

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 12/07/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055869	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2012
NAME OF PROVIDER OR SUPPLIER AVALON CARE CENTER - MODESTO			STREET ADDRESS, CITY, STATE, ZIP CODE 515 EAST ORANGEBURG 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: 1962 K7 SURVEY UNDER: 2000 Existing STRUCTURE TYPE: TYPE (V) (111) FULLY SPRINKLERED The following represents the findings of the California Department of Public Health, during a 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 Department of Public Health, Life Safety Code Unit: 29752 The facility is not in substantial compliance with 42 CFR 483.70 for Long Term Care Facilities. Census: 57	K 000	DISCLAIMER STATEMENT This facility objects to the allegations of non-compliance in this statement of deficiency and disagrees with both the findings of non-compliance and the level of deficiency cited. Submission of this Response and Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents, or other individuals who draft or may be discussed in the Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or an agreement of any kind by the facility of the truth of any facts alleged or the corrections of any conclusions set forth in the allegation by the survey agency. Accordingly, the facility has prepared and submitted this Plan of Correction prior to the resolution of any appeal which may be filed solely because of the requirements under State and Federal law that mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in the Title 18 and Title 19 programs. The submission of the Plan of Correction within this time frame should in no way be considered or construed as agreement with the allegations of non-compliance or admission by the facility. This Plan of Correction is submitted as the facility's credible allegation of compliance.		
K 018 SS=E	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 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	K 018			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>			TITLE Administrative (X6) DATE 12/18/2012		

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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NAME OF PROVIDER OR SUPPLIER

AVALON CARE CENTER - MODESTO

STREET ADDRESS, CITY, STATE, ZIP CODE

516 EAST ORANGEBURG AVENUE
MODESTO, CA 95350

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K 018

Continued From page 1
are permitted. 19.3.6.3

Roller latches are prohibited by CMS regulations
in all health care facilities.

This STANDARD is not met as evidenced by:
Based on observation and interview, the facility
failed to maintain their corridor doors. This was
evidenced by doors that failed to latch or were
obstructed from closing completely. This affected
two of three smoke compartments and could
result in the spread of smoke and fire, in the
event of a fire.

Findings:

During the facility tour with Maintenance Staff 1
on 11/29/12, the facility corridor doors were
observed.

1. At 9:24 a.m., the kitchen corridor door failed to
close completely when released from the fully
open position. The door remained open
approximately three inches in three of three
attempts. There was a breeze felt through the
door in the partially closed position.

2. At 10 a.m., The door to Resident Room 13
failed to latch when closed. The door was
retested twice and failed to latch.

K 018

**K018: Doors are provided with a
means suitable for keeping the
door closed.**

Kitchen Corridor door failed to close
completely and Resident Room 13
door failed to latch when closed.

On 11/29/2012 Resident Room 13
door was adjusted by Maintenance
Supervisor so it can properly latch.

Kitchen Corridor Door will be
repaired before 12/29/2012
progressive door closer has been
ordered.

Facility will monitor all doors for
proper closing and latching on a
weekly grand rounds by the
maintenance director / administrator.

All findings will be brought up in
daily stand up meeting and reported
to Monthly QA committee.

Completion Date December 29,
2012.

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K 018	Continued From page 2	K 018			
K 022 SS=E	<p>During an interview on 11/29/12 at 9:26 a.m., Maintenance Staff 1 explained that the kitchen door was held open by an air-imbalance caused by the dishwasher exhaust fan. Whenever the fan is on the door does not self-close.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to mark access to all exits. This was evidenced by an exit access that was not marked for the way to the lobby exit and by a burned out light bulb in the lobby exit sign. This could delay evacuation, in the event of a fire, affecting two of three smoke compartments.</p> <p>Findings:</p> <p>During the facility tour and interview with Maintenance Staff 1, on 11/29/12, the corridors and exit signs were observed.</p> <p>At 8:40 a.m., the way to reach the lobby exit was</p>	K 022	<p>K022: Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants.</p> <p>Lobby exit access was not visible from the corridor in front of the Dining Room. The lobby exit sign did not illuminate.</p> <p>The lobby exit sign bulb was replaced on 11/29/2012.</p> <p>Exit sign for corridor by the dining room has been ordered will be completed by December 29, 2012.</p> <p>Facility will continue to monitor all exit signs for proper operation on weekly grand rounds by the maintenance director / administrator.</p> <p>All findings will be brought up in daily stand up meeting and reported to Monthly QA committee.</p> <p>Completion Date December 29, 2012.</p>		

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K 022	Continued From page 3 not marked above the smoke barrier doors, when exiting the main dining room into the corridor, traveling on the right side. Maintenance Staff 1 verified that the lobby exit access would not be visible from the corridor in front of the Dining Room when the smoke barrier doors were closed.	K 022	K062: Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically.	
K 062 SS=E	At 8:42 a.m., the lobby exit sign did not illuminate. Maintenance Staff 1 verified that the light bulb was burned out. NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the automatic sprinkler system. This was evidenced by electrical power and communications cables draped across the sprinkler distribution pipe system in the attic areas of two smoke compartments, by two sprinkler heads in the kitchen that were coated in foreign material, and by an obstructed sprinkler head in the dietary storage room. This could result in the spread of fire and smoke in a fire emergency affecting two of three smoke compartments. NFPA 13, 1999 edition. Standard for the Installation of Sprinkler Systems 5-5.6 Clearance to Storage. The clearance	K 062	Obstructed sprinkler in Dietary emergency supplies storage room. A ½ inch, a ¾ inch, and one inch power cable draped across a 1 ¼ inch branch distribution pipe for the sprinkler system above the corridor ceiling near the dining room. A ½ inch, a ¾ inch and one inch power cable draped across a 1 ¼ inch branch distribution pipe for the sprinkler system above the corridor ceiling at the smoke barrier wall near the Lobby. Two sprinkler heads in the kitchen were coated in foreign debris near the entrance from the corridor. Obstructed sprinkler in Dietary storage room was cleared on 11/29/2012 and Dietary staff was provided with in-service / education on 12/19/2012 for clearance of sprinklers.	

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K 062	<p>Continued From page 4</p> <p>between the deflector and the top of storage shall be 18 in. (457 mm) or greater.</p> <p>6-1.1.5* Sprinkler piping or hangars shall not be used to support nonsystem components.</p> <p>NFPA 25, 1999 edition. Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>2.2.1.1 Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.</p> <p>Findings:</p> <p>During the facility tour with Maintenance Staff 1 on 11/29/12, the sprinkler system was observed.</p> <p>At 7:52 a.m., there was an obstructed sprinkler in the dietary emergency supplies storage room. A side wall sprinkler was surrounded by stacked cases of disposable cups stored within three inches on either side of the sprinkler deflector.</p> <p>At 8:20 a.m., there was a 1/2 inch, a 3/4 inch, and one inch power cable draped across a 1 1/4 inch branch distribution pipe for the sprinkler system above the corridor ceiling near the Dining Room. There were more than 10 communications cables that were either suspended from or draped across the sprinkler piping.</p> <p>At 8:24 a.m., there was a 1/2 inch, a 3/4 inch, and one inch power cable draped across a 1 1/4 inch</p>	K 062	<p>Both of the 1/2 inch, a 3/4 inch, and one inch power cable draped across a 1 1/4 inch branch distribution pipe for the sprinkler system above the corridor ceiling near the dining room and smoke barrier wall near lobby will be suspended from roof beams in accordance with electrical standards by 12/29/2012.</p> <p>Two sprinklers in the kitchen have been cleaned on 12/13/2012.</p> <p>Facility will monitor all fire sprinklers for proper clearance and cleanliness on a weekly grand rounds by the maintenance director / administrator.</p> <p>All findings will be brought up in daily stand up meeting and reported to Monthly QA committee.</p> <p>Completion Date December 29, 2012.</p>	

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K 062	Continued From page 5 branch distribution pipe for the sprinkler system above the corridor ceiling at the smoke barrier wall near the Lobby. There were more than 10 communications cables that were either suspended from or draped across the sprinkler piping. At 10:30 a.m., there were two kitchen sprinkler heads that were coated in foreign debris near the entrance from the corridor.	K 062			
K 147 SS=F	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 their electrical wiring and equipment. This was evidenced by the use of surge protectors and six way adaptors as a substitute for permanent wiring in 17 of 34 Resident Rooms, and by spliced connections of wiring outside of electrical junction boxes. This affected three of three smoke compartments and could increase the risk of electrical fire. NFPA 70, 1999 edition 240-4 Flexible cord, including tinsel cord and extension cords, and fixture wires shall be protected against overcurrent by either (a) or (b). (a) Ampacities. Flexible cord shall be protected by an overcurrent device in accordance with its ampacity as specified in Tables 400-5(A) and (B). Fixture wire shall be protected against overcurrent in accordance with its ampacity as specified in Table 402-5. Supplementary	K 147	Past noncompliance: no plan of correction required. K147: Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. Exposed wiring connections for electrical conductors above the corridor ceiling near the dining room. Multiple rooms with surge protectors and 6way adapters in use as permanent source of power.		

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K 147	<p>Continued From page 6</p> <p>overcurrent protection, as in Section 240-10, shall be permitted to be an acceptable means for providing this protection.</p> <p>400-8 Unless specifically permitted in Section 400-7, flexible cord 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>(5) Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors</p> <p>(6) Where installed in raceways, except as otherwise permitted in this Code</p> <p>Findings:</p> <p>During the facility tour with the Maintenance Staff 1 and the Administrator, on 12/29/12, the electrical devices and wiring connections were observed.</p> <p>1. At 8:28 a.m., there were exposed wiring connections for electrical conductors above the corridor ceiling near the Dining room. Beige and red colored wires were connected with wire nuts and not contained within an electrical junction box.</p> <p>2. At 9:43 a.m., in the Health Information Management office, there was a copy machine plugged into an approximately 20 foot surge protector extension cord. The extension cord</p>	K 147	<p>Exposed wiring connections for electrical conductors will be repaired by a certified electrician by 12/29/2012.</p> <p>Surge protectors in rooms 1, 2,3,9,12,13,19,20,22,23,24,27,28,29, 30,31,32,Medical Records Office will be removed by 12/29/2012.</p> <p>Facility is requesting for a waiver to get OSHPD approval to install permanent wiring (outlets) upgrades in rooms 1,2,3,9,12,13,19,20, 22,23,24,27,28,29,30,31,32,Medical Records Office. (see attached letter for request of waiver)</p> <p>Facility will continue to monitor any new above corridor wiring installations on an as needed basis and all staff to monitor residents rooms and common areas.</p> <p>Any findings will be brought to Monthly QA Committee.</p> <p>Completion Date 12/29/2012</p>		

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K 147	<p>Continued From page 7</p> <p>was run along the length of one wall and around a corner and plugged into a duplex outlet on another wall.</p> <p>3. At 9:46 a.m., in Room 13, Bed B was plugged into a surge protector which was plugged into a six way surge protected adaptor. Bed A was also plugged into the six way adaptor which was plugged into a wall outlet.</p> <p>4. At 10:03 a.m., in Room 12, Bed A and an oxygen concentrator were plugged into a surge protector which was plugged into a wall outlet. Bed B, an air mattress and a TV were plugged into the same wall outlet.</p> <p>5. At 10:08 a.m., in Room 9, a TV was plugged into a surge protector which was run across the floor in front of a closet door and up to a counter height wall outlet.</p> <p>6. At 10:11 a.m., in Room 3, a TV was plugged into a surge protector which was run across the floor in front of a closet door and up to a counter height wall outlet.</p> <p>7. At 10:13 a.m., in Room 2, a TV for Bed A was plugged into a surge protector which was run across the floor to a wall outlet on another wall behind the bed. This was plugged into a surge protected six way wall adaptor which was plugged into a wall outlet.</p> <p>8. At 10:21 a.m., in Room 1, the bed and TV were plugged into a surge protector which was run along one wall and then plugged into an outlet on another wall.</p>	K 147			

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K 147	<p>Continued From page 8</p> <p>9. At 10:24 a.m., in Room 20, the TV was plugged into a surge protector which was run along one wall and then plugged into an outlet.</p> <p>10. At 10:27 a.m., in Room 19, the oxygen concentrator for Bed A was plugged into a surge protector which was plugged into a six way wall outlet adaptor. Bed C and Bed D were plugged into surge protectors which were both plugged into a six way wall adaptor which was plugged into a wall outlet.</p> <p>11. At 10:34 a.m., in Room 22, a TV was plugged into a surge protector which was run across the floor in front of a closet door and up to a counter height wall outlet.</p> <p>12. At 11:05 a.m., in Room 32, a TV was plugged into a surge protector which was run across the floor in front of a closet door and up to a counter height wall outlet.</p> <p>13. At 11:08 a.m., in Room 31, a TV was plugged into a surge protector which was run across the floor and inside the closet door and up to a counter height wall outlet. Bed A and Bed B were plugged into surge protectors which were both plugged into a six way wall adaptor.</p> <p>14. At 11:11 a.m., in Room 30 Bed A and Bed B were plugged into a surge protector which was plugged into a wall outlet.</p> <p>15. At 11:12 a.m., Room 29, Bed B was plugged into a surge protector which was plugged into a wall outlet.</p> <p>16. At 11:14 a.m., Room 28, Bed A and an</p>	K 147			

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K 147	<p>Continued From page 9</p> <p>oxygen concentrator were plugged into a surge protector which was plugged into a six way adaptor which was plugged into a wall outlet.</p> <p>17. At 11:29 a.m., Room 27, Bed A was plugged into a surge protector which was plugged into a wall outlet.</p> <p>18. At 11:21 a.m., In Room 24, a TV was plugged into a surge protector which was run across the floor and inside the closet door and up to a counter height wall outlet. The surge protector had been damaged and repaired with electrical tape.</p> <p>19. At 11:24 a.m., In Room 23, a TV was plugged into a surge protector which was run over the top of the closet door and down to a counter height wall outlet. Bed A and Bed B were plugged into surge protectors which were both plugged into a six way wall adaptor.</p>	K 147		