

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

PRINTED: 04/12/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>056449</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>04</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/07/2017</b>
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NAME OF PROVIDER OR SUPPLIER

**PROVIDENCE SAN FRANCISCO**

STREET ADDRESS, CITY, STATE, ZIP CODE

**5767 MISSION STREET  
SAN FRANCISCO, CA 94112**

(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	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 27254 K3 BUILDING: 01 K6 PLAN APPROVAL: 9/01/1977 K7 SURVEY UNDER: 2012 EXISTING</p> <p>STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V(111), FULLY SPRINKLERED.</p> <p>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), National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 Edition, and NFPA 99, Health Care Facilities Code, 2012 Edition.</p> <p>Representing the California Department of Public Health: 27254</p> <p>The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.</p>	K 000	<p><b>F000 Initial Comments</b></p> <p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Providence San Francisco does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p>	
K 223 SS=D	<p>Census = 47</p> <p><b>NFPA 101 Doors with Self-Closing Devices</b></p> <p>Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of:</p>	K 223	<p><b>K 223</b></p> <p>1) On 4/11/17, Maintenance Supervisor contacted vendor to service the double fire doors in the dining room and test them following the servicing.</p> <p>2) On 4/11/17, vendor tested all fire doors within the facility to ensure proper operation and compliance with standards.</p> <p>3) Maintenance Supervisor will perform monthly rounds to</p>	

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

TITLE

(X6) 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.

4/28/17 APPROVED BY: Jeanette Hurrell

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K 223	Continued From page 1 * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This STANDARD is not met as evidenced by: Surveyor: 27254 Based on observation and staff interview, the facility failed to maintain the self closing doors as evidenced by the double fire doors to the Dining Room that failed to release from the door magnets and close when tested. This affected one of two smoke compartments and could result in the passage of smoke in the event of a fire.  Findings  During a tour of the facility with a staff member on 04/07/17, the facility fire doors were observed.  At 9:30 a.m., the double fire doors to the Dining Room were held open by door magnets tied to the Fire Alarm Control Panel. When the pull station by the front door was activated, the doors failed to release from the door magnets. The doors remained fully open. The doors remained open during all the fire alarm testing.	K 223	ensure fire doors are operational.  4) Maintenance Supervisor will provide results of fire door rounds to Administrator and Administrator will bring results to quarterly QA meeting.  <b>Completion Date: 4/12/17</b>		
K 347 SS=E	NFPA 101 Smoke Detection  Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This STANDARD is not met as evidenced by: Surveyor: 27254	K 347	<b>K 347</b> 1) On 4/11/17 vendor completed smoke sensitivity test on all smoke detectors. 2) On 4/21/17 Administrator gave inservice to Maintenance Supervisor on required smoke sensitivity test frequency.		

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K 347	<p>Continued From page 2</p> <p>Based on document review and staff interview, the facility failed to maintain the facility smoke detectors as evidenced by not conducting the required smoke detector sensitivity test of all installed smoke detectors. This affected two of two smoke compartments and could result in the failure of a smoke detector in the event of a fire.</p> <p>NFPA 101 Life Safety Code, 2012 edition 9.6.2.10 Smoke Alarms. 9.6.2.10.1 General. 9.6.2.10.1.1 Where required by another section of this Code, single-station and multiple-station smoke alarms shall be in accordance with NFPA 72, National Fire Alarm and Signaling Code, unless otherwise provided in 9.6.2.10.1.2, 9.6.2.10.1.3, or 9.6.2.10.1.4.</p> <p>NFPA 72 National Fire Alarm and Signaling Code, 2010 edition 14.4.5.3* In other than one- and two-family dwellings, sensitivity of smoke detectors and single- and multiple-station smoke alarms shall be tested in accordance with 14.4.5.3.1 through 14.4.5.3.7. 14.4.5.3.1 Sensitivity shall be checked within 1 year after installation. 14.4.5.3.2 Sensitivity shall be checked every alternate year thereafter unless otherwise permitted by compliance with 14.4.5.3.3. 14.4.5.3.3 After the second required calibration test, if sensitivity tests indicate that the device 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. 14.4.5.3.4 To ensure that each smoke detector or smoke alarm is within its listed and marked</p>	K.347	<p>3) On a quarterly basis the Administrator will review the Smoke Sensitivity records to ensure compliance with frequency standards.</p> <p>4) The Administrator will bring the results of the quarterly audit to the quarterly QA meeting to determine if any further systematic changes are needed.</p> <p><b>Completion Date: 4/21/17</b></p>		

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K 347	<p>Continued From page 3</p> <p>sensitivity range, it shall be tested using any of the following methods:</p> <p>(1) Calibrated test method</p> <p>(2) Manufacturer ' s calibrated sensitivity test instrument</p> <p>(3) Listed control equipment arranged for the purpose</p> <p>(4) Smoke detector/fire alarm control unit arrangement whereby the detector causes a signal at the fire alarm control unit where its sensitivity is outside its listed sensitivity range</p> <p>(5) Other calibrated sensitivity test methods approved by the authority having jurisdiction</p> <p>14.4.5.3.5 Unless otherwise permitted by</p> <p>14.4.5.3.6, smoke detectors or smoke alarms found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced.</p> <p>14.4.5.3.6 Smoke detectors or smoke alarms listed as field adjustable shall be permitted to either be adjusted within the listed and marked sensitivity range, cleaned, and recalibrated, or be replaced.</p> <p>Findings</p> <p>During document review with a staff member on 4/07/17, the documents for the smoke detector sensitivity testing was requested.</p> <p>At 8:45 a.m., the documents provided for the smoke detector sensitivity testing were dated 3/05/15. During an interview, staff stated the facility vendor would be contacted and the documents would be emailed. No additional documents were received.</p>	K 347			
K 920	NFPA 101 Electrical Equipment - Power Cords	K 920			



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K 920 SS=D	<p>Continued From page 4 and Extens</p> <p>Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This STANDARD is not met as evidenced by: Surveyor: 27254 Based on observation, the facility failed to maintain the electrical system as evidenced by a coffee maker plugged into a power strip, and a power strip plugged into a power strip. This affected one of two smoke compartments and could result in the ignition of an electrical fire.</p> <p>NFPA 101, Life Safety Code, 2012 edition 19.5 Building Services. 19.5.1 Utilities. 19.5.1.1 Utilities shall comply with the provisions</p>	K 920	<p><b>K 920</b></p> <ol style="list-style-type: none"> <li>1) On 4/7/2017 the 2 power strips in the Business Office were unplugged and removed.</li> <li>2) On 4/21/17 the Administrator inserviced the Maintenance Supervisor on proper use of power strips and which power strips are allowed to be used in non-patient rooms.</li> <li>3) On a monthly basis the Administrator will make monthly rounds to ensure the use of proper power strips as well as to verify that there are no "daisy chains" occurring.</li> <li>4) The Administrator will bring the results of the monthly rounds to the quarterly QA meeting to determine if further systemic changes are warranted.</li> </ol> <p><b>Completion Date: 4/21/17</b></p>	

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K 920	<p>Continued From page 5 of Section 9.1.</p> <p>9.1.2 Electrical Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 70, National Electrical Code, 2011 edition 400.8 Uses Not Permitted. Unless specifically permitted in 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> <p>Exception to (4): Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of 368.56(B)</p> <p>(5) Where concealed by walls, floors, or ceilings or located above suspended or dropped ceilings</p> <p>(6) Where installed in raceways, except as otherwise permitted in this Code</p> <p>(7) Where subject to physical damage</p> <p>590.3 Time Constraints.</p> <p>(A) During the Period of Construction. Temporary electric power and lighting installations shall be permitted during the period of construction, remodeling, maintenance, repair, or demolition of buildings, structures, equipment, or similar activities.</p> <p>(B) 90 Days. Temporary electric power and lighting installations shall be permitted for a period not to exceed 90 days for holiday decorative lighting and similar purposes.</p> <p>(D) Removal. Temporary wiring shall be removed</p>	K 920		

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K 920	<p>Continued From page 6</p> <p>immediately upon completion of construction or purpose for which the wiring was installed.</p> <p>Findings</p> <p>During a tour of the facility with a staff member on 04/07/17, the facility electrical wiring was observed.</p> <p>1. At 9:57 a.m., in the Business Office, a coffee maker was plugged into a power strip. The power strip was then plugged into another power strip, creating a daisy chain.</p>	K 920		