

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

MAR 28 2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555857	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	(X3) DATE SURVEY COMPLETED  03/04/2014
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NAME OF PROVIDER OR SUPPLIER  CARLMONT GARDENS NURSING CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 2140 CARLMONT DRIVE BELMONT, CA 94002
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K 000	INITIAL COMMENTS  K3 BUILDING: 01 K6 PLAN APPROVAL: 2/15/1996 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: ONE STORY WITH BASEMENT, CONSTRUCTION TYPE V (111), 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: 31070  The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.  Census: 68	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 ensure the integrity of the building construction as evidenced by unsealed penetrations in the walls. This could result in faster spread of smoke and fire to other locations in the event of a fire. This	K 012	K 012  The circular penetrations around the two pipes in the Shower Room across from Room 204 were sealed.  Maintenance staff have conducted a comprehensive inspection of all rooms and hallways in the building to ensure no other penetrations currently exist. Two additional penetrations were sealed.  Housekeeping staff who are in every room every day will be advised to observe for and report any future noted penetrations. Maintenance staff will conduct monthly facility-wide inspections, and the Director of Environmental Services will report results at the quarterly Quality Assurance meetings.	3/31/14

LABORATORY DIRECTOR'S OR PR

Any deficiency statement ending with "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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CALIFORNIA DEPARTMENT  
OF PUBLIC HEALTH

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OMB NO. 0938-0391

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555657	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING DIVISION SAN JOSE B. WING _____		(X3) DATE SURVEY COMPLETED  03/04/2014
NAME OF PROVIDER OR SUPPLIER  CARLMONT GARDENS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2140 CARLMONT DRIVE BELMONT, CA 94002		
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K 012	Continued From page 1 affected one of seven smoke compartments.  Findings:  During a tour of the facility with the Maintenance Staff on 3/4/14, the facility walls were observed.  At 4:22 p.m., in the Shower Room across from Room 204, there were two pipes with rings around them that were not flush to the wall which exposed a 1 inch circular penetration in the wall. NFPA 101 LIFE SAFETY CODE STANDARD	K 012			
K 018 SS=D	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  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	K 018	K 018  The door closures on Rooms 404 and the Shower Room across from Room 204 have been adjusted to positive latch upon closure. The kickstand on the Biohazard Room has been removed to allow a positive latching upon closure.  To ensure compliance, Maintenance personnel will add inspections of positive latching of all doors into the corridors to their monthly rounds and the Director of Environmental Services will report results at the quarterly Quality Assurance meetings.	3-31-14	

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K 018	Continued From page 2 maintain their doors as evidenced by self-closing doors that failed to latch, and the failure to prohibit the use of devices that impede the door from closing. This could result in the spread of smoke and fire in the event of a fire. This affected two of seven smoke compartments.  Findings:  During the facility tour with the Maintenance Staff on 3/4/14, the doors were observed.  1. At 4:07 p.m., the door to Room 404 was equipped with a self-closing device. The door was held open to the fullest extent and allowed to close, but failed to positive latch upon closure.  2. At 4:23 p.m., the door to the Shower Room located across from Room 204 was equipped with a self-closing device. The door was held open to the fullest extent and allowed to close, but failed to positive latch upon closure.  3. At 5:05 p.m., the outer self-closing door to the Biohazard Room located in the basement was held open with a kick stand hold open device to prevent the door from closing.	K 018			
K 021 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:  a) the required manual fire alarm system;	K 021			

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K 021	Continued From page 3 b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and  c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain their doors as evidenced by one fire door that was obstructed which prevented closure. This could result in the spread of smoke and fire in the event of a fire. This affected one of seven smoke compartments.  Findings:  During the facility tour with the Maintenance Staff on 3/4/14, the fire doors were observed.  At 4:18 p.m., the fire door to the D.O.N. office was equipped with a magnetic hold-open device that is tied into the fire alarm system. The door was not energized/engaged to the magnetic hold-open device and was held open with a brown leather chair.  The staff stated the oxygen concentrator behind the door prevented the door from staying open and that is why the chair was in front of it.	K 021	K 021  The oxygen concentrator obstructing closure of the fire door in the DON's office has been removed, thereby allowing the magnetic hold- open device to function properly.  All staff will be reminded that it is not acceptable for fire doors to be obstructed in any way that prevents the hold-open device to operate properly.  To ensure compliance, Maintenance personnel will add inspection for same to their monthly walk-through, and the Director of Environmental Services will report results at the quarterly Quality Assurance meetings.	3-31-14	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  One hour fire rated construction (with ¾ hour	K 029			

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K 029	<p>Continued From page 4</p> <p>fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system 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 maintain their hazardous areas as evidenced by the failure to prohibit the use of devices that impede the door from closing. This could result in the faster spread of smoke and fire in the event of a fire. This affected one of seven smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded 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 areas shall include, but shall not be restricted to, the following: (1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 ft2 (9.3 m2)</p>	K 029	<p>K 029</p> <p>The kickstand preventing the self-closing door into the Kitchen has been removed. Dietary staff members have been instructed that in the future, they may NOT use any means to hold this door open.</p> <p>The Dietary Services Supervisor will monitor on a routine basis for compliance with the new directive and report results at the quarterly Quality Assurance meeting.</p>	3-31-14	

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K 029	Continued From page 5 (3) Paint shops (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft <sup>2</sup> (4.6 m <sup>2</sup> ), 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 nonrated, factory- or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door.  Findings:  During a facility tour with the Maintenance Staff on 3/4/14, the hazardous areas were observed.  At 4:04 p.m., the self-closing door to the Kitchen was held open with a kickdown door stop which prevented the door from closing.	K 029			
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1  This STANDARD is not met as evidenced by: Based on observation and interview, the facility	K 047			

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K 047	<p>Continued From page 6</p> <p>failed to maintain their exits signs as evidenced by one exit signs that was partially illuminated. This could result in delay of evacuation due to limited exit sign visibility. This affected one of seven smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition SECTION 7.8 ILLUMINATION OF MEANS OF EGRESS 7.8.1.2 Illumination of means of egress shall be continuous during the time that the conditions of occupancy require that the means of egress be available for use. Artificial lighting shall be employed at such locations and for such periods of time as required to maintain the illumination to the minimum criteria values herein specified. Exception: Automatic, motion sensor-type lighting switches shall be permitted within the means of egress, provided that the switch controllers are equipped for fail-safe operation, the illumination timers are set for a minimum 15-minute duration, and the motion sensor is activated by any occupant movement in the area served by the lighting units.</p> <p>7.8.1.3* The floors and other walking surfaces within an exit and within the portions of the exit access and exit discharge designated in 7.8.1.1 shall be illuminated to values of at least 1 ft-candle (10 lux) measured at the floor. Exception No. 1: In assembly occupancies, the illumination of the floors of exit access shall be at least 0.2 ft-candle (2 lux) during periods of performances or projections involving directed light. Exception No. 2:* This requirement shall not apply where operations or processes require low lighting levels.</p>	K 047	<p>K 047</p> <p>The exit sign near Room 305 was inspected, and the bulb was tightened by Maintenance personnel, thereby restoring illumination to the "I" and the "T" part of the EXIT sign.</p> <p>Maintenance personnel inspected all other directional signs and verified that all are in good working order.</p> <p>In addition to their required monthly and annual testing, Maintenance personnel will add a check of all EXIT lighting units to their daily rounds and restore or replace any defective units immediately.</p> <p>To ensure compliance, this topic will be added to the issues discussed during regularly required fire drills which are attended and monitored by the facility Administrator. She will report results at the quarterly Quality Assurance meetings.</p>	3-31-14	

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K 047	Continued From page 7  7.8.1.4* Required illumination shall be arranged so that the failure of any single lighting unit does not result in an illumination level of less than 0.2 ft-candle (2 lux) in any designated area.  SECTION 7.10 MARKING OF MEANS OF EGRESS 7.10.1 General. 7.10.1.1 Where Required. Means of egress shall be marked in accordance with Section 7.10 where required in Chapters 11 through 42.  7.10.1.2* Exits. Exits, other than main exterior exit doors that obviously and clearly are identifiable as exits, shall be marked by an approved sign readily visible from any direction of exit access.  Findings:  During the facility tour with the Maintenance Staff on 3/4/14, the exit signs were observed.  1. At 4:51 p.m., the exit sign located near Room 305 was partially illuminated. There was no illumination on the "I" and "T" part of the EXIT sign.	K 047				
K 062 SS-D	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	K 062				



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K 062	<p>Continued From page 8</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their automatic sprinkler system as evidenced by sprinklers that did not have an 18 inch clearance. This could result in an obstruction to the sprinklers spray patterns and a malfunction of the automatic sprinkler system in the event of a fire. This affected two of seven smoke compartments.</p> <p>NFPA 101, Life Safety Code 2000 Edition 19.7.6 Maintenance and Testing. (See 4.6.12.)</p> <p>NFPA 101, Life Safety Code 2000 Edition 4.6.12 Maintenance and Testing 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction.</p> <p>NFPA 13, Standard for the Installation of Sprinkler Systems 1999 Edition 5-5.6* Clearance to Storage. The clearance between the deflector and the top of storage shall be 18 inch (457 mm) or greater.</p> <p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition 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).</p>	K 062	<p>K 062</p> <p>The Teddy bear in Room 119 and the glass vase in the MDS office have been removed from the closet shelves.</p> <p>Maintenance personnel have inspected all other rooms and closets within the facility to ascertain that the required 18 inch clearance is present.</p> <p>All staff will be advised of the reason that it is unacceptable to place any item within the required clearance area of the sprinklers.</p> <p>To ensure compliance, this requirement will be added to the topics discussed during regularly required fire drills which are attended by the facility Administrator. She will report results at the quarterly Quality Assurance meetings.</p>	3-31-14	

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K 062	Continued From page 9 Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.  Exception No. 1: Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection.  Exception No. 2: Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown.  2-2.1.2 Unacceptable obstructions to spray patterns shall be corrected.  Findings:  During the facility tour with the Maintenance Staff on 3/4/14, the automatic sprinkler system was observed.  1. At 4:37 p.m., in the closet in Room 119, there was a white and brown teddy bear on the top closet shelf which left approximately 15 inch clearance between the teddy bear and the sprinkler deflector.  2. At 4:46 p.m., in the closet in the MDS office, there was a glass vase on the top closet shelf which left approximately 14 inch clearance between the vase and the sprinkler deflector.	K 062			
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	K 064			

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K 064	Continued From page 10  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain their fire extinguishers as evidenced by two fire extinguisher that had no monthly inspection, one fire extinguisher that had no annual inspection, and one unsecured fire extinguisher. This could result in a malfunction going undetected and/or the fire extinguisher being knocked over and damaged making the fire extinguish non operable in the event of a fire. This affected two of seven smoke compartments.  NFPA 101, 2000 Edition 9.7.4 Manual Extinguishing Equipment. 9.7.4.1* Where required by the provisions of another section of this Code, portable fire extinguishers shall be installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.  NFPA 10, 1998 Edition 4-3 Inspection 4-3 A trained person who has undergone the instructions necessary to reliably perform maintenance and has the manufacturer's service manual shall service the fire extinguishers not more than 1 year apart, as outlined in Section 4-4. 4-3.1* Frequency. Fire extinguishers shall be inspected when initially placed in service and thereafter at approximately 30-day intervals. Fire extinguishers shall be inspected at more frequent intervals when circumstances require. 4-3.2* Procedures. Periodic inspection of fire extinguishers shall include a check of a least the	K 064	K 064  The portable ABC fire extinguishers in the Reception area and Elevator Room have been inspected and recorded appropriately on attached tags. The outdated ABC fire extinguisher in the Housekeeping supply room has been removed, and personnel will utilize the secured unit immediately accessible just outside that room.  A comprehensive listing of all fire extinguishers utilized in the building (by type and location) has been developed. Maintenance personnel will utilize this listing to inspect and record every fire extinguisher on a monthly basis. The annual inspection and servicing will be conducted by an outside contractor, to whom a copy of the comprehensive listing has been submitted.  (cont'd)		

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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CALIFORNIA DEPARTMENT  
OF PUBLIC HEALTH

MAR 28 2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555657	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		DATE SURVEY COMPLETED  03/04/2014
NAME OF PROVIDER OR SUPPLIER  CARLMONT GARDENS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2140 CARLMONT DRIVE SAN JOSE BELMONT, CA 94002		
(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 064	<p>Continued From page 11</p> <p>following items:</p> <p>(a) Location in designated Place</p> <p>(b) No obstruction to access or visibility</p> <p>(c) Operating instructions on nameplate legible and facing outward</p> <p>(d) *Safety seals and tamper indicators not broken or missing</p> <p>(e) Fullness determined by weighing or "hefting"</p> <p>(f) Examination for obvious physical damage, corrosion, leakage, or clogged nozzle</p> <p>(g) Pressure gauge reading or indicator in the operable range or position</p> <p>(h) Condition of tires, wheels, carriage, hose, and nozzle checked (for wheeled units)</p> <p>(i) HMIS label in place</p> <p>4-3.4.2 At least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded.</p> <p>4-3.4.3 Records shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or in an electronic system (e.g., bar coding) that provides a permanent record.</p> <p>4-4* Maintenance</p> <p>4-4.1 Frequency. Fire extinguishers shall be subjected to maintenance at intervals of not more than 1 year, at the time of hydrostatic test, or when specifically indicated by an inspection.</p> <p>Findings:</p> <p>During the facility tour with the Maintenance Staff on 3/4/14, the fire extinguishers were observed.</p> <p>1. At 4:00 p.m., the portable ABC fire extinguisher located in the Receptionist area had no monthly inspections noted on the certification tag for January, February, and March of 2014.</p>	K 064	<p>To ensure compliance, the dates of the annual servicing will be entered into the facility's comprehensive Preventive Maintenance schedule. The monthly inspection records will be reviewed by the facility Administrator.</p>	3-31-14	

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NAME OF PROVIDER OR SUPPLIER  CARLMONT GARDENS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2140 CARLMONT DRIVE BELMONT, CA 94002			
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K 064	Continued From page 12 The annual inspection was conducted on 12/16/13.  2. At 5:00 p.m., the portable ABC fire extinguisher in the Elevator room located in the basement had no annual inspection. The last noted annual inspection on the certification tag was January 2013. There was no monthly inspection for February and March 2014.  Maintenance Staff stated they had changed to a new vendor and this fire extinguisher should have been changed out, but it was overlooked.  3. At 5:08 p.m., the portable ABC fire extinguisher in the Housekeeping Supply room located in the basement was on the floor unsecured. Maintenance Staff stated the fire extinguisher is out of service.	K 064				
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (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  This STANDARD is not met as evidenced by:	K 076				

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NAME OF PROVIDER OR SUPPLIER  CARLMONT GARDENS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2140 CARLMONT DRIVE BELMONT, CA 94002		
(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 076	Continued From page 13 Based on observation, the facility failed to provide proper storage for their medical compressed gas cylinders as evidenced by EMPTY 'E' oxygen cylinders stored with FULL 'E' oxygen cylinders in the same rack within the same enclosure. This could result in staff confusion and delay access to a full oxygen cylinder if needed in a hurry in the event of an emergency. This affected one of seven smoke compartments.  NFPA 101, 2000 Edition 19.3.2.4 Medical Gas. Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities.  NFPA 99, 1999 Edition 1-2 Application Chapters 12 through 18 specify the conditions under which the requirements of Chapters 3 through 11 shall apply in Chapters 12 through 18.  Chapter 16 Nursing Home Requirements  16-3.8 Gas Equipment Requirements. 16-3.8.1 Patient. Equipment shall conform to requirements for patient equipment in Chapter 8.  Chapter 8 Gas Equipment 8-3.1.11.1 Storage Requirements 8-3.1.11.2 Storage for nonflammable gases less than 3000 ft.3 (85 m3). (h) Cylinder or container restraint shall meet 4-3.5.2.1 (b) 27	K 076	K 076  All empty and full 'E' tanks have been separated into their respective, secured compartments in the facility's Oxygen Closet. The two compartments have been painted different, distinctive colors in order to make the distinctions more conspicuous.  Licensed nurses have been advised of the need for careful separation of the 'E' tanks.  To ensure compliance, a checklist has been developed and will be utilized by the licensed nurses on the night shift to monitor appropriate segregation of the oxygen cylinders.  The Director of Nurses will audit for compliance on a random, periodic basis and report results at the quarterly Quality Assurance meetings.	3-31-14	

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NAME OF PROVIDER OR SUPPLIER  CARLMONT GARDENS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2140 CARLMONT DRIVE BELMONT, CA 94002		
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K 076	Continued From page 14  4-3.5.2.1 Gases in Cylinders and Liquefied Gases in Containers- Level 1 (b) Special Precautions- Oxygen Cylinders and Manifolds. Great care shall be exercised in handling oxygen to prevent contact of oxygen under pressure with oils, greases, organic lubricants, rubber, or other materials of an organic nature. The following regulations, based on those of the CGA Pamphlet G-4, Oxygen, shall be observed: 27. Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart.  NFPA 99 Standard for Health Care Facilities, 1999 Edition 4-5.5.2.2 Storage of Cylinders and Containers (b) Nonflammable Gases. 1. Storage shall be planned so that cylinders can be used 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 the facility tour with the Maintenance Staff on 3/4/14, the oxygen storage room was observed.  At 4:31 p.m., there were 8 empty 'E' oxygen cylinders stored with 7 full 'E' oxygen cylinder's in the same rack within the same enclosure. The rack was marked EMPTY.	K 076			

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NAME OF PROVIDER OR SUPPLIER  CARLMONT GARDENS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2140 CARLMONT DRIVE BELMONT, CA 94002		
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K 147 K 147 SS=D	Continued From page 15 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 as evidenced by the facility's failure to prohibit the use of surge protectors. This could result in an increased risk of an electrical fire and/or electrical shock. This affected one of seven smoke compartments.  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.  NFPA 70, National Electrical Code 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 overcurrent protection, as in Section 240-10, shall be permitted to be an acceptable means for providing this protection. 400-8 Unless specifically permitted in Section 400-7, flexible cord and cables shall not be used	K 147	K 147  The surge protector in the Beauty Shop has been removed, and the hair dryers have been plugged into the electrical wall outlet. An outside contractor has been asked to evaluate the electrical current into the Beauty Shop and install a four-plex outlet in this area, if appropriate, to accommodate the hair dryers without using a surge protector.  Maintenance personnel have made a room-by-room inspection to make sure no other surge protectors are being used inappropriately. Department Managers will be advised when, where and how the surge protectors may be utilized appropriately, and they will be directed to consult with the Maintenance Supervisor before installing same.  (cont'd)		



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NAME OF PROVIDER OR SUPPLIER  CARLMONT GARDENS NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2140 CARLMONT DRIVE BELMONT, CA 94002			
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K 147	Continued From page 18 for the following: (1) As a substitute for the 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, dropped ceilings, or floors (6) Where installed in raceways, except as otherwise permitted in this Code  Findings:  During the facility tour with the Maintenance Staff on 3/4/14, the electrical wiring and equipment was observed.  At 5:19 p.m., in the Beauty Salon in the Basement, there was a surge protector mounted on the wall with two hairdryers plugged into it instead of directly into a electrical wall outlet.	K 147	To ensure compliance, Maintenance Supervisor will make periodic, random checks throughout facility. The Director of Environmental Services will report results at the quarterly Quality Assurance meetings.		3-31-14	