11/06/2013 14:41

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WESTLAND HOUSE

PAGE 07/17

PRINTEID: 11/06/2019

		& MEDICAID SERVICES	1		CMS M	APPROVEI), 0938-0391
STATEMENT OF DEPICENCIES AND PLAN OF CORRECTION DENTIFICATION NUMBER:			PLE CONSTRUCTION 2 01 – MAIN BUILDING 01		te sufway Mpleted	
· · · ·		. 656143	8. WINE			V30/2013
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZP (obs	
WESTLA	ND HOUSE	· 		100 BARNET SEGAL LANE NCONTEREY, CA 92040		
(X4) ED PREFIX TAG	(EACH DEFICIENC	VEHENT OF DEFICIENCIES Y MUST BE PARCEOED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDERS FLAN OF CO (EACH CONTRECTIVE ACTION CHOSS REFERENCED TO THE DEPOSENCY)	RRECTION BROULD BE APPROPRIATE	COMPLETION CATE
K 000	INITIAL COMMEN	rs	K 00		:	
	KS BUILDING: 01	•				
	KB PLAN APPROV	AL: 06/01/1992				
	K7 SURVEY LINDE	ER: 2000 EXISTING				1
	STRUCTURE TYP PROTECTED WOO FULLY SPRINKLEI	OD FRAME, TYPE (V) (111),				
-	Department of Public Safety Code re findings are in accordings are in according Pederal Regulations (National Fire Protes)	ts the findings of the California lic Health, during an annual certification stavey. The chance with 42 CFR (Code of s) 488.70 (a) and NFPA ection Association) 101, Life addion, Edisting codes.			,	
	Representing the C Health: 31201	alifornia Department of Public				
		substantial compliance with for Long Term Care Facilities.				<u> </u>
,,	Census: 25 NFPA 101 LIFE SAI	FETY CODE STANDARD	Kote			<u> </u>
	required enoiceures hazardous areas ar those constructed or wood, or capable of minutes. Doors in a required to resist the no impadiment to the are provided with a	ridor openings in other than of vertices openings, edits, or a substantial drom, such as f 1% inch solld-bonded core i resisting fine for at least 20 oprinklered buildings are only a passage of smoke. There is a closing of the doors. Doors means suitable for keeping atch doors meeting 19.8,6.2.6				

Any deficiency sinterpart or any was at automaty to some a several property of the following the description of the perfect that t

POPM CMS-2007(92-00) Provious Versions Coccipies

Event ID: QC3(21

FAMILY ID: CACTOOCOUSE

If continuation sheet Page 1 of 11

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ENTE	AS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES	T		•	RINTED: 11/05/20 FORM APPROVE VIB NO. 0938-03
	OF DEPICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIERICS IA		LE CONSTRUCTION 01 - MAIN SUILDING 01	,	COMPLETICO
		555143	8. WINS		•	10/30/2013
IAME OF F	ROVIDER OR SUPPLIER			TIPEET ADDRESS. CITY, ST		
Westla	ND HOUSE	·	1	00 Barnet Segal Lan Monterey, CA 93940		
(XAL) NO PREPIX TAG	GEACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING EXFORMATION)	PREFIX TAG	FACH CORRECTI CROSS-REFERENCE	AN OF COMPECTION VE ACTION SHOULD SO TO THE APPROPE ICIENCY)	BE COMPLETO
K 018	Continued From pa	<u>ug</u> ≉ 1	K018			
	are permitted. 19),3.6.3]	<u> </u>]
	Roller latches are p in all health care fa	viohibited by CMS regulations cliftes.				
				:		
[Based on observation maintain its corridor door to positively latch. This	s not met as evidenced by: ion, the facility failed to r doors. This was evidenced net failed to close and is could result in the passage int of a fire, and affected one partments.		•		
ļ	4,5.7 Maintenance. device, equipment, errangement, level i feature is required forovisions of this Go system, condition, a	of protection, or any other or compliance with the ode, such device, equipment, imangement, level of				
1		feature shall thereafter be he Code exempts such		 WO #91045 con repaired, adjust properly. 		
	Findings:			 Check all door inspections to 		
		facility with staff members on or doors were observed.		fail; then back in 4 weeks.		
	At 10:39 a.m., the cr Family Dining Room	ornidor door to the McCone	,	Monitor doors	during fire dril	s

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WESTLAND HOUSE

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PRINTED: 11/05/2013

	OF DEPICIENCIES	& MEDICAIO SERVICES OCO PROVIDERSUPPLIENCIA	OCA MILITORIA	CONSTRUCTION	OMB NO. 093	
	X CORRECTION	IDENTIFICATION NUMBER:	4-3	i - Main Brilding (1	COMPLET	E D .
		55¥142	D. WING		10/30/20	013
NAME OF R	PROVIDER OR SUPPLIEN		1	FIGET ADDIFIGSS, CITY, STATE, 2P CODE		
Westla	ND HÖLSE	•		o Barnet Segal Lane Onterey, ga 88840		
Did ID PREFIX TAG	SILIMMARY STA (GACH DEPIDENCY RESULATORY OR LE	TEMENT OF DISTRICTIONS MUST BE PRECEDED BY PULL BC IDENTIFYING INFORMATIONS	ID PREFIX TAG	PROVIDERS FLAH OF GORRECTI (EACH COPRISITIVE ACTION SHOUL CHUSS-AMFERSICED TO THE APPRO DISTORMUY)	ON SE COM	AND WALETRON DATE
K 018	Continued From ps	ne 2	K018			
		and a magnetic hold-open		•	-	
	device. The double	door was released from its	1	•]	
Í	noid-open device at door falled to latch.	atialismed to close. The right	1			
K 027	NFTA 101 LIFE SAI	PETY CODE STANDARD	K 027			
SS⊭E	Daor adeninas in sc	noite beniere have at least a			1	
.	20-minute fire prote	ction rating or are at least		•	- 1	
- 1		conded wood oors. Non-reted at do not exceed 48 inches	1	·	}.	
ł		he door are parmitted.			Ì	
- 1		iors comply with 7.2.1.14.			1	
}	accordance with 19.	ng of automatic closing in 2.2.2.6. Swinging doors are	1		- 1	
	not required to swin	g with egress and positive red. 19,3.7.5, 19,9.7.8,	1		- 1	
- 1	19.3.7.7	. (9,5.7.0, 18,5.7.0,	}]	
- {		[
ł			-	•		
- 1	This STANDARD is	not met as evidenced by: on, the facility tailed to	1			•
	maintain the doors is	n smoke barriers to				
[continuously serve a	is a barrier to prevent the C/Or fire. This was evidenced i	-			
ſ	by smoke barrier do	principal (diw begoings and	}	• •		
		to latch when tested. This smake comparaments, and		•	ĺ	
		Presed of amoke enviror fire	- 1		- 1	
		opertment to another.	1	•	. ,	
1	NFPA 101, 2000 Edi	tion '	}		j	
}	4.6.12 Maintenence	and Tenting		•		
- }.	4,6.12.1 Whenever	or wherever any device,				
i e	equipment, system, :	condition, arrangement, level	- 1		1	
1.	مسدد سے مطابعہ شینات کے	other familie is required for	1			

FORM CNS-2567 (92-90) Provious Vernium Observate

Event (0; 008121

Heality ID: GAD/1000pose

If continuation sheet Page 8 of 11

		AND HUMAN SERVICES & MEDICAID SERVICES		•	FORM	i APPROVEC . 0998-099 1
		,	TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01	(X3) OAT	E SURVEY MPLETED	
		555149	B. WING		10	/30/2013
	ROVIDER OR SUPPLIER NO HOUSE			STREET ADDRESS, CITY, STATE, Z 100 BARNET SEGAL LANE MONTEREY, CA 99940	PCODE	,
(X4) ID PARFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCES OF DENTIFYING INFORMATION)	10 PREFE TAG	PROVIDERS PLAN OF PEACH CORRECTIVE ACT CROSS-RETERENCED TO TO TO DEPICIENCE	TON SHOULD BE THE APPROPRIATE	COMPLETION CATE
	shall thereafter be accordance with ap or as directed by the NFPA 80, 1999 Edit Standard for Fire Dr. 2-4.1.2* A closing devery fire door. Excauthority having juristic provided for me allow the movement shall be permitted to leaf. 2-4.1.3 All components that be attached seaful be attached seaful be attached seaful to overpome the resumed and each door operation each door operation of the seaful to a facility tour 10/30/13, the smoke observed. 1. At 2:10 p.m., the door located by the iduring the fire aterm was held open with released upon active but the right leaf failled. At 2:21 p.m., the door located by the iduring the fire aterm was held open with the released upon active but the right leaf failled.	system, condition, of protection, or other feature continuously maintained in plicable NFPA requirements a authority having jurisdiction. cors and Fire Windows evice shall be installed on eption: With approval by the ediction, where pairs of doors chanical equipment rooms to to equipment, the device of be omitted on the inactive on the original devices used ecurely to doors and frames by ugh-botts. The changes shall be adjusted estance of the latch positive latching is achieved iron.	KO	WO #91093 complete Repaired top latch an latch as much as post Check all doors month inspections to weekly then back to monthly weeks. Monitor doors during f K 027-2 WO #91076 complete Cleaned and adjusted engages. Check all doors month inspections to weekly then back to monthly in weeks. Monitor doors during f	d adjusted both sible; door latch hly. – increase if 5% of doors i if no failures in ire drills d 01NOV13 – latches; latch hly. – increase if 5% of doors i f no failures in	es. ail; 4

<u>CEN I E</u>	<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES			OMB NO	0938-039
IATEMEN 10 PLAN	TOF DEFICIENCIES OF CORRECTION	(X1) PRÓVIDER/SUPPLIER/SLIA IDENTIFICATION MANGER:		LE CONSTRUCTION 01 - MAIN BUILDING 01		E SURVEY PLETFO
		\$5\$1.43	A. WING		10/	30/2013
_	Provider on Supplier and house		1	etreetadorese, city, state, zip code 100 barwet segal Lane Wonterey, ca 98940		
(X4) ID PREFIX TAG	EACH DEMORNO	TEMENT OF DEPICENCIES MUST BE PRECEDED BY FULL SCHDENTIPYING INFORMATION	ID PREFIX TAG	PROVIDERS PLAN OF CORRECT (EACH CORRECTIVE ACTION \$140 CHOOS-PIEFERENCED TO THE APPRIL DEPOSITION OF CORRECT (CORRECT)	ULD BE	COMPLETO DATE
K 062	Smoke barrier door magnetic device an the fire alarm system positively latch. 3. At 2:24 p.m., the door located by the during the manual; barrier door was he device and release alarm system, but it latch. NEPA 101 LIFE SAI Plequired automatic continuously maintal	was held open with the direleased upon activation of m, but the left leaf failed to right leaf of the smoke barrier Supply Room did not latch will fire alarm testing. Smoke ld open with the magnetical upon activation of the fire he right leaf failed to positively retry CODE STANDARD asprinkler systems are used in reliable operating.	K 027	WO #91076 completed Filed down frame stop: engages. Check all doors monthly. increase inspections to v 5% of doors fail; then bar monthly if no failures in 4 Monitor doors during fire	: latch veekly if ck to l weeks.	
	9.7.5 This STANDARD is Based on observet interview, the facility automatic sprinkler by an escutcheon rismaterial on sprinkler correct deficiencies inspection raport. To smoke compartment delayed activation of system. NFPA 101 Life Safeti 9.7.5 Maintenance a	spected and tested 8, 4.8.12, NFPA 13, NFPA 25, not met as evidenced by: on, record review, and failed to maintain their system. This was evidenced ing that had shifted, foreign heads, and by the failure to on the five year sprinkler riser his affected four of four is, and could result in a I the automatic fire sprinkler y Code, 2000 edition and Testing. All automatic ipe systems required by this				

FORM Cats-2467(02-08) Previous Versions Obsolete

Event ID: OCHE

Factily (0: CAOT0000062

If continuenten wheat Page 8 of 17

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PRINTED: 11/05/2018 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (XI) PROVIDER/SUPPLIENCLIA RESYMPICATION NUMBER: DOD MULTIPLE CONSTRUCTION (XS) DATE SURVEY SYATEMENT OF DEPOSENCIES COMPLETED AND PLAN OF CORRECTION A SUILDING OF " MAIN BUILDING OF B. WNG 555143 10/30/2013 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, 21P CODE 100 BARNET SEGAL LANE Westland House MONTEREY, CA 93940 SUMMARY STATEMENT OF DEFICIENCIES PROVIDERS PLAN OF CORRECTION (XA) ED COMPLETION (EACH DEFENENCY MUST BE PRECEDED BY FULL REGULATORY OR LSO IDENTIFYING INFORMATION) (EACH COFFRESTIVE ACTION SHOULD BE CROSS REFERENCED TO THE APPROPRIATE DEACLENCY) PREFIX TAG TAG K 062 Continued From page 5. K 062 in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition 2-2.1,1 Sprinklers shall be inapeated from the floor level ennually. Sprinklers shall be tree of corresion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (a.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, 062-1 corroded, damaged, loaded, or in the improper WQ #91049 completed 01NOV13 orientation. -Repaired, patched opening, ring was placed tight to ceiling. Exception No. 1: Sprinklers installed in concealed spaces such as above suspended Check all escutcheon rings cellings shall not require inspection. quarterly. Monitor escutcheon rings during Exception No. 2: Sprinklers instalted in areas that fire drills - increase inspections to are inaccessible for safety considerations due to monthly if 5% of rings fall: then process operations shall be inspected during each acheduled shutdown. back to quarterly if no failures in 3 months. 9-4.2.1 Inspection. Valves shall be inspected Ki 062-2 internally every 5 years to verify that all WO #91048 completed 31OCT13 components operate properly, move freely, and are in good condition. Cleared debris from sprinkler head. Check all sprinkler heads quarterly. During a facility tour, and record review with staff Monitor sprinkler heads during fire members on 10/30/13, the automatic sprinkler drills - increase inspections to system was observed. monthly if 5% of sprinkler heads 1. At 10:55 a.m., the ascutcheon ring had shifted are found with foreign material: to one side and exposed an approximately 1/8 then back to quarterly if no failures inch penetration in the ceiling, in Floom 20. in 3 months. 2. At 11:09 a.m., there was foreign material on

FORM CMS-9567 (22-46) Provious Versions Obtoleta

EVENT ID: QC3121

Facility ID: CN070000002

If continuation sheet Page 6 of 11

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	RS FOR MEDICARE FOR DEFICIENCIES OF COMMECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	LE CONSTRUCTION LOT - MAIN BUILDING OF		E SURVEY PLETED
		555148	B. WINS			na hosa
MANE CE	PROVIDER OR EUPPLISH			STREET ACCINESS, CITY, STATE, ZIP CODE	1 10/	<u>30/2013 </u>
	ND HOUSE		- ∤ ⋅	ioo Barhet Segal Lane Monterey, CA 83940		
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PHEFOX TAG	PROVIDERS PLAN OF CONNECT SEACH COMMISSION ACTION SHOT CROSS-REFERENCED TO THE APPA OEPIGENCY)	JLD 86	COMPLETACE DATE
	3. At 11:25 a.m., tit the sprinkler head, 4. At 11:27 a.m., tit of 8 sprinkler heads 5. At 2:00 p.m., the Maintenance Fire Sautomatic sprinkler showed the automatic sprinkler pass inspection. The marked "failed". The deficiencies and controllowing: "One sprinkler head in the kitchen aprinkler heads in the sprinkler head hear and near the direct sprinkler head blood Floom 2, No sprinkler storage area; Boller storage area; Boller cutside where there the wood balconies." During interview with 2:05 p.m., staff state.	In the Oxygen Room. Here was foreign material on in the Activities Office. Here was foreign material on 8 is, in the Rehabilitation Gym. In the Rehabilitation Gym. Inspection, Testing, and sprinkler System report for the system dated 4/15/13, uite eprinkler system did not the five year inspection was selection on the report for mments indicated the entrance of the chitchen area; Paint on the the entrance to engineering or of Nursing office; One are fived and 13 focations is not any protection under the Assistant Director at and that them #3, "7 loaded that the Assistant Director at and that them #3, "7 loaded	K 062	K 062-3 WO #91047 completed Cleared debris from spread debris from spread of the Check all sprinkler heads drills – increase inspect monthly if 5% of sprinkle are found with foreign methen back to quarterly if in 3 months. K 062-4 WO #91046 completed Cleared debris from 8 special sprinkler heads. Check all sprinkler heads drills – increase inspectimentally if 5% of sprinkle are found with foreign methen back to quarterly if in 3 months. K 062-5 (see attached grid)	inkier he is quarte during fi ions to er heads naterial; no failur 31 OCT1 prinkler s quarte during fi ons to er heads aterial; no failur no failur	ad. rfy. re es 3 — ty.
	from the list of defici resort that had been currently working on deficiencies.	Me kitchen area", was the item iencies on the 5 year sprinkler corrected. They are correcting the remaining	K 147			
SS=D	Electrical wiring and	1	*****		- (

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WESTLAND HOUSE

PAGE 14/17

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(12) NUTFLE	CONSTRUCTION	PC4 DA), 0998-089 TE BURVEY	
FCURRECTION	IDENT PRATION NUMBER:	A BUILDING OF	I - MAIN BUILDING 01	(30	MPLETED	
<u> </u>	555149	B. WING			10/30/2013	
ROVIDËR OR SUPPLIER ND HOUSIË		100	BARNET SEGAL LANE	PCODE		
EACH DEPICHENC	Y MUST BE PRECEDED BY FULL	ID PREFIX TAS	PROVIDERS PLAN OF C (EACH COMMECTIVE ACT) CROSS-REFERENCED TO TH	ON SHOULD BE HE APPROPRIATE	CANALATA CAN	
		K 147				
Based on observa maintain electrical t was evidenced by a This deficient pract	firm, the facility falled to white and equipment. This a cracked electrical faceplate. ice affected one of four smoke		·			
					,	
equipment, system, of protection, or any compliance with the device, equipment, level shall thereafter be a soordance with appropriation with appropriation.	, condition, arrangement, level y other feature is required for e provisions of this Code, such system, condition, of protection, or other feature continuously maintained in plicable NEPA requirements					
en rathk (e)860-14 helle helle bet liente stehetem gridelven mm 186.0). ni 210.0 Fed liente senskerse	talidition, receptacle faces or project from faceptates of and shall project a minimum of n) from mutal faceptates. installed so as to completely					
Findinge:	ar arts a bit a market				ļ 1	
	FCORRECTION FCORRECTION FOOTUSE ON SUPPLIER SUMMARY ST. SACH DEFICIENCY FEOURIATORY OR I Continued From po- with NFPA 70, Nei Bessel on observe maintain electron was evidenced by a This deficient pract compartments, and an electrical line. NFPA 101, 2000 En 4.8.12 Maintenance 4.8.12 Maintenance 4.8.12 Whenever equipment, system of protection, or am occurpitance with the device, equipment, exceptions with the device, equipment, exceptions with ap or as directed by th NFPA 70, 1999 edit 4.0.66(e) After ins shell be fixed with a portate and inspected a 0.015 in. (0.381 mb Faceptates shall be coverage. Findings:	SUMMANY ETATEMENT OF DEPICIENCES SACH DEPICIENCY NUST BE PRECEDED BY FULL REGULATORY OR LEC DENTERVIND REPORMATION) Continued From page 7 with NFPA 70, National Electrical Code, 9,12 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain electrical wring and equipment. This was evidenced by a cracked electrical faceplate. This deficient practice affected one of four smoke compariments, and could result in the ignition of an electrical itre. NEPA 101, 2000 Edition 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or other feature behalf thereafter be commitmously maintained in accordance with the provisions of this Code, such device, equipment, 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. APPA 70, 1999 edition 410-56(e) After Installation, receptacle faces shall be fusin with or project from faceplates of neulating material and shall project a minimum of 0.015 in. (0.381 mm) from matel faceplates. Exceptates shall be installed so as to completely cover the opening and seat against the mounting sprisoe.	ROVIDER ON SUPPLIER SESTAS B. WING STANDARD PROTECTION NUMBER: SACH DEPURISON NUMBER: SACH DEPURI	ESSIANS BASILDING OF MAIN BRILDING OF M	SSB1/AS ROYNDER OR SUPPLIER NO MOUSE SUBMEMON STREET ADDRESS, CNY, STRITE, 29 CODE 100 REAL LANE SUBMEMON STREET TO DESCRIPTION SUBMEMON STREET ADDRESS, CNY, STRITE, 29 CODE 100 REAL LANE SUBMEMON STREET OF DESCRIPTION SUBMEMON STREET TO DESCRIPTION SUBMEMON STREET TO DESCRIPTION SUBMEMON STREET TO DESCRIPTION SUBMEMON STREET TO DESCRIPTION PROPRIET DATE OF THE PART OF DESCRIPTION FROM DOTTED THE ADDRESS OF THE PART OF DESCRIPTION FROM DOTTED THE ADDRESS OF THE PART OF DESCRIPTION FROM DOTTED THE ADDRESS OF THE PART OF DESCRIPTION FROM DOTTED THE ADDRESS OF THE PART OF DESCRIPTION FROM DOTTED THE ADDRESS OF THE COLUMN SECOND TO THE APPROPRIATE DESCRIPTION K 147 This STANDARD is not met as evidenced by: Seed on observation, the facility laided to maintain electrical fine of tour smoke comparitients, and could result in the ignition of an electrical fire. HEPPA 101, 2000 Edition 4.8.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with applicable of office of the compliance with applicable NFPA requirements or as discripted by the authority having jurisdiction, receptacle faces shell be fault with or protect from faceptates of requirements and shall protect a minimum of 0.015 in. (0.381 mm) from metal taceptates. Findings:	

FORM CHS-2557(02:90) President Versions Clientele

PROMY IO: DADFOODODE

If continuedion short Page 8 of 19

_		AND HUMAN SERVICES			FORM	: 11/05/201: APPROVE : 0938-039
	TOP DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		ve donathiction To paraling man et e	CON CAN	E SEJAVEY PLETED
		555148	a. WING		10/	30/2018
NAME OF	PROVIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, 2P CODE		
WESTLA	NO HOUSE		I .	ioo rarnet segal lane Monterey, ca. 83940		•
(X4) ED PAREFRO TAGE	EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTRYING IMPORMATION)	PREFIX TAG	PROVIDERS PLAN OF CORRECTION (GACH CONTRECTIVE ACTION SHOULD CROSS REPERSIONS TO THE APPROPRIES OFFICIENCY)	3 경불	DARP CONSTELENT
K 147	Continued From pe At 10:35 a.m., there tacaplate by the ed	was a tracked electrical		K 147 • WO #91044 completed 31 Replace outlet faceplate,		-
K 211	Where Alcohol Bas dispensers are insta o The corridor is at o The maximum int capacity shall be 1.2 rooms) o The dispensers ha from each other o Not more than 10 smake compartmen o Dispensers are no an Ignition source. o if the floor is carp aprinklered. 19.5		K 211	Check all faceplates quart Monitor faceplates during increase inspections to r 5% of faceplates fail; then quarterly if no fallures in 3	fire drii nonthly back to	îf
	Based on observati maintain the Alcohol dispensers from bei to ignition sources. ABHR dispenser the light switch. This co	not met as evidenced by: on, fire facility feiled to Besed Hand Plub (ABHF) ing installed over or adjacent This was evidenced by an at was installed adjacent to a alid lead to an increased risk and affected one of four ts.				
	18.8.2.7" Alcohol-be	y Code, 2000 Edition sed Hand-rub Solutions. rub dispensers shall be			j	

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,		AND HUMAN SERVICES			FORM	: 11/05/2013 APPROVED 0938-038
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDE A/SUPPLIERCE A IDENTIFICATION NUMBER:	1, -	PLE CORSTRUCTION G O1 - MAIN BUILDING O1		ESURVE! APURTED
(556143	E. WING_		10/	30/2013 _
NAMEOF	PROVIDER OR SUPPLED		<u> </u>	STREET ADDRESS, ONY, STATE, ZIP CODE		<u> </u>
WESTLA	ND HOUSE			MONTEREY, CA 22040		
(X4) ID PREFEX TAG	(EACH DEFENDIC	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING NFORMATIONS	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH COFFECTIVE ACTION SHOUL OROSS-REFERENCED TO THE APPRIX DEFICIENCY)	D BE	(AS) Carriène Daté
	the following condition of the corridor shall be the corridor shall be the corridor shall be the corridor shall be to a shall be a shall be the the requirement of the the combustible be the combustible by the dispensers installed surfaces shall be personal to the compartment of th	ance with 8.4.3 unless all of ions are met: ers are installed in a corridor, ave a minimum width of 6 ft andividual dispenser fluid liters) for dispensers in a areas open to corridors. Iters) for dispensers in suites shall have a minimum of 4 ft (1.2 m) form each other, aggregate 10 gallons (37.8 red hand rub solution shall be note compartment outside of this greater than 5 gallons ple smoke compartment outside of this of NFPA 30, Flammable quids Gode, shall not be installed over or an ignition source, carpeted floor coverings, i directly over carpeted armitted only in aprintidered its.	K21	 K 211 WO #91046 completed 310 relocated dispenser minimur away from switch and patche Check all dispensers quarter Monitor dispensers during fir – increase inspections to mo 5% of dispensers fail; then be quarterly if no failures in 3 me 	n 6" ed wall. ily. e drills inthly if	

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WESTLAND HOUSE

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PRINTED: 11/05/2013

		AND HUMAN SERVICES & MEDICAID SERVICES			FOF	ED: 11/05/2012 EM APPROVED ED: 0938-0391	
STATEMENT	OF DEPICENCES F COARECTION	OCI) PROMORENSUPPLEIRIGIA DENTIFICACION MUMBER:		ETIPLE CONSTRUCTION WAS DI - MAIN BURLDING DI	(0ta) 0	WALELED WALE STAMPS.	
į		555143	B. WING	l. <u></u>	_	0/30/2013	
NAME OF P	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZP CODE					-	
WESTLA	ND HOUSE			100 BARNET SEGAL LANG MONTEREY, CA 93940	. ,		
(X4) IÓ PRISEIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES VILLET BE PRECEDED BY MULL. SC IDENTIFYING INFORMATION)	PRE- TAG	EX (EACH CORRECTIVE CROSS-REFERENCE	M OFFOORESTION E ACTION SHOULD BE TO THE APPROPRIATE CHENCY)	COSPONIED COS	
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DEN OWN Are	7609-99) Provious Venions (Xxeonie Event iC: OCS		Facility ID: CA070000082	If continuation shee	<u>ئے۔۔۔۔ا</u>	