DEPARTMENT OF HEALTH AND HUMAN SERVICES

No. 6010 P. 2 PRINTED: 09/23/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION OSSO79 STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WOODSIDE OR SAN LUIS OBISPO, CA 39401 SUMMS OF PROVIDER OR SUPPLIER MISSION VIEW HEALTH CENTER SUMMARY STATEMENT OF DEFICIENCES (EACH DEPTICENCY MUST BE PRECIDED BY YOU. RESULATORY OR LSG IDENTIFYING INFORMATION) K 000 INITIAL COMMENTS K3 Building: 01 K6 Plan Approval: 1958 K7 Survey Under: 2000 Existing STRUCTURE TYPE: TYPE V, ONE STORY, FULLY SPRINKLERED. The following reflects the findings of the California Department of Public Health, during an annual Recertification Life Safety Code survey. The findings are in accordance with 42 CFR (Code of Federal Regulations) 493.70 (a) for Long Term Care Facilities. Census: 149 Representing the California Department of Public Health: 29665 The facility is not in compliance with 42 CFR 483.70 (a). K 029 NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ½ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 4.1 the content of the content	CENTER	S FOR MEDICARE	& MEDICAID SERVICES			10-11-11-11-11-11-11-11-11-11-11-11-11-1	OMB NO	. 0938-0391
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Health: 29665 The facility is not in compliance with 42 CFR 483.70 (a). K 029 SS=D One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 Health: 29665 K 029 K 029 One hour fire rated construction with ¾ hour fire rated doors One hour fire rated doors		Census: 149						
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One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 One hour fire rated construction with ¾ hour fire rated doors		483.70 (a).		K	029	K 029		
and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed		fire-rated doors) of extinguishing syst and/or 19.3.5.4 pr the approved autooption is used, the other spaces by sidoors. Doors are field-applied protes.	or an approved automatic fire tem in accordance with 8.4.1 otects hazardous areas. When ormatic fire extinguishing system areas are separated from moke resisting partitions and self-closing and non-rated or active plates that do not exceed			with ¾ hour fire rated do protects hazardous areas.	ors	10-1-11
LABORATORY DIRECTOR'S OR PROVIDED SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DA	ABORATOR	Y DIRECTOR'S OR PRO	HOED SUPPLIER REPRESENTATIVE'S SIG	NATURE		TITLE		(X6) DATE

Any deficiency statement enough with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide afficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of sorvey 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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: KCJ621

Facility ID: CA050000051

If continuation sheet Page 1 of 6

DEPARTMENT OF HEALTH AND HUMAN SERVICES

No. 6010 P. 3 PRINTED: 09/23/2011 FORM APPROVED OMB NO. 0938-0391

CENTER	S FOR MEDICAR	E & MEDICAID SERVICES				OMB NO	0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUIL	DING	CONSTRUCTION 01	(X3) DATE S COMPLI	
		055079	B. WING	'—		09/2	1/2011
	ROVIDER OR SUPPLIER			1425	ADDRESS, CITY, STATE, ZIP CODE WOODSIDE DR LUIS OBISPO, CA 93401		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 029		e bottom of the door are	K 0	29	1. The deficient practice we immediately corrected by installing a self-closing dethe door to room 502.		10-1-11
K 076 SS=D	Based on observe hazardous areas spaces by smoke self-closing doors hazardous area waffected one of for could result in the area to other area frindings: During the facility areas were observed hazardous greater that considered hazar At 9:59 a.m., Roc square feet in size diapers, one shell cardboard boxes 502 was not equilibrium. NFPA 101 LIFE 50 Medical gas store protected in accomposition of the store	tour on 9/21/11, the hazardous ved. Combustible storage an 50 square feet in size are	K	076	2. The Director of Environment of En	n 502. nmental tire devices to non-ht to the tee for	
		ge locations of greater than nclosed by a one-hour					

Oct. 3. 2011 12:14PM Mission View Health Center

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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		(X3) DATE S	
	ROVIDER OR SUPPLIER		s	STREET ADDRESS, CITY, STATE, ZIP C 1425 WOODSIDE DR SAN LUIS OBISPO, CA 93401	ODE	172011
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
	3,000 cu.ft. are ver 4.3.1.1.2, 19.3.2.4 This STANDARD Based on observation failed to ensure the not stored near oxylevidenced by a rac stored against card combustibles. This compartments and risk of a fire. NFPA 99, Standard 1999 Edition. 8-3.1.11.2(c)(2) Standard 1999 Edition.	is not met as evidenced by: ition and interview, the facility at combustible materials are ygen tanks. This was is of oxygen cylinders that was diboard boxes with s affected one of four smoke could result in an increased d for Health Care Facilities, orage for nonflammable gases oic feet. s such as oxygen and nitrous arated from combustibles or	K 07	20.02	d e protected. ks were from the ironmental 11 E tanks oom. ironmental fill inservice aff on of birector of es will audit oort any non- ity	10-1-11
	Installation of Sprir Findings:	ikier Systems.				
	During a facility too storage areas were	ur on 9/21/11, medical gas e observed.		-		
	At 10:27 a.m., ther	e were 12 full oxygen E-tanks				

Oct. 3. 2011 12:14PM Mission View Health Center

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

o. 6010 PRINTED. 09/23/2011 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A BUILDING	E CONSTRUCTION 01	(X3) DATE S COMPLI	
		055079	B. WING		09/2	1/2011
	VIEW HEALTH CE		1425	T ADDRESS, CITY, STATE, ZIP COD S WOODSIDE DR N LUIS OBISPO, CA 93401	E	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 076	stored in the utility One E-tank was a seleven E-tanks we corner of the roor three cardboard is wrapped in plastic. During an interview stated that oxyge oxygen storage in NFPA 101 LIFE as Electrical wiring a with NFPA 70. This STANDARD Based on obsermaintain their electrical wiring a protector that was cord. This affect compartments are risk of an electrical NFPA 70, Nation 400-8 Uses Not Unless specifical flexible cords and following: (1) As a substitutivatructure (2) Where run the	y room near Nurses Station 2. Stored on a crash-cart and ere stored in a rack in the left in. The rack was stored against boxes containing supplies c. ew at 10:30 a.m., nursing staff in tanks are usually stored in the bom and not in the utility room. SAFETY CODE STANDARD and equipment is in accordance lational Electrical Code. 9.1.2 is not met as evidenced by: vation, the facility failed to bottrical wiring in accordance with vas evidenced by one surge s plugged into an extension ed one of four smoke and could result in an increased al fire. al Electrical Code, 1999 Edition.	K 076	K 147 Electrical wiring and equin accordance with NFP. National Electrical Code 1. The extension cord was immediately removed framediately removed framediately removed framediately removed the excord 2. The Director of Environment of Environme	A 70 as on the ronmental atension onmental entire with d . Any brought to onmittee change to	10-1-11

Oct. 3. 2011 12:14PM Mission View Health Center

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

No. 6010 PRINTLD. 09/23/2011 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055079	A BUILDII	TIPLE CONSTRUCTION NG 01	(X3) DATE S COMPLI	
	ROVIDER OR SUPPLIES			REET ADDRESS, CITY, STATE, ZIP CODE 1425 WOODSIDE DR SAN LUIS OBISPO, CA 93401	ś	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	COMPLETION DATE
K 147	Exception: Floremitted to be a accordance with (5) Where concestructural ceilings ceilings, or floors	ed to building surfaces exible cord and cable shall be ttached to building surfaces in the provisions of Section 364-8. aled behind building walls, s, suspended ceilings, dropped ed in raceways, except as	K 147			
K 211 \$S=D	wiring was obsert At 10:11 a.m., the plugged into an end housekeeping of NFPA 101 LIFE. Where Alcohol Bedispensers are in oo The corridor is oo The maximum capacity shall be rooms) The dispensers from each other oo Not more than smoke comparting of Dispensers are an ignition source of the floor is caparinklered.	ere was a surge protector extension cord in the head of fice. SAFETY CODE STANDARD ased Hand Rub (ABHR) astalled in a corridor: at least 6 feet wide individual fluid dispenser 1.2 liters (2 liters in suites of shave a minimum spacing of 4 ft 10 gallons are used in a single ment outside a storage cabinet.	K 21	Where Alcohol Based F dispensers are installed corridor, Dispensers are installed over or adjaces ignition source. 1. The ABHR dispenses immediately removed fi hospice electrical room.	in a e not nt to an r was from the	10-1-1

Oct. 3. 2011 12:15PM Mission View Health Center

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

PRINTED, 09/23/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDIN	3.3	COMPLETED		
		055079	B, WING _		09/2	1/2011	
7.400.78757.5700.07	ROVIDER OR SUPPLIER		STREET ADDRESS, CITY, STATE, ZIP CODE 1425 WOODSIDE DR SAN LUIS OBISPO, CA 93401				
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
K 211	Continued From p	page 5	K 211	2. The Director of Envir Services removed the Al dispenser from the hospi electrical room.	BHR		
	Based on observe that ABHR, Alcohowere not installed evidenced by one installed directly diffected one of for could result in the Findings: During the facility dispensers were At 10:07 a.m., the hospice electrical	is not met as evidenced by: ration, the facility failed to ensure of Based Hand Rub, dispensers over ignition sources. This was example ABHR dispenser that was over an ignition source. This our smoke compartments, and exincreased risk of a fire. tour on 9/23/11, the ABHR observed. example ABHR dispenser, in the arroom, was installed inches directly above a light		3. The Director of Envir Services will audit the e building for ABHR disp location compliance. An compliance will be brou quality assurance comm review and possible cha policy and procedure.	entire enser y non- ght to the ittee for		