

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 05/15/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>055388</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>05/07/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>SAN JOSE HEALTHCARE &amp; WELLNESS CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>75 N. 13TH STREET SAN JOSE, CA 95112</b>		
(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: 1970  K7 SURVEY UNDER: 2000 EXISTING  STRUCTURE TYPE: 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 2000 edition, Existing codes.  Representing the California Department of Public Health: 31203  The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.  Census: 53 K 012 NFPA 101 LIFE SAFETY CODE STANDARD SS=D  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 ensure the integrity of the building construction as evidenced by unsealed penetrations in the walls.	K 000	San Jose Healthcare & Wellness Center submits this response and Plan of Correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employee, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE

*US/CA Lamm - administrator**5/28/13*

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.

*6/3/13 For Acceptable per Marian DeMure, HFES*

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NAME OF PROVIDER OR SUPPLIER  <b>SAN JOSE HEALTHCARE &amp; WELLNESS CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>76 N. 13TH STREET SAN JOSE, CA 95112</b>	
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K 012	Continued From page 1 This affected one of three smoke compartments which could result in the passage of smoke or fire to other locations in the event of a fire.  Findings:  During the facility tour with the Maintenance Supervisor on 5/7/13, the facility walls were observed.  1. At 7:32 a.m., in Room 26, there was an approximately 1/2 inch circular penetration with cable wire passing through the wall across from Bed B.  2. At 7:41 a.m., in the Social Worker office across Room 20, there was an approximately 1/2 inch circular penetration in the wall behind the door where the door knob hits.	K 012	<b>K012</b>  In room 26, there was an approximately 1/2 inch circular penetration with cable wire passing through the wall across from Bed B.  This was repaired on 5/23/13.  In the Social Worker office across Room 20, there was an approximately 1/2 inch circular penetration in the wall behind the door where the door knob hits. This was repaired on 5/23/13.  The Maintenance Director will be directly responsible for this corrective action.  The Maintenance Director/designee and Administrator will do periodic Maintenance rounds to ensure compliance is continuously maintained.  The Administrator shall provide a quarterly report to the Quality Assurance Committee for review and/or corrective action.	5/23/13  5/23/13
K 018 SS=E	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  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 3/4 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.	K 018		

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K 018	Continued From page 2  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain corridor doors to resist the passage of smoke as evidenced by corridor doors that did not positively latch and doors that were obstructed from closing. This affected two of three smoke compartments and could result in the passage of smoke and flames in the event of a fire.  Findings:  During the facility tour with the Maintenance Supervisor on 5/7/13, the corridor doors were observed.  1. At 7:48 a.m., the door to the Business office across from the Kitchen, was equipped with a self-closing device that failed to positively latch when fully opened and closed.  2. At 7:50 a.m., the door to the Employee Lounge, was equipped with a self-closing device that failed to positively latch when fully opened and closed.  3. At 8:32 a.m., the door to Room 8, was obstructed by Bed A and prevented the door from closing.  4. At 8:35 a.m., the door to the DON office, was equipped with a self-closing device that failed to	K 018	<b>K018</b>  The door to the Business office across from the Kitchen, was equipped with a self-closing device that failed to positively latch when fully opened and closed. The self-closing mechanism was adjusted and the door now closes on 5/9/13.  The door to the Employee Lounge, was equipped with a self-closing device that failed to positively latch when fully opened and closed. The self-closing mechanism was adjusted and the door now closes on 5/9/13.  The door to Room 8, was obstructed by Bed A and prevented the door from closing. The room was rearranged and now the door closes on 5/7/13.  The door to the DON office, was equipped with a self-closing device that failed to positively latch when fully opened and closed. The self-closing mechanism was adjusted and the door now closes on 5/9/13.  The door to Room 3, was obstructed by Bed A and prevented the door from closing. The room was rearranged and now the door closes on 5/7/13.	5/9/13  5/9/13  5/7/13  5/9/13  5/7/13

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K 018	Continued From page 3 positively latch when fully opened and closed.  5. At 8:40 a.m., the door to Room 3, was obstructed by Bed A and prevented the door from closing.  6. At 8:50 a.m., the doors to the restroom next to Nurse Station 1, were equipped with a self-closing device that failed to positively latch when fully opened and closed.	K 018	The door to the restroom next to Nurse Station 1, were equipped with a self-closing device that failed to positively latch when fully opened and closed. The self-closing mechanism was adjusted and the door now closes on 5/9/13.	5/9/13	
K 027 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1 1/4-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the smoke barrier door as evidenced by a smoke barrier door that failed to fully close and latch during alarm testing. This deficient practice affected two of three smoke compartments and could result in the spread of smoke and fire.  Findings:  During a tour of the facility with the Maintenance Supervisor on 5/7/13, the smoke barrier door was	K 027	The Maintenance Director will be directly responsible For this corrective action.  The Maintenance Director/designee and Administrator will do periodic Maintenance rounds to ensure compliance is continuously maintained.  The Administrator shall provide a quarterly report to the Quality Assurance Committee for review and/or corrective action.  <b>K027</b>  The fire door by the kitchen failed to fully close and latch during alarm testing. The left leaf was equipped with an astragal which was dragging on the right leaf. The astragal was readjusted and the door now fully closes and latches on 5/7/13.  The Maintenance Director will be directly responsible For this corrective action.	5/7/13	



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K 027	Continued From page 4 observed.	K 027	The Maintenance Director/designee and Administrator will do periodic Maintenance rounds to ensure compliance is continuously maintained.	
K 029 SS=D	At 9:02 a.m., the fire door by the kitchen failed to fully close and latch during alarm testing. The left leaf was equipped with an astragal which was dragging on the right leaf. <b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain a hazardous area. This was evidenced by the lack of a self-closing door to a hazardous area. This could result in the passage of smoke in the event of a fire, and affected one of three smoke compartments.  NFPA 101, Life Safety Code, 2000 Edition 19.3.2 Protection from Hazards. 19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic	K 029	The Administrator shall provide a quarterly report to the Quality Assurance Committee for review and/or corrective action.  <b>K029</b>  The door to the Boiler room was not equipped with a self-closing device. The boiler room was located outside of the kitchen. A self-closing device was ordered on 5/8/13 and installed on 5/22/13.  The Maintenance Director will be directly responsible For this corrective action.  The Maintenance Director/designee and Administrator will do periodic Maintenance rounds to ensure compliance is continuously maintained.  The Administrator shall provide a quarterly report to the Quality Assurance Committee for review and/or corrective action.	5/22/13

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K 029	<p>Continued From page 5</p> <p>extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following:</p> <ul style="list-style-type: none"> <li>(1) Boiler and fuel-fired heater rooms</li> <li>(2) Central/bulk laundries larger than 100 ft<sup>2</sup> (9.3 m<sup>2</sup>)</li> <li>(3) Paint shops</li> <li>(4) Repair shops</li> <li>(5) Soiled linen rooms</li> <li>(6) Trash collection rooms</li> <li>(7) Rooms or spaces larger than 50 ft<sup>2</sup> (4.6 m<sup>2</sup>), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction</li> <li>(8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard.</li> </ul> <p>Exception: Doors in rated enclosures shall be permitted to have nonrated, factory- or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door.</p> <p>Findings:</p> <p>During a tour of the facility with the Maintenance Supervisor on 5/7/13, the hazardous area was observed.</p>	K 029	- Blank -	

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K 029	Continued From page 6	K 029		
K 046 SS=E	<p>At 8:08 a.m., the door to the Boiler room was not equipped with a self-closing device. The boiler room was located outside of the kitchen.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their emergency generator. This was evidenced by no emergency lighting provided in the generator area. This could lead to decreased visibility in the event of an emergency and affected three of three smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 19.2.9 Emergency Lighting. 19.2.9.1 Emergency lighting shall be provided in accordance with Section 7.9.</p> <p>7.9.2 Performance of System 7.9.2.3 Emergency generators providing power to emergency lighting systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. Stored electrical energy systems, where required in this Code, shall be installed and tested in accordance with NFPA 111, Standard on Stored Electrical Energy Emergency and Standby Power Systems.</p> <p>NFPA 110, (1999) 5-3 Lighting. 5-3.1 The Level 1 or Level 2 EPS equipment location shall be provided with battery-powered</p>	K 046	<p>There was no battery-powered emergency lighting observed in the generator area. A battery powered emergency light was ordered on 5/10/13 and placed in the generator area on 5/21/13.</p> <p>The Maintenance Director will be directly responsible For this corrective action.</p> <p>The Maintenance Director/designee and Administrator will do periodic Maintenance rounds to ensure compliance is continuously maintained.</p>	5/21/13

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K 046	Continued From page 7 emergency lighting. The emergency lighting charging system and the normal service room lighting shall be supplied from the load side of the transfer switch.  Findings:  During a tour of the facility with the Maintenance Supervisor on 5/7/13, the emergency generator area was observed.  At 8:12 a.m., there was no battery-powered emergency lighting observed in the generator area. Maintenance Staff confirmed emergency lighting was provided in other areas, but failed to provide battery-powered emergency lighting where the generator was located.	K 046		
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the exit signs, as evidenced by two exit signs that were not fully illuminated. This affected two of three smoke compartments, and could result in a delay in evacuation due to limited exit sign visibility.  NFPA 101, Life Safety Code 2000 Edition 7.10.5 Illumination of Signs. 7.10.5.1* General. Every sign required by	K 047	<b>K047</b>  The exit sign by Room 26, the letter "T" was not illuminated when observed. The bulb was replaced and the letter "T" now lumines on 5/8/13.  The exit sign by Room 11, the letter "X" was not illuminated when observed. The bulb was replaced and the letter "X" now lumines on 5/8/13.  The Maintenance Director will be directly responsible For this corrective action.  The Maintenance Director/designee and Administrator will do periodic Maintenance rounds to ensure compliance is continuously maintained.  The Administrator shall provide a quarterly report to the Quality Assurance Committee for review and/or corrective action.	5/8/13  5/8/13



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K 047	Continued From page 8 7.10.1.2 or 7.10.1.4, other than where operations or processes require low lighting levels, shall be suitably illuminated by a reliable light source. Externally and internally illuminated signs shall be legible in both the normal and emergency lighting mode. 7.10.5.2* Continuous Illumination. Every sign required to be illuminated by 7.10.6.3 and 7.10.7 shall be continuously illuminated as required under the provisions of Section 7.8. Exception:* Illumination for signs shall be permitted to flash on and off upon activation of the fire alarm system.  Findings:  During a facility tour with the facility Maintenance Supervisor on 5/7/13, the exit signs were observed.  1. At 8:47 a.m., the Exit sign by Room 26, the letter "T" was not illuminated when observed. The Maintenance Supervisor acknowledged the finding.  2. At 10:00 a.m., the Exit sign by Room 11, the letter "X" was not illuminated when observed. The Maintenance Supervisor acknowledged the finding.	K 047	<b>K062</b>  The deflector in the restroom of Room 23, had dust build up. The dust was removed on 5/10/13.  The deflector in the restroom of Room 22, had dust build up. The dust was removed on 5/10/13.  In Room 20, the sprinkler above Bed A had dust build up and the sprinkler in the restroom had paint. The dust build up was removed and the sprinkler in the restroom was replaced on 5/10/13.  The sprinkler above Bed B in Room 19, had dust build up. The dust was removed on 5/10/13.  Two sprinklers in the Therapy Gym across from Room 19, had dust build up. The dust was removed on 5/10/13.  Three of four sprinklers in the Employee Lounge were bent and had dust build up. The three sprinklers were replaced on 5/10/13.	5/10/13 5/10/13 5/10/13 5/10/13 5/10/13	
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	K 062		5/10/13	

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K 062	Continued From page 9  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the automatic sprinkler system. This was evidenced by paint, dust build up, and bent deflector on some sprinklers. This could result in an obstruction to the sprinklers' spray patterns, which could lead to the sprinklers malfunctioning in the event of a fire, and affected three of three smoke compartments.  NFPA 101, Life Safety Code, 2000 Edition 4.6.12 Maintenance and Testing. 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction. 4.6.12.2* Existing life safety features obvious to the public, if not required by the Code, shall be either maintained or removed. 4.6.12.3 Equipment requiring periodic testing or operation to ensure its maintenance shall be tested or operated as specified elsewhere in this Code or as directed by the authority having jurisdiction. 4.6.12.4 Maintenance and testing shall be under the supervision of a responsible person who shall ensure that testing and maintenance are made at specified intervals in accordance with applicable NFPA standards or as directed by the authority having jurisdiction.	K 062	The defector in the Soiled Linen room located inside the laundry room, had dust build up. The dust was removed on 5/10/13.  One of four sprinklers in the Kitchen, had dust build up. The dust was removed on 5/10/13.  There was dust build up on the sprinkler in the Activity room. The dust was removed on 5/10/13.  The defector in the restroom of Room 14 had dust build up. The dust was removed on 5/10/13.  The sprinkler above Bed C in Room 12, had dust build up. The dust was removed on 5/10/13.  The sprinklers in Room 9, had dust build up. The dust was removed on 5/10/13.  The deflector in the restroom of Room 8, had dust build up. The dust was removed on 5/10/13.  In Room 6, the sprinkler above Bed B had dust build up and the sprinkler in the restroom had paint. The dust build up was removed and the sprinkler in the restroom was replaced on 5/10/13.	5/10/13 5/10/13 5/10/13 5/10/13 5/10/13 5/10/13 5/10/13

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

PRINTED: 05/15/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055388	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  05/07/2013
NAME OF PROVIDER OR SUPPLIER  SAN JOSE HEALTHCARE & WELLNESS CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 75 N. 13TH STREET SAN JOSE, CA 95112	
(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	<p>Continued From page 10</p> <p>NFPA 25, 1998 Edition</p> <p>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.</p> <p>Exception No. 1: Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection.</p> <p>Exception No. 2: Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown.</p> <p>2-2.1.2 Unacceptable obstructions to spray patterns shall be corrected.</p> <p>2-4.1.8 Sprinklers shall not be altered in any respect or have any type of ornamentation, paint, or coatings applied after shipment from the place of manufacture.</p> <p>Findings:</p> <p>During a tour of the facility with the Maintenance Supervisor on 5/7/13, the sprinklers were observed.</p> <p>1. At 7:36 a.m., the deflector in the restroom of Room 23, had dust build up.</p> <p>2. At 7:38 a.m., the deflector in the restroom of Room 22, had dust build up.</p> <p>3. At 7:43 a.m., in Room 20, the sprinkler above Bed A had dust build up and the sprinkler in the restroom had paint.</p>	K 062	<p>Two of the three sprinklers in Room 1, had dust build up. The dust was removed on 5/10/13.</p> <p>Norcal Fire Protection will be directly responsible for this corrective action.</p> <p>The Maintenance Director/designee will check sprinklers for dust build up, paint or being bent monthly during the Preventative Maintenance checks (TELS) to ensure compliance is continuously maintained.</p> <p>The Maintenance Director shall provide a quarterly report to the Quality Assurance Committee for review and/or corrective action.</p>	5/10/13

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SAN JOSE HEALTHCARE &amp; WELLNESS CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

75 N. 13TH STREET  
SAN JOSE, CA 95112

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K 062	Continued From page 11  4. At 7:44 a.m., the sprinkler above Bed B in Room 19, had dust build up.  5. At 7:45 a.m., two sprinklers in the Therapy Gym across from Room 19, had dust build up.  6. At 7:49 a.m., three of four sprinklers in the Employee Lounge were bent and had dust build up.  7. At 7:53 a.m., the deflector in the Soiled Linen room located inside the laundry room, had dust build up.  8. At 7:59 a.m., one of four sprinklers in the Kitchen, had dust build up.  9. At 8:05 a.m., there was dust build up on the sprinkler in the Activity room.  10. At 8:19 a.m., the deflector in the restroom of Room 14 had dust build up.  11. At 8:25 a.m., the sprinkler above Bed C in Room 12, had dust build up.  12. At 8:29 a.m., the sprinklers in Room 9, had dust build up.  13. At 8:32 a.m., the deflector in the restroom of Room 8, had dust build up.  14. At 8:37 a.m., in Room 6, the sprinkler above Bed B had dust build up and the sprinkler in the restroom had paint.  15. At 8:47 a.m., two of three sprinklers in Room	K 062	- Blank -	



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**SAN JOSE HEALTHCARE & WELLNESS CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE

**75 N. 13TH STREET  
SAN JOSE, CA 95112**

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K 062	Continued From page 12	K 062		
K 076	1, had dust build up.	K 076		
SS=D	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the storage of oxygen gas cylinders as evidenced by two H-cylinders chained together, full and empty cylinders not labeled and mixed in the same rack in the oxygen storage room. This deficient practice affected one of three smoke compartments and could result in an oxygen cylinder being tipped over.  NFPA 101 Life Safety Code, 2000 edition 19.3.2.4 Medical Gas. Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities.  NFPA 99 Standard for Health Care Facilities, 1999 Edition 4-3.5.2.1 Gases in Cylinders and Liquefied Gases	<b>K076</b>  There was one full cylinder together with nine empty cylinders in the same rack. The one full cylinder was moved to the rack that contained full cylinders on 5/7/13. The "place empty cylinders here and place full cylinders here" signs were moved so they were visible for staff to see on 5/7/13.  There was two full and two empty cylinders in the same rack. The two full cylinders were moved to the rack that contained full cylinders on 5/7/13. The "place empty cylinders here and place full cylinders here" signs were moved so they were visible for staff to see on 5/7/13.  There were two full and two H-cylinders gang chained together. The H-cylinders were chained separately on 5/7/13.  The Maintenance Director or the Administrator will be directly responsible for this corrective action.  The Maintenance Director/designee and Administrator will do periodic Maintenance rounds to ensure compliance is continuously maintained.	5/7/13  5/7/13  5/7/13	

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**SAN JOSE HEALTHCARE & WELLNESS CENTER**

STREET ADDRESS, CITY, STATE, ZIP CODE

**76 N. 13TH STREET  
SAN JOSE, CA 95112**

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K 076	<p>Continued From page 13</p> <p>In Containers- Level 1</p> <p>(b) Special Precautions- Oxygen Cylinders and Manifolds.</p> <p>Great care shall be exercised in handling oxygen to prevent contact of oxygen under pressure with oils, greases, organic lubricants, rubber, or other materials of an organic nature. The following regulations, based on those of the CGA Pamphlet G-4, Oxygen, shall be observed:</p> <p>27. Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart.</p> <p>4-5.1.1 Source-Level 3</p> <p>4-5.1.1.1, "Cylinders in service and in storage shall be individually secured and located to prevent falling or being knocked over."</p> <p>4-5.5.2.2 Storage of Cylinders and Containers</p> <p>(b) Nonflammable Gases.</p> <p>1. Storage shall be planned so that cylinders can be used in the order in which they are received from the supplier.</p> <p>2. If stored within the same enclosure, empty cylinders shall be segregated from full cylinders. Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed hurriedly.</p> <p>Findings:</p> <p>During a tour of the facility with the Maintenance Supervisor on 5/7/13, the Oxygen Storage room was observed.</p> <p>At 8:22 a.m., there was one full cylinder together with nine empty cylinders in the same rack.</p>	K 076	The Administrator shall provide a quarterly report to the Quality Assurance Committee for review and/or corrective action.	

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K 076	Continued From page 14 There were two full and two empty cylinders in the same rack. There were two H-cylinders gang chained together. All cylinders in the oxygen storage room were not labeled to indicate empty or full.	K 076		
K 147 SS=D	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their electrical wiring and equipment, as evidenced by missing faceplate, use of power strips, and use of an extension cord. This deficient condition affected two of three smoke compartments and could result in the ignition of an electrical fire.  NFPA 101, Life Safety Code (2000 Edition) 9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.  NFPA 70, National Electrical Code, 1999 Edition 400-7. Uses Permitted (a) Uses. Flexible cords shall be used only for the following: 1) Pendants 2) Wiring of fixtures 3) Connection of portable lamps, portable and mobile signs or appliances 4) Elevator cables	K 147  In the MDS office, battery back up for computer system, lamp, and monitor were plugged into a white extension cord instead of directly into the wall outlet. The white extension cord was removed. The lamp and the back up for the computer system were plugged directly into the wall outlet. The monitor was plugged into the back up battery on 5/8/13.  In Room 11 behind Bed A, there was a missing outlet receptacle cover. The receptacle cover was replaced on 5/7/13.  In Room 5 Bed A, an electric fan and phone charger were plugged into a power strip instead of directly into the wall outlet. The power strip was removed. the electric fan and phone charger were plugged directly into the wall outlet on 5/7/13.  The Maintenance Director will be directly responsible For this corrective action.	5/8/13  5/7/13  5/7/13	

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K 147	<p>Continued From page 15</p> <p>5) Wiring of cranes and hoists</p> <p>6) Connection of stationary equipment to facilitate their frequent interchange</p> <p>7) Prevention of the transmission of noise or vibration</p> <p>8) Appliances where the fastening means and mechanical connections are specifically designed to permit ready removal for maintenance and repair, and the appliance is intended or identified for flexible cord connection</p> <p>9) Data processing cables as permitted by Section 645-5</p> <p>10) Connection of moving parts</p> <p>11) Temporary wiring as permitted in Sections 305-4 b) &amp; 305-4 c)</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 a 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 provisions of Section 364-8.</p> <p>Findings:</p> <p>During a tour of the facility with the Maintenance Supervisor on 5/7/13, the electrical wiring and equipment in the facility were observed.</p> <p>1. At 8:02 a.m., in the MDS office, battery back up for computer system, lamp, and monitor, were</p>	K 147	<p>The Maintenance Director/designee and Administrator will do periodic Maintenance rounds to ensure compliance is continuously maintained.</p> <p>The Administrator shall provide a quarterly report to the Quality Assurance Committee for review and/or corrective action.</p>		



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K 147	Continued From page 16 plugged into a white extension cord instead of directly into the wall outlet.  2. At 8:27 a.m., in Room 11 behind Bed A, there was a missing outlet receptacle cover.  3. At 8:38 a.m., in Room 5 Bed A, an electric fan and phone charger were plugged into a power strip instead of directly into the wall outlet.	K 147	- Blank -	