

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: 555376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/31/2013
NAME OF PROVIDER OR SUPPLIER DANVILLE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 335 DIABLO ROAD DANVILLE, CA 94526		
(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 028	Continued From page 1 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their hazardous areas, as evidenced by one hazardous areas door that was not equipped with a self-closing device. This deficient practice could result in the spread of smoke and fire in the event of a fire. This affected 1 of 3 smoke compartments. Findings: During the facility tour with the Maintenance Manager on 10/31/13, the hazardous areas were observed. At 1:15 p.m., the Laundry room door was not equipped with a self-closing device. There were two industrial dryers in the room. The room was approximately 8.75 feet by 6.8 feet in size.		Environmental Service Director will check all doors at random to see if the they have self- closing devices and they are working properly. <u>Measures that will be implemented to monitor the continued effectiveness of the corrective action to ensure ongoing compliance.</u> The Quality Assurance indicator for Self closing devices will be completed each quarter for one. Outcomes will be reviewed at the QA meeting for evaluation and further intervention as appropriate. Environmental Service Director is responsible for ongoing compliance.		
K 050 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2		K 050 NFPA 101 Life Safety Code Standard It is the policy of the facility to ensure that all staff on all shifts are familiar with the evacuation fire drill procedures. <u>Corrective action for those residents found to have been affected by the deficient practice.</u> 1. During all fire drills throughout the year, the facility will ensure that the fire alarm system device will be activated.	11/12/13	

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K 050	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on document review, the facility failed to ensure that all staff on all shifts were familiar with the evacuation fire drill procedures. This was evidenced by the failure to conduct fire drills which included the transmission of a fire alarm signal during two AM shifts, and two PM shift fire drills. This deficient practice could result in staff being untrained and unaware of their roles and responsibilities in the event of a fire. This affected 3 of 3 smoke compartments.</p> <p>Findings:</p> <p>During document review with the Maintenance Manager on 10/31/13, the fire drill records were reviewed.</p> <p>1. At 11:59 a.m., the fire drill report from the vendor dated 2/19/13, showed the fire drill for the AM shift was conducted at 1:45 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 2/19/13.</p> <p>2. At 11:56 a.m., the fire drill report from the vendor dated 5/14/13, showed the fire drill for the AM shift was conducted at 2:10 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 5/14/13.</p> <p>3. At 11:57 a.m., the fire drill report from the</p>				<p>2. The facility will no longer use the vendor for fire drills going forward and will conduct all fire drills in house by the Environmental Service Director.</p> <p><u>Identification of other resident's having the potential to be affected by the deficient practice and corrective action</u></p> <p>All patients have the potential to affected by the alleged deficient practice.</p> <p><u>Measures that will be put in place to ensure deficiency does not recur.</u></p> <p>1. Environmental Service Director will conduct fire drills quarterly throughout the year on all shifts. During the drills he will ensure the fire alarm system is activated and document as such.</p> <p>2. The facility Administrator will review records and randomly observe fire drills conducted to ensure compliance in this area.</p> <p><u>Measures that will be implemented to monitor the continued effectiveness of the corrective action to ensure ongoing compliance.</u></p> <p>The Quality Assurance indicator for Fire drill report will be completed each quarter for one year. Outcomes will be reviewed at the QA meeting for evaluation and further intervention as appropriate. Environmental Service Director is responsible for ongoing compliance.</p>		

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K 050	Continued From page 3 vendor dated 8/20/13 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 10/31/13. The vendor confirmed that no fire alarm system device was activated on 5/20/13.		<p>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.</p> <p><u>Corrective action for those residents found to have been affected by the deficient practice.</u></p> <p>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.</p> <p><u>Identification of other resident's having the potential to be affected by the deficient practice and corrective action</u></p> <p>All resident's have the potential to be affected by the alleged deficient practice.</p> <p><u>Measures that will be put in place to ensure deficiency does not recur.</u></p> <p>Environmental Service Director will check the connections caps on a regular basis to ensure they are in working order and not broken.</p> <p><u>Measures that will be implemented to monitor the continued effectiveness of the corrective action to ensure ongoing compliance.</u></p>	11/12/13	
K 082 SS-C	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed 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.</p> <p>NFPA 101, 2000 Edition</p>				

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K 062	<p>Continued From page 4</p> <p>19.7.6 Maintenance and Testing. (see 4.6.12)</p> <p>NFPA 101, 2000 Edition</p> <p>4.6.12 Maintenance and Testing</p> <p>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 25, 1998 Edition</p> <p>9-7 Fire Department Connections</p> <p>9-7.1 Fire department connections shall be inspected quarterly. The inspection shall verify the following:</p> <p>(a) The fire department connections are visible and accessible.</p> <p>(b) Couplings or swivels are not damaged and rotate smoothly.</p> <p>(c) Plugs or caps are in place and undamaged</p> <p>(d) Gaskets are in place and in good condition.</p> <p>(e) Identification signs are in place</p> <p>(f) The check valve is not leaking.</p> <p>(g) The automatic drain valve is in place and operating properly.</p> <p>Findings:</p> <p>During the facility tour with the Maintenance Manager on 10/31/13, the Fire Department connection was observed.</p> <p>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</p>				<p>The Quality Assurance indicator for Maintaining fire equipment will be completed each month for one quarter and quarterly thereafter for one year. Outcomes will be reviewed at the QA meeting for evaluation and further intervention as appropriate. Environmental Service Director is responsible for ongoing compliance.</p>		

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K 062 K 069 SS=E	<p>Continued From page 5 was up, and the opening was exposed. NFPA 101 LIFE SAFETY CODE STANDARD.</p> <p>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>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.</p> <p>NFPA 101, 2000 Edition 9.2.3 Commercial Cooking Equipment Commercial cooking equipment shall be in accordance with NFPA 96, 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.</p> <p>NFPA 96, 1998 edition 8-3.1 Hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. 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) acceptable to the authority having jurisdiction in</p>				<p>K 069 NFPA 101 Life Safety Code Standard</p> <p>It is the policy of the facility to ensure all cooking facilities and equipment are maintained and cleaned professionally semi-annually.</p> <p><u>Corrective action for those residents found to have been affected by the deficient practice.</u></p> <p>The facility will have the kitchen hood and interior exhaust professionally cleaned by Miguel's Steam Cleaning on 11-5-13</p> <p><u>Identification of other resident's having the potential to be affected by the deficient practice and corrective action</u></p> <p>All resident's have the potential to be affected by the alleged deficient practice.</p> <p><u>Measures that will be put in place to ensure deficiency does not recur.</u></p> <p>The facility Dietary Supervisor will ensure the kitchen hood and exhaust system will be professionally cleaned. Dietary Supervisor will schedule semi-annual cleanings and then give the reports to the Environment Service Director. He will review semi annually to ensure it is cleaned and the proper documentation is in place.</p> <p><u>Measures that will be implemented to monitor the continued effectiveness of the corrective action to ensure ongoing compliance.</u></p> <p>The Quality Assurance indicator for Environmental Service Kitchen hood and exhaust cleaning will be completed semi</p>		11/12/13

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K 069	<p>Continued From page 8 accordance with Table 8-3.1.</p> <p>Table 8-3.1 Exhaust System Inspection Schedule Type or Volume of Cooking Frequency System serving solid fuel cooking operations Monthly Systems serving high-volume cooking operations Quarterly such as 24-hour cooking, charbroiling or wok cooking Systems serving moderate-volume cooking Semiannually operations, Systems serving low-volume cooking operations, Annually such as churches, day camps, seasonal business, Or senior centers</p> <p>Findings:</p> <p>During document review with the Maintenance Manager on 10/31/13, the kitchen hood and exhaust cleaning records were requested.</p> <p>At 11:43 a.m., there were no records that indicated the facility had their kitchen hood and exhaust professionally cleaned during the past twelve months. The records showed the last cleaning was done on 10/22/12.</p> <p>Upon interview, the Maintenance Manager stated the vendor was supposed to have come out in April, 2013, and that the vendor was scheduled to come out next week.</p>	K 069	<p>annually for year. Outcomes will be reviewed at the QA meeting for evaluation and further intervention as appropriate. Environmental Service Director is responsible for ongoing compliance.</p>				