

PRINTED: 06/25/2014
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: 555466	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 05/16/2014
NAME OF PROVIDER OR SUPPLIER ASHBY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2270 ASHBY AVE. BERKELEY, CA 94705		
(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: 5/13/1991 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: ONE STORY, TYPE V WOOD FRAME CONSTRUCTION, FULLY SPRINKLERED 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. Representing the California Department of Public Health: 31070 The facility is not in compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census: 28 NFPA 101 LIFE SAFETY CODE STANDARD	K 000			
K 050 SS=E	Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2	K 050			

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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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NAME OF PROVIDER OR SUPPLIER ASHBY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2270 ASHBY AVE. BERKELEY, CA 94705		
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K 050	<p>Continued From page 1</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure that all staff on all shifts were familiar with the fire drill procedures as evidenced by the failure to provide 4 of 12 fire drills, and the failure to conduct fire drills which included the transmission of a fire alarm signal during three AM shifts, two PM shifts, and two NOC shift drills. This could result in staff being untrained and unaware of their roles and responsibilities in the event of a fire. This affected two of two smoke compartments.</p> <p>NFPA 101, Life Safety Code 2000 Edition 19.7.1.2* Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions.</p> <p>When drills are conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.</p> <p>Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building.</p> <p>Findings:</p> <p>During document review with the Administrator on 6/16/14, the fire drill records were reviewed.</p> <p>1. At 2 p.m., the facility failed to provide a NOC shift fire drill for the second quarter 2014. An AM shift fire drill was conducted on 4/27/14, and a</p>	K 050	<p>K 050</p> <p>Fire drills are scheduled accordingly in fire manual of facility (Tab 2, page1 and 2) when each shift and each quarter a fire drill needs to be conducted.</p> <p>Between the hours of 6am - 9pm practice fire alarms are set off that include either: fire pull alarms, emergency tamper switch alarm or smoke detectors. After the simulated drills are completed, First Alarm is contacted to e-mail or fax an activity report is sent to the facility. Activity reports are attached to in-service sign-in sheets that show proof of alarm activation.</p> <p>Attached is a copy of the fire drill schedule and fire drill report on 6/17/14 with the activity report. Next fire drill is due on July 9, 2014 for Day Shift.</p> <p>Corrected: 06/17/14</p>		

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NAME OF PROVIDER OR SUPPLIER ASHBY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2270 ASHBY AVE. BERKELEY, CA 94705		
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K 050	<p>Continued From page 2</p> <p>PM shift fire drill was conducted on 5/16/14 for the second quarter.</p> <p>2. At 2:02 p.m., the facility failed to provide an AM and PM shift fire drill in the third quarter 2013. The facility conducted a NOC shift fire drill on 9/3/13.</p> <p>3. At 2:04 p.m., the facility failed to provide a NOC shift fire drill for the fourth quarter 2013. There was a AM and PM shift conducted on 12/3/13.</p> <p>When interviewed, the Administrator stated that those fire drills were missing during the time when the previous predecessor was here, and that he could not say what happened during that time.</p> <p>4. At 2:06 p.m., the NOC shift fire drill reports dated 2/17/14 and 3/30/14 indicated the drills were at 6:30 a.m. and no device was activated. The Administrator contacted the monitoring company and the call was placed on speaker phone. The monitoring company verified that no devices had been activated on 2/17/14 and 3/30/14.</p> <p>5. At 2:08 p.m., the fire drill conducted by the facility on 2/12/14 showed the fire drill for the AM shift was conducted at 1 p.m. The Administrator contacted the monitoring company and the call was placed on speaker phone. The monitoring company verified that no devices had been activated on 2/12/14.</p> <p>6. At 2:10 p.m., the fire drill conducted by the facility on 2/12/14 showed the fire drill for the PM shift was conducted at 4 p.m. The Administrator</p>	K 050	<p>K 050</p> <p>1. The schedule for Fire Drills has been developed to reflect the Night Shift for the night shift. (See Attached Schedule) to prevent this deficiency from re-occurrence. The Administrator will Monitor.</p> <p>2. The present Administrator was not employed in 2013.</p> <p>3. The present Administrator was not employed by the facility in 2013.</p> <p>4. A plan has been put into effect by the Director Staff Development to prevent this deficiency from re-occurrence. The monitoring company will be notified on all drills for proof that the devices were activated accordingly. The Administrator will monitor for compliance.</p> <p>5. A plan has been put into effect by the Director of Staff Development to prevent this deficiency from re-occurrence. The monitoring company will be notified on all drills for proof that the devices were activated accordingly. The Administrator will monitor for compliance.</p>	<p>06/17/14</p> <p>06/17/14</p> <p>06/17/14</p>	

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NAME OF PROVIDER OR SUPPLIER ASHBY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2270 ASHBY AVE. BERKELEY, CA 94705		
(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 050	Continued From page 3 contacted the monitoring company and the call was placed on speaker phone. The monitoring company verified that no devices had been activated on 2/12/14. 7. At 2:12 p.m., the fire drill conducted by the facility on 3/25/14 showed the fire drill for the PM shift was conducted at 4:30 p.m. The Administrator contacted the monitoring company and the call was placed on speaker phone. The monitoring company verified that no devices had been activated on 3/25/14. 8. At 2:14 p.m., the fire drill conducted by the facility on 3/31/14 showed the fire drill for the AM shift was conducted at 2:30 p.m. The Administrator contacted the monitoring company and the call was placed on speaker phone. The monitoring company verified that no devices had been activated on 3/31/14. 9. At 2:16 p.m., the fire drill conducted by the facility on 4/27/14 showed the fire drill for the AM shift was conducted at 12:30 p.m. The Administrator contacted the monitoring company and the call was placed on speaker phone. The monitoring company verified that no devices had been activated on 4/27/14.	K 050	6. A plan has been put into effect by the Director of Staff Development to prevent this deficiency from re-occurrence. The monitoring company will be notified on all drills for proof that the devices was activated accordingly. The Administrator will monitor for compliance. 7. A plan has been put into effect by the Director of Staff Development to prevent this deficiency from re-occurrence. The monitoring company will be notified on all drills for proof that the devices was activated accordingly. The Administrator will monitor for compliance. 8. A plan has been put into effect by the Director of Staff Development to prevent this deficiency from re-occurrence. The monitoring company will be notified on all drills for proof that the devices was activated accordingly. The Administrator will monitor for compliance. 9. A plan has been put into effect by The Director of Staff Development to prevent this deficiency from re-occurrence. The monitoring company will be notified on all drills for proof that the devices was activated accordingly. The Administrator will monitor for compliance.	06/17/14 06/17/14 06/17/14 06/17/14	
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052			

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NAME OF PROVIDER OR SUPPLIER ASHBY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2270 ASHBY AVE. BERKELEY, CA 94705		
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K 052	<p>Continued From page 4</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to ensure the fire alarms were verified monthly with the central monitoring station as evidenced by no monthly confirmation of a fire alarm device from the central monitoring station. This could result in a malfunction of a fire alarm device going undetected. This affected two of two smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 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.</p> <p>NFPA 72, National Fire Alarm Code, 1999 Edition 7-5.3 Supervising station fire alarm systems, records, pertaining to signal received at the supervising station that result from maintenance, inspection, and testing shall be maintained for not less than 12 months. Upon request, a hard copy record shall be provided to the authority having jurisdiction. Paper or electronic media shall be permitted.</p> <p>Findings:</p>	K 052			

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NAME OF PROVIDER OR SUPPLIER ASHBY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2270 ASHBY AVE. BERKELEY, CA 94705		
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K 052	Continued From page 5 During document review with the Administrator on 6/16/14, the monthly fire alarm signal verification records were requested. At 3:08 p.m., there were no confirmation report from the central monitoring station that the fire alarm signal was verified monthly. When interviewed, the Administrator stated that he was not aware of this requirement.	K 052	The Administrator has been informed that the Central Monitoring Station will be notified for an activity report to be attached to the monthly testing of the alarm system for compliance. The Administrator will monitor for compliance and the reports and records kept accordingly for review upon request.	06/17/14	
K 062 SS-D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their automatic sprinkler system as evidenced by one sprinkler that had excessive dust, dirt and/or cobwebs. This could result in an obstruction to the sprinklers' spray patterns, and a malfunction of the automatic sprinkler system in the event of a fire. This affected one of two smoke compartments. NFPA 101, Life Safety Code 2000 Edition 19.7.6 Maintenance and Testing. (See 4.6.12.) NFPA 101, Life Safety Code 2000 Edition 4.6.12 Maintenance and Testing 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such	K 062	(See Next Page)		

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NAME OF PROVIDER OR SUPPLIER ASHBY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2270 ASHBY AVE. BERKELEY, CA 94705		
(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 062	Continued From page 6 device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition 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). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. Exception No. 1: Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection. Exception No. 2: Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown. 2-2.1.2 Unacceptable obstructions to spray patterns shall be corrected. Findings: During the facility tour with the Administrator on 6/16/14, the automatic sprinkler system was observed. At 3:49 p.m., the sprinkler located in the Bathroom of Room 1 had an excessive amount of dust, dirt and/or debris.	K 062	K 062 A quarterly maintenance building check list is being maintained and implemented by the maintenance supervisor on a quarterly basis regarding the maintenance sprinkler heads being checked. When checking on a quarterly basis the maintenance supervisor checks for dust dirt and/or debris. The Maintenance Supervisor and Administrator will monitor to prevent this deficiency from re-occurrence. (SEE ATTACHED FORM)	06/16/14	
K 064 SS-D	NFPA 101 LIFE SAFETY CODE STANDARD	K 064			

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PRINTED: 06/26/2014
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NAME OF PROVIDER OR SUPPLIER ASHBY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2270 ASHBY AVE. BERKELEY, CA 94705		
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K 064	<p>Continued From page 7</p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain their fire extinguishers as evidenced by one fire extinguisher that was mounted higher than the regulated height, and one fire extinguisher that was obstructed. This could result in staff's inability to readily access the fire extinguisher in the event of a fire. This affected one of two smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 9.7.4 Manual Extinguishing Equipment. 9.7.4.1* Where required by the provisions of another section of this Code, portable fire extinguishers shall be installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.</p> <p>NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition 1-6.10 Fire extinguishers having a gross weight not exceeding 40 lb (18.14 kg) shall be installed so that the top of the fire extinguisher is not more than 5 ft (1.53 m) above the floor. Fire extinguishers having a gross weight greater than 40 lb (18.14 kg) (except wheeled types) shall be so installed that the top of the fire extinguisher is not more than 3 ½ ft (1.07 m) above the floor. In no case shall the clearance between the bottom of the fire extinguisher and the floor be less than 4 in. (10.2 cm).</p>	K 064			

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NAME OF PROVIDER OR SUPPLIER ASHBY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2270 ASHBY AVE. BERKELEY, CA 94705		
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K 064	<p>Continued From page 8</p> <p>NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition, 4-3 Inspection</p> <p>4-3 A trained person who has undergone the instructions necessary to reliably perform maintenance and has the manufacturer's service manual shall service the fire extinguishers not more than 1 year apart, as outlined in Section 4-4.</p> <p>4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require.</p> <p>4-3.2* Procedures. Periodic inspection of fire extinguishers shall include a check of a least the following items:</p> <ul style="list-style-type: none"> (a) Location in designated Place (b) No obstruction to access or visibility (c) Operating instructions on nameplate legible and facing outward (d) *Safety seals and tamper indicators not broken or missing (e) Fullness determined by weighing or "hefting" (f) Examination for obvious physical damage, corrosion, leakage, or clogged nozzle (g) Pressure gauge reading or indicator in the operable range or position (h) Condition of tires, wheels, carriage, hose, and nozzle checked (for wheeled units) (i) HMIS label in place <p>4-3.4.2 At least monthly, the date the inspection was performed and the initials of the person performing the inspection</p>	K 064			

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NAME OF PROVIDER OR SUPPLIER ASHBY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2270 ASHBY AVE. BERKELEY, CA 94705		
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K 064	Continued From page 9 shall be recorded. 4-3.4.3 Records shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or in an electronic system (e.g., bar coding) that provides a permanent record. 4-4* Maintenance 4-4.1 Frequency. Fire extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection. Findings: During the facility tour with the Administrator on 6/16/14, the fire extinguishers were observed. 1. At 4:05 p.m., the Class K fire extinguisher located in the Kitchen was mounted at 56 inches from floor to the operable handle. 2. At 4:11 p.m., the portable ABC fire extinguisher located in the Laundry room was obstructed by a laundry cart. When interviewed, the Maintenance Staff stated that they will find another place to keep the cart.	K 064	K 064 1. The class K fire extinguisher located in the kitchen was re-mounted to 42 inches above the floor as required by regulation. 2. The portable ABC fire extinguisher located in the laundry room was moved so to not be obstructed by a laundry cart. The Maintenance supervisor and Administrator will monitor to prevent these deficiencies from re-occurrence.	06/17/14 06/17/14	
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, the facility failed to maintain their electrical wiring and equipment as evidenced by the facility's failure to prohibit the use of a surge protector and an extension cord.	K 147			

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555488	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/16/2014
NAME OF PROVIDER OR SUPPLIER ASHBY CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2270 ASHBY AVE. BERKELEY, CA 94705		
(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 147	<p>Continued From page 10</p> <p>This could result in an electrical fire. This affected one of two smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 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 Electrical Code, 1999 Edition 400-7 Uses Permitted (a) Uses. Flexible cords shall be used only for the following:</p> <ol style="list-style-type: none"> 1) Pendants 2) Wiring of fixtures 3) Connection of portable lamps, portable and mobile signs or appliances 4) Elevator cables 5) Wiring of cranes and hoists 6) Connection of stationary equipment to facilitate their frequent interchange 7) Prevention of the transmission of noise or vibration 8) Appliances where the fastening means and mechanical connections are specifically designed to permit ready removal for maintenance and repair, and the appliance is intended or identified for flexible cord connection\ 9) Data processing cables as permitted by Section 645-5 10) Connection of moving parts 11) Temporary wiring as permitted in Sections 305-4 b) & 305-4 c) <p>400-8. Uses not Permitted. Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following:</p>	K 147			

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