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NO. 3711 P. 7

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/02/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055764	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  06/12/2014
NAME OF PROVIDER OR SUPPLIER  SHEA REHABILITATION HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 7716 S PICKERING AVENUE WHITTIER, CA 90602	
(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  This facility was surveyed under NFPA 101, 2000 Edition chapter 10 Existing Health Care Occupancies and other applicable codes.  The following represents the findings of the Department of Public Health Services during the Life Safety Code Survey.  Smoke Compartments - 6 Exits - 8 Census - 100 Licensed capacity - 105  Representing the Department of Public Health Services:  Evaluator ID #14040 - REHS, HFE-J	K 000	The Signing of this Plan of Correction is not an admission or agreement by this facility of the truth of the facts alleged on this statement of deficiency and plan of correction. In fact this Plan of Correction is submitted exclusively to comply with State and Federal law. This Plan of Correction serves as the allegation of compliance.  [K 025] <u>Corrective Action for Affected Residents</u> The penetration of smoke barrier openings #2, #4 and #5 were repaired on 6/9/14 with fire retardant expandable foam.	7/7/14
K 025 SS=E	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 and interview, the facility failed to maintain the minimum one half hour fire	K 025	<u>Procedure for Identifying Potentially Affected Residents</u> All residents may be potentially affected by the alleged deficient conduct. Shea Rehabilitation will take corrective action for all residents. No other residents have been affected by this deficient practice.  <u>Corrective Action for Systemic Changes</u> On or before July 7, under the supervision of the Administrator, the maintenance staff will be in-serviced on maintaining the integrity of the smoke barriers walls keeping them free from penetrations in all area of the facility.	

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.

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NAME OF PROVIDER OR SUPPLIER  SHEA REHABILITATION HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 7716 S PICKERING AVENUE WHITTIER, CA 90602	
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K 025	Continued From page 1 resistance rating of the smoke barriers by having openings. Failure to maintain the integrity of the smoke barrier to provide at least one half hour fire resistance rating, could compromise the facility's ability to extinguish and contain a fire during a fire/smoke emergency. This deficiency had the potential to affect 4 of 6 smoke compartments.  Findings:  On 6/9/14 at 9 am, during an inspection of the smoke barriers in the presence of the maintenance supervisor, barrier # 2 had a 6" X 6" opening. Barrier # 4 had a 1" and 1/2" openings, and barrier # 5 had a 1" and 1/2" openings.  On 6/9/14 at 10 am, during an interview with the maintenance supervisor, he stated that he would seal the penetrations right away with fire retardant expandable foam  On 6/10/14 at 2 PM, during the exit conference, in the presence of the Administrator, Director of Nurses, Maintenance Supervisor, and Dietary Supervisor, this deficiency was discussed.	K 025	<u>Measures Adopted for Systemic Change and Quality Assurance</u> On a quarterly basis, under the supervision of the Administrator or designee, will perform unannounced evaluations to verify that the integrity of the smoke barrier walls in all area of the facility, including the corridors in the facility are free of penetrations. The results of such evaluations shall be documented on Quality Assurance forms. The results of such audits shall be submitted to the Quality Assurance Committee for review and evaluation of any further corrective action as necessary.	
K 051 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the	K 051	[K 051] <u>Corrective Action for Affected Residents</u> Fire Sprinkler Company was contacted on 6/7/14 to assess situation and remedy issue. The smoke detector located by the elevator door was tied into the fire alarm system.	

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K 051	Continued From page 2  path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that initiation of the fire alarm system by required detection devices occurred by having smoke detectors that sent the elevator away from the area of danger, but failed to initiate the fire alarm. Failure to initiate the fire alarm when a smoke detector is activated could lead to a delay in extinguishing fire/smoke during an emergency. This deficiency had the potential to affect 2 of 6 smoke compartments.  On 6/6/14 at 1:40 pm, during an inspection of the fire alarm system in the presence of the maintenance supervisor, the smoke detector, located at the elevator door, when activated, sent the elevator to the floor away from the activated smoke detector, but did not initiate the fire alarm system.  On 6/6/14 at 2 pm, during an interview with the maintenance supervisor, he stated he would	K 051	<u>Procedure for Identifying Potentially Affected Residents</u> All residents may be potentially affected by the alleged deficient conduct. Shea Rehabilitation will take corrective action for all residents affected. No other residents have been affected by this deficient practice.  <u>Corrective Action for Systemic Changes.</u> On or before July 9, under the supervision of the Administrator, the maintenance Director will be in-serviced on maintaining the integrity of the Smoke Detector System that all detectors are continuously tied into the audible fire alarm system.  <u>Measures Adopted for Systemic Change and Quality Assurance</u> On a quarterly basis, under the supervision of the Administrator or designee, will perform walk through evaluations with maintenance director to verify that all smoke detector are tied into audible fire alarm system. The results of such evaluations shall be documented on Quality Assurance forms. The results of such audits shall be submitted to the Quality Assurance Committee for review and evaluation of any further corrective action as necessary.	7/7/14	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055754	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  06/12/2014
NAME OF PROVIDER OR SUPPLIER  SHEA REHABILITATION HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 7716 S PICKERING AVENUE WHITTIER, CA 90602		
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K 051	Continued From page 3 contact the fire alarm company to have the smoke detectors hooked up to the fire alarm system.  On 6/10/14 at 2 PM, during the exit conference, in the presence of the Administrator, Director of Nurses, Maintenance Supervisor, and Dietary Supervisor, this deficiency was discussed.	K 051			