

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

PRINTED: 07/28/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA090000044	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/01/2011
---	--	---	---

NAME OF PROVIDER OR SUPPLIER

BELLA VISTA HEALTH CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

7922 PALM STREET

LEMON GROVE, CA 91945

(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 The following reflects the findings of the California Department of Public Health, Life Safety Code Unit, during an Initial Certification Life Safety Code Survey of the facility using the 101 NFPA (National Fire Protection Association) 2000 Edition (New) of the Life Safety Code. The facility was surveyed in accordance with 42 CFR (Code of Federal Regulations) 483.70 (a) for Long Term Care Facilities. K3 BUILDING: 01 K6 PLAN APPROVAL: New K7 SURVEY UNDER: 2000 New TYPE OF CONSTRUCTION: ONE STORY, WITH A BASEMENT, PROTECTED CONSTRUCTION, TYPE V (111), FULLY SPRINKLERED. CENSUS: 6 Representing the Department: 22971, HFE-IIS	K 000		
K 130 SS=B	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that bars on windows have the ability to be opened when necessary to provide access to fire authorities during fire or other emergencies. This was evidenced by 12 resident windows with bars that could not be opened from the inside or outside. This could prevent access by the fire authorities during fire or a disaster and cause delay in evacuation.	K 130	K 130 NFPA 101 MISCELLANEOUS <i>Specific action and/or measures to correct the deficiency</i> The bars on window in rooms 111, 112, 113, 114, 116, 118, 120, 121, 122, 124, 126 and 127 which face the rear of the building were removed on 29 July 2011. <i>Who will be directly responsible for the corrective action</i> The Environmental Services Director and his technicians removed the bars. <i>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not occur</i> The non-releasing bars that have been removed will be discarded. <i>How the facility plans to monitor its performance to make sure that solutions are sustained</i> The Administrator and the Environmental Services Director will insure that non-releasing bars are not reinstalled. Daily building rounds are conducted for general compliance issues by the Administrator. This issue would be included in such rounds. <i>Corrective action completed on 29 July 2011</i>	

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

TITLE

(X6) DATE

Sam Kelly Administrator 7-29-11

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.

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/28/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA090000044	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/01/2011
---	--	---	---

NAME OF PROVIDER OR SUPPLIER

BELLA VISTA HEALTH CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

7922 PALM STREET
LEMON GROVE, CA 91945

(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 130	Continued From page 1 NFPA 101, 9.1.1.1.5 It shall be recognized that, in buildings housing certain types of patients or having detention rooms or a security section, it might be necessary to lock doors and bar windows to confine and protect building inhabitants. In such instances, the authority having jurisdiction shall make appropriate modifications to those sections of this Code that would otherwise require means of egress to be kept unlocked. This is not met as evidenced by: Findings: During the facility tour and interview with the Director of Environmental Services on 6/1/11 12:21 p.m., the windows in rooms 111, 112, 113, 114, 116, 118, 120, 121, 122, 124, 126, and 127 have bars permanently bolted to the window frame without any releasing devices to open from the inside or outside. The Director of Environmental Services stated that the window bars have been there since the building was constructed and got an approval from the local fire department to keep them.	K 130		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144	<p>K 144 NFPA 101 <i>Specific action and/or measures to correct the deficiency</i> A remote alarm annunciator was installed in nursing station one on 10 June 2011. The documentation of the installation and that this new system is operable and functions within state and federal requirements is submitted with this Plan of Correction.</p> <p><i>Who will be directly responsible for the corrective action</i> The Environmental Services Director will test the remote alarm annunciator twice each month when the generator is run under a load test.</p> <p><i>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not occur</i> The Environmental Services Director and the Administrator shall monitor this process for compliance.</p> <p><i>How the facility plans to monitor its performance to make sure that solutions are sustained</i> These semi-monthly test results shall be submitted to the monthly Quality Assurance committee for review and evaluation.</p> <p><i>Corrective action completed on 10 June 2011</i></p>	8/10/11

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

PRINTED: 07/28/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: CA090000044	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 06/01/2011
NAME OF PROVIDER OR SUPPLIER BELLA VISTA HEALTH CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 7922 PALM STREET LEMON GROVE, CA 91345		
(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 144	<p>Continued From page 2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide a remote alarm annunciator that monitors the condition of the generator when running, for their back up power supply. This was evidenced by a diesel generator without a remote alarm annunciator in a location readily observed by staff. This could result in failure to monitor the condition of the generator during power failures.</p> <p>Findings:</p> <p>On 6/1/11 at 2:50 p.m., the diesel generator was observed with the Director of Environmental Services. There was no remote alarm annunciator for the generator installed anywhere in the facility. The Director of Environmental Services stated that the generator was installed back when the building was built and they never had a remote alarm annunciator.</p>	K 144			