

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

PRINTED: 05/15/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056430	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____	(X3) DATE SURVEY COMPLETED  C 08/03/2012
NAME OF PROVIDER OR SUPPLIER  NORTHGATE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 40 PROFESSIONAL CENTER PARKWAY SAN RAFAEL, CA 94903	
(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
F 000	INITIAL COMMENTS  The following reflects the findings of the California Department of Public Health during an Abbreviated Standard Survey investigation for the Complaint # CA00317217.  Representing the California Department of Public Health: # 27294- Health Facility Evaluator Nurse.  Deficiencies were issued for the Complaint: # CA00317217.	F 000		
F 456 SS=E	483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION  The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.  This REQUIREMENT is not met as evidenced by: Based on staff interview, the facility failed to ensure that: 1. the work to complete the Heating/Ventilation/Air Conditioning system (HVAC) had been done. This had the potential to impact the residents with uncomfortable temperatures. 2. The Fire Alarm System was installed without a permit. This had the potential for the alarm system to be ineffective during a fire.  Findings:  During an interview on 8/1/12, at 10:30 a.m., Administrative Staff A was asked if the work needed to repair the HVAC system started in 2009, had been completed. Administrative Staff A stated no work had been done on the HVAC	F 456	Preparation and/or executive of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 CFR 405.1 Section 7  Architect is process of preparing documents delineating a new HVAC system including installation of a new generator. OSHPD has been informed of the project.  As all residents have the potential to be affected by this deficient practice. Maintenance supervisor will take room temperatures to ensure residents' comfort and maintain a log.  In-service education will be provided to staff to conduct daily rounds and monitor room temperatures, notify maintenance supervisor of any issues. Residents will also be asked of the comfort level of their respective rooms.	

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

TITLE

(X6) DATE

JACQUES PHILOGENE

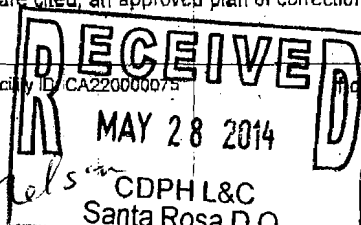
ADMINISTRATOR

5/27/14

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution 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.

Reviewed &amp; accepted

Facility informed 6/2/14 B Nelson



H F E N

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F 456	Continued From page 1 system in 6 months due to lack of funds.  During an interview on 8/1/12 at 10:15 a.m., Administrative Staff A stated the Remote Generator Alarm was installed without a permit. She stated she was not aware that a permit was needed.	F 456	Continued  Findings and trends identified during room rounds will be reviewed by QA&A Committee Monthly until sustained.  Completion date 5/30/14	