


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

ORIGINAL

PRINTED: 03/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555667	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 03/06/2013
NAME OF PROVIDER OR SUPPLIER GARDEN PARK CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 12681 HASTER STREET GARDEN GROVE, CA 92840		
(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: 1963 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: TYPE V (III), SINGLE STORY, 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: 28178 CENSUS: 104 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the integrity of the building construction as evidenced by the failure to seal penetrations in the ceilings. This affected 4 of 8 smoke compartments, and could result in the spread of	K 000	"This Plan of Correction constitutes my written credible allegation of compliance for the deficiencies noted." Submission of this Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited and is also not to be construed as an admission of interest against the facility, the Administrator, or any employees, agents or other individuals who may be discussed in this response and plan of correction. In addition, preparation and submission of this plan of correction does not constitute an admission or an agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency.  Initials		
K 012 SS=E		K 012	<ul style="list-style-type: none"> 1. The Maintenance Supervisor will seal the three 1- inch penetrations around the water pipes in the ceiling in the boiler room. 2. The Maintenance Supervisor will seal the one 1-inch penetration around the base of the sprinkler head in the ceiling above the stove in the kitchen. 		4-6-13

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.

3/22/13 - POI Acceptable per Krisselle Zavada

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K 012	Continued From page 1 smoke from one compartment to another in the event of a fire. Findings: On a facility tour with facility staff on 3/6/13, the ceilings in the facility were observed. 1. At 12:45 p.m., there were three penetrations approximately 1 inch each around the water pipes in the ceiling in the boiler room. 2. At 1:05 p.m., there was an approximately 1 inch penetration around the base of the sprinkler head in the ceiling, above the stove in the kitchen. 3. At 1:10 p.m., there was an approximately 1 inch penetration around the base of the sprinkler head in the ceiling, in the Employee Lounge.	K 012	<ul style="list-style-type: none"> 3. The Maintenance Supervisor will seal the one 1-inch penetration around the base of the sprinkler head in the ceiling in the Employee Lounge. Monitoring for unsealed penetrations will be included in the monthly Maintenance rounds and submitted to the Administrator to ensure compliance. These reports will be submitted for review by the Maintenance Supervisor to the Quality Assurance Committee on a quarterly basis to ensure compliance. 	4-6-13	
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4 This STANDARD is not met as evidenced by: Based on observation, the facility failed to	K 025	<ul style="list-style-type: none"> The Maintenance Supervisor will seal the one 1-inch penetration around a water pipe in the smoke barrier wall located over the cross-corridor fire doors next to resident room 46. 	4-6-13	

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K 025	Continued From page 2 maintain the integrity of the smoke barrier walls. This was evidenced by a penetration in 1 of 8 smoke barrier walls. This affected 1 of 8 smoke compartments, and could result in the spread of smoke and/or fire to pass from one smoke compartment to another in the event of a fire. Findings: On a facility tour with facility staff on 3/6/13, the smoke barrier walls in the facility were observed. At 11:10 a.m., there was approximately 1 inch penetration around a water pipe in the smoke barrier wall located over the cross-corridor fire doors next to resident room 46.	K 025	<ul style="list-style-type: none"> Monitoring for unsealed penetrations around water pipes in the smoke barrier walls will be included in the monthly Maintenance rounds and submitted to the Administrator to ensure compliance. These reports will be submitted for review by the Maintenance Supervisor to the Quality Assurance Committee on a quarterly basis to ensure compliance. 	4-6-13	
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 This STANDARD is not met as evidenced by: NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition. 2.2.1.1 Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint and physical damage and shall be installed in the proper orientation (e.g. upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in improper orientation.	K 062	<ul style="list-style-type: none"> The Maintenance Supervisor will clean the one sprinkler head above the dishwasher in the kitchen that was accumulated with ¼ inch of foreign material. The boxes of food in the disaster closet were removed the day of survey to ensure an 18 inch clearance from the sprinkler head. 	4-6-13	

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K 062	Continued From page 3 NFPA 13, 1999 Edition 5-5.6. The clearance between the deflector and the top of storage shall be 18 in. (457 mm) or greater. Based on observation, the facility failed to maintain the automatic sprinkler system. This was evidenced by a sprinkler head that was accumulated with foreign material, by failing to maintain 18 inches of clearance around the deflector plate. This affected 2 of 8 smoke compartments, and could limit the effectiveness of the automatic sprinkler system to extinguish a fire. Findings: On a facility tour with facility staff on 3/6/13, the sprinkler heads in the facility were observed. 1. At 1:08 p.m., one sprinkler head above the dishwasher in the kitchen was accumulated with 1/4 inch of foreign material. 2. At 1:50 p.m., one sprinkler head in the disaster supply room did not have 18 inches of clearance around the deflector plate. The sprinkler was obstructed by boxes of food approximately 5 inches below the sprinkler head.	K 062	<ul style="list-style-type: none"> The staff will be in-serviced on sprinkler head cleanliness and 18 inches clearance to ensure proper function in case of a fire. Monitoring for clean sprinkler heads and 18 inch clearance in all closets will be included in the monthly Maintenance rounds and submitted to the Administrator to ensure compliance. The monitoring findings will be submitted for review by the Maintenance Supervisor to the Quality Assurance Committee on a quarterly basis to ensure compliance. 	4-6-13	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2 This STANDARD is not met as evidenced by: National Electrical Code, 1999 Edition	K 147	<ul style="list-style-type: none"> The radio and tape recorder in resident room 10 was plugged directly into the wall outlet during the survey. 	4-6-13	

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K 147	<p>Continued From page 4</p> <p>400-8 Uses Not Permitted-Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following:</p> <p>(1) As a substitute for the fixed wiring of structure.</p> <p>(2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors.</p> <p>(3) Where run through doorways, windows, or similar openings.</p> <p>(4) Where attached to building surfaces.</p> <p>Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provision of Section 364-8.</p> <p>(5) Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors.</p> <p>(6) Where installed in raceways, except as otherwise permitted in this Code.</p> <p>Based on observation, the facility failed to maintain electrical safety as evidenced by the use of a surge protector as a substitute for fixed wiring. This affected 1 of 8 smoke compartments, and had the potential for electrical fire.</p> <p>Findings:</p> <p>On a facility tour with facility staff on 3/6/13, the electrical wiring and utilities were observed.</p> <p>At 1:30 p.m., there was a radio and a tape recorder in resident room 10 that were plugged into a surge protector, instead of plugged directly to the outlet in the wall.</p>	K 147	<ul style="list-style-type: none"> The Resident Unit Manager will inform the resident in room 10 surge protectors are not approved for use in the facility. All electrically equipment must be plugged directly into a wall outlet for safety. The Maintenance Supervisor and Resident Unit Manager will conduct a facility walk through to ensure no surge protectors are in use and all electrically equipment is directly plugged into a wall outlet. The Admissions Coordinator will inform residents and/or responsible parties of the proper use of electrically equipment within the facility during the admission process. The Resident Unit Manager will during daily rounds ensure no surge protectors are in use. The Maintenance Supervisor will monitor the proper use of electrically equipment during monthly Maintenance rounds and submitted to the Administrator to ensure compliance. The Maintenance Supervisor will report the findings to the Quality Assurance Committee on a quarterly basis to ensure compliance. 	4-6-13	

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