

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 03/27/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555645	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - AUBURN RAVINE TERRACE B. WING _____		(X3) DATE SURVEY COMPLETED 03/20/2013
NAME OF PROVIDER OR SUPPLIER AUBURN RAVINE TERRACE			STREET ADDRESS, CITY, STATE, ZIP CODE 750 AUBURN RAVINE ROAD AUBURN, CA 95603		
(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 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 11/1/95 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: ONE STORY, TYPE V, WOOD FRAME CONSTRUCTION, FULLY SPRINKLERED The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 CFR (Code of Federal Regulations) 483.70 (a) and NFPA (National Fire Protection Association) 101, Life Safety Code 2000 Edition, Existing codes. Representing the California Department of Public Health: Surveyor: 29753 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census: 64	K 000			
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3	K 018			

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

TITLE

(X8) DATE

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.

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K 018	Continued From page 1 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the corridor doors, as evidenced by a door that failed to latch. This could result in the passage of smoke and flames in the event of a fire, and affected one of three smoke compartments. Findings: During a tour of the facility with maintenance staff on 3/20/13, the corridor doors were observed. At 12:29 p.m., the door to Room 5 was held open to its fullest extent and allowed to close. The door failed to latch due to a misaligned striker plate.	K 018	The striker has been adjusted, and in proper working order. All doors will be inspected annually by the Supervisor or designee of the Maintenance Staff. Assurance will be monitored at the facility safety meetings, by the Maintenance Supervisor.	3/22/13	
K 029 SS=0	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and	K 029			

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K 028	Continued From page 2 doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 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 a hazardous area, as evidenced by the lack of a self-closing door to protect a storage area. This could result in the passage of smoke in the event of a fire, and affected one of three smoke compartments. Findings: During a tour of the facility with Maintenance Staff on 3/20/13, the hazardous areas were observed. At 2:28 p.m., the Dry Storage Room in the Dietary Department measured approximately 144 square feet and contained combustible materials. The door to the Dry Storage Room was not equipped with a self-closing mechanism. NFPA 101 LIFE SAFETY CODE STANDARD	K 029	The storage room door has been repaired with self closing hinges working fine. It will be checked by Maintenance Supervisor or designee staff member and reviewed at the facility safety meetings, by the Maintenance Supervisor.	3/21/13	
K 054 SS=E	All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.5.1.3 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to maintain the smoke detectors, as	K 054			

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K 054	<p>Continued From page 3</p> <p>evidenced by not performing the bi-annual smoke detector sensitivity testing. This could result in the smoke detectors malfunctioning in the event of a fire, and affected three of three smoke compartments.</p> <p>NFPA 72, 1999 Edition</p> <p>7-3.2.1 Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show and increase over the previous year, calibration tests shall be performed.</p> <p>To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods:</p> <ol style="list-style-type: none"> (1) Calibrated test method (2) Manufacturer's calibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed range (5) Other calibrated sensitivity test methods 	K 054			

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K 054	<p>Continued From page 4</p> <p>approved by the authority having jurisdiction</p> <p>Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced.</p> <p>Exception No. 1: Detectors listed as field adjustable shall be permitted to be either adjusted within the listed and marked sensitivity range and cleaned and recalibrated, or they shall be replaced.</p> <p>Exception No. 2: This requirement shall not apply to single station detectors referenced in 7-3.3 and Table 7-2.2.</p> <p>The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector.</p> <p>Findings:</p> <p>During record review on 3/20/13, smoke detector sensitivity test documents were requested.</p> <p>At 11 a.m., there were no documents available for review that indicated the smoke detectors were tested for sensitivity. An annual fire alarm system inspection and certification report dated 3/12/13 was presented for review, which indicated that the smoke detectors were tested and were in working condition. No sensitivity range was designated.</p> <p>Upon request, Maintenance Staff 1 contacted the vendor, and was informed that sensitivity testing was performed during the annual fire alarm inspection and certification. Maintenance Staff 1</p>	K 054	<p>The sensitivity test range will be completed on schedule by Everguard Security Co. as required all records will be maintained by the Maintenance Supervisor in the Fire Prevention Manual and the Maintenance Staff will and Everguard will insure the tests are done according to schedule. The report is attached of the current year tests. This will be reviewed at the facility safety meetings by the Maintenance Supervisor.</p>	4/30/13	

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K 054	Continued From page 5	K 054			
K 062 SS=E	<p>was unable to confirm with the vendor the sensitivity range or the technique used to measure the sensitivity of the smoke detectors. 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 the automatic sprinkler system, as evidenced by sprinklers installed in the improper orientation, by a bent deflector on one sprinkler, by items stored less than 18 inches from a deflector, and by a corroded sprinkler. This could result in an obstruction to the sprinklers' spray patterns, which could lead to the sprinklers malfunctioning in the event of a fire, and affected two of three smoke compartments.</p> <p>NFPA 25, 1998 Edition</p> <p>2-2.1.1 Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.</p> <p>Exception No. 1: Sprinklers installed in concealed spaces such as above suspended</p>	K 062			

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K 062	<p>Continued From page 6</p> <p>ceilings shall not require inspection.</p> <p>Exception No. 2: Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown.</p> <p>2-2.1.2 Unacceptable obstructions to spray patterns shall be corrected.</p> <p>2-4.1.8 Sprinklers shall not be altered in any respect or have any type of ornamentation, paint, or coatings applied after shipment from the place of manufacture.</p> <p>Findings:</p> <p>During a tour of the facility with Maintenance Staff on 3/20/13, the automatic sprinkler system was observed.</p> <ol style="list-style-type: none"> At 11:50 a.m., in Room 23, an upright sprinkler was installed in the closet. The spokes of the deflector pointed toward the ceiling. At 12:25 p.m., in Room 6, an upright sprinkler was installed in the closet. The spokes of the deflector pointed toward the ceiling. At 12:31 p.m., in Room 3, three baskets were stored approximately 10 inches below the sprinkler head deflector. At 2:43 p.m., in the Kitchen, two of two sprinklers above the dishwashing area exhibited signs of corrosion. At 2:20 p.m., the deflector was bent on the 	K 062	<p>These sprinklers were installed in the original construction of the building. We will look for contractors to change out the five items listed and obtain bids for approval to have the job completed. This will be reviewed at the facility safety meetings by the Maintenance Supervisor.</p>	5/10/13	

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K 062	Continued From page 7	K 062			
K 143	<p>sprinkler located on the canopy outside the Dietary Department.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>SS=D</p> <p>Transferring of oxygen is:</p> <p>(a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;</p> <p>(b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and</p> <p>(c) in an area posted with signs indicating that transferring is occurring, and that smoking in the immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2</p> <p>This STANDARD is not met as evidenced by: Based on observation and staff interview, the facility failed to ensure the safe transfer of liquid oxygen, as evidenced by the facility's practice of transferring oxygen from one container to another without proper ventilation. This could result in an oxygen-driven emergency, and affected one of three smoke compartments.</p> <p>NFPA 99, 1999 Edition</p> <p>8-6.2.5.2 Transferring Liquid Oxygen. The use</p>	K 143			

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K 143	Continued From page 8 and operation of small portable liquid oxygen systems shall comply with the requirements of CGA Pamphlet P-2.7, Guide for the Safe Storage, Handling and Use of Portable Liquid Oxygen Systems in Health Care Facilities. 8-6.5 Qualification and Training of Personnel. Equipment shall be serviced by qualified personnel only. Findings: During a tour of the facility with Maintenance Staff on 3/20/13, the Oxygen Storage Room was observed. At 11:30 a.m., two signs in the Oxygen Storage Room that stated "DOOR MUST REMAIN OPEN WHEN FILLING O2" were observed. The room measured approximately 42 square feet and was not equipped with a vent. There were items in cartons, plastic items, and hospital equipment stored in the room. When interviewed, Nursing Staff 1 stated she was responsible for transferring the oxygen. Maintenance Staff 1 stated that in a conversation with the oxygen supplier, he was informed that training was provided to Nursing Staff 1 by the supplier.	K 143	The signs have been removed and the door will remain closed when transferring oxygen. There is and has been a working exhaust vent in the room, during the time of the tour and long before. The room is in compliance with by fire rating. There is nothing stored in the room that is combustible. Please see attached photo, of exhaust vent.	3/26/13
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This STANDARD is not met as evidenced by:	K 147		

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K 147	<p>Continued From page 9</p> <p>Based on observation, the facility failed to maintain the electrical services and equipment, as evidenced by the use of an extension cord and a multi-outlet adapter. This could result in an increased risk of an electrical fire, and affected two of three smoke compartments.</p> <p>NFPA 70, 1999 Edition</p> <p>110-12. Mechanical Execution of Work. Electrical equipment shall be installed in a neat and workmanlike manner.</p> <p>(c) Integrity of Electrical Equipment and Connections. Internal parts of electrical equipment, including busbars, wiring terminals, insulators, and other surfaces, shall not be damaged or contaminated by foreign materials such as paint, plaster, cleaners, abrasives, or corrosive residues. There shall be no damaged parts that may adversely affect safe operation or mechanical strength of the equipment such as parts that are broken; bent; cut; or deteriorated by corrosion, chemical action, or overheating.</p> <p>400-8. Uses Not Permitted. Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following:</p> <p>(1) As a substitute for the fixed wiring of a structure</p> <p>(2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors</p> <p>(3) Where run through doorways, windows, or similar openings</p> <p>(4) Where attached to building surfaces</p>	K 147			

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K 147	<p>Continued From page 10</p> <p>Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8.</p> <p>(5) Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors</p> <p>(6) Where installed in raceways, except as otherwise permitted in this Code</p> <p>Findings:</p> <p>During a tour of the facility with Maintenance Staff on 3/20/13, the electrical services and equipment were observed.</p> <p>1. At 12:33 p.m., in Room 2 across from Bed 2 B, a charger and a television were plugged into an extension cord.</p> <p>2. At 2:35 p.m., in the Kitchen Prep Area, a multi-outlet adapter was in use. Grease and paint were observed in the receptacles.</p>	K 147	<p>Items 1 and 2 have been removed and monthly all electrical will be inspected in each area insuring there are no non compliant items are in use . The inspection will be done by a designee on the Maintenance Staff and reviewed at the facility safety meetings by the Maintenance Supervisor.</p>	3/26/13	