Plan of a neither remend any approved of 200 07598 9-17-2011

ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DELAN OF CORRECTION REINTIFICATION NUMBER:  555532			A BULDING	LE CONSTRUCTION  A1 - GLARA BALDWIN STOCK	(X3) DATE SURVEY COMPLETED 07/30/2011
	RICVIDER OR BUTTLIER ALDWIN STOCKER		52	ET ADDRESS, CITY, STATE, 21º CODE 1°S VALINDA AVENIE EST COVINA, CA 91790	
ma; iđ Refix Tag	EACH DEFICIENC	ATEMENT OF DEFICIENCIES TY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH COMMECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DETICIENCY)	ULD BE COMPLETION
K 000	INITIAL COMMEN	ıts .	K 000		
Andrewson	483.70(a), Life Sa Edition, Chapter 1 Occupancies, and The following repr	urveyed under 42 CFR Part fety Code NFPA 101, 2000 9 Existing Health Care other applicable codes. esents the findings of the blic Health during the Life ey.			
	Highest scope and severity= E		*		3,1
	Representing the	Department of Public Health:			2000 400 600 600
K 018	Doors protecting of constructed to rest Doors are provide hardware. Dutch	AFETY CODE STANDARD corridor openings are ist the passage of smoke. If you with positive latching doors meeting 18.3.6.3.6 are latches are prohibited.	K 018	All Facility doors constructe resist the passage of smoke positively latch.  Doors in the following location repaired/adjusted so they wand resist passage of smokes 1. Resident shower identifies	d to will on were ill close
	Based on observer failed to ensure the bathing room, identifies the kitchen's pant were not able to inhaving the door inhave the ability to observed that equations, and himself the stoppers, and himself the stoppers.	is not met as evidenced by: attorn and interview, the facility at the corridor door to resident riffled as "Bath #2," the door to ry, and the door to the kitchen selist the passage of smoke, by appeded from closing freely and positively latch. The evaluator impent such as a door ge adjustments impaded the g shut. In the event of a fire	THE PROPERTY OF THE PROPERTY O	#2 .  2. Doors opening by the kitch pantry.  3. Impeding wedge was remfrom the kitchen door and party.  By Maintenance	oved antry. Staff 08/02 2011
NO PLAYOR	DIRECTOR SOR PRO	ADEINALIPPLIER REPHEDRATATIVE'S SIGN		me me	9/8/2

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

		(X1) PROVIDERISUPPLIERICLIA IDENTIFICATION NUMBER: 565832	(X2) MI A. BUIK B. YATH	DING	CONSTRUCTION A1 - CLARA BALDWIN STOCK	(X3) DATE S COMPLE 07/3	
NAME OF PROVIDER OR SUPPLIER CLARA BALDWIN STOCKER HOME							
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES OF MUST BE PRECEDED BY FULL LISC EDENTIFYING INFORMATIONS	PREFI TAS	<b>x</b> ;	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE APPL DEFICIENCY)	XAD SE	COMPLETACE DATE
K 018	Continued From (	· · · · · · · · · · · · · · · · · · ·	Ko	18			
ì		closure with a means suitable on closed without any			All facility doors constructed	to resist	
i		enetrations, and the ability for		1	he passage of smoke were		1
		ively latch are essential	ì	1	nspected so they will close ;	waniv	}
	component in the	containment of smoke and/or e facility bed census was 27,		I	and have the ability to close		1
		oed capacity was 48.		1	and positively fatch.	*******	
	Findings:	ht			By Maintenand	e Staff	08/01
		between 4:30 p.m. and 715 or in the presence of the					2011
		members, conducted a Life		_   A	All facility doors constructed	to resist	1
		(LSC) tour of the facility, and $-1$		t	he passage of smoke will be		1
	observed the folio	wing:		i	rispected on an ongoing bas	is.	
		ate, at 6 p.m., one of two doors		Ť			ļ
	protecting corrido	r openings by resident shower	:	ļ	By Maintenance Staff az	d Safety	i i
	*Bath #2" was not	fursing Station 1, identified as able to resist the passage of the door impeded from closing		(	committee Members.		
	freely and having	the ability to positively latch.		- F	lesults of inspections will be		
		close shut, although repeated deby the maintenance staff,	į	ī	nonitored to ensure correct		
		#2" falled to remain closed shut.		I	chieved and sustained on a	r - rm-	į
	b. One of the dox	ors protecting corridor openings		1	uarterly basis.		
	passage of smoke from closing freel positively latch. "I impeded from clo	Pantry was not able to resist the e by having the door impeded y and having the ability to he Kitchen's Pantry door was sing due to a door stopper that at the door to keep the door ajar antry.	:		<del>Sy</del> QA Commit	itee	<b>A-1-2-10-11-11-11-11-11-11-11-11-11-11-1</b>
	by the facility's Kil	ors protecting comidor openings tchen, located on the service try, was not able to resist the					

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

STATEMENT OF DEFICIENCIES AND PLAY OF CORRECTION		S DXI) PROVIDER/SUPPLIERCLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G A1 - CLARA BALDWIN STOCK	(X3) DATE SURVEY COMPLETED	
		858632	e. Wing		07/30/2011	
	ROWDER OR BUPPLIER BALDWIN STOCKER	HOME	5	REET ADDRESS, CITY, STATE. ZIP CODE 27 S VALINDA AVENTIE VEST COVINA, CA 91790		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y ARIST SE PRECEDED BY FULL LSC LOGHTIFYING INFORMATION)	E) PREFIX TAG	PROVIDERS PLAN OF CORREC (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	ALDRE COMPLET	####
	from closing freely positively latch. The service door si from closing due to placed at the door Kitchen's door, loc side/west entry.  At the same time, maintenance staff make the necessa bathing room, identificated on the service shart the door and, that the door	by having the door impeded and having the ability to the Kitchen's door, located on derivest entry, was impeded to a door stopper that had been to keep the door alar to the atted on the service door during an interview, the members stated they would by adjustments to the resident's tiffied as Bath #2; to the rind, to the Kitchen's door, vice door side/west entry, to ors would not be obstructed; swould resist the passage of	K 018		- Andrew Charles (1996)	
SS-E	positively latch clo The deficiency affectments. The deficiency was administrator and members during the 2011. NFPA 101 MISCE OTHER LSC DEFINES STANDARD a. NFPA 72, National Edition.  7-3.2 Testing. Testing shall be put to schedules in C	sched three of 5 smoke s brought to the attention of the the maintenance staff ne exit conference on July 30,	K 130	The test of the tamper switt activate an audible and visu alarm.  The valve switch is supervise by a monitoring alarm system who will immediately notify building if the fire sprinkler v	al local of 24/7 m, ADT, the	

## DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES

	MENT OF DEFICIENCIES (X1) PROVIDERSUPPLIERICLIA ADENTIFICATION NUMBER:  565832		(X2) MULTIPLE CONSTRUCTION A BUILDING A1 - CLARA BALDW 8 WING		A1 - CLARA BALDWIN STOCK	(XX) DATE SURVEY COMPLETED 07/30/2011	
	ROVIDER OR SUPPLIER IALDWIN STOCKER	,					
(XA) ID PREFIX TAG	EACH DEPKIEM	TATEMENT OF DEFICIENCIES OY MUST BE PRECEDED BY FLAL LSC COENTY YING INFORMATION)	ID PREF TAX	TX :	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHE CROSS-REFERENCED TO THE APP DEFICIENCY)	<b>美風瓜 粉彩</b>	COMPLETION
K 130	Continued From p		K	130	Switch has been tampered w	rith.	
		is performed at least weekly by wed fire planm control unit		1 -	The audible will be loud enough to		}
	specifically listed	for the application, the manual		I	elent the facility staff that the		
· ·	testing frequency shall be permitted to be extended to annual.			1	sprinkler system valve switch has		
	extended to author	S		1	been tampered with.	1 11/06/2	į
	Table 7-3.2 shall				Paris 2211 - prostor 20 20 2172		-
	Table 7-3,2 Testin			ĺ	By Professional Cor	tractor	09/25
		Davices - Semiannually ,			•		2011
	. Valve Tam	per Switches - Semiannually		-	The visual trouble light will li	ght up to	-
!	Sassa an Absent	ation and interview, the facility		I I	elert the facility staff that the		
1		ire that the fire sprinkler system		,	prinkler system valve switch		
1	and maintained to	ch was continuously inspected ansure that an audible local		l l	een tampered with.	1 2100:37	
!	testing the valve the fire/smoke emerg	ad at the fire alarm panel upon amper switch. In the event of a ency, the routine test of the e sprinkler system will ensure			By Professional Co.		09/25
İ		system will function as		#	All fire alarm devices, includi	ng all	
		time of survey, the facility bed not the licensed capacity was 48		5	moke detectors, pull station	s and	1
1	beds.	the second section of the second second second in the second seco		\$	prinkler valves will be tested	for	
	**************************************			F	proper functioning as per		1
	Findings:	) i		r	egulations.		
	Safety Code Surv	at 7:40 p.m., during a Life ey, the evaluator in the			By Maintenance S	taff and	***************************************
	conducted a fire a	we maintenance staff members darm system test of the fire valve tamper switch. The test of		p	Tolessional Alarm Testing Se		VIII.
1		railed to activate an audible		i s	leports of all testing complet	adaad	
i	at Nurse's Station	fire annunciation panel located I. A second test of the tamper on the same date at 7:50 p.m		ě	imeliness will be monitored	Win vin	
,	with the same res	nult of failure to activate an at the annunciation panel at		· Andrews of the second	By Administrator		

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

	ATEMENT OF DEFICIENCIES (X1) PROVIDERSUPFLIERCUA (X1) PROVIDERSUPFLIERC		(XX) MU A. BUILI E. WINC	DING	CONSTRUCTION  A1 - CLARA BALDWIN STOCK	(Xa) DATE 8 COMPLE 07/3	
	NAME OF PROVIDER OR SUPPLIER  CLARA BALDWIN STOCKER HOME			#27 S	ADDRESS, CITY, STAYE, ZIP CODE VALINDA AVERUE T COVINA, CA 91790		
(X4) ID PREFIX TAG	: (EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG		PROVADERS PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP (SEPICIENCY)	olio de	COMPLETION DATE
K 130	the maintenance is the "dialer panel," reset switch. The consistence of 22 feet panel, at Nurse's Spanel was located doors, leading to the annunciation panel was facility staff. Upon including all smoke the sprinkler test withe initiation of the trouble light, and a annunciation panel. However, upon annunciation panels to the description of the trouble light, and a annunciation panels to the description of the trouble light, and a summinitiation panels annunciation panels to the description of the trouble light, and a summinitiation panels annunciation panels that the upon activation switch initiated bot audible alarm; how could not be heard sound was registe adjacent to the description of the they did not to the description of the they did not to activated a visual upon testing other smoke detectors,	1. At the time of the testing,	Company promised and control of the	Lat M A Foaosou T T 1203	he facility's "Fire Alarm Sysog" will include evidence of notal testing of the tampe esting to be completed:  By professional alarm ervice  The Harm System Test fill be monitored.  By Maintenance Stateministrator  acility doors within require f egress shall not be equipplatch or a lock that require f a tool or a key from the ede. All locks requiring two perations to unlock or to unle door, were removed.  The locks removed were from the locks removed were from the locks removed were from the locks removed.  By Maintenance Stateministrator's Office of Director of Staff Developministrator's Office.  Director of Nurses' Office.	f semi- r switch. I testing Log"  ff and d means sed with st the use gress releasing nlatch  m the:	OB/25 2011

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

nued From nciation panels light, and tamper swithers further trients wou nciation panels and suclibia affunction con inception con inception con inception con inception con inception con the sprinter sprinters.	R HOME TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC (DENTIFYING INFORMATION)		₩ ₩ **	SET ADDRESS CITY, STATE, ZIP CODE 7 & VALINDA AVENUE EST COVINA, CA 91790  PROVIDER'S PLAN OF CORRECTIVE ACTION 99 CROSS-REFERENCED TO THE API DEPICIENCY)  5. Kitchen service door 6. Dietary Supervisor's offic  By Maintenance	ecteon Hold be Propriate	050 50MPLETIO 9ATE
nued From nciation pante light, and tamper swithers further thems wou noistion pantents wou noistion pantents further shift upon confire sprinkly in the event	page 5 el failed to activate a visual audible sound, upon testing the tich. The maintenance staff stated the necessary lid be made to ensure that the el would activate a visual trouble sound loud enough to be heard ducting a fire alarm system test er system valve tamper switch.	K	) [	(EACH CORRECTIVE ACTION SHORES-REFERENCED TO THE API DEFICIENCY)  5. Kitchen service door 6. Dietary Supervisor's office	#X&D BE PROPRIATE ————————————————————————————————————	DES/02
nciation pan te light, and tamper swi bers further trnents wou nciation pan and audible aff upon con fire sprinkt n the event	el failed to activate a visual audible sound, upon testing the ich. The maintenance staff stated the necessary id be made to ensure that the el would activate a visual trouble sound loud enough to be heard ducting a fire alarm system test er system valve tamper switch;		130	6. Dietary Supervisor's offic	•	
bers further traents wou nciation pan and audible aff upon con i fire sprinid a the event	stated the necessary  Id be made to ensure that the el would activate a visual trouble sound loud enough to be heard ducting a fire alarm system test er system valve tamper switch,	3		By Maintenance	e Staff	2011
ncistion pan and audible aff upon con fire sprinid n the event	el would activate a visual trouble acund loud enough to be heard ducting a fire alarm system test ar system valve tamper switch,	1	ŧ		•	
fire sprintd the event	er system valve tamper switch.	E	I	All facility door locks were of for proper egress latch or lo		
		:		By Maintenanc	e Staff	08/02
and other disclining lacked temper aw	icility's "Fire Alarm System Test ocumentation reviewed, revealed evidence of semi-annual testing tech. fected one of 5 smoke			Any facility new door lock in or replaced will be monitore		
artments.	amplitude shall cut to establish	1	ļ	By Administrat	tor	# # #
nistrator and	as brought to the attention of the I maintenance staff members at the on July 30, 2011.	:				}   
er 19.2.2.2.	4	4				
uipped with	a letch or a lock that requires					
to ensure to to was read that the is side of the sing operation	nat 6 access doors to exit lily accessible at all times by lock-set on the door on the adoox did not require two ons to unlock and unlatch the					
	or 19.2.2.2.  within a re- uipped with se of a tool of d on observa- to ensure to or was read ing that the s side of the sing operatio in the ever	uipped with a latch or a lock that requires as of a tool or a key from the egress side. If on observation and interview, the facility to ensure that 6 access doors to exit or was readily accessible at all times by ing that the lock-set on the door on the side of the door did not require two ling operations to unlock and unlatch the in the event of an evacuation, fine or smoke gency, readily accessible exit door access	or 19.2.2.2.4  I within a required means of egress shall not uipped with a latch or a lock that requires are of a tool or a key from the egress side.  If on observation and interview, the facility to ensure that 6 access doors to exit or was readily accessible at all times by ling that the lock-set on the door on the a side of the door did not require two ling operations to unlock and unlatch the lin the event of an evacuation, fine or smoke	er 19.2.2.2.4  within a required means of egress shall not uipped with a latch or a lock that requires as of a tool or a key from the egress side.  If on observation and interview, the facility to ensure that 6 access doors to exit or was readily accessible at all times by ling that the lock-set on the door on the state of the door did not require two sing operations to unlock and unlatch the in the event of an evacuation, fire or smoke gency, readily accessible exit door access	er 19.2.2.2.4  within a required means of egress shall not uipped with a latch or a lock that requires are of a tool or a key from the egress side.  If on observation and interview, the facility to ensure that 6 access doors to exit or was readily accessible at all times by ling that the lock-set on the door on the side of the door did not require two bing operations to unlock and unlatch the in the event of an evacuation, fire or smoke gency, readily accessible exit door access	of 19.2.2.2.4  I within a required means of egress shall not uipped with a latch or a lock that requires are of a tool or a key from the agress side.  If on observation and interview, the facility to ensure that 6 access doors to exit our was readily accessible at all times by ling that the lock-set on the door on the a side of the door did not require two ling operations to unlock and unlatch the lin the event of an evacuation, fire or smoke

# DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAD SERVICES

STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION				iultepl Loing	E CONSTRUCTION A1 - CLARA BALDWIN STOCK	003) DATE SURVEY COMPLETED	
1		555832	B. WH	4G		07/3	0/2011
	ROYDER OR SUPPLIER			827	T ADDRESS, CITY, STATE, ZIP CODE 8 VALINDA AYENUE 8T COVINA, CA 81790		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATIONS	ID PREF TAG		PROVIDER'S PLAN OF CORREC (BACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	LLOBE	COMPLETION DATE
	key, tool, or speci- operation from the the rapid and exp staff members fro safety. At the tim census was 27 at 48.  Findings:  On July 30, 2011, p.m., the evaluate maintenance staf Safety Code (LSC observed that 6 a that had on two in that required and additional effort for and unlatch the d by the Administra Development office door, Social service door/west Supervisor's office The maintenance access doors to ti interior knob lock provide one actio 6 doors.  The deficiency af compartments.	does not require the use of a lal knowledge or effort of e egress side is imperative for editious egress of residents and om the building to an area of se of the survey, the facility's and the licensed bed capacity was between 4:00 p.m. and 7:15 or in the presence of the freembers conducted a Life country of the facility and coess doors to the exit corridor atterior knob lock-set on the door it two actions that resulted in corn. The 6 doors were observed ton's office door, Director of Staff ce door, Director of Nurse's at Service office door, Kitchen's betary, and the Kitchen's Dietary	К	130:			The second secon
		! maintenance staff members nference on July 30, 2011.					

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		EFICIENCIES (X1) PROVIDENSUPPLIERCLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION  G A1 - CLARA BALDWIN STOCK	(NO) DATE SURVEY COMPLETED	
		565832	8. WWG		87/30/2011	
NAME OF PROVIDER OR SUPPLIER CLARA BALDWIN STOCKER HOME			1	REET ADDRESS, CHTY, STATE, ZIP COOE 27 3 VALINDA AVENUE VEST COVINA, CA 191790		
(SA) NO PREFEX TAG	EACH DEFICIEN	YATEMENT OF DEPICIENCIES CYMUST BE PRECEDED BY FULL LISC IDENTIFYING INFORMATIONS	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO DROSS-REFERENCED TO THE APPL DEFICIENCY)	NULD BE COMPRESSION	
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