

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

PRINTED: 05/12/2015
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|--|---|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555118 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING | | (X3) DATE SURVEY COMPLETED R-C 05/07/2015 |
| NAME OF PROVIDER OR SUPPLIER EVERGREEN NURSING & REHABILITATION CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2030 EVERGREEN AVENUE MODESTO, CA 95350 | | |
| (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: 1/1/69 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), PARTIALLY SPRINKLERED. The following reflects the findings of the California Department of Public Health, during a Life Safety Code revisit 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: 28602 Representing the California Department of Public Health: 28602 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. | {K 000} | Preparation and/or execution of the plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 CFR 483 et seq. This plan of correction constitutes my written credible allegation of compliance for the deficiencies noted. | | |
| {K 056} SS=C | Census: 161 NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully | {K 056} | K056 NFPA 101 LIFE SAFETY CODE STANDARD It is the policy of Evergreen Nursing & Rehabilitation Care Center to provide a complete automatic sprinkler system in accordance with Nation Fire Protection Association (NFPA) 101, Life Safety Code, 2000 Edition, and NFPA 13, 1999 Edition. | | |

LABORATORY REPRESENTATIVE'S SIGNATURE Director of Nurse TITLE 5/18/15 (X8) DATE

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.

POC accepted 5/19/15 per Jared Okamoto

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

PRINTED: 05/12/2015
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|--|---|---|---|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555118 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED R-C 05/07/2015 |
| NAME OF PROVIDER OR SUPPLIER EVERGREEN NURSING & REHABILITATION CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2030 EVERGREEN AVENUE MODESTO, CA 95350 | | |
| (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 056} | <p>Continued From page 1</p> <p>supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain the automatic sprinkler system in accordance with the National Fire Protection Association (NFPA) 101, 2000 Edition, and NFPA 13, 1999 Edition. This was evidenced by failing to obtain final approvals for their automatic sprinkler system additions. This was evidenced by no final project approvals from the authority having jurisdiction for newly installed automatic sprinkler heads located under combustible roof overhangs. This deficient practice affected three of eight smoke compartments, and could result in a malfunctioning automatic sprinkler system, during a fire emergency.</p> <p>CMS issued S&C-09-04, Adoption of New Fire Safety Requirements for Long Term Care Facilities, Mandatory Sprinkler Installation Requirement, dated October 3, 2008. This letter required all long term care facilities to be equipped with a supervised sprinkler system by August 13, 2013, installed in accordance with the 1999 Edition of the National Fire Protection Association's (NFPA) Standard for Installation of Sprinkler Systems (NFPA 13), and maintained in accordance with the 1998 Edition of the National Fire Protection Association's (NFPA) Standard for Inspection, Testing and Maintenance of</p> | {K 056} | <p>The installation of the sprinklers was completed and tested on 5/5/15.</p> <p>All residents have the potential to be effected by this regulation; therefore on 5/7/15 the sprinkler installation was completed and tested.</p> <p>The IOR visited the facility on 5/7/15 and verified compliance of the project.</p> <p>The IOR was again at the facility on 5/8/15 for a field visit. The project is 90-95% complete. Final closure is pending verified reports from the design team, IOR and the contractor.</p> <p>Currently awaiting ACD (Amended Construction Document) Approximately 3 weeks.</p> <p>Upon approval of change order, minor changes will need to be completed, then OSHPD and Fire & Life Safety inspection, Approximately 2 months.</p> <p>The Maintenance supervisor or designee will communicate weekly with the design team, IOR and contractor for updates on the project. A log will be created to indicate the communication.</p> <p>A copy of this log will be given to the Co-Administrator monthly to verify compliance.</p> | 8/7/15 | |

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

PRINTED: 05/12/2015
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|--|---|---|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555118 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED R-C 05/07/2015 |
| NAME OF PROVIDER OR SUPPLIER EVERGREEN NURSING & REHABILITATION CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2030 EVERGREEN AVENUE MODESTO, CA 95350 | | |
| (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 056} | <p>Continued From page 2</p> <p>Water-Based Fire Protection Systems, (NFPA 25).</p> <p>NFPA 101, 2000 Edition</p> <p>9.7.1 Automatic Sprinklers.</p> <p>9.7.1.1* Each automatic sprinkler system required by another section of this Code shall be in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>Exception No. 1: NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, shall be permitted for use as specifically referenced in Chapters 24 through 33 of this Code.</p> <p>Exception No. 2: NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, shall be permitted for use as provided in Chapters 24, 26, 32, and 33 of this Code.</p> <p>19.3.5 Extinguishment Requirements.</p> <p>19.3.5.1 Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7.</p> <p>Exception: In Type I and Type II construction, where approved by the authority having jurisdiction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specified areas where the authority having jurisdiction has prohibited sprinklers, without causing a building to be classified as nonsprinklered.</p> <p>NFPA 13, 1999 Edition</p> <p>1-6 Level of Protection.</p> <p>1-6.1 A building, where protected by an automatic sprinkler system installation, shall be provided with sprinklers in all areas.</p> | {K 056} | Continued From Page 2 | | |

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

PRINTED: 05/12/2015
FORM APPROVED
OMB NO. 0938-0391

| | | | | | |
|--|--|---|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555118 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED R-C 05/07/2015 |
| NAME OF PROVIDER OR SUPPLIER EVERGREEN NURSING & REHABILITATION CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2030 EVERGREEN AVENUE MODESTO, CA 95350 | | |
| (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 056} | <p>Continued From page 3</p> <p>Exception: This requirement shall not apply where specific sections of this standard permit the omission of sprinklers.</p> <p>5-13.8 Exterior Roofs and Canopies</p> <p>5-13.8.1 Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft (1.2 m) in width.</p> <p>Exception: Sprinklers are permitted to be omitted where the canopy or roof is of noncombustible or limited combustible construction.</p> <p>Findings:</p> <p>During record review, a facility tour, and interview with Administrative Staff 1 on 5/7/15, the newly installed automatic sprinkler heads around the exterior of the building were observed.</p> <p>The facility was previously cited on 1/29/15 for non-sprinklered combustible wood framed roof overhangs exceeding four feet in width.</p> <p>On 5/7/15 at 3:30 p.m., newly installed sprinkler heads were observed under the exterior roof overhangs. During an interview at that time, Administrative Staff 1 reported that the facility had not obtain final approvals from the Office of Statewide Health Planning and Development (OSHPD) for the sprinkler addition project.</p> <p>Administrative Staff 1 indicated that the OSHPD Inspector of Record (IOR) made a site visit on 5/7/15. The OSHPD IOR Verified Compliance Report indicated that the newly added sprinklers were installed per plans and were operational. Administrative Staff 1 reported that the final OSHPD inspection was pending.</p> <p>At 3:40 p.m., there were no records that indicated</p> | {K 056} | Continued From Page 3 | | |

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

| | | | | | |
|--|---|---|--|----------------------------|--|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555118 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____ | | (X3) DATE SURVEY COMPLETED R-C 05/07/2015 |
| NAME OF PROVIDER OR SUPPLIER EVERGREEN NURSING & REHABILITATION CARE CENTER | | | STREET ADDRESS, CITY, STATE, ZIP CODE 2030 EVERGREEN AVENUE MODESTO, CA 95350 | | |
| (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 056} | Continued From page 4 the facility had obtained final review and approvals from OSHPD for the installation of the newly added sprinkler heads at the exterior roof overhangs. S&C-13-55-LSC dated August 16th, 2013, revised on 12-20-13, states that CMS will engage with any facility that has a waiver, but has not yet installed sprinklers in overhangs or canopies (and therefore fall into the category of partially sprinklered) to schedule the waiver phase out as part of their plan of correction. | {K 056} | Continued From Page 4 | | |