

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

POC ACCEPTED
17-77-16 07598

PRINTED: 12/16/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555796	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/08/2016
NAME OF PROVIDER OR SUPPLIER MISSION CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4800 DELTA AVENUE ROSEMEAD, CA 91770		
(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)		COMPLETION DATE
K 000	INITIAL COMMENTS This facility was surveyed under 42 CFR Part 483.70(a); Life Safety Code NFPA 101, 2012 Edition, Chapter 19 Existing Health Care Occupancies, and other applicable codes. The following represents the findings of the Department of Public Health during the Life Safety Code Survey. Highest scope and severity= D Representing the Department of Public Health: 07598 Total licensed beds: 59 Total resident census: 53	K 000	This Plan of Correction constitutes Mission Care Center written evidence of its achievement of substantial compliance of the deficiencies shown on this Statement of Deficiencies (CMS-2567 dated 12/16/16) and its ability to maintain substantial compliance through the monitoring of its quality assurance programs. Preparation and or execution of this Plan of Correction does not constitute admission and/or agreement by Mission Care Center of the facts alleged and/or conclusion set forth on this Statement of Deficiencies. This Plan of Correction is prepared and/or executed because the provisions of Health and Safety Code, Section 1250 and 42 Code of Federal Regulations 4005.1907 Part 483.70(a) life safety code NFPA 101, 2000 edition chapter 19 existing health care occupancies and other applicable codes requires it		2016 DEC 23 AM 9:00
K 920 SS=D	NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a	K 920	K920 NFPA 101 ELECTRICAL EQUIPMENT - POWER CORDS AND EXTENS <i>How corrective action will be accomplished for those residents found to have been affected by the identified practice.</i> <ul style="list-style-type: none"> - Power Strip was immediately removed from the resident's room. - Administrator and Maintenance Supervisor did a facility wide search in each room. No other residents were affected by this finding. <i>How the facility will identify other residents having the potential to be affected by the same identified practice and what corrective action will be taken.</i> <ul style="list-style-type: none"> - All Residents are at risk to be affected by this practice. - Maintenance staff were in-serviced on 12/7/16 by Administrator and DSD regarding the proper use of UL approved power cords. 		12/23/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE ADMINISTRATOR (X6) DATE 12/23/2016

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that the 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.

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

PRINTED: 12/16/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555796	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/08/2016
NAME OF PROVIDER OR SUPPLIER MISSION CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 4800 DELTA AVENUE ROSEMEAD, CA 91770		
(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 920	<p>Continued From page 1</p> <p>substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to connect electrical devices directly into electrical receptacles and instead, used non-UL (Underwriter Laboratories) approved power cords. Federally approved over-current (surge) protection devices are designed to protect equipment and structures from fire.</p> <p>Findings:</p> <p>On December 7, 2016, at 3:20 p.m., during a life safety code tour of the facility, the evaluator in the presence of the maintenance supervisor observed a non-UL approved power cord was in use in resident room 6, connected to a laptop computer, a cell phone charger, a printer, and a separate hard drive storage device.</p> <p>At the time of the observation, the maintenance supervisor stated that he would replace the non-UL approved power cord with an UL approved power cord.</p> <p>The deficiency affected one out of four smoke compartments.</p> <p>The deficiency was brought to the attention of the administrator and the maintenance supervisor at the exit conference on December 8, 2016.</p>	K 920	<p><i>What measures will be put into place or what systemic changes will the facility make to ensure that the identified practice does not recur.</i></p> <ul style="list-style-type: none"> - Newly admitted residents will have electrical equipment assessed by Maintenance staff, and if necessary they will provide UL approved equipment. - Maintenance staff will conduct room rounds to ensure compliance with UL approved power cords. These rounds will be completed daily 5 times a week for the next 3 months, and reduced to 3 times a week in succeeding months. <p><i>How the facility plans to monitor its performance to make sure that solutions are sustained. The plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance system.</i></p> <ul style="list-style-type: none"> - Maintenance Supervisor will monitor on a daily basis that the room rounds and UL approved power cords are in compliance. These findings will be reported to the Administrator and DON. - Summary of the findings will be presented monthly to the Safety Committee, and to the QAPI committee quarterly for review of compliance. <p><i>Completion date of corrective actions.</i></p> <p>December 23, 2016</p>		