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

PRINTED: 07/29/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056195	A. BUILDING _____ B. WING _____	07/05/2011

HEALTH FACILITIES INSPECTION - MAIN BUILDING 01
ADMINISTRATION

2011 AUG -8 AM 11:56
RECEIVED

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANCOCK PARK REHABILITAION CENTER	505 N. LA BREA AVENUE LOS ANGELES, CA 90036

(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 This facility was surveyed under 42 CFR Part 483.70(a) Life Safety Code NFPA 101, 2000 Edition, Chapter 19 Existing Health Care Occupancies and other applicable codes. The following represents the findings of the Department of Public Health Services during the Life Safety Code Survey. Representing the Department of Public Health: [redacted], REHS, HFE-I Census: 121 Highest Scope and Severity = E	K 000	**K000** **Please accept this plan of correction as our credible allegation of compliance. Preparation and/ or execution of this plan of correction does not constitute admission or agreement by the provider of statement of deficiencies. This plan of correction is prepared and/ or executed solely because it is required by the provisions of the Health and Safety Code Section 1280 and CFR 405.1907.**	
K 014 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for corridors and exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings has a flame spread rating of Class A or Class B. 19.3.3.1, 19.3.3.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain a Class A or B flame spread rating finish by having unsealed penetrations through the corridor ceiling. Penetrations not sealed with fire rated material may compromise the fire rating and containment of smoke and/or fire. The deficiency affected one of five smoke compartments.	K 014	**K014** The penetration through the corridor ceiling measuring 10 inches between Rm. 18 and 19 was sealed and repaired with fire rated materials on **6/30/11.** Maintenance Supervisor checked and did follow up visual observations in all areas of concerns and no other areas were affected by this deficient practice. No residents were affected by this deficient practice. Penetrations noted were checked and sealed properly. A check for penetrations will be randomly done on weekly rounds by Maintenance supervisor or designee. Any future penetrations found will be repaired and sealed immediately.	6/30/11

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
[signature]	Administrator	8/8/11

ly deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ner safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days lowing 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 ys following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued ogram participation.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056195	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/05/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANCOCK PARK REHABILITAION CENTER	505 N. LA BREA AVENUE LOS ANGELES, CA 90036

(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 014	Continued From page 1 Findings: On 6/29/11, during the Life Safety Code tour of the facility, in the presence of the maintenance supervisor, a linear penetration measuring 10-inches was observed around the edge of the ceiling in the corridor between Room 18 and 19 on the facility's second floor. The deficiency was brought to the attention of the administrator and the maintenance supervisor during the exit conference on 7/5/11.	K 014	Administrator will do follow up rounds weekly and check to assure compliance. **DATE OF CORRECTION 6/30/11**	
K 015 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2 This STANDARD is not met as evidenced by: Based on observation and interview the facility failed to maintain a class A, B or C flame spread rating finish of the ceiling by having unsealed penetration through the ceiling and wall, therefore compromising the fire rating and containment of smoke and/or fire by the fire rated surface. The deficiency affected three of five smoke compartments.	K 015	**K015** The one foot linear penetration inside utility room in front of Nurse's Station A, the 1.5 inch penetration around hot water pipe extending through the wall inside the machine room between Staff Developer's office and Employee's Lounge and the two inch penetration around a pullbox conduit penetrated through ceiling on exit corridor door on the ground floor were repaired and sealed on 6/30/11. Maintenance Supervisor and Administrator did follow up visual observations in all areas of concerns and no other areas were affected by this deficient practice. No other residents were affected by this deficient practice. Penetrations in all areas of concerns were inspected, checked and sealed properly. Maintenance Supervisor will do visual rounds and check all areas on a weekly basis.	6/30/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056195	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/05/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANCOCK PARK REHABILITAION CENTER	505 N. LA BREA AVENUE LOS ANGELES, CA 90036

(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 015	Continued From page 2 Findings: On 6/29/11, during the Life Safety Code tour, in the presence of the maintenance supervisor, the following were observed: 1. A linear penetration measuring one foot in the ceiling inside the second floor utility room located in front of Nurses' Station A. 2. A 1.5 inch penetration around hot water pipe that extended through the wall inside the machine room located on the third floor, between the staff developer's office and the employee's lounge. 3. A penetration measuring two inches around a pull-box conduit that penetrated through the ceiling above the exit corridor door located on the ground floor. In an interview, on the same date at 3:50 p.m., the maintenance supervisor stated the penetrations will be sealed. The deficiency was brought to the attention of the administrator and the maintenance supervisor during the exit conference on 7/5/11.	K 015	Administrator and/ or Assistant Administrator will do follow up visual observations and rounds weekly to assure compliance. **DATE OF CORRECTION 6/30/11**	
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3	K 018	**K018** The impedements in exit corridor door in Rm. 6, Rm. 20 and blockage of exit doors by over bed tables in Rm. 19, 43 and 15 were immediately moved back and removed on **6/29/11**. Impedements and blockage by the exit doors were checked and cleared. Maintenance Supervisor and Maintenance Staff checked and did visual rounds in all rooms and no other rooms has found affected by this deficient practice. No	6/29/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056195	A. BUILDING 01 - MAIN BUILDING 01 B. WING	07/05/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANCOCK PARK REHABILITAION CENTER	505 N. LA BREA AVENUE LOS ANGELES, CA 90036

(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 018	Continued From page 3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure the exit corridor door in residents' sleeping rooms were able to resist the passage of smoke by having the door impeded from closing freely. In the event of a fire emergency, rapid closure with a means suitable for keeping the doors closed without any impediments or penetrations are essential component in the containment of smoke and/or fire. The deficiency affected three of five smoke compartments. Findings: On 6/29/11, during the environmental tours of the facility, in the presence of the maintenance supervisor, the following items were observed: 1. The exit corridor door in Room 6 was impeded from closing by a wheelchair. 2. The over-bed tables in Room 19 (2nd floor), Room 43 (3rd floor) and Room 15 were blocking the exit doors from closing. 3. The exit corridor door in Room 20 was impeded from closing by a visitor's chair.	K 018	other residents were affected by this deficient practice. Maintenance Supervisor and all staff will do random visual observations on a weekly basis. Administrator and Assistant Administrator will do weekly follow up visual observations and rounds to assure compliance. **DATE OF CORRECTION 6/29/11**	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056195	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/05/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANCOCK PARK REHABILITAION CENTER	505 N. LA BREA AVENUE LOS ANGELES, CA 90036

(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 018	Continued From page 4 The deficiency was brought to the attention of the maintenance supervisor and the administrator during the exit conference on 7/5/11.	K 018		
K 051 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6 This STANDARD is not met as evidenced by: NFPA 71 National Fire Alarm Code 1999 Edition 2-3.5.1 In spaces served by air-handling systems, detectors shall not be located where airflow prevents operation of the detectors.	K 051	**K051** Fire alarm service company was called for emergency service for smoke detectors in Rm. 15, 35, 53 and 54, were tested and all functioned normal on 7/1/11. Observation indicated that smoke was blown away by the air flow from the air conditioner vents adjacent to the affected smoke detectors. Deflectors on registers were installed to blow air down away from smoke detectors on ceiling on 7/2/11. Fire watch observation was immediately implemented on 7/1/11 and ended after completion of intallation of deflectors on 7/2/11. Maintenance Supervisor followed up visual observation in all areas of concerns and no other rooms has found affected by this deficient practice. No other residents were affected by this deficient practice. Smoke detectors were checked and are working properly. Smoke detectors will be tested monthly by Maintenance Supervisor to assure proper fucntion. Administrator will follow up and review test records to assure compliance. **DATE OF CORRECTION 7/2/11**	7/2/11

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056195	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	07/05/2011

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
HANCOCK PARK REHABILITAION CENTER	505 N. LA BREA AVENUE LOS ANGELES, CA 90036

(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 051	Continued From page 5 This Requirement is not met as evidenced by: Based on observation and interview, the facility failed to ensure the smoke detector in Rooms 15, 35, 53 and 54 activated the fire alarm system and release corridor doors after being sprayed with a canned aerosolized smoke. In the event of a fire and/or smoke, the notification devices would alert the occupants of a fire emergency and to evacuate the building. The deficiency affected four of five smoke compartments. Findings: On 7/01/11, between 8:04 a.m. and 10:14 a.m., during the test of the facility's fire alarm system, the surveyor, observed the maintenance supervisor testing the smoke detectors in Rooms 15, 35, 53 and 54. The smoke detector failed to activated the fire alarm system and release the cross-corridor fire doors after being sprayed with a canned aerosolized smoke on three testing opportunities. Further observation indicated the aerosol smoke was being blown away by the air flow from the air conditioner vents adjacent to the affected smoke detectors. In an interview, on the same date at 11:05 a.m., the maintenance supervisor stated preventive measures would be taken to prevent the problem. The administrator implemented the fire watch observation pending the arrival of the Fire Alarm Service Company. The deficiency was brought to the attention of the administrator and the maintenance supervisor during the exit conference on 7/05/11.	K 051		