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

PRINTED: 11/07/2011 FORM APPROVED OMB NO. 0938-0391

REGULATORY OR USC IDENTIFYING INFORMATION  K 000  INITIAL COMMENTS  K3 Building: 01  K6 Pian Approval: 1965  K7 Survey Under: 2000 Existing  K12 Structure Type: One Story, Type V, Fully Sprinklered  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.  The facility is not in compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.  Representing the Department of Public Health: 29753, HFE-I	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION (X3) A. BUILDING 01 - MAIN BUILDING 01				3) DATE SURVEY COMPLETED	
SHIELDS RICHMOND NURSING CTR  (ACI) D PRETIX TAG  (CAI) D PRETIX TAG			055292	8. Wil	NG_		10/21	3/2011
RECULATORY OR LSC IDENTIFYING INFORMATION  K 000 INITIAL COMMENTS  K3 Building: 01  K6 Plan Approval: 1965  K7 Survey Under: 2000 Existing  K12 Structure Type: One Story, Type V, Fully Sprinklered  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) for Long Term Care Facilities.  Representing the Department of Public Health: 29753, HFE-I  Census: 73  K 018  K 018  K 018  K 018  It is the facility's policy to maintain the corridor doors within regulations.  Findings:  K 018  K 018  K 018  The facility is not in compliance with 42 CFR (Sode of Federal Regulations) 483.70 (a) for Long Term Care Facilities.  Representing the Department of Public Health: 29753, HFE-I  Census: 73  K 018  NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting comdor openings in other than required enclosures of vertical opentings, exits, or hazardous areas are substantial doors, such as those constructed of 1% inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required in resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed, Dutch doors meeding 19.3.6.36	ļ		IG CTR	· • · ·	1	1919 CUTTING BLVD RICHMOND, CA 94804		
K3 Building: 01  K6 Plan Approval: 1965  K7 Survey Under: 2000 Existing  K12 Structure Type: One Story, Type V, Fully Sprinklered  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) 493.70 (a) and NFPA (National Fire Protection Association) 101, Life Safety Code 2000 edition, Existing codes.  The facility is not in compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.  Representing the Department of Public Health: 29753, HFE-I  Census: 73  K 018  K 018  It is the facility's policy to maintain the cornidor doors within regulations.  Findings:  I. The server room door has been replaced with a fire rated solid core door by the Maint. Director  1. The server room door has been replaced with a fire rated solid core door by the Maint. Director  2. The Wheelchair has been removed  3. The door jam has been repaired on the CS door by the Maint. Dir. and latches properly	PREFIX	(EACH DEFICIENC)	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	CULD BE	COMPLETION
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NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1% inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6  1. The server room door has been replaced with a fire rated solid core door by the Maint. Director  2. The Wheelchair has been removed  3. The door jam has been repaired on the CS door by the Maint. Dir. and latches properly	į		epartment of Public Health:			regulations.		
ADDRATORY OF STREET	SS=D	NFPA 101 LIFE SA  Doors protecting correquired enclosures hazardous areas are those constructed of wood, or capable of minutes. Doors in sequired to resist the no impediment to the are provided with a the door closed. Do are permitted.	orridor openings in other than so of vertical openings, exits, or the substantial doors, such as of 1% inch solid-bonded corest fresisting fire for at least 20 sprinklered buildings are only the passage of smoke. There is the closing of the doors. Doors means suitable for keeping atch doors meeting 19.3.6.3.6.3.6.3.		018	1. The server room door been replaced with a frated solid core door leading. Director  2. The Wheelchair has been removed  3. The door jam has been repaired on the CS do the Maint. Dir. and law properly	ire  by the  een  or by	MET DATE

on 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.

FORM CMS-2567(02-99) Pre-mous Versions Cost

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

PRINTED: 11/07/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT	OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M		PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE SU COMPLET	
		055292	B. WI	NG		10/28	/2011
	ROVIDER OR SUPPLIER	IG CTR	1	11	EET ADDRESS, CITY, STATE, ZIP CODE 919 CUTTING BLVD ICHMOND, CA 94804		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	)ULD BE	(XS) COMPLETION DATE
K 018	in all health care fa	rohibited by CMS regulations cilities.	K	018	Systemic Changes:  A. All staff will be re-inserviced by the Maint. Dirand the DSD on "Proper Fire Prevention".  B. All corridor doors will be checked monthly by the Maint Dir/ Maint.  Department for preventive reviews. Any deficiencies		
	Based on observat maintain its corridor door that had two a corridor, and by dor obstructed or that from the passage of sit of a fire, and affects compartments.  Findings:  During a tour of the Director on 10/28/1 observed.  1. At 11:40 a.m., the had two vented are and one at the botto heavy fabric-like matche top vent measure the bottom vent measure the bottom vent measure.	s not me; as evidenced by; ion, the facility failed to doors, as evidenced by a reas of ventilation to the ors whose closure was alled to latch. This could result moke and flames in the event ad one of three smoke.  facility with the Maintenance 1, the corridor doors were as (one at the top of the door om) that were covered with a alterial taped to the vents. Cure the materia: to the door med 26 inches by 16 inches; assured 16 inches by 8 inches. The elichait obstructed closure 15.			noted will be corrected premptly.  Monitor for Compliance:  The DSD and Maint Director make rounds daily to observe areas of non-compliance. And deficiencies will be corrected promptly. The Adm., Maint. And DSD are responsible for compliance of this regulation ongoing.	e for ny d Dir. r	•

FORM CMS-2557(CZ-99) Previous Versions Obsolete

Event 10:700H21

Facility ID: CA020000080

If continuation sheet Page 2 of 12

FORM APPROVED OMB NO. 0938-0391 DEPARTMENT OF HEALTH AND HUMAN SERVICES (X3) DATE SURVEY CENTERS FOR MEDICARE & MEDICAID SERVICES (X2) MULTIPLE CONSTRUCTION COMPLETED (X1) PROVIDER/SJPPLIER/CLIA 01 - MAIN BUILDING 81 STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER A. BUILDING AND PLAN OF CORRECTION 10/28/2011 B. WING. 055292 STREET ADDRESS, CITY, STATE, ZIP CODE 1919 CUTTING BLYD NAME OF PROVIDER OR SUPPLIER RICHMOND, CA 94804 SHIELDS RICHMOND NURSING CTR (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION EACH CORRECTIVE ACTION SHOULD BE כו SUMMARY STATEMENT OF DEFICIENCIES CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CALIFORNIA DEPARTMENT (X4) ID DEFICIENCY) TAG REGULATORY OR LSC IDENTIFYING INFORMATION, PREFIX OF PUBLIC HEALTH TAG DEC 11 2011 K 018 Continued From page 2 K 018 L&C DIVISION 3. At 2:53 p.m., the self-closing door to the SAN JOSE Central Supply Room at Nurses Station 1 failed to latch when tested. The door was held open to its fullest extent, but closure was obstructed by the K 052 K 052 i door jamb. NEPA 101 LIFE SAFETY CODE STANDARD K 052 It is the facility's policy to maintain A fire alarm system required for life safety is SS=D its fire alarm system. installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 11/28/11 72. The system has an approved maintenance Findings: and testing program complying with applicable 1. The artificial plant has been requirements of NFPA 70 and 72. removed by the Maint Dir. Systemic Changes: A. All staff will be re-in-serviced by the Maint. Dir and the DSD on "Proper Fire Prevention". B. All corridor doors will be checked monthly by the Maint Dir/ Maint. This STANDARD is not met as evidenced by: Department for preventive Based on observation, the facility failed to reviews. Any deficiencies noted maintain its fire alarm system, as evidenced by an obstructed pull station. This could result in will be corrected promptly. delayed activation of the fire alarm system, and affected one of three smoke compartments. Monitor for Compliance: The DSD and Maint Director will make Findings: rounds daily to observe for areas of non-During a tour of the facility with the Maintenance compliance. Any deficiencies will be Director on 10/28/11, the pull stations were corrected promptly. The Adm., Maint. Dir. And DSD are responsible for compliance observed. At 2:44 p.m., an artificial plant approximately six of this regulation ongoing. feet in height obstructed clear access to the pull If continuation sheet Page 3 of 12 Facility ID: CA020000080 Event ID: TDDH21 FORM CMS-2567(02-98) Previous Versions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 11/07/2011 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A BUILDING 01 - MAIN BUILDING 01 6. WING 10/28/2011 055292 STREET ADDRESS CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1919 CUTTING BLVD SHIELDS RICHMOND NURSING CTR RICHMOND, CA 94804 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ΙD (X4) ID EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FUL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 052 K 052 | Continued From page 3 K054station by Room 10. 11-28-11 It is the facility's policy to maintain NFPA 101 LIFE SAFETY CODE STANDARD K 054 K 054 its smoke detectors per regulations. SS=D Findings: All required smoke detectors, including those activating door hold-open devices, are approved, A professional company has been maintained, inspected and tested in accordance hired to appropriately repair Smoke with the manufacturer's specifications. Detectors 27 & 29. Systemic Changes: The Maint. Dir will make This STANDARD is not met as evidenced by: Preventative Maintenance Rounds Based on observation, the facility failed to monthly to observe for and repair maintain its smoke detectors, as evidenced by any deficiencies noted in this two smoke detectors that were not flush with the regulation. ceiling. This could result in the smoke detectors Monitor for Compliance: malfunctioning in the event of a fire, and affected one of three smoke compartments. The Maint. Dir will present a documented OA Preventative Safety Findings: review at least quarterly. The QA During a tour of the facility with the Maintenance committee will monitor for Director on 10/28/11, the smoke detectors were compliance in this regulation observed. ongoing. The Adm and Maint Dir are responsible to ensure At 11:40 a.m., Smoke Detector 27 and Smoke compliance. Detector 29 were not flush with the ceiling, both hanging approximately 1/2 inch below the ceiling tile. K 062 11-28-11 K 062 NFPA 101 LIFE SAFETY CODE STANDARD K 062 SS=D It is the facility's policy to maintain its Required automatic sprinkler systems are sprinkler system according to continuously maintained in reliable operating condition and are inspected and tested regulations. 19.7.6, 4.6.12, NFPA 13, NFPA periodically. 25, 9.7.5

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

Event ID: TODH21

Facility ID: CA020000050

tf continuation sheet Page 4 of 12

FORM CMS-2507(02-99) Previous Versions Obsolete

Event ID: TDDH21

Facility 10: CA020000080

If continuation sheet Page 5 of 12

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTEDS FOR MEDICADE & MEDICAID SERVICES.

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PRINTED: 11/07/2011 FORM APPROVED OMB NO. 0938-0391

STATEMEN	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N		PLE CONSTRUCTION  G 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		055292	B. Wil	NG_		10/2	8/2011
	ROVIDER OR SUPPLIER	IG CTR	<b>'</b>	11	EET ADDRESS, CITY, STATE, ZIP CODE 919 CUTTING BLVD ICHMOND, CA 94804		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	XULD BE	(X5) COMPLETION DATE
K 064	Continued From pa	ge 5	K	064	Findings:		
	Based on observate failed to maintain its evidenced by a fire mounted higher that could result in staff access the fire extinant affected one of NFPA 10, 1-6.10, 1-6.10 Fire extinguinot exceeding 40 lb so that the top of the than 5 ft (1.53 m) at extinguishers having 40 lb (18.14 kg) (exceeding 40 lb).	shers having a gross weight (18.14 kg) shall be installed e fire extinguisher is not more			1. The fire extinguisher is has been set to the prowith the handle at 55 is the Maint. Director  Systemic Changes:  All fire extinguishers will be is monthly with the fire alarm testhe Preventive Maintenance R.  Monitor for compliance:  The Maint Director will make daily to observe for areas of necompliance. Any deficiencies corrected promptly. The Adm	nspected sting and ounds.	
	not more than 3 1/2 the color of the color o	t (1.07 m) above the floor. In earance between the bottom her and the floor be less than			Maint. Dir. is responsible for compliance of this regulation	ongoing.	
	Findings:						ļ
		facility with the Maintenance I, the fire extinguishers were					
j	kitchen was mounte	C-type fire extinguisher in the d at 66 inches. FETY CODE STANDARD	K	<b>)</b> 0 <b>6</b> 6	K 066  It is the facility's policy to enform smoking policy.	orce its	11-28-11

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

Even! ID:TDDH21

Facility ID: CA020000000

If continuation sheet Page 6 of 12

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

PRINTED: 11/07/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		A. BUILDING	01 - MAIN BUILDING 21				
		055292	B. WING		10/28	/2011	
	PROVIDER OR SUPPLIER	NG CTR	STREET ADDRESS, CITY, STATE, ZIP CODE  1918 CUTTING BLVD  RICHMOND, CA 94804				
(X4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CRCSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
K 066	(1) Smoking is prolompartment where compartment where combustible gases and in any other has area is posted with or with the internation (2) Smoking by paresponsible is probable is probable in provided permitted.  (3) Ashtrays of nor design are provided permitted.  (4) Metal container devices into which readily available to permitted.  19.7.4  This STANDARD Based on observation of trash is safety-type ashtray ashtray ashtray ashtray.	ins are adopted and include no ing provisions:  mibited in any room, ward, or re flammable liquids, or oxygen is used or stored azardous location, and such signs that read NO SMOKING ional symbol for no smoking.  tients classified as not ibited, except when under accombustible material and safe d in all areas where smoking is swith self-closing cover ashtrays can be emptied are all areas where smoking is all areas where smoking is to the facility failed to goolicy, as evidenced by the in the noncombustible and cigarette butts on the ir result in a fire, and affected	K 066	Findings:  1. A ½ inch mesh wire installed over opening tray to prevent object than eigarettes to be ash tray by the Main Systemic Changes:  The Maint Staff will concern all ashtrays daily focus on keeping all concernate ials out of the ash Maint Director will more compliance daily with the Preventable Maintenance.  Monitor for compliance:  The Maint Director will made daily to observe for areas of compliance. Any deficience corrected promptly. The Admint. Dir. is responsible from this regulation.	ng in ash its other placed in t Director.  Intinue to y, with a mbustible trays. The nitor for the ce Rounds.  Ake rounds f non- ties will be dim, and for		
	Findings:	-					
	During a tour of the	e facility with the Maintenance	1				

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

Event ID: TDDH21

Facility ID: CA02000080

If continuation sheet Page 7 of 12

CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 01 - MAIN BUILDING 01 B. WING 10/28/2011 055292 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1919 CUTTING BLVD SHIELDS RICHMOND NURSING CTR RICHMOND, CA 94804 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES Ю (X4) ID EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION: TAG TAG DEFICIENCY) K 066 i K 066: Continued From page 7 Director on 10/28/11, the smoking policy was reviewed and the designated smoking area was observed. At 3:00 p.m., there was a juice box, napkins, wrappers, and other trash in the noncombustible safety-type ashtray in the designated smoking area. There were also greater than 10 cigarette ! K 072 butts on the ground surrounding the ashtray. K 072 K 072 NFPA 101 LIFE SAFETY CODE STANDARD It is the facility's policy to continuously SS=E maintain a means of egress free of all Means of egress are continuously maintained free obstructions or impediments according of all obstructions or impediments to full instant to regulations. use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. Findings: 7.1.10 Facility is evaluating a place for safe storage of chairs when they are not in use and will remove chairs as appropriate. This STANDARD is not met as evidenced by: Based on observation, the facility failed to continuously maintain a means of egress free of 2. The snack cart has been removed by all obstructions or impediments, as evidenced by the Dietary Service Assistant a cart that remained in the corridor at the same location for more than 30 minutes.. This could Systemic Changes: result in delayed evacuation in the event of a fire, and affected 73 of 73 residents. A. All staff will be re-in-serviced by the Maint. Dir and the DSD Findings: on "Proper Fire Prevention". During a tour of the facility with the Maintenance B. All corridors will be checked Director on 10/28/11, the corridors and egress daily by the Maint Dir/ Maint. paths were observed. Department for preventive reviews. Any deficiencies noted 1, At 9:15 a.m. during the cursory tour of the will be corrected promptly. facility, there were five Geri Chairs in the corridor

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

Event IO:TDDH21

Facility ID: CA020000080

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 11/07/2011 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND FLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 B. WING 10/28/2011 055292 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1919 CUTTING BLVD SHIELDS RICHMOND NURSING CTR RICHMOND, CA 94804 (X5) COMPLETION PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES 1D (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST SE PRECEDED BY FULL DATE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY K 072 K 072 Continued From page 8 Monitor for Compliance: outside the Back Dining Room. During the formal tour, the five Geri Chairs were in the same The DSD and Maint Director will make location in the corridor outside the Back Dining rounds daily to observe for areas of non- Room at 11:52 a.m. compliance. Any deficiencies will be 2. At 9:10 a.m. during the cursory tour of the corrected promptly. The Adm., Maint. facility, a multi-tiered snack cart was situated in Dir. And DSD are responsible for the corridor along the wall across from the compliance of this regulation ongoing. kitchen. During the formal tour, the multi-tiered snack cart was in the same location in the corridor at 2:30 p.m. 11-28-11 K 076 K 076 K 076 NFPA 101 LIFE SAFETY CODE STANDARD SS=D It is the facility's policy to provide Medical gas storage and administration areas are proper storage for medical gas in protected in accordance with NFPA 99, accordance with NFPA 99. Standards for Health Care Facilities. (a) Oxygen storage locations of greater than Findings: 3,000 cu.ft. are enclosed by a one-hour separation. The empty oxygen cylinders have been stored separately (b) Locations for supply systems of greater than from the full containers by the 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 Maint Dir. Systemic Changes: All lic staff will be in serviced on ensuring that empty and full containers This STANDARD is not met as evidenced by: are stored separately by the DON and Based on observation, the facility failed to DSD. New racks have been purchased to provide proper storage for medical gas in allow for separate storage by the SS accordance with NFPA 99, as evidenced by the storage of full oxyger, cylinders with empty Assistant. oxygen cylinders in the same rack. This could result in staff not accessing the proper cylinder in the event of an emergency, and affected 73 of 73 residents.

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Event ID: TDDF:21

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

PRINTED: 11/07/2011 FORM APPROVED OMB NO. 0938-0391

		(X1) PROVIDER/SUPPLIER/CLIA	1''	TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
,			A. BUILD	•	
		055292			10/28/2011
	ROVIDER OR SUPPLIER RICHMOND NURSIA	IG CTR		TREET ADDRESS, CITY, STATE, ZIP CODE 1919 CUTTING BLYD RICHMOND, CA 94804	
(X4) ID PREF:X TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	)D P≺EFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPT DEFICIENCY)	IULD BE COMPLETIUM
K 076	Continued From pa	ge 9	K 07	Monitor for Compliance:	
	Level 3. (b) Nonflammable 6. 1. Storage shall be be used in the order from the supplier. 2. If stored within the cylinders shall be sempty cylinders shall be sempty cylinders shall be sempty cylinders.	of Cylinders and Containers		The DSD, DON, SS Assistant at Director will make rounds daily observe for areas of non-complideficiencies will be corrected professional transportation of the Adm., DON and SS Assistates responsible for compliance of the regulation ongoing.	ance. Any comptly.
	Director on 10/28/1 was observed.  At 12:19 p.m., there cylinders stored with	tacility with the Maintenance 1, the Oxygen Storage Room were three empty oxygen th 11 full oxygen cylinders in			
K 147 SS=F	Electrical wiring and	FETY CODE STANDARD d equipment is in accordance ional Electrical Code, 9.1,2	K 14	It is the facility's policy to mai electrical wiring and equipment regulations.	
	Based on observat maintain its electric evidenced by an ur protectors and unal or broken electrical faceplates, and by	s not met as evidenced by: tion, the facility failed to al wiring and equipment, as the facility failed to al wiring and equipment, as the facility failed to all wiring and equipment, as the facility failed to all wiring and equipment, as the facility failed to all wiring failed to	÷	Findings:  1. The surge protector has been and replaced by the Maint Dire	

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€vent ID: TDD:#21

Facility ID: CA020000080

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DEPAR	MENT OF HEAL !	AND HUMAN SERVICES			OMB NO.	
		& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULT	IPLE CONSTRUCTION	(X3) DATE SU COMPLE	IRVEY TED
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X1) PROVIDER/SUPPLIER		A BUILDI	NG _ 01 - MAIN BUILDING 01			
		055292	8. WING		10/28	3/201 <u>1</u>
		000202	ST	REET ADDRESS, CITY, STATE, ZIP CODE		
NAME OF P	ROVIDER OR SUPPLIER		;	1919 CUTTING BLVD		
SHIELDS	RICHMOND NURSI	NG CTR		RICHMOND, CA 94804	MTION:	(75)
(X4) ID PREFIX TAG	イニッショ ひここじいじがい	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION;	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	COULD BE 1	(X5) COMPLETION DATE
	<u> </u>			2. The face plate has been repl	aced by the	! 1
et 4.47	Onetimed From no	10 10	K 147	Maint Director		! -
K 147	Continued From pa	age to		Marie Director		İ
	result is the increas	sed risk of fire, and could result		3. The six plug adapter has be	en removed	<u> </u>
	in authorized status	inability to clearly access the inspection and maintenance		5. The SIA ping admitted that the		
	electrical panel 10: This affected three	of three smoke		by Maint Dir		<u>.</u>
	compartments.	j.		that any inment has	heen	i
	CO:HPartinoine:	:		4. All medical equipment has removed from surge protector	s by the	
	Findings:	ļ		removed from surge brotheres	50, 11.0	ľ
		,		Maint Dir		
-	During a tour of the facility with Maintenance			l and the faces rea	noved by	
	Director on 10/28/1	1, the electrical wiring and		5. Extension cord has been rea	1,0 +00 0)	
	equipment were of	oservea.		the Maint Dir		
	1. At 11:10 a.m., a	16-inch by 14-inch safe rested		6. The surge protector has been	n removed.	
	aton the cord to the	e surge protector in the		6. The surge processes and		
	Business Office. C	Computer equipment and two		7. The fan has been removed	by the Maint	
	chargers were plug	ged into the surge protector.		Dir	<i></i>	
	2. At 11:15 a.m., #	ere was a missing faceplate				
	on the right wall be	neath the windows in the		8. The surge protector and six	plug	
	Rehab Room.	•		adaptor has been removed by	the Maint	
				Dir		
	3. At 11:35 a.m., th	ere was an unapproved		o All medical conforment has	been	
	six-plug adapter in	use at beg b b.		removed from surge protecto	rs by the	
	4 63 44.44 +	nere were three non-computer		Maint Dir		
	4. At 17:44 a.m., if	the surge protector at Bed 6 A.	i	10 & 11 The six plug adapter	s have been	
	i Beura banagea iuro	the saige protocol = -		removed by the Maint Dir.		
	5 At 12:05 p.m. th	nere was an unapproved		12 All medical equipment h	as been	
	three-plug extension	on cord in use at Bed 24 C.		removed from surge protecto	ors by the	
				Maint Dir		
	6. At 12:13 p.m., th	ne refrigerator and an ice		13. The surge protector and	six plug	
	maker in the Staff	Lounge were plugged into a		adaptor has been removed by	y the Maint	
	<ul> <li>surge protector that</li> </ul>	it was suspended 48 inches		To:-		
	above the floor.			14 & 15. The surge protector	HAS DECII	
	" ALAO.40	42 inch fan was stored in front		removed by the Maint Dir		1
	7. At 12,16 p.m., a	42-inch fan was stored in front nei in the Staff Lounge.		: •		1

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Eveni ID: TDDH2:

Facility ID: CA02000080

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PRINTED: 11/07/2011 FORM APPROVED

OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 01 - MAIN BUILDING 01 B WING 10/28/2011 055282 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1919 CUTTING BLVD SHIELDS RICHMOND NURSING CTR RICHMOND, CA 94804 PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID MEACH CORRECTIVE ACTION SHOULD BE EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) K 147 K 147 Continued From page 11 Systemic Changes: 8. At 12:35 p.m., hospital equipment was plugged into a circular surge protector in Room 31. Maintenance department and facility staff Hospital equipment was plugged into an has been re-in serviced by the Maint unapproved six-plug adapter between Beds 31 B Director and DSD regarding proper use of and 31 C. surge protector. The facility is conferring 9. At 12:44 p.m., three non-computer items were with an electrician to determine how to plugged into a surge protector at Bed 30 B. increase the electrical supply to rooms as needed without surge protectors. 10. At 1:59 p.m., there was an unapproved Correction will be completed according to six-plug adapter between Beds 4 A and 4 B. the appropriate guidelines by the electrician. 11. At 2:06 p.m., there was an unapproved six-plug adapter between Beds 20 A and 20 B. 12: At 2:10 p.m., three non-computer items were Monitor for Compliance: plugged into a surge protector to the front of Bed The DSD and Maint Director will make 18 B. rounds daily to observe for areas of non-13. At 2:12 p.m., there was an unapproved compliance. Any deficiencies will be six-plug adapter at Bed 16 D, and a surge corrected promptly. The Adm., Maint. Dir. protector under the television at Bed 16 D was And DSD are responsible for compliance mounted to the wall with three non-computer of this regulation ongoing. items plugged into it. 14. At 2:38 p.m., a fan and personal size refrigerator were plugged into a surge protector in the Maintenance Office. At 2:40 p.m., a surge protector in the Director. of Nurses Office with computer equipment was connected to a surge protector with a plugged charger.

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Even: ID: TDDH21

Facility ID: CA020000080

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