PRINTED: 01/16/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055957	(X2) MUL A. BUILD B. WING		COMPL	(X3) DATE SURVEY COMPLETED 01/15/2013	
NAME OF PROVIDER OR SUPPLIER VISTA COVE CARE CENTER AT SANTA PAULA			STREET ADDRESS, CITY, STATE, ZIP CODE 250 MARCH ST SANTA PAULA, CA 93060				
(X4) ID PREFIX TAG	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	(X5) COMPLETION DATE		
K 000	STRUCTURE TY SPRINKLERED. The following refle Department of Pu Life Safety Code of findings are in acc Federal Regulatio (National Fire Pro Safety Code 2000 Representing the Health: 29665 The facility is not 42 CFR 483.70 (at Census: 84 NFPA 101 LIFE SExit access is arra accessible at all ti 7.1. 19.2.1 This STANDARD Based on observialled to ensure the This was evidence.	1	K 00	This Plan of Correction my written allegation compliance for the decited. Submission of the Correction is not an adult that a deficiency exists deficiency was cited complan of Correction is submeet requirements estate and Federal Law. K038 Corrective Action: The Exit door in the East Will was repaired and now open the Person Responsible for action: The Maintenance Supender and the Maintenance Supender and the Maintenance Supender and Monitoring Process Responsible for Monitor The Monthly Maintenance Tests are controlled to the Maintenance Supender and the Maintenance will report any issues remergency exit doors at	of ficiencies is Plan of mission or that a rrectly. This ibmitted to iblished by Emergency fing Lounge ens readily. Corrective Supervisor I changes: ervisor will doors once the Monthly tests. Preventative ompleted by ervisor and strator each es Supervisor lated to the		

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055957	(X2) MULTII A BUILDIN B. WING	PLE CONSTRUCTION G 01	(X3) DATE SURVEY COMPLETED 01/15/2013	
	PROVIDER OR SUPPLIER	R AT SANTA PAULA	2	EET ADDRESS, CITY, STATE, ZIP COE 50 MARCH ST ANTA PAULA, CA 93060	7	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)		SHOULD BE	(X5) COMPLETION DATE
K 038	readily open. Thi	is affected one of three smoke and could result in a delayed	K 038	Correction Date: 1/29/201	3	
K 147 SS=F	exits were observed. At 11:01 a.m., the from the East Dir. The top of the do frame. During an interviet that the door is us acknowledged the frame. NFPA 101 LIFE SELECTRICAL WITHING A	our with staff on 1/15/13, the yed. door leading to the outside hing Room did not readily open. or was sticking on the door was at 11:02 a.m, Staff 1 stated sed as an emergency exit and at the door got stuck to the door CAFETY CODE STANDARD and equipment is in accordance ational Electrical Code. 9.1.2 is not met as evidenced by: yeation, the facility failed to actrical equipment and wiring. Sed by patient equipment ension cords and multi-plug adaptors. See of three smoke compartments in an increased risk of an all Electrical Code, 1999 Edition, etced installations, each box shall	K 147	Corrective Action: All extension cords have been from use and surge protibeing used instead. This in 6C, 4C, 2C, 15A, 17C, 23A, 23C, 18C, 16A, 14A, 25C, 25A, 25B, 31C, 26A,24C, 37B, 39B, 42A, 1A, and 11A. The facility waiver from the Department Health for use of the surge until permanent electrical be completed. The missin covers in Room 19 and were both replaced. The cord in the Business or removed from use. The six protector in the DON removed from use. Person Responsible for action: The Maintenance Sup designee will do daily monitor for electrical sat surge protectors. The M Supervisor will do Preventative Maintenance the facility to ensure a	eliminated ectors are includes 6A, 19A, 21C, 12A, 12C, 33A, 30A, 42B, 34A, vill obtain a at of Public protectors repairs can g electrical Room 34 extension Office was office was office was corrective Supervisor changes: ervisor or rounds to fety of the laintenance Monthly Rounds of	

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055957	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED 01/15/2013	
	PROVIDER OR SUPPLIER		25	EET ADDRESS, CITY, STATE, ZIP CC 50 MARCH ST ANTA PAULA, CA 93060		10/2010
(X4) ID PREFIX TAG	(EACH DEFICIEN	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				(X5) COMPLETION DATE
K 147	400-8 Uses Not F Unless specificall flexible cords and following: (1) As a substitute structure (2) Where run thr ceilings suspende floors (3) Where run thr similar openings (4) Where attach Exception: Fle permitted to be at accordance with (5) Where concestructural ceilings ceilings, or floors (6) Where installed otherwise permitted NFPA 99, Standa 1999 Edition 3-3.2.1.2 All Patie (d) Receptacles. 2. Minimum Num of receptacles sh intended use of th be sufficient rece the need for exte adapters. a. Receptacles for General Care Are shall be provided receptacles. b. Receptacles for	eplate, or fixture canopy. Permitted by permitted in Section 400-7, it cables shall not be used for the efor the fixed wiring of a rough holes in walls, structural ed ceilings, dropped ceilings, or rough doorways, windows, or 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 ed in this Code.	K 147	outlets have covers are extension cords are used the facility. Monitoring Process Responsible for Monitor The Monthly Maintenance Tests are of the Maintenance Supermonitored by the Administration of the Maintenance will report any findings redaily rounds and Preventative Maintenance regards to electrical iss Quality Assurance Meet for follow-up as needed. Correction Date: 2/15/20	& Person ing: Preventative completed by ervisor and strator each e Supervisor elated to the monthly ee Tests in sues at the ing monthly	

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(X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING 01 B. WING 055957 01/15/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 250 MARCH ST VISTA COVE CARE CENTER AT SANTA PAULA SANTA PAULA, CA 93060 SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 147 K 147 Continued From page 3 shall be provided with a minimum of six receptacles. Exception No. 1: Receptacles shall not be required in bathrooms or toilet rooms. Exception No. 2: Receptacles shall not be required in areas where medical requirements mandate otherwise; for example, certain psychiatric, pediatric, or hydrotherapy areas. Findings: During a facility tour with staff on 1/15/13, the electrical equipment and wiring were observed. 1. At 10:43 a.m., in Room 6, Bed A was plugged into a 3-foot extension cord that was plugged into a wall-mounted six-plug surge protector. Bed C was plugged into a 3-foot extension cord that was plugged into a wall-mounted six-plug surge protector. 2. At 10:46 a.m., in Room 4, Bed C was plugged into a 3-foot extension cord that was plugged into a wall-mounted six-plug surge protector. 3. At 10:48 a.m., in Room 2, Bed C was plugged into a 3-foot extension cord that was plugged into a wall-mounted six-plug surge protector. 4. At 10:50 a.m., in Room 15, Bed A was plugged into a 3-foot extension cord that was plugged into a wall-mounted six-plug adaptor with no surge protection. 5. At 10:52 a.m., in Room 17, Bed C was plugged into a 3-foot extension cord that was plugged into a wall-mounted six-plug surge protector.

Event ID: M40V21

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K 147	6. At 10:53 a.m., into a 3-foot external box about television was mid. 7. At 10:56 a.m., into a 3-foot external box about television was mid. 8. At 10:58 a.m., into a 3-foot external box about television. 8. At 10:58 a.m., into a 3-foot external box about television. 9. At 11:03 a.m., into a 3-foot external box about television a 3-foot external box about television and television. 10. At 11:04 a.m. plugged into a 3-plugged into a 3-surge protection. 11. At 11:05 a.m. plugged into a 3-surge protection. 12. At 11:07 a.m. plugged into a 3-surge protection. 3-foot extension wall-mounted six 13. At 11:10 a.m.	in Room 19, Bed A was plugged insolon cord that was plugged into ix-plug surge protector. An ove the closet and behind the ssing a cover. in Room 21, Bed C was plugged insolon cord with no surge in Room 23, Bed A was plugged insolon cord that was plugged into ix-plug surge protector. Bed C a 3-foot extension cord that was all-mounted six-plug surge in Room 18, Bed C was plugged insolon cord that was plugged into ix-plug surge protector. in Room 18, Bed C was plugged insolon cord that was plugged into ix-plug surge protector. in Room 16, Bed A was foot extension cord that was all-mounted six-plug adaptor with on. in Room 14, Bed A was foot extension cord with no	K1	47			

Event ID: M40V21

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055957		A. BUILDING B. WING	01	COMPL	(X3) DATE SURVEY COMPLETED 01/15/2013		
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K 147	business office. 14. At 11:11 a.m., plugged into a 3-f surge protection. into 3-foot extens one wall-mounted 15. At 11:12 a.m., plugged into a 3-f plugged into a wall-mounted into a 3-f plugged into a 3-f plugged into a 3-f plugged into a 3-f plugged into a wall-mounted into a 3-f plugged into a 3-f plugged into a 3-f plugged into a wall-mounted into a wall-mounted into a 3-f plugged into a 3-f plug	in Room 25, Bed C was foot extension cord with no Beds A and B were plugged ion cords that were plugged into d six-plug surge protector. In Room 31, Bed C was foot extension cord that was f	K 147				

AND PLAN OF CORRECTION IDENTIFICATION		IDENTIFICATION NUMBER:	CATION NUMBER: A. BUILDIN		01	01/15/2013		
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