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

PRINTED: 04/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555125	A. BUILDING 01 B. WING _____	04/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINWOOD MEADOWS CARE CENTER	4444 WEST MEADOW VISALIA, CA 93277

(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: 4/1/90 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V(111), 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 (LSC) 2000 edition, Existing codes. The facility had elected to utilize the Categorical Waiver option to allow the use of power strips in patient care areas in accordance with all applicable codes found in the National Fire Protection Association (NFPA) 101 Life Safety Code, 2012 Edition power strip requirements, and with all other NFPA 101, Life Safety Code 2000 Edition, and NFPA 99, Health Care Facilities, 1999 Edition, electrical system and equipment provisions, as permitted by the Centers for Medicare & Medicaid Services (CMS) Survey & Certification Letter S&C: 14-46-LSC, dated 9/26/2014. Representing the California Department of Public Health: 29752 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.	K 000	• Preparation and/or execution of this Plan of Correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the law. In response to the Department's findings we submit the following Plan of Correction which shall constitute **Linwood Meadows Care Center's** credibility for allegation of compliance.	

LABORATOR[redacted] PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Administrator | (X6) DATE: 5/1/15

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.

POC accepted 5/5/15 per Jared Okimoto

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

PRINTED: 04/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555125	A. BUILDING 01 B. WING	04/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINWOOD MEADOWS CARE CENTER	4444 WEST MEADOW VISALIA, CA 93277

(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	Continued From page 1 Census: 88	K 000		
K 018 SS=D	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 1¾ 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 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure there was no impediment to closing egress corridor doors. This was evidenced by a corridor door that were obstructed from closing by a waste container at the Main Dining Room. This could result in a delay to contain fire or smoke during a fire emergency. This affected one of six smoke compartments. NFPA 101, Life Safety Code, 2000 Edition 19.3.6.3 Corridor Doors.	K 018	**K 018 NFPA 101 LIFE CODE STANDARD** 1. The waste container obstructing closing of the dining room door was immediately removed on 4/21/2015. 2. The Maintenance Director inspected throughout the facility for any potential obstruction to closing of doors on 4/21/2015. No deficient practice noted and or reported. 3. The DSD re-educated staff on importance of keeping all the doors free from any kind of obstruction on 4/22/2015. 4. The Maintenance Director will be adding this to the weekly audit report and will be reporting any findings through the monthly Quality Assurance meeting x 3 months.	

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

PRINTED: 04/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555125	A. BUILDING 01 B. WING	04/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINWOOD MEADOWS CARE CENTER	4444 WEST MEADOW VISALIA, CA 93277

(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 018	Continued From page 2 19.3.6.3.1* Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4-in. (4.4-cm) thick, solid-bonded core wood or of construction that resists fire for not less than 20 minutes and shall be constructed to resist the passage of smoke. Compliance with NFPA 80, Standard for Fire Doors and Fire Windows, shall not be required. Clearance between the bottom of the door and the floor covering not exceeding 1 in. (2.5 cm) shall be permitted for corridor doors. Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials. Exception No. 2: In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, the door construction requirements of 19.3.6.3.1 shall not be mandatory, but the doors shall be constructed to resist the passage of smoke. Findings: During the facility tour and interview with Maintenance Staff 1 and Maintenance Staff 2 on 4/21/15, the corridor doors were observed. At 2:59 p.m., the east corridor door to the Main Dining Room was obstructed from closing by a waste container that was placed against the door in a fully open position. Maintenance Staff 1 explained that the waste container was supposed to be stored on the opposite side of the soda machine.	K 018		

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

PRINTED: 04/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555125	A. BUILDING 01 B. WING	04/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINWOOD MEADOWS CARE CENTER	4444 WEST MEADOW VISALIA, CA 93277

(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 052 K 052 SS=D	Continued From page 3 NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain their fire alarm system. This was evidenced by a manual fire alarm pull station that was visually obstructed at the main entrance and by one smoke detector in Hallway E that operated but failed to activate the fire alarm system. This affected two out of six smoke compartments and could result in a delayed activation of the fire alarm system, in the event of a fire. NFPA 101, 2000 edition 9.6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code, unless an existing installation, which shall be permitted to be continued in use, subject to the approval of the authority having jurisdiction. 19.3.4 Detection, Alarm, and Communications	K 052 K 052	**K 052 NFPA 101 LIFE SAFETY CODE STANDARD** 1. The curtain obstructing the visual of the manual fire alarm pull station at the main entrance door was fixed immediately on 4/21/2015. The smoke detector in the E hall between room # 41 & 42 was replaced by Jorgensen on 4/21/2015. 2. The Maintenance Director inspected all the fire alarms pull stations throughout the facility for any visual obstruction on 4/21/2015. No deficient practice noted and or reported. The Maintenance Director inspected all the smoke detectors throughout the facility for proper functioning on 4/21/2015. No deficient practice noted or reported. 3. The Maintenance Director was re-educated by Administrator on routine checking and monitoring of manual fire pull stations from any obstruction and smoke detectors for proper functioning, on 4/27/15.	

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

PRINTED: 04/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555125	A. BUILDING 01 B. WING	04/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINWOOD MEADOWS CARE CENTER	4444 WEST MEADOW VISALIA, CA 93277

(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 052	Continued From page 4 Systems. 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. NFPA 72, National Fire Alarm Code, 1999 edition 2-8.2.1 Location and Spacing Manual fire alarm boxes shall be located throughout the protected area so that they are unobstructed and accessible. Findings: During fire alarm testing, interview and record review with the Maintenance Staff 1 on 4/21/15, the fire alarm testing was observed and the alarm activity report was requested. 1. At 11:38 a.m., the manual fire alarm pull station located at the main entrance doors was visually obstructed by curtains hanging in front of the pull station. Maintenance Staff 1 explained that they would need to unhook the end of the curtain from it's anchor point and relocate it clear of the manual pull station. 2. At 11:48 a.m., the fire alarm system failed to activate when a smoke detector was tested in the E Hall corridor between Rooms 41 and 42. At 11:51 a.m., Maintenance Staff 1 confirmed that the smoke detector indicator light activated after it was smoke tested but the fire alarm panel did not receive an activation signal. At 3:45 p.m., the "Customer Activity Report" confirmed that no fire alarm signal was received between 11:39 a.m. and 11:52 a.m.	K 052	4. The Maintenance Director will check all the manual fire alarm pull stations for any obstruction and smoke detectors for proper functioning by adding this to the weekly audit report and will be reporting any findings through the monthly Quality Assurance meeting x 3 months x 1 week for 3 months. Jorgensen will be checking all the smoke detectors for proper functioning once a year and or as needed.	
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 062		

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

PRINTED: 04/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555125	A. BUILDING 01 B. WING	04/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINWOOD MEADOWS CARE CENTER	4444 WEST MEADOW VISALIA, CA 93277

(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 062	Continued From page 5 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: Based on observation and interview, the facility failed to maintain their automatic sprinkler system. This was evidenced by a ceiling sprinkler head with a displaced escutcheon. This could result in a delay in activation of the sprinkler system and the spread of fire and smoke during a fire emergency. This affected one of six smoke compartments. NFPA 101 Life Safety Code, 2000 Edition 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25, 1999 edition. Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems 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 the improper orientation. Findings:	K 062	**K 062 NFPA 101 LIFE SAFETY CODE STANDARD** 1. The displaced escutcheon on the identified ceiling sprinkler head was immediately fixed on 4/21/2015. 2. The Maintenance Director inspected all the sprinkler heads throughout the facility to ensure that none of the sprinkler head contain displaced escutcheon. No deficient practice noted and or reported. 3. The Maintenance Director was re-educated by Administrator on routine checking and monitoring of sprinkler heads for functioning of automatic sprinkler system including proper placement of escutcheon on 4/27/15. 4. The Maintenance Director will be adding this to the weekly audit report and will be reporting any findings through the monthly Quality Assurance meeting x 3 months	

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

PRINTED: 04/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555125	A. BUILDING 01 B. WING	04/21/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LINWOOD MEADOWS CARE CENTER	4444 WEST MEADOW VISALIA, CA 93277

(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 062	Continued From page 6 During the facility tour and interview with Maintenance Staff 1 Maintenance Staff 2 on 4/21/15, the sprinkler system was observed. There was a one inch gap between the sprinkler head escutcheon ring and the ceiling of the "Electrical Turn Off Room."	K 062		