DEPARTMENT OF HEALTH AND HUMAN SERVICES

## CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

NOV 19 2013

PRINTED: 11/04/2013 FORM APPROVED CMS NO. 0039-0001

CENTERS FOR MEDICARE & MEDICAID SERVICES POS MULTIPLE CONSTRUCTION JOSE A BUILDING OF - MAIN BUILDING OF <u>OMB NO. 0838-0391</u> STATEMENT OF DEFICIENCIES AND PLAN OF COARECTION (X1) PROVIDER/BUPPLIER/CLIA DENTIFICATION NUMBER: (03) DATE SURVEY COMPLETED v. ' 555376 B. WING 10/31/2013 NAME OF PROMOER OR SUPPLIER STREET ACCRESS, CITY, STATE, ZIP CODE 336 DIABLO ROAD DANVILLE REHABILITATION DANVILLE, CA 94526 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PRIEFIX TAG ÇOMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL REQUILATORY OR LSC (DENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX Offic TAG This plan of correction is being submitted pursuant to the applicable foderal and state regulations. Nothing contained herein shall be 11/12/13 K 000 INITIAL COMMENTS CALFORNA DEPARTMENT construed as an admission that Danville Rehabilitation has violated any federal or state OF MURIC HEALTH K3 BUILDING: 01 regulation or failed to follow any applicable KE PLAN APPROVAL: 5/1/1989 - MOV 1 3 201 standard of care. This Plan of Correction is the facilities credible K7 SURVEY UNDER: 2000 EXISTING. allegation that it is in substantial compliance. STRUCTURE TYPE: ONE STORY. CONSTRUCTION TYPE V (III), FULLY SPRINKLERED. K 929 NFPA 101 Life Safety Code Standard The following reflects the findings of the California It is the policy of the facility to ensure all area Department of Public Health, during an annual hazardous doors are equipped with a self-closing Life Safety Code recentification survey. The device. findings are in accordance with 42 CFR (Code of Federal Regulations) 483.70 (a) and NFPA Corrective action for those residents found to (Netional Fire Protection Association) 101, Life have been affected by the deficient practice. Safety Code 2000 edition, Existing codes, All Residents have the potential to be affected by Representing the California Department of Public the alleged deficient practice. The Health: Environmental Service Director installed a self Surveyor: 31070 closing device on the door. He used a self closing device that the facility had purchased The fecility is not in substantial compliance with before but had not used it vet. 42 CFR 483.70 (a) for Long Term Care Facilities. Identification of other resident's having the Census: 35 potential to be affected by the deficient NFPA 101 LIFE SAFETY CODE STANDARD K 029 practice and corrective action SS-D One hour fire rated construction (with % hour All resident's have the potential to be affected by fire-rated doors) or an approved automatic fire the alleged deficient practice. Environmental extinguishing system in accordance with 8.4.1 Service Director will check all doors to ensure and/or 19.5.5.4 protects hazardous areas. When self closing devices are installed. the approved automatic fire extinguishing system. option is used, the areas are separated from other spaces by smoke resisting partitions and Measures that will be put in place to ensure doors. Doors are self-closing and non-rated or deficiency <u>does not recur.</u>

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S SIGNATURE

Any deficie

ncy which the institutions.) Except.

following the date of survey whether or not a plan of correction is provided. For marsing homes, the above findings and plans of correction are disclosuble 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.

field-applied protective plates that do not exceed

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

PRINTED: 11/04/2013 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X1) PROVIDENSUPPLIENCIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01		(X8) DATE BURIVEY COMPLETED	
	PROVIDER OR SUPPLIER	555376	B. WING.	STREET ADDRESS, CITY, STATE, ZIP CX S36 DIABLO ROAD	10/3	1/2013
(X4) ID PREFIX TAG	SUMMARY STA (EACH DEFICIENCY	TEMENT OF DEPKIENCIES MUST BE PRECEDED BY FULL, SCIDENTIFYING INFORMATION)	ID PREFID TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION OF CORPOSS-REFERENCED TO THE A DEFICIENCY)	SHIDULD BE	PIST CONFLETION DATE
K 029	This STANDARD is Based on observar maintain their haza one hazardous are with a self-closing could result in the a event of a fire. This compartments.	bottom of the door are		Environmental Service Director will check all doors at random to see if the they have self-closing devices and they are working properly.  Measures that will be implemented to monitor the continued effectiveness of the corrective action to ensure ongoing compliance.  The Quality Assurance indicator for Self closing devices will be completed each quarter for ons. Outcomes will be reviewed at the QA meeting for evaluation and further intervention as appropriate. Environmental Service Director is responsible for engoing compliance.		
K 050 88=E	Manager on 10/51/observed.  At 1:15 p.m., the Lite equipped with a set two industrial dryer approximately 8.75 NFPA 101 LIFE SAFire drills are held averying conditions, The staff is familiar that drills are part of Responsibility for passigned only to ocqualified to exercise conducted between	our with the Maintenance 13, the hazardous areas were aundry room door was not if-closing device. There were is in the room. The room was ifeet by 6.8 feet in size. IFETY CODE STANDARD at unexpected times under at least quarterly on each shift, with procedures and is aware of established routine. Islanning and conducting drills is competent persons who are e leadership. Where drills are in 9 PM and 6 AM a coded by be used instead of audible		K 050 NFPA 101 Life Safety C  It is the policy of the facility to e staff on all shifts are familiar wi fire drill procedures.  Corrective action for those res have been affected by the defi-  1. During all fire drills througho facility will ensure that the device will be activated.	ensure that all all the evacuation sidents found to cleat practice, out the year, the	1

FORM CMS-2567(02-69) Previous Versions Obsolete

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If commutation sheet Page 2 of 7



# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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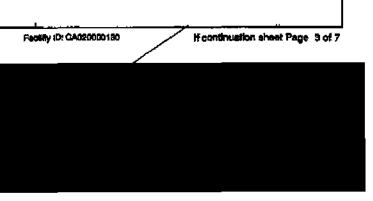
CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X2) MULTIPUE CONSTRUCTION (CA) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING O1 - MAIN BUILDING D1 4. 555376 B. WING 10/31/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 336 DIABLO ROAD **CANVILLE REHABILITATION** DANVILLE, CA 94526 SUMMARY STATEMENT OF DEFICIENCES PROVIDER'S PLAN OF CORRECTION (X4) IO PREFIX (265) COMPLETION MACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FAIL) PREFIX REGULATORY OR LISC IDENTIFYING INFORMATION) TAG TAG The facility will no longer use the yender for fire drills going forward and will conduct all fire drills in house by the Environmental K 050 | Continued From page 2 Service Director. Identification of other resident's having the This STANDARD is not met as evidenced by: Based on document review, the facility failed to potential to be affected by the deficient ensure that all staff on all shifts were familiar with practice and corrective action the evacuation fire drill procedures. This was evidenced by the failure to conduct fire drills All patients have the potential to affected which included the transmission of a fire alarm by the alleged deficient practice. signal during two AM shifts, and two PM shift fire drills. This deficient practice could result in staff Measures that will be put in place to ensure being untrained and unaware of their roles and deficiency does not recur. responsibilities in the event of a fire. This affected 3 of 3 smoke compartments. 1. Environmental Service Director will conduct five drills quarterly throughout the year on Findings: all shifts. During the drills he will ensure the fire alarm system is activated and document as such. During document review with the Maintenance Manager on 10/31/13, the fire drill records were 2. The facility Administrator will review records reviewed. and randomly observe fire drills conducted to ensure compliance in this area. At 11:59 a.m., the fire drill report from the vendor dated 2/19/13, showed the fire drill for the Measures that will be implemented to monitor AM shift was conducted at 1:45 p.m., and the fire the continued effectiveness of the corrective alarm had not been activated. The Maintenance action to ensure ongoing compliance. Manager contacted the vendor for the fire alarm system on 10/31/13. The vendor confirmed that The Quality Assurance indicator for no fire alarm system device was activated on Fire drill report will be completed each quarter 2/19/13. for one year. Outcomes will be reviewed at the QA meeting for evaluation and further 2. At 11:55 a.m., the fire drill report from the vendor dated 5/14/13, showed the fire drift for the intervention as appropriate. Environmental AM shift was conducted at 2:10 p.m., and the fire Service Director is responsible for ongoing alarm had not been activated. The Maintenance compliance. Menager contacted the vendor for the fire alarm system on 10/31/13. The vendor confirmed that no fire alarm system device was activated on

FORM CMS-2687(02-05) Previous Versions Obspicts

3. At 11:57 a.m., the fire drill report from the

5/14/13.

Event (D; PPOMR)



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION
A. BUILDING O1 - MAIN SUILDING O1

(X3) DATE SURVEY COMPLETED

555376

B. WING

10/31/2013

NAME OF PROVIDER OR SUPPLIER

## DANVILLE REHABILITATION

STREET ADDRESS, CITY, STATE, ZIP CODE 338 DIABLO ROAD DANVILLE, CA 94526

(X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LIST (DENTIFYING INFORMATION)

9258374629

ID PREFIX TAG PROVIDERS PLAN OF CORRECTION
(EACH CORRECTIVE ACTION SHOULD BE
CROSS-REPERENCED TO THE APPROPRIATE
K 062 NFPA 101 Tale Safety Code Standard

DAILE LOW

K 050

### Continued From page 3

vendor dated 5/20/13 showed the fire drill for the PM shift was conducted at 8:20 p.m., and the fire alarm had not been activated. The Maintenance Manager contacted the vendor for the fire alarm system on 10/31/19. The vendor confirmed that no fire alarm system device was activated on 5/20/13.

4. At 11:59 a.m., the fire drill report from the vendor dated 8/21/13 showed the fire drill for the PM shift was conducted at 8:20 p.m., and the fire alarm had not been activated. The Maintenance Manager contacted the vendor for the fire alarm system on 10/31/13. The vendor confirmed that no fire alarm system device was activated on 8/21/13.

K 062

#### 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 falled to maintain their Fire Department connection, as evidence by a broken cap to the Fire Department connection. This deficient practice could result in the accumulation of debris inside the Fire Department connection, resulting in a delay in extinguishment by the Fire Department in the event of a fire. This affected 3 of 3 smoke compartments.

NFPA 101, 2000 Edition

It is the policy of the facility to ensure the fire sprinkler systems are maintained and all caps properly maintained on the Fire Department connection.

# Corrective action for those residents found to have been affected by the deficient practice.

The Environmental Service Director will replace the broken cap with a cap that is not broken and in good condition. The facility has one already and will replace the broken one with the new refurbished one.

# identification of other resident's having the potential to be affected by the deficient practice and corrective action

All resident's have the potential to be affected by the alleged deficient practice.

# Messures that will be out in place to ensure deficiency does not recur.

Environmental Service Director will check the connections caps on a regular basis to ensure they are in working order and not broken.

Measures that will be implemented to monitor the continued effectiveness of the corrective action to ensure ongoing compilance.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FÖRM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: PCS) DATE SURVEY
COMPLETED (XX) MULTIPLE CONSTRUCTION AND PLAN OF CORRECTION A. BUILDING OI - MAIN BUILDING OI 555376 8. WING 10/31/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE SSB DIABLO ROAD DANVILLE REHABILITATION DANVILLE, CA 94526 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE GROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) PREFIX DATE TAG TAG DEFICIENCY The Quality Assurance indicator for K 062 Continued From page 4 Maintaining fire equipment will be completed each month for one quarter and quarterly 19.7.6 Maintenance and Testing. (see 4.6.12) thereafter for one year. Outcomes will be reviewed at the QA meeting for evaluation and NFPA 101, 2000 Edition further intervention as appropriate. 4.6.12 Maintenance and Testing Environmental Service Director is responsible 4.6.12.1 Whenever or wherever any device. for ongoing compliance. 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, NFPA 25, 1998 Edition 9-7 Fire Department Connections 9-7.1 Fire department connections shall be inspected quarterly. The inspection shall verify the following: (a) The fire department connections are visible and accessible. (b) Couplings or swivels are not damaged and rotate smoothly. (c) Plugs or caps are in place and undamaged (d) Gaskets are in place and in good condition. (e) Identification signs are in place (f) The check valve is not leaking. (g) The automatic drain valve is in place and operating properly. Findings: During the facility tour with the Maintenance Manager on 10/31/13, the Fire Department connection was observed. At 2:10 p.m., the Fire Department connection located on the Diablo Road entrance to the facility had one red cap that was broken. The red cap

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			:TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01	(X3) OATE S COMPL	(X3) DATE SURVEY COMPLETED	
		565376	B. WING		10/31	1/2013
NAME OF PROVIDER OF SUPPLIER  DANVILLE REMARKLITATION			STREET ADDRESS, CITY, STATE, ZP CODE 398 DIABLO ROAD DANVILLE, CA 94926			
(X4) ID PREPIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIÉS Y MUST BE PRECEDED BY PULL BC IDENTIFYING INFORMATION)	PREFE TAG		SHOULD SE APPROPRIATE	OMPLETION DATE
K 062 K 069 SS=E	,			It is the policy of the facility to ensure all cooking facilities and equipment are maintained and cleaned professionally semi-annually.  Corrective action for those residents found to have been affected by the deficient practice.		
00-1	Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96					
-	This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to maintain their commercial cooking equipment as evidenced by the facility's failure to have their kitchen hood and interior exhaust professionally cleaned semi-annually. This could result in a malfunction of the kitchen hood fire suppression system, and affected 3 of 3 smoke compartments.  NFPA 101, 2000 Edition 9.2.3 Commercial Cooking Equipment Commercial cooking equipment shall be in accordance with NFPA 98, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless existing installation which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.			The facility will have the kitch interior exhaust professionally Miguel's Steam Cleaning on 1 identification of other reside:	cleaned by 1-5-13	1
				potential to be affected by the practice and corrective action.  All resident's have the potential in alleged deficient practice.		y
				Measures that will be put in deficiency does not recur.  The facility Dietary Supervisor kitchen hood and exhaust system professionally cleaned. Dietarschedule semi-annual cleaning reports to the Environment Sor will review semi-annually to experience.	r will ensure the my will be y Supervisor will is and then give the rvice Director. He nsure it is cleaned	•
	NFPA 96, 1998 edition 8-3.1 Hoods, grease removal devices, fans, ducts, and other appurtenences shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily studge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) accounts big to the suffortive having jurisdiction in			Ind the proper documentation  Measures that will be imples the continued effectiveness o action to ensure ongoing con  The Quality Assurance indicat Environmental Service Kitche exhaust cleaning will be comp	is in place.  nented to monito f the corrective upliance.  or for n hood and	

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

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INVALE OF PROVIDER OR SUPPLIER  DANVILLE REMABILITATION  SUMMARY STATEMENT OF DEFIDIENCIES (SACH DEPOLENCY MAST BE PRECEDED BY PULL) (PROVIDER PLAN OF OLS DESTREAMS OF DEFIDIENCIES (SACH DEPOLENCY MAST BE PRECEDED BY PULL) (PROVIDER PLAN OF OLS DESTREAMS OF DEFIDIENCIES (SACH DEPOLENCY MAST BE PRECEDED BY PULL) (PROVIDER PLAN OF OLS DESTREAMS OF DEFIDIENCIES (SACH DEPOLENCY MAST BE PRECEDED BY PULL) (PROVIDER PLAN OF OCORPECTION (SACH DEPOLENCY MAST BE PRECEDED BY PULL) (PROVIDER PLAN OF OCORPECTION (PROVIDEN OCORPECTION (PROVIDER PLAN OF OCORPECTION (PROVIDER PLAN OF O	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IXI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MULTIPLE CONSTRUCTION A. BUILDING O1 - MAIN BUILDING O1		(CS) DATE SUFFEY COMPLETED			
DANVILLE REMABILITATION  SIST DIABLE PROAD  DANVILLE, CA. 94828  SIST DIABLE PLAN OF CORRECTION  CALL DESCRIPTIVE RECORDED TO LIFE PROCESSES AND PROCESSES A		555376		8. WMG			10/3	31/2013	
R O69  K O69  Continued From page 6 accordance with Table 8-5.1.  Table 8-3.1 Exhaust System Inspection Schedule Type or Volume of Cooking Prequency Frequency System serving light-volume cooking operations. Annually operations, Systems serving moderate-volume cooking operations. Annually operations, Systems serving low-volume cooking operations, Annually such as churches, day camps, seesonal business, Or senior centers  Findings:  During document review with the Maintenance Manager on 10/35/1/3, the kitchen hood and exhaust professionally cleaned during the past twelve months. The records showed the last cleaning was done on 10/22/12.  Upon Interview, the Maintenance Menager stated	NAME OF PROVIDER OR SUPPLIER					36 DIABLO ROAD			
K 069 Continued From page 8 accordance with Table 8-3.1.  Table 8-3.1 Exhauat System inspection Schedule Type or Volume of Cooking Frequency Frequency System serving solid fuel cooking operations Monthly Systems serving high-volume cooking operations Quarterly such as 24-hour cooking, charbrolling or wok cooking Systems serving low-volume cooking Systems serving l	PREFIX	個ACH DEFICIENCS	MUST BE PRECEDED BY FULL	PREF		(BACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	ON SHOULD BE COMPLETION DATE		
April, 2013, and that the vendor was scheduled to come out next week.	K 069	accordance with Ta  Table 8-3.1 Exhaus Type or Volume of Frequency System serving sol Monthly Systems serving his Quarterly such as 24-hour oc cooking Systems serving m Semiannually operations, Systems serving lo Annually such as churches, business, Or senior centers Findings;  During document r Manager on 10/31, exhaust cleaning m  At 11:43 a.m., then indicated the facilit exhaust profession twelve months. The cleaning was done Upon interview, the the vendor was su April, 2013, and th	it System inspection Schedule Cooking Frequency id fuel cooking operations gh-volume cooking operations toking, charbrolling or wok inderate-volume cooking operations, we-volume cooking operations, day camps, seasonal eview with the Maintenance 13, the kitchen hood and soords were requested.  In word in their kitchen hood and sally cleaned during the past is records showed the last on 10/22/12.  In Maintenance Manager stated proceed to have come out in at the vendor was scheduled to		069	the QA meeting for evaluation and furtintervention as appropriate. Environmentarical Director is responsible for ong	her ental	<b>.t</b>	