

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

PRINTED: 11/19/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555520	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  11/14/2012
NAME OF PROVIDER OR SUPPLIER  LEISURE COURT NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1135 LEISURE COURT ANAHEIM, CA 92801		
(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  K3 BUILDING: 01 K6 PLAN APPROVAL: 9/15/1992 K7 SURVEY UNDER: 2000 EXISTING  STRUCTURE TYPE: TYPE (V) (111), 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: 27272  Census = 96	K 000	"Preparation and/or execution of this plan of correction does not constitute admission and agreement by the provider of truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction prepared and/or executed because it is required by the provisions of health and safety code section 1250 and 42 CFR 405.7907 (A.G.) Initials	12/13/12	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1	K 029	The self closing door to the Activities room and the two way double door in the kitchen will be repaired to make sure they latch shut as required to prevent the spread of smoke and fire in the event of a fire. The maintenance department will conduct routine inspections to ensure compliance.	STATE DEPT OF PUBLIC HEALTH 2012 NOV 26 PM 2:43	

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.

11/27/12 POC acceptable per Maria De Meira, HHS

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NAME OF PROVIDER OR SUPPLIER  <b>LEISURE COURT NURSING CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>1135 LEISURE COURT ANAHEIM, CA 92801</b>		
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K 029	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the hazardous areas. This was evidenced by doors to hazardous areas that failed to self-close and positive latch. This could result in the spread of smoke and fire from the hazardous area to other areas in the event of a fire, and increase the risk of injury to residents, visitors and staff. This affected 2 of 4 smoke compartments.  Findings:  During the facility tour with the Environmental Services Director on November 14, 2012, the hazardous areas were observed.  1. At 10:55 a.m., the self-closing door failed to fully close and latch shut to the Activities Room. The room measured over 50 square feet in size, and contained various combustible supplies and material.  2. At 1:15 p.m., the two way double door failed to latch shut to the Kitchen.	K 029	Life safety code QA study will be done and reported to committee to ensure compliance.	12/13/12	
K 050 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD  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	K 050	The facility will ensure that the fire alarm system is activated when a fire drill is completed, Fire Safety Service Inc. (vendor) has been contacted and made aware of findings.	STATE DEPT OF PUBLIC HEALTH NOV 26 PM 2:43 SAN BERNARDINO COUNTY	

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K 050	Continued From page 2  This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to activate the fire alarm system during a fire drill conducted between 6:00 a.m., and 9:00 p.m. This was evidenced by one fire drill that failed to activate an alarm during these hours. This could result in any one staff member not accomplishing all of the tasks required in the event of a fire, and increased risk of injury to residents, visitors and staff. This affected 4 of 4 smoke compartments.  Findings:  During the facility tour and interview with the Environmental Services Director on November 14, 2012, the fire drills were reviewed, and staff was interviewed.  At 2:30 p.m., the fire drill conducted on April 30, 2012 at 1800 was marked with an asterisk which stated "no one to put the system on test". The Environmental Services Director stated that the facility had staff available to put the system on test, and would monitor the fire drills.	K 050	Life safety code QA study will be done and reported to committee on a monthly basis to ensure compliance	12/13/12	
K 062 SS=E	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	K 062	The facility will ensure that proper documentation is completed to ensure that the automatic sprinkler system is maintained.		

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K 062	<p>Continued From page 3</p> <p>This STANDARD is not met as evidenced by: Based on observation and document review, the facility failed to ensure that the automatic sprinkler system was maintained, as evidenced by incomplete documentation of the quarterly sprinkler tests, and by a build-up of dust and debris on the sprinkler heads. This could prevent the sprinkler system from operating as designed, and increase the risk of injury to residents, visitors and staff in the event of a fire. This affected 4 of 4 smoke compartments.</p> <p>Findings:</p> <p>During the facility tour and document review with the Environmental Services Director on November 14, 2012, the sprinkler system was observed, and documents were reviewed.</p> <p>1. At 1:05 p.m., there was a build-up of dust and debris on the sprinkler head at the corridor entrance to the Dining Room.</p> <p>2. At 1:08 p.m., there was a build-up of dust and debris on 6 of 10 sprinkler heads in the Dining Room.</p> <p>3. At 1:12 p.m., there was a build-up of dust and debris on 3 of 6 sprinkler heads in the Kitchen.</p> <p>4. At 2:20 p.m., the documentation provided for the quarterly sprinkler tests showed testing of Inspectors's Test Valve # 1. The facility had two Inspectors's Test Valves.</p> <p>5. At 2:25 p.m., the documentation provided for the quarterly sprinkler tests failed to indicate the seconds to activate the alarm on 3 of 4 quarterly</p>	K 062	<p>Maintenance department will label valves for easy identification. AST (vendor) was contacted to made aware of findings and to ensure proper documentation is done when quarterly sprinkler tests are conducted</p> <p>The maintenance department has removed the buildup of dust and debris from the following sprinkler heads</p> <ol style="list-style-type: none"> <li>1) Sprinkler head at the corridor entrance to the dining room.</li> <li>2) 6 Sprinkler heads in the dining room</li> <li>3) 3 Sprinkler heads in the kitchen</li> <li>4) The vendor that provided the quarterly sprinkler tests (Phoenix Fire) has been contacted to provide proper documentation to reflect correct number of valves when testing is completed</li> </ol>	12/13/12	

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NAME OF PROVIDER OR SUPPLIER

**LEISURE COURT NURSING CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE

**1135 LEISURE COURT  
ANAHEIM, CA 92801**

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K 062 Continued From page 4  
sprinkler tests.

K 062

5) In service to be  
conducted for  
maintenance  
personnel by the  
maintenance  
supervisor in proper  
documentation to  
indicate the seconds  
an alarm takes to  
activate when  
performing the  
quarterly sprinkler  
tests.  
Life safety code QA  
study to be done and  
reported to committee  
on a monthly basis to  
ensure compliance

12/13/12

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