LIFE SAFETY UNIT SB

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DEPARTMENT OF HEALTH AND HUMAN SERVICES PRINTED: 10/13/2011 CENTERS FOR MEDICARE & MEDICAID SERVICES 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 A BUILDING B. WING 055199 09/21/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE HORIZON HEALTH AND SUBACUTE CENTER 3034 E HERNDON FRESNO, CA 93720 SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PROVIDER'S PLAN OF CORRECTION ID COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION TAG DEFICIENCY K 000 INITIAL COMMENTS K 000 K3 BUILDING: 01 K6 PLAN APPROVAL: 2000 K7 SURVEY UNDER: 2000 Existing This plan of correction shall serve as the STRUCTURE TYPE: ONE STORY. facility's written credible allegation of CONSTRUCTION TYPE V (111) FULLY compliance. SPRINKLERED Preparation and/or execution of this plan Census: 176 of correction do not constitute admission The following represents the findings of the by the provider or the truth of the facts California Department of Public Health, during a set forth on the statement of deficiencies. Life Safety Code Recentification survey. The This plan of correction is prepared and/or findings are in accordance with 42 CFR (Code of executed solely because required by the Federal Regulations) 483.70(a) and NFPA (National Fire Protection Association) 101, Life 10/7/11 provisions of the Health and Safety Code Safety Code 2000 edition, Existing codes. Section 1280 and C.F.R. Representing the Department of Public Health, Life Safety Code Unit: 29752, HFE I The facility is not in compliance with 42 CFR 483.70 for Long Term Care Facilities. K062 NFPA 101 Life Safety Code K 062 NFPA 101 LIFE SAFETY CODE STANDARD K 062 Standard SSED Required automatic sprinkler systems are The Plant Operations Manager has over 29 continuously maintained in reliable operating years of experience in maintenance and condition and are inspected and tested physical plant operations in a supervisory periodically. 19.7.6, 4.6.12, NFPA 13, NFPA capacity in skilled nursing facilities. 1982-25, 9,7,5 maintenance Superviros of 121-bed SNF: 1983 Regional Maintenance Supervisor overseeing 13 skilled nursing facilities; This STANDARD is not met as evidenced by: LABORATORY DIRECTOR'S OF PROVIDER/SUPPLIES REPRESENTATIVE'S SIGNATURE (X6) DATE 10

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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		& MEDICAID SERVICES	I man			0938-039
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01  B. WING		(X3) DATE SURVEY COMPLETED 09/21/2011	
		055199				
IAME OF F	PROVIDER OR SUPPLIER			REET ADDRESS, CITY, STATE, ZIP CO	DE	
HORIZOI	N HEALTH AND SUB	ACUTE CENTER		3034 E HERNDON FRESNO, CA 93720		
(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 COI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD RE COMPLETION	
K 062	Continued From pa	ge 2	K 062			
K 076 SS=E	1-5 Definitions. Inspection, Testing, and Maintenance Service. A service program provided by a qualified contractor or owner's representative in which all components unique to the property's systems are inspected and tested at the required times and necessary maintenance is provided. This program includes logging and retention of relevant records.  Findings:  During record review on 9/20/11, at 2:20 p.m., records were requested for quarterly and annual sprinkler system testing. The testing record "P.M. Check List and Record," Indicated testing was conducted by in-house staff for four of four quarters. There was no record for an annual sprinkler inspection by a qualified or certified staff or contractor.  During an interview 2:25 p.m., Maintenance Staff 1 reported he and his staff were not certified or			K076 NFPA 101 Life Safety Code Standard		
				The racks containing the oxygen cylinders were moved to an area wherein they are separated from combustibles by greater than five feet and shall continue to be safely stored in this manner.  Nursing, Central Supply and Maintenance personnel shall be inservicesd on this location requirement.  The facility has contracted for a gate to be installed at the entrance to the bulk liquid		9/22/1 10/5/1 10/14/
	trained by a qualified annual fire sprinkler	contractor to conduct the	K 076	oxygen storage tank that can be locked. The estimated time for the gate to be installed is by 10/21/11.		10/21
	protected in accorda Standards for Health	Care Facilities.		The Plant Operations Manag of his daily and periodic insp phsycial plant ensure that storage issues have been	bections of the these ocygen corrected and	10/21/
	3,000 cu.ft, are enclo separation.	ocations of greater than used by a one-hour ply systems of greater than		secured. Findings not in comp corrected immediately. Repetends shall be reported to the and QA committee as needed	at findings or Adminsitrator	

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OME NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION A. BUILDING B WING 055199 09/21/2011 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, GITY, STATE, ZIP CODE 3034 E HERNDON HORIZON HEALTH AND SUBACUTE CENTER FRESNO, CA 93720 PROVIDEN'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES COMPLETION DATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG TAG DEFICIENCY K 0761 Continued From page 3 K 076 4.3.1.1,2, 19,3,2,4 This STANDARD is not met as evidenced by: Based on observation and Interview the facility failed to ensure the storage of medical gas is in accordance with NFPA 99. This was evidenced by one oxygen storage area with combustible storage within 5 feet of the oxygen cylinders and with an electrical receptacle lower than five feet from the floor and within one foot of the oxygen THIS PAGE INTENTIONALLY LEFT cylinder storage. The exterior oxygen storage BLANK area failed to have a gate or door that could be locked. This affected two of eight smoke compartments and could result in damage to the receptacle and an increased risk of fire or could result in the potential of tampering with the oxygen supply source. NFPA 99 Health Care Facilities 1999 Edition 4 -3.1.1.2(a) Nonflammable Gases (Any Quantity; In-Storage, Connected, or Both) 11. (c) Enclosures for supply systems shall be provided with doors or gates that can be locked. 8-3.1.11.2(c)(2) Storage for nonflammable gases less than 3000 cubic feet, (c) Oxidizing gases such as oxygen and nitrous oxide shall be separated from combustibles or incompatible materials by either: 1. A minimum distance of 20 feet (6.1 meters), or 2. A minimum distance of 5 feet (1.5 m) if the entire storace location is protected by an automatic sprinkler system designed in accordance with NFPA 13, Standard for the

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FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION A, BUILDING 01 B. WNG 09/21/2011 055199 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3034 E HERNDON HORIZON HEALTH AND SUBACUTE CENTER FRESNO, CA 93720 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (BACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLETION DATE ID PREFIX (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DAT DEFICIENCY K 076 | Continued From page 4 K 076 Installation of Sprinkler Systems. Findings: During the facility tour with Maintenance Staff 1 on 9/21/11, oxygen storage locations were observed. At 9 a.m., the exterior oxygen storage area contained more than 3000 ft3 of oxygen. There was no gate or fence provided on the front wall of the oxygen enclosure. The area was open to the public parking lot at the back of the facility. THIS PAGE INTENTIONALLY LEFT BLANK At 9:15 a.m., there was miscellaneous combustible storage within four feet of oxygen cylinders in a storage room in Area 1. At 9:26 a.m., there was miscellaneous combustible storage within four feet of oxygen cylinders in the storage room in Area 2. During an interview, Maintenance Staff 1 stated the cylinders were all full and were kept in the storage rooms.