

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 08/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055361	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/14/2013
NAME OF PROVIDER OR SUPPLIER VISTA PACIFICA CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE ZIP CODE 3662 PACIFIC AVENUE RIVERSIDE, CA 92509		
(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>INITIAL COMMENTS</p> <p>K3 BUILDING: 01 K6 PLAN APPROVAL: 1971 K7 SURVEY UNDER: 2000 EXISTING 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) and NFPA (National Fire Protection Association) 101, Life Safety Code 2000 Edition, Existing codes.</p> <p>Representing the California Department of Public Health: 21101</p> <p>The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.</p>	K 000	<p>This plan of correction is submitted as required under Federal and State regulations and statutes applicable to Long Term Care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility and such liability is hereby specifically denied. The submission of the Plan does not constitute agreement by the facility that the surveyor's finding or conclusion are accurate, that the findings constitute a deficiency, or that the scope or severity cited are correctly applied. This plan of Correction constitutes my written credible allegation of compliance for the deficiencies noted.</p>		
K 050 SS=D	<p>Census: 49</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p>	K 050			

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 filed, an approved plan of correction is requisite to continued program participation.

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NAME OF PROVIDER OR SUPPLIER VISTA PACIFICA CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 3682 PACIFIC AVENUE RIVERSIDE, CA 92509		
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K 050	Continued From page 1 This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to conduct fire drills at unexpected times on the NOC shift as evidenced, by 4 of 4 NOC shift drills that were held with in the same time. This failure could result in staff becoming complacent to assigned fire drill times and not respond to an emergency at an unexpected time. This affected residents in 3 of 3 smoke compartments. Findings: During document review and interview, with staff on 8/14/13, the fire drill reports were reviewed. At 9:11 a.m., the fire drill reports provided by the facility documented the first quarter NOC shift fire drill was held at 1:45 a.m., the second quarter fire drill was held at 1:40 a.m., the third quarter fire drills was held at 1:00 a.m., and the fourth quarter fire drill was held at 1:45 a.m. The drills were not held at unexpected times. This was acknowledged by staff during document review.	K 050	A. Specific actions to correct deficiency: Administrator contacted the consultant to discuss the importance of varying the times of the fire drills. B. Systems put in place to ensure deficient practice does not recur and person responsible: DSD will coordinate with the consultant fire drills and ensure the times vary. C. How facility plans to monitor corrective actions: DSD will report to Administrator any issues regarding fire drills at the Quarterly Quality Assurance Committee.	8/23/2013	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 9.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that the automatic sprinkler system was	K 062			

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K 062	<p>Continued From page 2</p> <p>maintained and inspected periodically as evidenced by sprinklers that were obstructed by storage. This failure could result in obstruction of the sprinkler spray pattern in the event of a fire and affected residents in 1 of 3 smoke compartments.</p> <p>NFPA 13, Installation of Sprinkler Systems (1999) Edition 5-5.5.2 Obstructions to Sprinkler Discharge Pattern Development. 5-5.5.2.1 Continuous or noncontinuous obstruction less than or equal to 18 in. (457 mm) below the sprinkler deflector that prevent the pattern from fully developing shall comply with 5-5.5.2.</p> <p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of the Water-Based Fire Protection Systems, (1998) Edition 2-2 Inspection. 2-2.1 Sprinklers. 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>Findings:</p> <p>During a tour of the facility with staff on 8/14/13, the sprinkler system was observed.</p> <p>At 10:16 a.m., the sprinkler inside the closet and the sprinkler above the closet space in resident room 26 was obstructed by storage that was within 4 inches of the sprinkler deflector.</p>	K 062	<p>A. Specific actions to correct deficiency:</p> <p>Maintenance immediately moved the items obstructing the fire sprinkler.</p> <p>B. Systems put in place to ensure deficient practice does not recur and person responsible:</p> <p>DSD will in-service nursing assistance on the importance of ensuring resident items in the closets do not obstruct the fire sprinkler.</p> <p>Maintenance will check resident closets monthly to ensure sprinklers are not obstructed.</p> <p>C. How facility plans to monitor corrective actions:</p> <p>Maintenance Supervisor will report to Administrator any issues regarding fire sprinklers at the Quarterly Quality Assurance Committee.</p>	8/14/2013	9/14/2013

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K 064 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, 19.3.5.6, NFPA 10</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that the fire extinguishers were not obstructed or obscured from view, and failed to ensure its fire extinguishers were secured, as evidenced by a fire extinguisher that was obstructed from view and by two fire extinguishers that were not secure. This failure affected 1 of 3 smoke compartments.</p> <p>NFPA 10, Standard for Portable Fire Extinguishers (1998 Edition) 1-6 General Requirements. 1-6.6 Fire extinguishers shall not be obstructed or obscured from view. 1-6.7 Portable fire extinguishers other than wheeled types shall be securely installed on the hanger or in the bracket supplied or placed in cabinets or wall recesses. The hanger or bracket shall be securely and properly anchored to the mounting surface in accordance with the manufacturer's instructions. Wheeled typed fire extinguishers shall be located in a designated location.</p> <p>Findings:</p> <p>During a tour of the facility with staff on 8/14/13, the fire extinguishers were observed.</p>	K 064	<p>A. Specific actions to correct deficiency:</p> <p>1. Maintenance Supervisor immediately moved the fire extinguishers up of the floor.</p> <p>2. Housekeeping Supervisor immediately moved the item obstructing the fire extinguisher.</p> <p>B. Systems put in place to ensure deficient practice does not recur and person responsible:</p> <p>1. Maintenance Supervisor to check fire extinguisher monthly to ensure they are properly secured.</p> <p>2. Housekeeping Supervisor in serviced all laundry staff on the importance of not obstructing the fire extinguishers.</p> <p>C. How facility plans to monitor corrective actions: 1. Maintenance Supervisor and Housekeeping Supervisor will report to Administrator any issues regarding fire extinguishers at the Quarterly Quality Assurance Committee.</p>	8/14/2013	8/14/2013