

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

PRINTED: 03/24/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056186	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/20/2015
NAME OF PROVIDER OR SUPPLIER CENTINELA GRAND INC			STREET ADDRESS, CITY, STATE, ZIP CODE 2225 NORTH PERRIS BOULEVARD PERRIS, CA 92571	
(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 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 1976 K7 SURVEY UNDER: 2000 EXISTING TYPE OF STRUCTURE: ONE STORY TYPE V (111) CONSTRUCTION, FULLY SPRINKLERED The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code re-certification 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: 21101 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census: 104	K 000	APR - 9 2015 K00 L & C DIVISION SAN JOSE Preparation and execution 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 on the Statement of Deficiencies. The Provider submits their Plan of Correction with the intention that it is inadmissible by any third party in any civil or criminal action or proceedings against the Provider, it's employees, agents, officers, directors or shareholders. This Plan of Correction is submitted to meet requirements established by State and Federal Law.	04-19 2015
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the integrity of their building construction. This was evidenced by an unsealed penetration in a wall. This could result in the	K 012	Please accept this Plan of Correction as our written credible allegation of compliance. The deficiencies cited will be corrected as specified and will be monitored to prevent recurrence no later than 04/19/15.	

LABORATORY DIRE

E'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement regarding the safety of the facility which the other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 30 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 012	Continued From page 1 spread of smoke and or fire from one room to another. This affected 1 of 5 smoke compartments. Findings: During a tour of the facility with the Maintenance Supervisor on 3/20/15, the facility walls and ceilings were observed, and staff was interviewed. At 10:20 a.m., resident room 4 had an approximately six inch penetration in the wall behind bed A. During interview, the maintenance supervisor acknowledged the penetration and stated that it was caused by the resident bed pushed into the wall.	K 012	K012 The six inch penetration in the wall of Resident Room 4 Bed A was repaired by the Maintenance Supervisor replacing portion of the drywall. Cut drywall 6x6 inch screw on the stud and used patching compound on all surroundings. Sand paper then apply 1 coat of primer and sand again for finishing and apply 2 coats of paint.	04/19 2015	
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 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	The Administrator along with the Maintenance Supervisor will monitor for any penetration on the resident's room. Will monitor x 3 months. Results and findings will be brought to the UR Meeting to be reviewed.		

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K 018	Continued From page 2 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their doors to latch and resist the passage of smoke. This was evidenced by a door that failed to latch upon self-closure and by a damaged door strike plate. This could result in the failure to contain smoke to a room in the event of a fire. This affected 2 of 5 smoke compartments. NFPA 101, Life Safety Code, 2000 Edition 7.2.1.8 Self-Closing Devices. 7.2.1.8.1 A door normally required to be kept closed shall not be secured in the open position at any time and shall be self-closing or automatic-closing in accordance with 7.2.1.8.2 Findings: During a tour of the facility with the Maintenance Supervisor on 3/20/15, the corridor doors were observed. 1. At 10:28 a.m., the corridor door to the Activities supply closet failed to latch upon self-closure. The maintenance supervisor open the door twice to its fullest extent and released it. The door failed to latch both times. 2. At 11:14 a.m., the south dining room door failed to latch. The door strike plate was broken. This was acknowledged by maintenance during the survey.	K 018	K018 The corridor door to the activity supplies closet self-closing device was replaced by the Maintenance Supervisor to maintain the door to latch. The latch will resist passage of smoke. The Administrator and Maintenance supervisor will monitor to ensure all self-closing devices for doors are in good working condition. Findings and results will be brought x 3 to the UR Meeting to be reviewed. The door strike plate in the south dining room was replaced by the Maintenance Supervisor. The Administrator along with the Maintenance Supervisor will randomly check door strike plates to ensure they are in good working condition x 3. Findings and results will be brought to UR Meeting for review.	04-19 2015	
K 025	NFPA 101 LIFE SAFETY CODE STANDARD	K 025			

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K 025 SS=D	<p>Continued From page 3</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the integrity of the fire rated construction of its smoke barrier walls. This was evidenced by a penetrations in 1 of 4 smoke barrier walls. The could result in the transfer of smoke or fire to other compartments. This affected 2 of 5 smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 19.3.7.3 Any required smoke barrier shall be constructed in accordance with Section 8.3 and shall have a fire resistance rating of not less than 1/2 hour.</p> <p>8.3.6.1 Pipes, conduits, ducts, cables, wires, air ducts, pneumatic tube and ducts, and similar building services equipment that pass through floors and smoke barriers shall be protected as follows: (1) The space between the penetrating item and the smoke barrier shall meet one of the following conditions:</p>	K 025	<p>K025</p> <p>The south wing smoke barrier Wall inside the attic penetration of 1 inch around conduit in the center of the wall was repaired by the Maintenance Supervisor applying Fireseal 3000 Sealant around the conduit. The Administrator will monitor the Maintenance Supervisor in checking of any penetration on wall x 3. Findings and results will be brought to the UR Meeting for review.</p>	<p>04-19 2015</p>	

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K 025	Continued From page 4 a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed of the specific purpose. (2) Where the penetrating item uses a sleeve to penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (3) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following: a. It shall be made on either side of the smoke barrier. b. It shall be made by an approved device that is designed for the specific purpose. Findings: During a tour of the facility with the Maintenance Supervisor on 3/20/15, the smoke barrier walls were observed. At 10:04 a.m., the south wing smoke barrier wall had an approximately 1 inch penetration around a conduit in the center of the wall. This was acknowledged by maintenance during the survey.	K 025			
K 052 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA	K 052			

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K 052	<p>Continued From page 5</p> <p>72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to maintain the fire alarm system. This was evidenced by incomplete documentation for the monthly testing of the fire alarm system with the monitoring station. This could result in fire alarm system transmission failure in the event of a fire. This affected 5 of 5 smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition Section 9.6 Fire Detection, Alarm and Communications Systems 9.6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code, unless an existing installation, which shall be permitted to be continued in use, subject to the approval of the authority having jurisdiction. 9.6.1.5 All systems and components shall be approved for the purpose for which they are installed. 9.6.1.6 Fire alarm system installation wiring or other transmission paths shall be monitored for integrity in accordance with 9.6.1.4.</p>	K 052	<p>K052</p> <p>The documentation on the monthly testing report of the fire alarm system with the central station will be in Maintenance Log Binder. proof of documentation of monthly testing report of the fire alarm will be available for review from the office of the Administrator and Maintenance Supervisor. Administrator will monitor the Maintenance Supervisor for the timeliness of monthly testing report of the fire alarm system x 3. Results and findings will be brought to the UR meeting for review.</p>	04-19 2015	

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K 052	Continued From page 6 9.6.1.7* To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code. NFPA 72, National Fire Alarm Code, 1999 Edition Table 7-3.2 Testing Frequencies, Item 23 - requires testing with the receiving station on a monthly basis. Findings: During document review with the Maintenance Supervisor on 3/20/15, the fire alarm maintenance reports were reviewed., and staff was interviewed. 1. At 9:43 a.m., the report for the monthly testing of the fire alarm system with the central station failed to document testing from September through December during 2014 and for February 2015. The maintenance supervisor reviewed the monthly fire alarm reports and confirmed the documentation was missing and stated that he just started working for the facility on March 23rd. The maintenance supervisor stated he could not find any additional documentation for review.	K 052			
K 054 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3	K 054			

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K 054	<p>Continued From page 7</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to maintain the smoke detection devices through out the facility. This was evidenced by no documentation of conducting sensitivity testing for 14 smoke detectors. This could result in the smoke detectors not functioning as designed and failing to alert staff of a fire in the facility. This affected 5 of 5 smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 9.6.1.7 To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code.</p> <p>NFPA 72, National Fire Alarm Code, 1999 Edition 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 any increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods: (1) Calibrated test method</p>	K 054	<p>K054</p> <p>The facility will ensure the Monthly Testing of all 14 smoke detectors by the Maintenance Supervisor. Quarterly and Yearly Testing of 14 smoke detectors will be performed by A & A Fire Protection (Facility Vendor). Proof of documentation and copy of the report from the central station will be on file. Administrator will monitor the Maintenance Supervisor on the timeliness of monthly/quarterly/ yearly testing. Results and findings will be brought x 3 to the UR Meeting.</p>	<p>04.19 2015</p>	

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K 054	<p>Continued From page 8</p> <p>(2) Manufacturer's calibrated sensitivity test instrument</p> <p>(3) Listed control equipment arranged for the purpose</p> <p>(4) Smoke detector/control unit arrangement whereby the detector causes a signal at the 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>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 document review and interview with the Maintenance Supervisor on 3/20/15, the smoke detector sensitivity reports were requested, and staff was interviewed.</p> <p>At 9:01 a.m., the facility provided documentation for the annual certification of the fire alarm system dated 3/5/2015. The report did not</p>	K 054					

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K 054	Continued From page 9 Include sensitivity testing for 14 smoke detectors through out the facility. During an interview, the maintenance supervisor stated he could not find any additional documentation for review.	K 054		04-19 2015	
K 062 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD 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 This STANDARD is not met as evidenced by: Based on observation, document review and interview, the facility failed to maintained the automatic sprinkler system. This was evidenced by no documentation for 1 of 4 quarterly sprinkler tests, by a sprinkler spray pattern that was obstructed, and by sprinklers that were contaminated. This could result in sprinkler system failure to contain a fire. This affected 5 of 5 smoke compartments. NFPA 101, Life Safety Code, 2000 Edition 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition 2-2.1.1 Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of	K 062	K062 The Maintenance Supervisor will ensure proper documentation on quarterly sprinkler testing by A & A Fire Protection (Facility Vendor). The Administrator will monitor Maintenance Supervisor on the timeliness of Quarterly Sprinkler Testing. Reports will be on file. Results and findings will be monitored x 3 and brought to the UR Meeting.		

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K 062	<p>Continued From page 10</p> <p>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>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 manufacturer.</p> <p>2-2.6 Alarm Devices. Alarm devices shall be inspected quarterly to verify that they are free of physical damage.</p> <p>2-2.7 Hydraulic Nameplate. The hydraulic nameplate, if provided, shall be inspected quarterly to verify that it is attached securely to the sprinkler riser and is legible.</p> <p>2-3.3 Alarm Devices. Waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly.</p> <p>9-2.7 Waterflow Alarm. All waterflow alarms shall be tested quarterly in accordance with the manufacturer's instructions.</p> <p>Findings:-</p> <p>During observation, record review with the Maintenance Supervisor on 3/20/15, the sprinkler system was documentation was reviewed, and staff was interviewed.</p> <p>1. At 9:16 a.m., the facility failed to provide documentation for the fourth quarter sprinkler testing in October, November or December 2014.</p>	K 062	<p>The 2 (two) sprinkler escutcheon rings covered by tape in the dining room located between east and south wing was removed by Maintenance Supervisor. The painter failed to remove tape after painting project. Administrator will monitor Maintenance Supervisor to ensure there is no tape around the escutcheon rings. Results and findings will be brought to the UR Meeting.</p>	04-19 2015	

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K 062	Continued From page 11 During interview, the maintenance supervisor stated there was no additional documentation for review. 2. At 11:13 a.m., there were two sprinkler escutcheon rings covered with tape in the dining room that was located between the east and south wing. This was confirmed by the maintenance supervisor during the survey. 3. At 11:16 a.m., in the south wing central supply room, there was 1 of 2 sprinklers obstructed by boxes that were stored within 8 inches of the sprinkler deflector.	K 062		04-19 2015	
K 144 SS=C	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. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain its generator in accordance with NFPA 101 and NFPA 110. This was evidenced by the failure to provide emergency lighting in the generator room. This affected 4 of 4 smoke compartments. NFPA 101, Life Safety Code, 2000 Edition 9.1.3 Emergency Generators. Emergency	K 144	K144 The emergency battery backup lighting for the generator room was installed by the Maintenance Supervisor in accordance with NFPA and NFPA 110 Regulations. The Administrator will monitor Maintenance Supervisor by visually checking emergency battery backup lighting for the generator room is in good working condition X3. Results and findings will be brought to the UR Meeting.		

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K 144	<p>Continued From page 12</p> <p>generators, where required for compliance with this Code, shall be tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems.</p> <p>NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition</p> <p>5-3.1 The Level 1 and Level 2 EPS equipment location shall be provided with battery-powered emergency lighting. The emergency lighting charging system and the normal service room lighting shall be supplied from the load side of the transfer switch.</p> <p>6-4 Operational Inspection and Testing.</p> <p>6-4.1 Level 1 and Level 2 EPSSs, including all appurtenant components, shall be inspected weekly and shall be exercised under load at least monthly.</p> <p>Findings:</p> <p>During a tour of the facility with the Maintenance Supervisor on 3/20/15, the generator was observed, and the generator logs were reviewed.</p> <p>1. At 9:22 a.m., the facility failed to document weekly visual inspections of the emergency generator during the week of 7/13/14-7/19/14, and the week of 7/20/14-7/26/14. This was confirmed by the maintenance supervisor during the survey.</p> <p>2. At 10:47 a.m., there was no emergency battery-powered light in the area where the emergency generator and transfer switch is located. This was acknowledged by the maintenance supervisor during the survey.</p>	K 144	<p>The Maintenance Supervisor will physically and visually inspect weekly emergency generator. Administrator will monitor the Maintenance Supervisor by checking proof of inspections of weekly generator test x 3. Results and findings will be brought to the UR Meeting for review.</p>	04-19 2015	

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K 147 K 147 SS=D	<p>Continued From page 13</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain electrical safety in accordance with NFPA 101 and NFPA 70. This was evidenced by the use of an extension cord. This could result in an electrical fire. This affected 1 of 5 smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p> <p>NFPA 70, National Electrical Code, 1999 Edition 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 a fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors. (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces (5) Where concealed behind building walls, structural ceilings, suspended ceilings, or floors (6) Where installed in raceways, except as otherwise permitted in this code</p>	K 147 K 147	<p>K147</p> <p>The extension cord that was found in the MDS office was immediately removed. All cords are directly plugged in the wall. Administrator and Maintenance Supervisor will randomly check rooms for compliance x 3. Any results and findings will be brought to UR Meeting.</p>	04-19 2015	

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K 147	Continued From page 14 Findings: During a tour of the facility with the Maintenance Supervisor on 3/20/15, the electrical wiring and equipment was observed. At 11:12 a.m., the minimal data set office (MDS) had a black three prong extension cord in use. This was acknowledged by the maintenance supervisor during the survey.	K 147			04-19 2015
K 154 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1 This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to provided a fire watch procedure in the event the automatic sprinkler system was out of service for more than 4 hours, and failed to include that the facility would contact the local fire department and California Department of Public Health (CDPH). This was evidenced by no fire watch policy for the fire sprinkler system and no notification to the authority having jurisdiction. This could result in a fire and failure to report the incident to CDPH and the local fire department. This affected 5 of 5 smoke compartments.	K 154	The Facility Policy and Procedure for Fire Watch for Automatic Sprinkler system has been updated by the Administrator along with Maintenance Supervisor to include in the event Automatic Sprinkler System is shut down for 4 hours or more in 24 hour period. The policy will include notifying CDPH and local fire department. Information on how often fire watch rounds would be conducted in a 24 hour period. Changes in Policy and Procedure for Fire Watch of Automatic Sprinkler will be brought to UR Meeting for approval by the committee.		

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K 154	<p>Continued From page 15</p> <p>NFPA 101, Life Safety Code, 2000 Edition 9.7.6.1 Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service.</p> <p>Findings:</p> <p>During document review with the Maintenance Supervisor on 3/20/15, the Policy and Procedure manual for fire and disaster was reviewed, and staff was interviewed.</p> <p>At 8:30 a.m. the facility failed to include a fire watch policy for the automatic sprinkler system in the event the system is shut down for 4 hours or more in a 24 hour period. During interview, the maintenance supervisor provided a copy of the fire watch for the fire alarm system in the event the system should be disabled and stated the facility would follow the same procedures in the event the sprinkler system is shut down. The policy did not include notifying CDPH and the local fire department. There was no information indicating how often the fire watch rounds would be conducted.</p>	K 154			

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