

PRINTED: 11/15/2012
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555764		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/07/2012	
NAME OF PROVIDER OR SUPPLIER PALOMAR HEIGHTS POST ACUTE REHAB				STREET ADDRESS, CITY, STATE, ZIP CODE 1280 E OHIO AVENUE ESCONDIDO, CA 92027			
(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	<p>INITIAL COMMENTS</p> <p>K3 BUILDING: 01 K8 PLAN APPROVAL: 2000 K7 SURVEY UNDER: 2000 EXISTING</p> <p>STRUCTURE TYPE: TYPE (V) (111), FULLY SPRINKLERED.</p> <p>The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code re-certification 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.</p> <p>Representing the California Department of Public Health: 29566</p> <p>The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.</p>	K 000	<p>This Plan of Correction constitutes my written credible allegation of compliance for the deficiencies noted.</p>				
K 018 SS=D	<p>Census: 86</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 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</p>	K 018	<p><u>K 018</u></p> <p>It is the policy and intent of this facility to have and maintain doors protecting corridor openings with a means suitable for keeping the door closed.</p> <p>A. The self-closure device for the Housekeeping Dirty Utility Room door was adjusted to assure that closure has sufficient pressure to latch the door.</p> <p>B. Facility Maintenance Supervisor adjusted the self-closure device; verified by Administrator.</p> <p>C. All doors protecting corridor openings will be inspected, monthly, by the Maintenance Supervisor to assure that they properly latch. Adjustments and repairs will be made, as necessary.</p> <p>D. Compliance will be monitored by the facility's Administrator and</p>			<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH</p> <p>NOV 26 2012</p> <p>L & C DIVISION SAN JOSE</p>	

LABORATORY DIRECTOR'S OR PURCHASER'S REPRESENTATIVE'S SIGNATURE

TITLE

(XB) DATE

(*) denotes a deficiency which the institution must correct immediately. If it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for deficiencies involving patient safety or health care, all findings 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.

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K 029	<p>Continued From page 2</p> <p>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 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to protect the corridor from a hazardous storage area. This was evidenced by the Central Supply's door, which open into the corridor, with a broken self closure device and Housekeepers Cleaning Closet not equipped with a self-closure device. This affected 2 of 5 smoke compartments. This could result in the spread of fire and smoke and increase the risk of injury to residents, visitors and staff in the event of a fire.</p> <p>National Fire Prevention Association 101, Life Safety Code 2000 Edition:</p> <p>19.3.2.1 Hazardous Areas. Any Hazardous area shall be safe guarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke -resisting partitions and doors. The doors shall be self-closing or automatic closing. Hazardous shall include, but shall not be restricted to, the following:</p>	K 029	<p>been repaired. Self-closure device was purchased and installed on the Housekeeping Cleaning Storage by room 31.</p> <p>B. The facility's Maintenance Supervisor repaired the Central Supply room closure device and installed a new closure device on the Housekeeping Cleaning Storage room. Work verified by the Administrator.</p> <p>C. All doors protecting corridor openings will be inspected, monthly, by the Maintenance Supervisor to assure that closure devices are working properly and that the doors latch. Adjustments and repairs will be made, as necessary.</p> <p>D. Compliance will be monitored by the facility's Administrator and reported to the facility's quarterly Quality Assurance Committee.</p>	12/7/12	

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K 029	<p>Continued From page 3</p> <p>(1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 square ft (9.3 square m) (3) Paint shops (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 square ft (4.6 square m), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction. (8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard. Exception: Doors in rated enclosures shall be permitted to have non-rated, factory-or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door.</p> <p>Findings:</p> <p>During a tour of the facility with the Maintenance Supervisor on November 7, 2012, the Central Supply Room was observed.</p> <p>1. At 12:16 p.m., the Central Supply Storage Room's door had a broken self closure device, was greater than 50 square feet in size and contained shelves of boxes and plastic containers. The door failed to self-close.</p> <p>2. At 12:55 p.m., the Housekeeping Cleaning Storage Closet by Room 31 stored six, one-gallons and three, two and half-gallons of flammable liquids (per container labels) along</p>	K 029			

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K 029	Continued From page 4 with paper supplies and other containers of liquids and aerosols. The door was not equipped with a self-closing device.	K 029	<u>K 051</u> It is the policy and intent of this facility to have a fire alarm system to provide effective warning of fire in any part of the building, and a remote annunciation of the fire alarm system to an approved central station, in accordance with NFPA 72.		
K 051 SS=F	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: Based on observation and interview, the facility failed to maintain their fire alarm system in accordance with NFPA 72, 1999 edition. This was evidenced by the monitoring company not receiving fire alarm signals from facility. This	K 051	A. The facility activated a Fire Watch at the time we were advised that our automatic dialing system was not connecting with our monitoring company. Facility administrator contacted our phone service carrier for assistance in troubleshooting the problem. At 6:32 p.m., phone service issue was resolved and monitoring service was able to receive notification alerts. The system was tested by means of pull stations at 6:40 p.m. and 7:08 p.m. to assure that auto dialing system was working properly. B. The facility's phone service carrier made on-site repairs and upgrades to our phone system. These repairs and upgrades were		

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K 051	Continued From page 5 affected 5 of 5 smoke compartments. This could result in a delay of notification of a fire to the emergency services and possible cause harm to residents and staff in the event of a fire. Findings: On November 7, 2012 at 3:04 p.m., the fire alarm system was tested, which includes pull stations, smoke detectors, PIV/Tamper alarm and Inspector Test Valve with the Maintenance Supervisor. At 3:52 p.m., the trouble alarm was sounding at the fire alarm panel. The Maintenance Supervisor contacted the vendor and the vendor stated that there was a problem with the phone connections causing the trouble alarm. At 4:15 the Administrator called the monitoring company to request a print out for the tests conducted to verify the monitoring company's receipt of the fire alarm signals and was told that there was no print out because no signals were received. At 4:35 p.m., the Administrator told the surveyor that the fire alarms signals from the facility were not received by the monitoring company. The fire alarm system failed to send signals to the facility's monitoring company.	K 051	completed on 11/12/2012. Fire alarm system was tested again to assure that monitoring service received notifications. C. The Maintenance Supervisor will request a "Subscriber Activity Report" each time the fire and smoke detection system is tested. D. Compliance will be monitored by the facility's Administrator and reported to the facility's quarterly Quality Assurance Committee.	12/7/12	
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by:	K 064	K 064 It is the policy and intent of this facility to have portable fire extinguishers in accordance with NFPA 10. This includes that fire extinguishers be easily accessible and mounted no higher than 5 feet from the floor.		

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NAME OF PROVIDER OR SUPPLIER

PALOMAR HEIGHTS POST ACUTE REHAB

STREET ADDRESS, CITY, STATE, ZIP CODE

1260 E OHIO AVENUE
ESCONDIDO, CA 92027

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K 064	<p>Continued From page 6</p> <p>Based on observation, the facility failed to ensure that fire extinguishers were easily accessible. This was evidenced by fire extinguishers mounted above 5 feet from the floor. This could cause a delay in reaching the fire extinguisher and the potential of the fire spreading and causing harm to residents and staff in the event of a fire emergency. This affected 2 of 5 smoke compartments.</p> <p>NFPA 10, Standards for Portable Fire Extinguishers 1998 Edition: 1-6.10 Fire extinguishers having a gross weight not exceeding 40 lb(18.14 kg) shall be installed so that the top of the fire extinguisher is not more than 5 ft(1.53 m) above the floor. Fire extinguishers having a gross weight greater than 40 lb (18.14 kg)(except wheeled type) shall be so installed that the top of the fire extinguisher is not more than 3 1/2 ft (1.07 m) above the floor. In no case shall the clearance between the bottom of the fire extinguisher and the floor be less than 4 in.(10.2 cm).</p> <p>Findings:</p> <p>During the facility tour with the Maintenance Supervisor on November 7, 2012, the fire extinguishers were observed.</p> <p>1. At 12:08 p.m., the fire extinguisher in the Maintenance shop was mounted 69 inches from the floor.</p>	K 064	<p>A. The fire extinguishers in the Maintenance Shop and the Dining Room have been re-mounted to a height below 5 feet in accordance with regulations.</p> <p>B. The facility's Maintenance Supervisor re-mounted these fire extinguishers. Work verified by the Administrator.</p> <p>C. Fire extinguishers are inspected monthly, by the Maintenance Supervisor to assure that they are in proper working condition and mounted within the height standard. Adjustments or repairs will be made as necessary.</p> <p>D. Compliance will be monitored by the facility's Administrator and reported to the facility's quarterly Quality Assurance Committee.</p>	12/7/12

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K 064	Continued From page 7	K 064	K 076	
K 076 SS=D	<p>2. At 1:01 p.m., the fire extinguisher in the Dining room was mounted approximately 66 inches from the floor.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that oxygen cylinders in their storage areas were separated. This was evidenced by storing of full and empty oxygen cylinders in the same crate. This affected 2 of 5 smoke compartments. This could cause a delay in an emergency for the resident who needs oxygen and also cause could cause confusion by taking an empty oxygen cylinder instead of a full cylinder and the potential risk of injury to residents in an emergency.</p> <p>National Fire Protection Association Health Care Facilities -99, 1999 Edition- 4-3.5.2.2 (b) (1) Storage shall be planned so that cylinders can be</p>	K 076	<p>It is the policy and intent of this facility store medical gases in accordance with NFPA 99. This shall include the proper storage of oxygen cylinders using separate storage racks for empty and full oxygen cylinders.</p> <p>A. The Maintenance Supervisor properly organized and separated oxygen cylinders after the facility tour was completed. Empty and full cylinders were placed in separate holding racks.</p> <p>B. Signage has been created and posted in the oxygen storage closets indicating that "empty" cylinders are to be placed in the holding rack on the left side of the closet; "full" tanks in the holding rack on the right.</p> <p>C. Nursing staff shall receive in-service training by the Director of Staff Development regarding proper storage of oxygen cylinders. The oxygen storage rooms will be inspected daily, Monday – Friday, by the facility maintenance staff, and by the</p>	

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K 076	Continued From page 8 use in the order in which they are received from the supplier. (2) If stored within the same enclosure, empty cylinders shall be segregated from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurriedly. Findings: During tour of facility with the Maintenance Supervisor on November 7, 2012, the oxygen rooms were observed. 1. At 12:11 p. m., Oxygen room by Room 9 had both the empty and full E- sized oxygen cylinders mix together. 2. At 1:05 p.m. the Oxygen room by Room 45 had both the empty and full E-sized oxygen cylinders mix together.	K 076	Administrator during routine facility rounds. D. Compliance will be monitored by the facility's Administrator and reported to the facility's quarterly Quality Assurance Committee.	12/7/12	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain electrical safety. This was evidenced by electrical equipment plugged into multi-plug, surged protector power strips and not into wall outlets. This affected 1 of 5 smoke compartments. This could potentially cause a fire and potential harm to residents and staff in the event of a fire emergency. NFPA 70 Section 400-8 1999 Ed. Uses not	K 147	<u>K 147</u> It is the policy and intent of this facility for electrical equipment and wiring to be in accordance with NFPA 70. This shall include plugging electrical equipment into wall outlets instead of using multi-plug, surge protector power strips. A. The facility hired a qualified electrical contractor to install additional wall outlets. The power strips were no longer needed and have been removed. B. Facility Administrator oversaw the work to assure that assure that an adequate number of wall outlets were installed. C. Facility maintenance staff will monitor compliance during monthly, facility safety		

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K 147	<p>Continued From page 9</p> <p>permitted. Unless specifically permitted in section 400-7, flexible cords and cables shall not be used for the following:</p> <ul style="list-style-type: none"> (1) As a substitute for a fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors. (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces (5) Where concealed behind building walls, structural ceilings, suspended ceilings, or floors (6) Where installed in raceways, except as otherwise permitted in this code <p>Findings:</p> <p>During a tour of the facility with the Maintenance Supervisor on November 7, 2012, the electrical system was observed.</p> <ul style="list-style-type: none"> 1. At 12:26 p.m., the Physical Therapy Room had two microwaves, a coffe pot and toaster oven plugged into a multi-plug surge protector power strip. 2. At 12:29 p.m., the Business Office had a window air condition unit plugged into an extension cord. 	K 147	<p>inspections. The Administrator and DSD will monitor during routine facility rounds.</p> <p>D. Compliance will be monitored by the facility's Administrator and reported to the facility's quarterly Quality Assurance Committee.</p>	12/7/12	

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