

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

PRINTED: 03/18/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056096	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/11/2014
NAME OF PROVIDER OR SUPPLIER PIEDMONT GARDENS			STREET ADDRESS, CITY, STATE, ZIP CODE 110 41ST STREET OAKLAND, CA 94611		
(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: 7/7/1969 K7 Survey Under: 2000 Existing K12 Structure Type: Three Story Building, Skilled Nursing on 2nd and 3rd Floors, Type II, Fully Sprinklered The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification 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: 30514 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census = 80	K 000			
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the integrity of the building construction as evidenced by unsealed penetrations in the walls and ceilings. This could result in faster spread of fire and smoke through compartments	K 012			

CALIFORNIA DEPARTMENT
OF PUBLIC HEALTH
MAR 26 2014
L & C DIVISION
SAN JOSE

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.

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K 012	Continued From page 1 causing potential harm to residents and staff in the event of a fire. This affected 2 of 2 floors. Findings: During a tour of the facility with the Environmental Services Director on 3/11/14, the facility's walls and ceilings were observed. 2nd Floor: 1. At 11:56 a.m., in the Conference Room across from the Dining Room, there was a penetration approximately 2 inches in diameter in the ceiling. 2. At 11:59 a.m., in the Director of Staff Development Office (DSD), there was a penetration approximately 1 inch in diameter the ceiling with telecom wiring running through it. 3rd Floor: 3. At 12:33 p.m., at the Nurses Station, a cover was missing from a phone outlet that had two telephone wires running through it.	K 012	K 012 It is the standard of this facility to maintain walls and ceilings without unsealed penetrations. Both locations of unsealed penetrations were repaired by maintenance staff on 3/11/14. Third floor nurse station missing phone outlet cover was installed by maintenance staff on 3/11/14. Monthly environmental rounds will be conducted on a regular basis by Maintenance Supervisor and Administrator with special attention paid to walls and ceilings and potential unsealed penetrations.		
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 1 3/4 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	K 018	K 018 It is the standard of this facility to maintain doors and latches working properly. The latch on the door in room 3324 was repaired by maintenance staff on 3/11/14. Door inspections will be included in the preventive maintenance program and tested at least monthly.		

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: NKO521 Facility ID: CA020000091 If continuation sheet Page 3 of 9

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K 073	<p>Continued From page 3</p> <p>Based on observation, the facility failed to maintain their combustible furnishings as evidenced by two resident rooms with combustible furnishing and no smoke detectors installed in the rooms. This could result in an increased risk and spread of fire and affected 1 of 2 floors.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 19.7.5.2 Newly introduced upholstered furniture within health care occupancies shall meet the criteria specified when tested in accordance with the methods cited in 10.3.2(2) and 10.3.3. Exception: Upholstered furniture belonging to the patient in sleeping rooms of nursing homes, provided that a smoke detector is installed in such rooms. Battery-powered single-station smoke detectors shall be permitted.</p> <p>10.3.2* Where required by the applicable provisions of this Code, upholstered furniture and mattresses shall be resistant to a cigarette ignition (that is, smoldering) in accordance with the following:</p> <p>(1) Where required by the applicable provisions of this Code, the components of the upholstered furniture, unless located in rooms or spaces protected by an approved automatic sprinkler system, shall meet the requirements for Class I when tested in accordance with NFPA 260, Standard Methods of Tests and Classification System for Cigarette Ignition Resistance of Components of Upholstered Furniture.</p> <p>(2) Where required by the applicable provisions of this Code, mocked-up composites of the upholstered furniture, unless located in rooms or spaces protected by an approved automatic sprinkler system, shall have a char length not exceeding 1.5 in. (3.8 cm) when tested in</p>	K 073	<p>K 073</p> <p>It is the standard of this facility to maintain combustible furnishings and smoke detectors appropriately placed.</p> <p>Smoke detectors were installed by maintenance staff in rooms 3319 and 3327 on 3/11/14.</p> <p>Monthly environmental rounds will be conducted on a regular basis by Maintenance Supervisor and Administrator with special attention paid to combustible furnishings and smoke detectors.</p>		

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K 073	<p>Continued From page 4</p> <p>accordance with NFPA 261, Standard Method of Test for Determining Resistance of Mock-Up Upholstered Furniture Material Assemblies to Ignition by Smoldering Cigarettes.</p> <p>(3) *Where required by the applicable provisions of this Code, mattresses, unless located in rooms or spaces protected by an approved automatic sprinkler system, shall have a char length not exceeding 2 in. (5.1 cm) when tested in accordance with Part 1632 of the Code of Federal Regulations 16.</p> <p>10.3.3* Where required by the applicable provisions of this Code, upholstered furniture, unless the furniture is located in a room or space protected by an approved automatic sprinkler system, shall have limited rates of heat release when tested in accordance with NFPA 266, Standard Method of Test for Fire Characteristics of Upholstered Furniture Exposed to Flaming Ignition Source, or with ASTM E 1537, Standard Method for Fire Testing of Real Scale Upholstered Furniture Items, as follows:</p> <p>(1) The peak rate of heat release for the single upholstered furniture item shall not exceed 250 kW.</p> <p>(2) The total energy released by the single upholstered furniture item during the first 5 minutes of the test shall not exceed 40 MJ.</p> <p>Findings:</p> <p>During a tour of the facility with the Environmental Services Director on 3/11/14, the furnishings of the facility were observed.</p> <p>1. At 12:45 p.m., in Room 3319, a fabric recliner chair was observed in the resident's room. The room did not have a smoke detector installed.</p>	K 073			

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K 073	Continued From page 5	K 073			
K 147 SS=D	<p>2. At 12:53 p.m., in Room 3327, two fabric chairs were observed in the resident's room. The room did not have a smoke detector installed.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their electrical wiring and equipment, as evidenced by the use of power strips as a substitute for permanent wiring. This could lead to an increased risk for an electrical fire and affected 1 of 2 floors.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p> <p>NFPA 70, National Electrical Code, 1999 Edition 400-7 Uses Permitted (a) Uses. Flexible cords shall be used only for the following: 1) Pendants 2) Wiring of fixtures 3) Connection of portable lamps, portable and mobile signs or appliances 4) Elevator cables 5) Wiring of cranes and hoists 6) Connection of stationary equipment to facilitate</p>	K 147	<p>K 147</p> <p>It is the standard of this facility to maintain electrical outlets to fire code.</p> <p>The fan in DSD office was removed on 3/11/14.</p> <p>Monthly environmental rounds will be conducted on a regular basis by Maintenance Supervisor and Administrator with special attention paid electrical outlets and fans.</p>		

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K 147	<p>Continued From page 6</p> <p>their frequent interchange</p> <p>7) Prevention of the transmission of noise or vibration</p> <p>8) Appliances where the fastening means and mechanical connections are specifically designed to permit ready removal for maintenance and repair, and the appliance is intended or identified for flexible cord connection\</p> <p>9) Data processing cables as permitted by Section 645-5</p> <p>10) Connection of moving parts</p> <p>11) Temporary wiring as permitted in Sections 305-4 b) & 305-4 c)</p> <p>400-8. Uses not Permitted. Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following:</p> <p>(1) As a substitute for the fixed wiring of a structure</p> <p>(2) Where run through holes in walls, structural ceilings suspended ceilings, dropped ceilings, or floors</p> <p>(3) Where run through doorways, windows, or similar openings</p> <p>(4) Where attached to building surfaces</p> <p>Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8.</p> <p>Findings:</p> <p>During a tour of the facility with the Environmental Services Director on 3/11/14, the electrical wiring and equipment was observed.</p> <p>At 12:00 p.m., in the Director of Staff Development Office, a fan was plugged into a surge protector instead of directly into the wall outlet.</p>	K 147			

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K 211 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor:</p> <ul style="list-style-type: none"> o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft. from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623 <p>This STANDARD is not met as evidenced by: Based on interview and observation, the facility failed to maintain their Alcohol Based Hand Rub Dispensers (ABHR) from being installed over or adjacent to ignition sources. This was evidenced by one ABHR dispenser installed over or adjacent to a light switch. This could lead to an increased risk of an electrical fire and affected 1 of 2 floors.</p> <p>Findings:</p> <p>During a tour of the facility with the Environmental Services Director on 3/11/14, the ABHR dispensers were observed.</p> <p>At 12:19 p.m., the ABHR dispenser by Room 3305 was mounted approximately 6 inches adjacent and above an electrical outlet. Drip</p>	K 211	<p>K 211</p> <p>It is the standard of this facility to maintain alcohol-based hand rub dispensers in proper locations.</p> <p>The noted dispenser by room 3305 was relocated away from electrical outlet on 3/11/14 by maintenance staff.</p> <p>Any new alcohol-based hand rub dispensers will be approved by Maintenance Supervisor and installed in accordance with fire code.</p>		

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K 211	Continued From page 8 patterns of the dispenser liquid was observed on the wall below the ABHR and above the electrical outlet.	K 211			