

Plan of correction removed and approved by
20 07598 9-13-2011

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

PRINTED: 08/30/2011
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 665532	(X2) MULTIPLE CONSTRUCTION A. BUILDING A1 - CLARA BALDWIN STOCK B. WING _____		(X3) DATE SURVEY COMPLETED 07/30/2011
NAME OF PROVIDER OR SUPPLIER CLARA BALDWIN STOCKER HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 827 S VALINDA AVENUE WEST COVINA, CA 91790		
(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 facility was surveyed under 42 CFR Part 483.70(a), Life Safety Code NFPA 101, 2000 Edition, Chapter 19 Existing Health Care Occupancies, and other applicable codes. The following represents the findings of the Department of Public Health during the Life Safety Code Survey. Highest scope and severity= E Representing the Department of Public Health:		K 000		
K 018 SS=E	04917 NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.5 are permitted. Roller latches are prohibited. 18.3.6.3 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the corridor door to resident bathing room, identified as "Bath #2," the door to the kitchen's pantry, and the door to the kitchen were not able to resist the passage of smoke, by having the door impeded from closing freely and have the ability to positively latch. The evaluator observed that equipment such as a door stoppers, and hinge adjustments impeded the doors from closing shut. In the event of a fire		K 018	All Facility doors constructed to resist the passage of smoke will positively latch. Doors in the following location were repaired/adjusted so they will close and resist passage of smoke: 1. Resident shower identified as bath #2. 2. Doors opening by the kitchen pantry. 3. Impeding wedge was removed from the kitchen door and pantry. By Maintenance Staff	08/02 2011

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

Carol Schubert administrator

TITLE

(X6) DATE

9/8/2011

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 emergency, rapid closure with a means suitable for keeping the door closed without any impediments or penetrations, and the ability for the doors to positively latch are essential component in the containment of smoke and/or fire. At the time the facility bed census was 27, and the licensed bed capacity was 48. Findings: On July 30, 2011, between 4:30 p.m. and 715 p.m., the evaluator in the presence of the maintenance staff members, conducted a Life and Safety Code (LSC) tour of the facility, and observed the following: a. On the same date, at 5 p.m., one of two doors protecting corridor openings by resident shower doors located in Nursing Station 1, identified as "Bath #2" was not able to resist the passage of smoke by having the door impeded from closing freely and having the ability to positively latch. The door failed to close shut, although repeated attempts were made by the maintenance staff, the door to "Bath #2" failed to remain closed shut. b. One of the doors protecting corridor openings by the Kitchen's Pantry was not able to resist the passage of smoke by having the door impeded from closing freely and having the ability to positively latch. The Kitchen's Pantry door was impeded from closing due to a door stopper that had been placed at the door to keep the door ajar to the Kitchen's Pantry. c. One of two doors protecting corridor openings by the facility's Kitchen, located on the service door side/west entry, was not able to resist the	K 018	All facility doors constructed to resist the passage of smoke were inspected so they will close properly and have the ability to close freely and positively latch. By Maintenance Staff All facility doors constructed to resist the passage of smoke will be inspected on an ongoing basis. By Maintenance Staff and Safety Committee Members. Results of inspections will be monitored to ensure correction is achieved and sustained on a quarterly basis. By QA Committee	08/01 2011	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555832	(X2) MULTIPLE CONSTRUCTION A. BUILDING A1 - CLARA BALDWIN STOCK B. WING _____		(X3) DATE SURVEY COMPLETED 07/30/2011
NAME OF PROVIDER OR SUPPLIER CLARA BALDWIN STOCKER HOME			STREET ADDRESS, CITY, STATE, ZIP CODE 527 S VALINDA AVENUE WEST COVINA, CA 91790		
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K 018	Continued From page 2 passage of smoke by having the door impeded from closing freely and having the ability to positively latch. The Kitchen's door, located on the service door side/west entry, was impeded from closing due to a door stopper that had been placed at the door to keep the door ajar to the Kitchen's door, located on the service door side/west entry. At the same time, during an interview, the maintenance staff members stated they would make the necessary adjustments to the resident's bathing room, identified as Bath #2; to the Kitchen's Pantry; and, to the Kitchen's door, located on the service door side/west entry, to ensure that the doors would not be obstructed; and, that the doors would resist the passage of smoke, and have the ability to close freely and positively latch close. The deficiency affected three of 5 smoke compartments. The deficiency was brought to the attention of the administrator and the maintenance staff members during the exit conference on July 30, 2011.	K 018			
K 130 SS=E	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: a. NFPA 72, National Fire Alarm Code, 1999 Edition. 7-3.2 Testing. Testing shall be performed in accordance with the schedules in Chapter 7 or more often if required by the authority having jurisdiction. If	K 130	The test of the tamper switch will activate an audible and visual local alarm. The valve switch is supervised 24/7 by a monitoring alarm system, ADT, who will immediately notify the building if the fire sprinkler valve		

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K 130	<p>Continued From page 3</p> <p>automatic testing is performed at least weekly by a remotely monitored fire alarm control unit specifically listed for the application, the manual testing frequency shall be permitted to be extended to annual.</p> <p>Table 7-3.2 shall apply.</p> <p>Table 7-3.2 Testing Frequencies.</p> <p>15. Initiating Devices</p> <p>k. Water-flow Devices - Semiannually</p> <p>i. Valve Tamper Switches - Semiannually</p> <p>Based on observation and interview, the facility staff failed to ensure that the fire sprinkler system valve tamper switch was continuously inspected and maintained to ensure that an audible local alarm had activated at the fire alarm panel upon testing the valve tamper switch. In the event of a fire/smoke emergency, the routine test of the components of the sprinkler system will ensure that the sprinkler system will function as designed. At the time of survey, the facility bed census was 27, and the licensed capacity was 48 beds.</p> <p>Findings:</p> <p>On July 29, 2011, at 7:40 p.m., during a Life Safety Code Survey, the evaluator in the presence of the two maintenance staff members conducted a fire alarm system test of the fire sprinkler system valve tamper switch. The test of the tamper switch failed to activate an audible local alarm at the fire annunciation panel located at Nurse's Station I. A second test of the tamper switch was made on the same date at 7:50 p.m., with the same result of failure to activate an audible local alarm at the annunciation panel at</p>	K 130	<p>Switch has been tampered with.</p> <p>The audible will be loud enough to alert the facility staff that the fire sprinkler system valve switch has been tampered with.</p> <p>By Professional Contractor</p> <p>The visual trouble light will light up to alert the facility staff that the fire sprinkler system valve switch has been tampered with.</p> <p>By Professional Contractor</p> <p>All fire alarm devices, including all smoke detectors, pull stations and sprinkler valves will be tested for proper functioning as per regulations.</p> <p>By Maintenance Staff and Professional Alarm Testing Service</p> <p>Reports of all testing completed and timeliness will be monitored</p> <p>By Administrator</p>	09/25 2011	09/25 2011

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K 130	Continued From page 4 the Nurse's Station 1. At the time of the testing, the maintenance staff directed the evaluator to the "dialer panel," containing the key pad with a reset switch. The dialer panel was observed at a distance of 22 feet away from the annunciation panel, at Nurse's Station 1. In addition, the dialer panel was located on the other side of the fire doors, leading to the kitchen's delivery door, from the annunciation panel at the Nurse's Station 1. The audible local alarm that was present at the dialer panel was faint, and could not be heard by facility staff. Upon testing other fire alarm devices, including all smoke detectors, pull stations, and the sprinkler test valve, the evaluator noted that the initiation of the devices had activated a visual trouble light, and audible sound at the annunciation panel, located at the Nurse's Station 1. However, upon testing the tamper switch, the annunciation panel at the Nurse's Station 1, lacked a visual trouble light, and audible sound, loud enough to alert facility staff that the fire sprinkler system valve switch had been tampered with. On July 29, 2011, at 8:40 p.m., during an interview, the maintenance staff members stated that upon activating the fire alarm test, the tamper switch initiated both a visual light, and a local audible alarm; however, the distance of 22 feet could not be heard by facility staff because the sound was registered in the rear corridor, adjacent to the delivery door, near the kitchen. The maintenance staff members further stated that they did not know why the annunciation panel activated a visual trouble light, and audible sound, upon testing other fire alarm devices, including all smoke detectors, pull stations, and the sprinkler test valve, and stated they did not know why the	K 130	The facility's "Fire Alarm System Test Log" will include evidence of semi-annual testing of the tamper switch. Testing to be completed: By professional alarm testing service The "Fire Alarm System Test Log" will be monitored. By Maintenance Staff and Administrator Facility doors within required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or a key from the egress side. All locks requiring two releasing operations to unlock or to unlatch the door, were removed. The locks removed were from the: 1. Administrator's Office 2. Director of Staff Development's Office 3. Director of Nurses' Office 4. Social Services Office	08/25 2011	

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FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: SNY621

Family ID: CA95020098

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K 130	<p>Continued From page 6</p> <p>all all times, that does not require the use of a key, tool, or special knowledge or effort of operation from the egress side is imperative for the rapid and expeditious egress of residents and staff members from the building to an area of safety. At the time of the survey, the facility's census was 27 and the licensed bed capacity was 48.</p> <p>Findings:</p> <p>On July 30, 2011, between 4:00 p.m. and 7:15 p.m., the evaluator in the presence of the maintenance staff members conducted a Life Safety Code (LSC) tour of the facility and observed that 6 access doors to the exit corridor that had on two interior knob lock-set on the door that required and two actions that resulted in additional effort from the egress side to unlock and unlatch the door. The 6 doors were observed by the Administrator's office door, Director of Staff Development office door, Director of Nurse's office door, Social Service office door, Kitchen's service door/west entry, and the Kitchen's Dietary Supervisor's office door.</p> <p>The maintenance staff members stated that the 6 access doors to the exit corridor that had two interior knob lock-set would be corrected so as to provide one action in the interior door knob for all 6 doors.</p> <p>The deficiency affected 3 of 5 smoke compartments.</p> <p>The deficiency was brought to the attention of the administrator and maintenance staff members during the exit conference on July 30, 2011.</p>	K 130			

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