

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

PRINTED: 12/03/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555349</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>11/26/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>VACAVILLE CONVALESCENT &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>585 NUT TREE COURT VACAVILLE, CA 95687</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: 1989  K7 SURVEY UNDER: 2000 EXISTING  STRUCTURE TYPE: ONE STORY, TYPE V WOOD FRAME CONSTRUCTION, 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: 31201  The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.  Census: 97	K 000	This plan of correction constitutes my written credible allegation of compliance for the deficiencies noted.		
K 012 SS=D	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 and interview, the facility failed to maintain the integrity of the building	K 012	<p><b>K 012</b></p> <p>The facility will ensure that the integrity of the building construction is maintained.</p> <p>The dime size penetration on the right side of the middle wall in the Utility Room by Room 43 will be repaired by Maintenance Supervisor. 12/12/2013</p> <p>The approximately 1/8 inch penetration around a pipe under the sink in the Charting Room will be repaired by Maintenance Supervisor. 12/12/2013</p>		

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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K 012	Continued From page 1 construction as evidenced by unsealed wall penetrations. This affected two of six smoke compartments, and could result in the passage of smoke in the event of a fire.  During a facility tour with staff members on 11/26/13, the walls and ceilings were observed.  1. At 9:13 a.m., there was a dime size penetration on the right side of the middle wall in the Utility Room by Room 43.  2. At 9:18 a.m., there was approximately 1/8 inch penetration around a pipe under the sink in the Charting Room.	K 012	Facility Continuous Quality Improvement team will monitor facility for structural penetrations through monthly inspections.  Administrator will monitor on daily rounds.  Facility staff will be inserviced to document in Maintenance Log any structural penetrations that could potentially allow smoke and/or fire to spread to other parts of the facility.	12/17/2013 + 12/19/2013	
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 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	<b>K 018</b>  The facility will maintain self closing doors and ensure they are not obstructed from closing.  Bungee Cord used to hold open right hand door to the Laundry has been removed and self-closing device has been added.  Self-closing Device used to hold open door to Lounge Room has been repaired and operates correctly.  Maintenance Supervisor is responsible to monitor corridor doors and ensure they are unobstructed and latch properly on daily rounds.	12/5/2013  12/5/2013	

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K 018	Continued From page 2  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain its corridor doors. This was evidenced by corridor doors that were obstructed from closing. This could result in the passage of smoke in the event of a fire, and affected two of six smoke compartments.  NFPA 101 Life Safety Code, 2000 Edition 4.5.7 Maintenance. 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 maintained unless the Code exempts such maintenance.  Findings:  During a tour of the facility with staff members on 11/26/13, the corridor doors were observed.  1. At 9:00 a.m., a bungee cord obstructed the right hand door to the Kitchen from closing.  2. At 9:05 a.m., the door to the Lounge Room was equipped with a self-closing device. The door failed to close and positively latch when tested. Maintenance Staff stated that the self-closing device was broken.	K 018	Administrator will monitor on daily rounds to ensure all corridor doors are unobstructed and latch properly.  Facility staff will be inserviced to document any door that is obstructed or does not latch in the Maintenance Log for repair.	12/17/2013 ↓ 12/19/2013	
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating	K 062	<b>K 062</b>  The facility will maintain the integrity of the automatic sprinkler system.		

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K 062	<p>Continued From page 3</p> <p>condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain its automatic sprinkler system. This was evidenced by foreign material on sprinkler heads, by an escutcheon ring that was not maintained flush with the ceiling, and items stored less than 18 inches below a sprinkler deflector. This could result in an obstruction or malfunction of the automatic sprinkler system in the event of a fire. This affected six of six smoke compartments.</p> <p>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.</p> <p>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 the improper orientation.</p> <p>Exception No. 1: Sprinklers installed in</p>	K 062	<p>All four sprinkler heads in the Alcatraz Therapy Room will be cleaned and foreign material removed.</p> <p>Sprinkle head in Room 31 will be cleaned and foreign material removed.</p> <p>Two sprinkler heads in the kitchen, by the stove will be cleaned and foreign material removed.</p> <p>Sprinkler head in Room 21 will be cleaned and foreign material removed.</p> <p>Sprinkler head in Room 28 will be cleaned and foreign material removed.</p> <p>Sprinkler head in the boy's restroom and girl's restroom by the Beauty Shop will be cleaned and foreign material removed.</p> <p>The three boxes that were stored approximately 12 inches below the sprinkler deflector in the Therapy Office have been removed. Director of Therapy has been informed of regulation for storing items at least 18 inches below sprinkler deflectors.</p>	<p>12/18/2013</p> <p>12/18/2013</p> <p>12/18/2013</p> <p>12/18/2013</p> <p>12/18/2013</p> <p>12/18/2013</p> <p>11/26/2013</p>	

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K 062	<p>Continued From page 4</p> <p>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>NFPA 13, Installation of Sprinkler System, 1999 Edition 5-5.6 Clearance to Storage. The clearance between the deflector and the top of storage shall be 18 in. (457 mm) or greater.</p> <p>Findings:</p> <p>During a tour of the facility with staff members on 11/26/13, the automatic fire sprinkler system was observed.</p> <ol style="list-style-type: none"> <li>At 9:16 a.m., there was foreign material on 3 of 4 sprinkler heads, in the Alcatraz Therapy Room. The Administrator confirmed the finding.</li> <li>At 9:24 a.m., there was foreign material on the sprinkler heads, in Room 31.</li> <li>At 9:26 a.m., there was foreign material on 2 of 2 sprinkler heads, by the stove in the Kitchen.</li> <li>At 9:30 a.m., there was foreign material on 1 of 2 sprinkler head, in Room 21.</li> <li>At 9:31 a.m., there was foreign material on 1 of 2 sprinkler head, in Room 28.</li> <li>At 9:37 a.m., there was foreign material on the sprinkler head in the Girl's Restroom by the Beauty Shop. The Administrator confirmed the</li> </ol>	K 062	<p>Sprinkler head in Room 16 will be cleaned and foreign material removed.</p> <p>Sprinkler head in Room 4 will be cleaned and foreign material removed.</p> <p>Sprinkler head in Room 12 will be cleaned and foreign material removed.</p> <p>The escutcheon ring not flush to the ceiling exposing an approximate 1/4 inch penetration in Room 42 has been repaired.</p> <p>Sprinkler heads in the Maintenance Office will be cleaned and foreign material removed.</p> <p>Three of three sprinkler heads in the outdoor corridor near the Maintenance Office will be cleaned and foreign material removed.</p> <p>Administrator will develop a room to room monitoring form for the Maintenance Supervisor to check sprinkler heads. Maintenance Supervisor will check one of four wings each month.</p> <p>Administrator will review form for compliance quarterly.</p>	<p>12/18/2013</p> <p>12/18/2013</p> <p>12/18/2013</p> <p>12/5/2013</p> <p>12/18/2013</p> <p>12/18/2013</p>

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K 062	Continued From page 5 finding.  7. At 9:38 a.m., there was foreign material on the sprinkler head in the Boys' Restroom by Room 24. The Administrator confirmed the finding.  8. At 9:55 a.m., three boxes were stored approximately 12 inches below the sprinkler deflector in the Therapy Office. The Administrator confirmed the finding.  9. At 10:09 a.m., there was foreign material on 1 of 2 sprinkler head in Room 16.  10. At 10:11 a.m., there was foreign material on the sprinkler heads in Room 4.  11. At 10:21 a.m., there was foreign material on the sprinkler head in the bathroom of Room 12.  12. At 10:33 a.m., the escutcheon ring was not flush to the ceiling exposing an approximately 1/4 inch penetration in the ceiling in the wheelchair closet area in Room 42.  13. At 10:40 a.m., there was foreign material on the sprinkler heads in the Maintenance office.  14. At 10:41 a.m., there was foreign material on 3 of 3 sprinkler heads, in the exterior area near the Maintenance Office.	K 062	Facility staff will be inserviced to document in Maintenance Log any sprinkler heads that appear to be dirty or with foreign material.  Administrator & Maintenance Supervisor will also monitor on daily rounds.	12/7/2013 + 12/9/2013
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10	K 064	<b>K 064</b>  The facility will ensure all portable fire extinguishers are unobstructed.	

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K 064	Continued From page 6  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain their portable fire extinguishers. This was evidenced by fire extinguishers that were obstructed. This affected two of six smoke compartments and could result in a delay in accessing a portable fire extinguisher.  NFPA 101, 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.  NFPA 10, 1998 edition 1-6.3 Fire extinguishers shall be conspicuously located where they will be readily accessible and immediately available in the event of fire. Preferably they shall be located along normal paths of travel, including exits from areas. 1-6.6 Fire extinguishers shall not be obstructed or obscured from view.  Findings:  During a facility tour with staff members on 11/26/13, the fire extinguishers were observed.  1. At 8:57 a.m., the fire extinguisher located by	K 064	The chair that was obstructing the opening of the fire extinguisher cabinet has been removed.  Facility staff will be inserviced to keep the area in front of all fire extinguishers unobstructed and readily accessible.  The tray cart that was obstructing access to the fire extinguisher has been removed. The floor has been outlined with red tape to signal the space to be kept clear.  Dietary Staff will be inserviced to keep the area in front of all fire extinguishers in the kitchen unobstructed and readily accessible. Red tape outlines the area to be unobstructed.  Dietary Supervisor will monitor compliance during daily rounds in the kitchen.  Maintenance Supervisor and Administrator will ensure and monitor that all fire extinguishers are unobstructed and readily accessible during daily rounds.  Facility Continuous Quality Improvement Team will monitor during monthly inspections.		11/26/2013  12/17/2013 + 12/19/2013  11/26/2013  12/17/2013



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K 064	Continued From page 7 Room 49 was obstructed by a chair. Maintenance Staff confirmed the finding.	K 064			
K 147 SS=E	2. At 9:26 a.m., the fire extinguisher located in the Kitchen was obstructed by a tray cart. Maintenance Staff confirmed the finding. 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: Based on observation and interview, the facility failed to maintain electrical wiring and equipment. This was evidenced by the use of surge protectors, extension cords, and a multi-plug adapter as substitutes for fixed wiring. This deficient practice affected two of six smoke compartments and could result in the ignition of an electrical fire.  NFPA 101, 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.  NFPA 70, 1999 edition 240-4 Flexible cord, including tinsel cord and extension cord, and fixture wires shall be	K 147	<b>K 147</b>  The facility will maintain their electrical equipment and utilities to prevent the potential for electrical fire hazard.  The lamp in the lobby was plugged directly into wall eliminating the surge protector. The lamp was the only item plugged into surge protector.  The portable heater that was plugged into the surge protector in the Housekeeping Office was removed from the facility.  The exercise machine in the Alcatraz Therapy Room was plugged directly into the wall eliminating the surge protector. The exercise machined was the only item plugged into the surge protector.  The light decorations were removed from the extension cord in the Recreation Room. Surge protector was removed from the room.	11/26/2013  11/26/2013  11/26/2013  11/26/2013	



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K 147	Continued From page 8 protected against overcurrent by either (a) or (b). (a) Ampacities. Flexible cord shall be protected by an overcurrent device in accordance with its ampacity as specified in Tables 400-5(A) and (B). Fixture wire shall be protected against overcurrent in accordance with its ampacity as specified in Table 402-5. Supplementary overcurrent protection, as in Section 240-10, shall be permitted to be an acceptable means for providing this protection. 400-8 Unless specifically permitted in Section 400-7, flexible cord and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces (5) Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (6) Where installed in raceways, except as otherwise permitted in this Code  Findings:  During a tour of the facility with the staff members on 11/26/13, the electrical wiring and equipment were observed:  1. At 8:52 a.m., a lamp was plugged into a surge protector by the Lobby across from the Administrator's Office. The Administrator confirmed the finding.  2. At 9:06 a.m., a portable heater was plugged	K 147	The speaker and headphone in Room 1 that were plugged into an adaptor were moved to the side of the resident's bed eliminating the need for the adaptor. Maintenance Supervisor removed adaptor from Room 1.  Facility plugged the fan in Room 17 directly into the wall and moved the cell phone charger next to the resident's bed and eliminated the extension cord. Maintenance Supervisor removed extension cord from the room.  The pumpkin light decoration was removed from the lobby. The lamp was plugged directly into the wall.  Maintenance Supervisor will inservice facility staff on facility policy regarding the use of surge protectors and extension cords. Inservice will also include informing staff of reporting all new equipment brought into facility needs to be documented in the Maintenance Log.  Maintenance Supervisor is responsible to review resident rooms on daily rounds and ensure that they are free of any fire and safety hazards.	11/27/2013  11/27/2013  11/27/2013  12/17/2013 + 12/19/2013	

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NAME OF PROVIDER OR SUPPLIER  <b>VACAVILLE CONVALESCENT &amp; REHAB</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>585 NUT TREE COURT VACAVILLE, CA 95687</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 147	Continued From page 9 into a surge protector, in the Housekeeping Office.  3. At 9:07 a.m., Bed C air mattress was plugged into a suspended surge protector in Room 45.  4. At 9:16 a.m., an exercise bike machine as plugged into a surge protector in the Alcatraz Therapy Room.  5. At 9:27 a.m., light decorations were plugged into an extension cord in the Recreation Room. The Administrator confirmed the finding.  6. At 10:02 a.m., a speaker and a headphone were plugged into an adapter in Room 1. The Administrator confirmed the finding.  7. At 10:07 a.m., a fan and a cell phone charger were plugged into an extension cord by Bed B in Room 17.  8. At 11:18 a.m., a pumpkin light decoration on top of a table was plugged into an extension cord and a lamp was plugged into a suspended surge protector in the Lobby by Room 1. The Administrator confirmed the finding.	K 147	Administrator will also review fire and safety on daily rounds.		