

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

PRINTED: 08/01/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555870	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  C 07/31/2017
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  Surveyor: 22971 The following reflects the findings of the California Department of Public Health, Life Safety Code Unit, during an abbreviated survey to investigate an entity reported incident.  ERI Number: CA00545681.  The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility.  Representing the California Department of Public Health: 22971  One deficiency was written as a result of ERI Number CA00545681.	K 000	This Document will act as the provider's statement of compliance and intent to correct the identified deficiencies. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged of the conclusion set forth in this statement of deficiencies. This plan of correction is prepared and submitted solely because it is required by the state and/or federal regulations.	
K 342 SS=D	NFPA 101 Fire Alarm System - Initiation  Fire Alarm System - Initiation Initiation of the fire alarm system is by manual means and by any required sprinkler system alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations or other continuously attended staff location, provided alarm boxes are visible, continuously accessible, and 200' travel distance is not exceeded. 18.3.4.2.1, 18.3.4.2.2, 19.3.4.2.1, 19.3.4.2.2, 9.6.2.5 This STANDARD is not met as evidenced by: Surveyor: 22971	K 342	<b>K342 SS=D</b>  <i>What corrective action(s) will be accomplished for the patient(s) identified to have been affected by the deficient practice.</i>  The facility went into an immediate fire watch for the affected area starting 7/25/17. The facility was already in the process of replacing the fire alarm system, but is waiting on OSHPD to approve all plans.	

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

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

PRINTED: 08/01/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555870	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/31/2017
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 342	Continued From page 1 Based on observation, document review, and interview, the facility failed to maintain a fully functioning fire alarm system (FAS) to protect their residents from fire. This was evidenced by the fire alarm system with non-functional devices. This could result in delay in notification of fire to the building occupants affecting 1/2 of the building.  NFPA 101, Life Safety Code, 2012 Edition 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with section 9.6 19.1.1.1.3 General. The provisions of Chapter 4, General, shall apply.  9.6.1* General. 9.6.1.5* 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 and Signaling Code.  4.6.12 Maintenance, Inspection, and Testing. 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or other feature shall thereafter be	K 342	Dialcom the facility's fire alarm monitoring has re-submitted the plans and has requested an over the counter inspection of the plans to expedite the process. Date set for over the counter inspection is 08/09/17.  <i>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken;</i>  No other deficient practices identified.  <i>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</i>  The facility is replacing the entire fire alarm system for the property. Until the fire alarm system is replaced and OSHPD as well as the Department of Public Health approve the installation, the facility will remain in fire watch.		

AUG 21 2017

LIFE SAFETY CODE UNIT  
SAN BERNARDINO

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

PRINTED: 08/01/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555870	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/31/2017
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 342	<p>Continued From page 2</p> <p>continuously maintained. Maintenance shall be provided in accordance with applicable NFPA requirements or requirements developed as part of a performance-based design, or as directed by the authority having jurisdiction.</p> <p>NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition. Chapter 14 Inspection, Testing, and Maintenance 14.1 Application. 14.1.1 The inspection, testing, and maintenance of systems, their initiating devices, and notification appliances shall comply with the requirements of this chapter. 14.2.1.2.2 System defects and malfunctions shall be corrected.</p> <p>Finding:</p> <p>During an on-site visit to investigate an Entity Reported Incident (ERI) regarding the FAS on 7/26/17, the fire alarm control panel (FACP) was observed, documents were requested, and staffs were interviewed.</p> <p>The fire alarm system by the Reception area and Station 1 was found to be non-functional. This affected 1/2 of the building. Upon interview, the Administrator and Maintenance Director stated that the FAS was found non-functional on 7/25/17, at approximately 3:00 p.m., when the FACP was observed to be in trouble mode. The fire alarm vendor was notified right away and the vendor arrived onsite to troubleshoot the FAS. The Maintenance Supervisor stated vendor found</p>	K 342	<p><i>How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective assurance systems; and</i></p> <p>Once the fire alarm is replaced the maintenance staff at the facility as well as Dialcom will continue to perform the required monthly, quarterly and annual inspections on the system and will be logged in books #11 and #12 (FDC/PIV inspections). <i>Include dates when corrective action will be completed. The corrective action completion dates must be acceptable to State Agency</i></p> <p>The over the counter submission of fire alarm plans will happen on 08/09/17. We are still unsure of the final date of completion, but will remain in weekly contact with the Department of Public Health to give updates in regards to OSHPD's approval of this process.</p>		

AUG 21 2017

LIFE SAFETY CODE UNIT  
SAN BERNARDINO

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH  
LICENSING & REGULATION PROGRAM



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

PRINTED: 08/01/2017  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555870	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  C 07/31/2017
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 342	<p>Continued From page 3</p> <p>some parts that were broken and will look for replacement parts for a temporary repair of the FAS, until a new FAS is installed.</p> <p>A review of the Dialcom System Job Work Order dated 7/25/17, indicated that the Lobby pull station did not work during the last fire drill. The job work order also indicated that the smoke detectors, the manual pull stations and the dividing doors were non-functional in Station 1 and the Receptionist areas. The vendor recommended a fire watch to be initiated. Upon interview, the Administrator stated that they will try to fix the FAS, and will proceed ahead with the replacement and upgrade to a new FAS. The Administrator further stated that the plans were already submitted to the Office of Statewide Health Planning and Development (OSHPD). The facility will continue with fire watch until the FAS is temporarily repaired and/or until a new FAS is fully installed.</p> <p>On 7/31/17 at 11:05 a.m., the Maintenance Supervisor stated that they have approximately 6 non-working pull stations and 40 smoke detectors, all located in the Station 1 and Receptionist areas.</p>	K 342	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING &amp; CERTIFICATION PROGRAM</p> <p>AUG 21 2017</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		