later than November 22, 2013.	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain their electrical equipment and wiring. This was evidence by a floor fan plugged into an extension cord in a resident room and appliances not plugged directly into wall outlets in an office area. This affected two of seven smoke compartments and could result in an electrical fire. NFPA 70 National Electrical code, 1999 edition 240-4 Flexible cord, including tinsel cord and extension cords, and fixture wires shall be protected against overcurrent by either (a) or (b) (a) Ampacities. Flexible cord shall be protected by an overcurrent device in accordance with its ampacity as specified in Tables 400-5(A) and (B)	K 147	K147 No residents were harmed as a result of extension cords being used improperly in the facility. The surge protector was removed from the Admissions office and the extension cord was removed from room 216-B immediately during the survey.. The Maintenance staff inspected all resident rooms and offices within the facility on 11/08/2013 for any other use of extension cords, preventing all residents, staff and visitors from harm. All staff will be inserviced by Maintenance Director to fire safety and the regulation regarding use of extension cords in the facility. Majority of staff were inserviced on 11/08/2013. Additional inservices have been scheduled for 11/14/2013 and 11/19/2013. Lesson plan and sign in sheets are attached to this plan of correction.	

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K 147	Continued From page 6 Fixture wire shall be protected against overcurrent in accordance with its ampacity as specified in Table 402-5 Supplementary overcurrent protection, as in Section 240-10, shall be permitted to be an acceptable means for providing this protection. 400-8 Unless specifically permitted in Section 400-7, flexible cord and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces (5) Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (6) Where installed in raceways, except as otherwise permitted in this Co Findings: During a facility tour with the Maintenance Supervisor on 10/22/13, the electrical equipment and wiring were observed. 1. At 1:10 p.m., in the Admissions office, there was a microwave oven and a refrigerator plugged into a surge protector which was plugged into a wall outlet. 2. At 3:57 p.m., in Room 2168, there was a floor fan plugged into an orange extension cord which was plugged into a wall outlet behind the wall mounted television.	K 147	The Administrator sent a notification regarding fire safety to all residents and families on 11/11/2013. This notification has been added to the admission packet for all future residents. The Maintenance department conducts safety room inspections. Daily resident room inspections are completed, ensuring that every resident room is inspected at least once a month. Common areas are inspected monthly. Room inspection logs are maintained by the Maintenance Director. Use of extension cords has been added to the monthly log. The log has been attached to this plan of correction. Staff will notify maintenance of any extension cords that are in use. Maintenance Director will monitor that all corrective actions are carried out and will report all negative findings to the Quality Assurance team. The facility will be in substantial compliance no later than November 22, 2013.	