

PRINTED: 07/14/2015
FORM APPROVED
OMB NO. 0938-0391

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER/REPRESENTATIVE'S SIGNATURE _____

TITLE

(X5) DATE

FORM CMS-2557(02-99) Previous Versions Obsolete

Event ID: R0F521 •

• Facility ID: CA920000053 •

If continuation sheet Page 1 of 3

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055728	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/29/2015
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NAME OF PROVIDER OR SUPPLIER

SANTA CLARITA CONV. HOSPITAL

STREET ADDRESS, CITY, STATE, ZIP CODE

23801 NEWHALL AVENUE
NEWHALL, CA 91321

(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 029	Continued From page 1 of fire and/or smoke emergency. The deficient practice affected the basement. Findings: During the facility tour on June 26, 2015, at 11:40 a.m., accompanied by the Maintenance Supervisor, it was noted that the microwave used by the employee was kept on a small table in the corridor next to the wall across from the employee's room. There was no means of creating a separation and isolating the hazardous area from other areas. Maintenance Supervisor agreed that it needed to be kept in the employee's room separating the corridor from the employees lunch room with an automatic self-closing device on the door. The basement housed the linen storage closet, dietary services, employee's lunch room and maintenance work shop.	K 029	<u>RESIDENTS AT RISK</u> The Maintenance Supervisor reviewed other doors in hazardous areas for this deficient practice. No other residents were affected by this deficient practice. <u>CORRECTIVE ACTION</u> The Maintenance Supervisor was in-serviced by the Administrator on 7/24/15 to ensure corridor doors in hazardous areas have automatic self-closing devices with a latching mechanism to create separation to other parts of the facility. <u>MONITORING OF CORRECTIVE ACTION</u> At the direction of the QAA committee, the Maintenance Supervisor will conduct daily room rounds to ensure hazardous equipment in corridors is separated by an automatic self-closing door with a latch.	
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 failed to ensure that the exit signs were illuminated continuously. Properly illuminated exit signs may ensure safe and immediate evacuation away from the building in the event of an emergency.	K 047	The results of the audits will be presented to the QAA committee at a minimum of quarterly for further action planning and monitoring as necessary. K 047 It is the policy of SCCH to ensure that exit signs were illuminated continuously.	

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NAME OF PROVIDER OR SUPPLIER SANTA CLARITA CONV. HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 23801 NEWHALL AVENUE NEWHALL, CA 91321		
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K 047	Continued From page 2 Findings: On June 26, 2015, at 3:30 p.m., the Evaluator noted that the exit sign posted at two exit signs posted above the doors next to the kitchen leading to the parking lot were not illuminated to guide the residents, visitors and staff to the means of exits. This area contained the rehabilitation room, the laundry room, kitchen, medical record room and the elevator. The Maintenance Supervisor confirmed the finding and stated that there was no illumination for the area and the sign had always been like this and will have it corrected.	K 047	<u>IMMEDIATE CORRECTIVE ACTION</u> On 7/28/15 the 2 exit signs posted at above the kitchen doors leading to the parking lot were replaced with a continuous illuminating exit sign. <u>RESIDENTS AT RISK</u> The Maintenance Supervisor reviewed all exit signs in the facility to ensure all were continuously illuminated. Those exit signs identified as being deficient were replaced with illuminating exit signs on 7/28/15. <u>CORRECTIVE ACTION</u> An in-service was conducted by the Administrator to the Maintenance Staff on 6/30/15 to ensure exit signs be illuminated continuously. <u>MONITORING OF CORRECTIVE ACTION</u> At the direction of the QAA committee, the Maintenance Supervisor will conduct monthly QA rounds to check exit signs be continuously illuminated. The results of the audits will be presented to the QAA committee at a minimum of quarterly for further action planning and monitoring as necessary.	7/28/15	