DEPARTMENT OF HEALTH AND HUM SERVICES CENTERS FOR MEDICARE & MEDICALD SERVICES

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555349	(X2) MULT A. BUILDIN B. WING	DECEIVE 11/26/2013
NAME OF F	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY STATE ZIP CODE
VACAVIL	LE CONVALESCENT	& REHAB		VACAVILLE, CA 95687PH L&C
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5) (EACH CORRECTIVE ACTION SHOULD BE COMPLETION DATE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)
K 000	INITIAL COMMEN	TS	K 00	00
	K3 BUILDING: 01			This plan of correction constitutes
	K6 PLAN APPROV			my written credible allegation of compliance for the deficiencies
	K7 SURVEY UNDE	ER: 2000 EXISTING		noted.
		E: ONE STORY, TYPE V DNSTRUCTION, FULLY		
	Department of Pub Life Safety Code re findings are in acco Federal Regulation (National Fire Prote	cts the findings of the California lic Health, during an annual ecertification survey. The ordance with 42 CFR (Code of s) 483.70 (a) and NFPA ection Association) 101, Life edition, Existing codes.	-	CA CA
	Representing the C Health: 31201	California Department of Public		K 012
K 012	42 CFR 483.70 (a) Census: 97	substantial compliance with for Long Term Care Facilities. FETY CODE STANDARD	K 01	The facility will ensure that the integrity of the building construction is maintained.
SS=D		on type and height meets one 0.1.6.2, 19.1.6.3, 19.1.6.4,	3	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.
	Based on observation failed to maintain the	s not met as evidenced by: tion and interview, the facility ne integrity of the building		The approximately 1/8 inch penetration around a pipe under the sink in the Charting Room will be repaired by Maintenance Supervisor.
LABORATOR	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	Administrator 10 December 2013

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: VN7V21

Facility ID: CA010000467

If continuation sheet Page 1 of 10

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRI NG 01	UCTION		E SURVEY IPLETED
•		555349	B. WING	·		11/	26/2013
	PROVIDER OR SUPPLIER LE CONVALESCENT	& REHAB		585 NUT TR	DRESS, CITY, STATE, ZIP CODE LEE COURT E, CA 95687	* *****	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	(E <i>A</i>	PROVIDER'S PLAN OF CORRECTION ACH CORRECTIVE ACTION SHOUL SS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
K 012	penetrations. This compartments, and smoke in the event During a facility tou	denced by unsealed wall affected two of six smoke I could result in the passage of	ΚO	Impr facil throu	lity Continuous Quality rovement team will monitor ity for structural penetration agh monthly inspections. Ininistrator will monitor on ods.	ns	
	1. At 9:13 a.m., the penetration on the the Utility Room by 2. At 9:18 a.m., the penetration around Charting Room.	ere was a dime size right side of the middle wall in Room 43. ere was approximately 1/8 inch a pipe under the sink in the		docu struc pote to sp	lity staff will be inserviced ament in Maintenance Log stural penetrations that coul ntially allow smoke and/or bread to other parts of the fa	any d fire	12/17/213
K 018 SS=D	Doors protecting correquired enclosures hazardous areas are those constructed owood, or capable or minutes. Doors in sequired to resist the no impediment to the are provided with a the door closed. Do	prridor openings in other than sof vertical openings, exits, or se substantial doors, such as of 1% inch solid-bonded core fresisting fire for at least 20 sprinklered buildings are only e passage of smoke. There is ne closing of the doors. Doors means suitable for keeping utch doors meeting 19.3.6.3.6	К 0	The door obstr	facility will maintain self c is and ensure they are not ructed from closing. gee Cord used to hold open I door to the Laundry has be oved and self-closing device added.	right een e has	12/5/363
	·	rohibited by CMS regulations		open repai Main respo	closing Device used to hole door to Lounge Room has ired and operates correctly. Intenance Supervisor is consible to monitor corridor ensure they are unobstructed properly on daily rounds.	been	12/5 213

DEPARTMENT OF HEALTH AND HUM SERVICES
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CENTER	S FOR MEDICARE	& MEDICAID SERVICES					0938-0391
STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MÚL A. BUILD		LE CONSTRUCTION 01		E SURVEY PLETED
	·	555349	B. WING			11/2	26/2013
NAME OF P	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE .		
VACAVIL	LE CONVALESCENT	& REHAB			585 NUT TREE COURT VACAVILLE, CA 95687		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROPROFICIENCY)) BE	(X5) COMPLETION DATE
K 018	Based on observation failed to maintain it evidenced by corridation from closing. This smoke in the event six smoke compart NFPA 101 Life Saft 4.5.7 Maintenance device, equipment arrangement, leve feature is required provisions of this contection, or other	is not met as evidenced by: tion and interview, the facility is corridor doors. This was dor doors that were obstructed could result in the passage of t of a fire, and affected two of	K	018	Administrator will monitor on rounds to ensure all corridor do are unobstructed and latch properties facility staff will be inserviced document any door that is obsor does not latch in the Mainte Log for repair.	oors perly. I to tructed	12/17/2613
K 062 SS=E	Findings: During a tour of the 11/26/13, the corrison of the 11/26/13, the 11/26/13, the corrison of the 11/26/13, the 11	e facility with staff members on dor doors were observed. bungee cord obstructed the the Kitchen from closing. ne door to the Lounge Room a self-closing device. The e and positively latch when nee Staff stated that the e was broken. AFETY CODE STANDARD tic sprinkler systems are ntained in reliable operating	k	⟨ 06	K 062 The facility will maintain the integrity of the automatic spr system.		

ATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION 	(X3) DATE SURVEY COMPLETED	
		555349	в, WING		-	11/2	26/2013
	ROVIDER OR SUPPLIER	& REHAB		585	REET ADDRESS, CITY, STATE, ZIP CODE 5 NUT TREE COURT CAVILLE, CA 95687		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
K 062	Continued From pa condition and are i periodically. 19.7 9.7.5	age 3 nspected and tested 7.6, 4.6.12, NFPA 13, NFPA 25,	K	062	All four sprinkler heads in the Alcatraz Therapy Room will cleaned and foreign material removed.		12/18/313
	Based on observa	is not met as evidenced by: ation and interview, the facility			Sprinkle head in Room 31 w cleaned and foreign material removed.	ill be	12/18/2013
	failed to maintain i This was evidence sprinkler heads, by not maintained flu	ts automatic sprinkler system. ed by foreign material on y an escutcheon ring that was sh with the ceiling, and items 8 inches below a sprinkler			Two sprinkler heads in the k by the stove will be cleaned foreign material removed.	itchen, and	12/18/2013
	deflector. This co	uld result in an obstruction or automatic sprinkler system in This affected six of six smoke			Sprinkler head in Room 21 vecleaned and foreign material removed.	will be	12/18/2013
	9.7.5 Maintenance	fety Code, 2000 edition e and Testing. All automatic dpipe systems required by this			Sprinkler head in Room 28 veleaned and foreign material removed.		12/18/2013
	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.				Sprinkler head in the boy's and girl's restroom by the B Shop will be cleaned and fo material removed.	eauty	12/18/2013
	and Maintenance Systems, 1998 E 2-2.1.1 Sprinkler	s shall be inspected from the ly. Sprinklers shall be free of			The three boxes that were so approximately 12 inches be sprinkler deflector in the Th	low the erapy	11/26/2613
	corrosion, foreign damage and shall orientation (e.g.,	materials, paint, and physical libe installed in the proper upright, pendant, or sidewall). Ill be replaced that is painted, ed, loaded, or in the improper			Office have been removed. of Therapy has been inform regulation for storing items 18 inches below sprinkler d	ed of at least	
	orientation.	ed, loaded, of ill the illiproper				13.1 	
	Exception No. 1:	Sprinklers installed in			acility ID: CA010000467 If co	S Late of the second	eet Page 4 of

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

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILI		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		555349	B. WING			11/2	26/2013	
	PROVIDER OR SUPPLIER	& REHAB		585	REET ADDRESS, CITY, STATE, ZIP CODE NUT TREE COURT CAVILLE, CA 95687			
(X4) ID PREFIX TAG	(FACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
K 062		such as above suspended	K	062	Sprinkler head in Room 16 w cleaned and foreign material removed.	rill be	12/18/2013	
	are inaccessible fo	Sprinklers installed in areas that r safety considerations due to s shall be inspected during utdown.			Sprinkler head in Room 4 will cleaned and foreign material removed.	ll be	13/18/2013	
	Edition 5-5,6 Clearance to	on of Sprinkler System, 1999 Storage. The clearance stor and the top of storage shall			Sprinkler head in Room 12 w cleaned and foreign material removed.	vill be	12/18/2013	
	be 18 in. (457 mm) Findings:				The escutcheon ring not flust ceiling exposing an approximinch penetration in Room 42 been repaired.	nate 1/4	12/5/2/13	
	11/26/13, the autor observed. 1. At 9:16 a.m., th	matic fire sprinkler system was ere was foreign material on 3			Sprinkler heads in the Mainto Office will be cleaned and formaterial removed.		12/18/213	
	Room. The Admir	ls, in the Alcatraz Therapy nistrator confirmed the finding ere was foreign material on the Room 31.			Three of three sprinkler head outdoor corridor near the Maintenance Office will be and foreign material removes	cleaned	12/18/2013	
	of 2 sprinkler head	ere was foreign material on 2 ls, by the stove in the Kitchen.			Administrator will develop a room monitoring form for th	ie		
	of 2 sprinkler head	ere was foreign material on 1 I, in Room 21. ere was foreign material on 1			Maintenance Supervisor to c sprinkler heads. Maintenance Supervisor will check one of wings each month.	e		
	of 2 sprinkler head	d, in Room 28.			Administrator will review for	orm for		
	sprinkler head in t	nere was foreign material on the he Girl's Restroom by the e Administrator confirmed the	+		compliance quarterly.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

### STATEMENT OF DEPICIENCIES AND PLAN OF CORRECTION STATEMENT OF DEPICIENCIES STA	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER STATEMENT OF DEFICIENCIES (X4) ID STREET ADDRESS, CITY, STATE, ZIP CODE STATE ADDRESS, CITY, STATE, ZIP CODE S	CENTERS	FOR MEDICAR	E & MEDICÀID SERVICES					0930-0391
NAME OF PROVIDER OR SUPPLIER VACAVILLE CONVALESCENT & REHAB CACHILLE, CA 95637 SUMMARY STATEMENT OF DEFICIENCISES NUT TREE COURT CACHILLE, CA 95637 PROVIDER PLAN OF CORRECTION SHOULD BE CECULATION OR LSG IDENTIFING INFORMATION) DEFICIENCY OR LSG IDENTIFING INFORMATION) PRESULATION OR LSG IDENTIFING INFORMATION)	NAME OF PROVIDER OR SUPPLIER VACAVILLE CONVALESCENT & REHAB SITREET ADDRESS, CITY, STATE, ZIP CODE 585 NUT TREE COURT VACAVILLE, CA 95687 (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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.	STATEMENT O	F DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA			ONSTRUCTION	(X3) DATI	E SURVEY PLETED
SS NUT TREE COURT VACAVILLE CONVALESCENT & REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SEPRECEDED BY PILL REGULATORY OR ISC IDENTIFYING INFORMATION) 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 the sprinkler head in Room 16. 10. At 10:11 a.m., there was foreign material on the sprinkler head in the bathroom of Room 12. 12. At 10:33 a.m., there was foreign material on the sprinkler head in the bathroom of Room 12. 13. At 10:40 a.m., there was foreign material on the sprinkler head in the bathroom of Room 12. 14. At 10:41 a.m., there was foreign material on the sprinkler head in the bathroom of Room 12. 15. At 10:40 a.m., there was foreign material on the sprinkler head in the bathroom of Room 12. 16. At 10:41 a.m., there was foreign material on the sprinkler head in the bathroom of Room 12. 17. At 10:40 a.m., there was foreign material on the sprinkler head in the bathroom of Room 12. 18. At 10:40 a.m., there was foreign material on the sprinkler heads in the diantenance office. 19. At 10:10 a.m., there was foreign material on the sprinkler heads in the Maintenance office. 19. At 10:41 a.m., there was foreign material on the sprinkler heads in the Maintenance office. 19. At 10:41 a.m., there was foreign material on the sprinkler heads in the diantenance office. 19. At 10:41 a.m., there was foreign material on the sprinkler heads in the Maintenance office. 19. At 10:41 a.m., there was foreign material on the sprinkler heads in the Maintenance office. 19. At 10:41 a.m., there was foreign material on the sprinkler heads in the Maintenance office. 19. At 10:41 a.m., there was foreign material on the sprinkler heads in the Maintenance office. 1	VACAVILLE CONVALESCENT & REHAB Sas NUT TREE COURT VACAVILLE, CA 95687 VACAVILLE, CA 95687 VACAVILLE, CA 95687 PREFIX TAG	•		555349	B. WING			11/	26/2013
VACAVILLE, CA 95687	VACAVILLE, CA 95687 (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECIDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) DATE OF CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY DATE OF CROSS-REFERENCED TO THE APPROP	NAME OF PR	OVIDER OR SUPPLIEF	3					
Continued From page 5 Finding.	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. 12/17 12/17 13/17 14/17 15/17 16/17 16/17 17/17 17/17 17/17 17/17 18/18 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/19 18/	VACAVILL	E CONVALESCEN	T & REHAB			CAVILLE, CA 95687	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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 40. 10. At 10:11 a.m., there was foreign material on the sprinkler head in Room 4. 11. At 10:21 a.m., there was foreign material on the sprinkler head in Room 4. 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 exterior area near 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. 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 document in Maintenance Log any sprinkler heads that appear to be dirty or with foreign material. Administrator & Mamintenance Supervisor will also monitor on daily rounds.	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.	PRÉFIX	(EACH DEFICIENT	CY MUST BE PRECEDED BY HULL	PREF		(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE	COMPLETION
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 064 SS=D 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 The facility will ensure all portable	the sprinkler heads in Room 4. 11 At 10:21 a.m., there was foreign material on		finding. 7. At 9:38 a.m., t sprinkler head in 24. The Administ 8. At 9:55 a.m., t approximately 12 deflector in the T confirmed the fin 9. At 10:09 a.m. of 2 sprinkler head 10. At 10:11 a.m. the sprinkler head 11. At 10:21 a.m.	here was foreign material on the the Boys' Restroom by Room trator confirmed the finding. hree boxes were stored inches below the sprinkler herapy Office. The Administrator ding. there was foreign material on 1 ad in Room 16. there was foreign material on ds in Room 4.		062	document in Maintenance L sprinkler heads that appear t dirty or with foreign material Administrator & Maintenan Supervisor will also monito	og any o be ıl. ce	12/19/2613
fire extinguishers are unobstructed.	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 064 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	i .	12. At 10:33 a.n flush to the ceilir inch penetration closet area in Ro 13. At 10:40 a.r the sprinkler hea 14. At 10:41 a.r 3 of 3 sprinkler lithe Maintenance NFPA 101 LIFE Portable fire extinealth care occidents	n., the escutcheon ring was not ag exposing an approximately 1/4 in the ceiling in the wheelchair from 42. n., there was foreign material on ads in the Maintenance office. n., there was foreign material on neads, in the exterior area near e Office. SAFETY CODE STANDARD inguishers are provided in all upancies in accordance with		₹ 064	The facility will ensure all	portable	

CENTER	S FOR MEDICARE	& MEDICAID SERVICES				***************************************	010/EX
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		555349	B. WING	·		11/2	6/2013
NAME OF F	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE		;
	LE CONVALESCENT	& REHAB			585 NUT TREE COURT VACAVILLE, CA 95687		• 11
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION . DATE
K 064	Continued From pa	age 6	К	06	The chair that was obstructing opening of the fire extinguisher cabinet has been removed.	the ·	11/26/38
	Based on observation failed to maintain the This was evidence were obstructed.	is not met as evidenced by: ation and interview, the facility their portable fire extinguishers. ad by fire extinguishers that This affected two of six smoke			Facility staff will be inserviced keep the area in front of all fire extinguishers unobstructed and readily accessible.	,	12/17/213
	compartments and accessing a portal NFPA 101, 2000 E 4.6.12 Maintenand	d could could result in a delay in ble fire extinguisher. Edition ce and Testing			The tray cart that was obstruct access to the fire extinguisher been removed. The floor has loutlined with red tape to signate space to be kept clear.	has been	11/26/2013
	equipment, syster of protection, or a compliance with the device, equipment arrangement, level shall thereafter be accordance with a	er or wherever any device, m, condition, arrangement, level ny other feature is required for the provisions of this Code, such t, system, condition, el of protection, or other feature e continuously maintained in applicable NFPA requirements			Dietary Staff will be inservice keep the area in front of all fir extinguishers in the kitchen unobstructed and readily acce Red tape outlines the area to bunobstructed.	e ssible.	12/17/2013
	NFPA 10, 1998 ed 1-6.3 Fire exting located where the immediately avail Preferably they signates of travel in	uishers shall be conspicuously by will be readily accessible and able in the event of fire. hall be located along normal cluding exits from areas. uishers shall not be obstructed			Dietary Supervisor will monit compliance during daily roun the kitchen. Maintenance Supervisor and Administrator will ensure and monitor that all fire extinguis unobstructed and readily accorduring daily rounds.	ds in I hers are	
	Findings: During a facility to 11/26/13, the fire	our with staff members on extinguishers were observed.			Facility Continuous Quality Improvement Team will mor during monthly inspections.	itor 🔠	
	1. At 8:57 a.m.,	the fire extinguisher located by					et Page 7 of 10

DEPARTMENT OF HEALTH AND HUM(SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 12/03/2013 FORM APPROVED OMB NO. 0938-0391

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		555349	B. WING		11/26/2013
NAME OF F	PROVIDER OR SUPPLIER	·		STREET ADDRESS, CITY, STATE, ZIP CODE 585 NUT TREE COURT	
VACAVIL	LE CONVALESCENT	& REHAB		VACAVILLE, CA 95687	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORRECT ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPROPRIES OF THE APP	OULD BE COMPLETION
K 064	Room 49 was obs		K	64	28 YE
K 147 SS=E	the Kitchen was of Maintenance Staff NFPA 101 LIFE So	the fire extinguisher located in constructed by a tray cart. I confirmed the finding. AFETY CODE STANDARD and equipment is in accordance attional Electrical Code. 9.1.2	К	The facility will maintain the electrical equipment and uting prevent the potential for electric hazard.	lities to
	Based on observ failed to maintain This was evidenc protectors, extens	is not met as evidenced by: ation and interview, the facility electrical wiring and equipment. ed by the use of surge sion cords, and a multi-plug tutes for fixed wiring. This		The lamp in the lobby was protectly into wall eliminating surge protector. The lamp only item plugged into surge protector.	ng the 149/613 was the
	deficient practice compartments an an electrical fire. NFPA 101, 2000	affected two of six smoke d could result in the ignition of Edition		The portable heater that wa into the surge protector in the Housekeeping Office was a from the facility.	he 1261313
	equipment, syste of protection, or a compliance with device, equipment arrangement, lev	er or wherever any device, m, condition, arrangement, leve any other feature is required for the provisions of this Code, such system, condition, el of protection, or other feature e continuously maintained in	1	The exercise machine in the Therapy Room was plugged into the wall eliminating the protector. The exercise may was the only item plugged surge protector.	ed directly 1/2(16) are surge achined
	or as directed by NFPA 70, 1999 6	applicable NFPA requirements the authority having jurisdiction. edition ord, including tinsel cord and and fixture wires shall be		The light decorations were from the extension cord in Recreation Room. Surge was removed from the root	the protector;

DEPARTMENT OF HEALTH AND HUM SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 12/03/2013 FORM APPROVED OMB NO. 0938-0391

OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE SURVEY COMPLETED		
	555349	B. WING				26/2013	
ROVIDER OR SUPPLIER					E.		
_E CONVALESCENT	& REHAB			CAVILLE, CA 95687		T	
(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	ID PREFI TAG		(EACH CORRECTIVE ACTION SH	IOULD BE	(X5) COMPLETION DATE	
protected against of (a) Ampacities. Flo by an overcurrent of ampacity as specif Fixture wire shall be overcurrent in according	overcurrent by either (a) or (b). exible cord shall be protected device in accordance with its fied in Tables 400-5(A) and (B). the protected against ordance with its ampacity as	K	147	1 that were plugged into an were moved to the side of t resident's bed eliminating t for the adaptor. Maintenan	adaptor he he need ce	1/27/2013	
overcurrent protection, as in Section 240-10, sna 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				directly into the wall and n cell phone charger next to resident's bed and eliminal extension cord. Maintenan	noved the the ted the nce	11/27/2013	
ceilings, suspende floors (3) Where run thi similar openings	ed ceilings, dropped ceilings, or rough doorways, windows, or			removed from the lobby.	The lamp	11/27/2012	
(4) Where attach (5) Where conce structural ceilings ceilings, or floors (6) Where install otherwise permitt	aled behind building walls, , suspended ceilings, dropped ed in raceways, except as			inservice facility staff on policy regarding the use of protectors and extension of Inservice will also include staff of reporting all new	facility f surge ords. informing equipment	12/17/2013	
During a tour of the on 11/26/13, the owere observed: 1. At 8:52 a.m., a protector by the leading to the original and the or	electrical wiring and equipment a lamp was plugged into a surge obby across from the office. The Administrator			Maintenance Supervisor responsible to review responding rounds and ensure	s dent rooms that they		
	Continued From parotected against of ampacity as specified in Table overcurrent protected be permitted to be providing this protected in Table overcurrent	ROVIDER OR SUPPLIER LE CONVALESCENT & REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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. 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The Administrator	ROYDER OR SUPPLIER LE CONVALESCENT & REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 Tables 402-5. 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The Administrator STREET ADDRESS, CITY, STATE, ZIP COD 585 NUT TREE COURT VACAVILLE, CA 95687 PROVIDER'S NUT TREE COURT VACAVILLE, CA 95687 PROVIDER'S NUT TREE COURT VACAVILLE, CA 95687 PREFIX TAG STREET ADDRESS, CITY, STATE, ZIP COD 585 NUT TREE COURT VACAVILLE, CA 95687 PROVIDER'S PLAN OF CORNE (EACH O'D IN A PRICE COURT TAGE OF THE APPROVIDER'S PLAN OF CORNE (EACH O'D IN A PRICE COURT TAGE OF THE APPROVIDER'S PLAN OF CORNE (EACH O'D IN A PRICE COURT TAGE OF THE APPROVIDER'S PLAN OF CORNE (EACH O'D IN A PRICE COURT TAGE O'	ROVIDER OR SUPPLIER E CONVALESCENT & REHAB SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR U.S. DIENTIFYING INFORMATION) 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). 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DEPARTMENT OF HEALTH AND HUM SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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		555349	B. WING		TO THE TO A SECURITION OF A SECURITION OF THE SECURITIES OF THE SE		11/2	26/2013
	PROVIDER OR SUPPLIER LE CONVALESCENT			585	EET ADDRESS, CITY, STATE, ZIP CODI NUT TREE COURT CAVILLE, CA 95687	Ξ		
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K 147	Continued From pa into a surge protec Office.	age 9 tor, in the Housekeeping	K1	47	Administrator will also reviand safety on daily rounds.	ew fire		
	into a suspended s 4. At 9:16 a.m., an	ed C air mattress was plugged eurge protector in Room 45. n exercise bike machine as ge protector in the Alcatraz						
	into an extension c	ht decorations were plugged ord in the Recreation Room. confirmed the finding.					:	
		speaker and a headphone an adapter in Room 1. The rmed the finding.	 					100
		ifan and a cell phone charger an extension cord by Bed B in		-			:	·.
	top of a table was pluand a lamp was plu	pumpkin light decoration on plugged into an extension cord ugged into a suspended surge pby by Room 1. The rmed the finding.						
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						: : : : : : : : : : : : : : : : : : :		•••• •••• •••