PRINTED: 05/08/2013
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555427	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	05/02/2013

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
LIFE CARE CENTER OF ESCONDIDO	1980 FELICITA ROAD ESCONDIDO, CA 92025

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K 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 8/3/1990 K7 SURVEY UNDER: 2000 Existing STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V(111), FULLY SPRINKLERED. The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 CFR (Code of Federal Regulations) 483.70 (a) and NFPA (National Fire Protection Association) 101, Life Safety Code 2000 edition, Existing codes. Representing the California Department of Public Health: 29665 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census: 103	K 000	**Preparation and/or execution of the Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or the conclusions set forth in the Statement of Deficiencies. The Plan of Correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. Please accept this Plan of Correction as our allegation of compliance.** ***K025*** ***Measures to correct the deficiency:*** The 3 inch area penetration of the smoke barrier wall next to room 304 was filled with a material capable of maintaining the smoke resistance of the smoke barrier. ***Who is responsible for the corrective action:*** The director of maintenance is responsible for overseeing this corrective action. ***Measures or systemic changes to ensure that the deficient practice does not reoccur:*** The maintenance director in-serviced his maintenance staff about the requirements for smoke barrier wall on May 2, 1013. During any construction, cabling, or re-wiring project, the maintenance staff will inspect and approve the smoke barrier walls, if any, that were penetrated. They will address any penetrations immediately	
K 025 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4	K 025		

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
MAY 24 2013
L & C DIVISION
SAN JOSE

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Exec. Dir. — (X6) DATE: 5.21.13

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.

Per approved by Joel Yalong 5/30/13

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K 025	Continued From page 1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their smoke barrier walls. This was evidenced by one penetration in a smoke barrier wall. This affected two of eight smoke compartments and could result in the spread of smoke and fire, in the event of a fire. NFPA 101, Life Safety Code, 2000 Edition. 8.3.6.1 Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows: (1) The space between the penetrating item and the smoke barrier shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier b. It shall be protected by an approved device that is designed for the specific purpose. Findings: During a facility tour on 5/2/13, the smoke barrier walls were observed. At 9:45 a.m., there was an approximately 3 inch penetration, with cables and wires going through, in the center of the smoke barrier wall next to Room 304.	K 025	***Monitoring corrective action:*** Monthly, for 3 months, findings from this new system will be discussed at Safety Committee. ***Date of corrective action:*** June 5, 2013 ***K054*** ***Measures to correct the deficiency:*** Each of the smoke detectors was tested, on May 2, 2013. ***Who is responsible for the corrective action:*** The director of maintenance is responsible for overseeing this corrective action. ***Measures or systemic changes to ensure that the deficient practice does not reoccur:*** The maintenance director re-read the manufacturer instructions to the maintenance staff. He explained that the supplemental smoke detectors recently installed in the resident rooms required weekly testing. On the weekly rounds for each maintenance associate, a "resident room smoke detector test" measure was added. ***Monitoring corrective action:*** The director of maintenance will summarize the findings of the resident room smoke detector tests monthly, for 3 months. Those results will be brought to the Safety Committee for any necessary follow-up.	
K 054	NFPA 101 LIFE SAFETY CODE STANDARD	K 054		

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K 054 SS=C	Continued From page 2 All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to maintain their smoke detectors. This was evidenced by incomplete records for testing the single station smoke detectors in the resident rooms. This affected eight of eight smoke detectors and could result in the failure of the single station smoke detectors, in the event of a fire. NFPA 101, Life Safety Code, 2000 Edition. 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. 9.6.1.7 To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code. NFPA 72, National Fire Alarm Code, 1999 Edition. 7-1.1.1 Inspection, testing, and maintenance	K 054	***Date of corrective action:*** June 5, 2013 ***K062*** ***Measures to correct the deficiency:*** The maintenance assistant immediately fixed the escutcheon ring and closed the gap to the ceiling. ***Who is responsible for the corrective action:*** The director of maintenance is responsible for the corrective action. ***Measures or systemic changes to ensure that the deficient practice does not reoccur:*** ED and director of maintenance did an in-service for housekeeping to ensure that all sprinkler heads are viewed during routine custodial services and any escutcheon ring not flush with the ceiling needs to be reported to maintenance immediately. Also, the preventative maintenance log that is completed monthly, has added checking sprinkler heads, to the list. ***Monitoring corrective action:*** The preventative maintenance checklists will be reviewed by the maintenance director and a summary report will be brought to the facility CQI meeting monthly, for three months. ***Date of corrective action:*** June 5, 2013	

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K 054	Continued From page 3 programs shall satisfy the requirements of this code, shall conform to the equipment manufacturer's recommendations, and shall verify correct operation of the fire alarm system. Findings: During a facility tour on 5/2/13, single station smoke detectors were observed in every resident room. Records for testing the smoke detectors were requested. At 10:20 a.m., the manufacturer instructions on the back of the smoke detectors stated "weekly testing is required." Instructions were etched on the smoke detectors, around the test button, that stated "push and hold to test" and "test weekly." During an interview at 10:21 a.m., Staff 1 stated that an outside agency requested that the facility install these smoke detectors approximately six months ago and representatives of the agency told him the requirement was to test the detectors every six months and change the batteries every year. Staff 1 stated that the detectors were tested, and batteries were changed, six months after the installation date. At 11:22 a.m., documents titled "Resident Room Smoke Detectors" indicated that the smoke detectors were tested in August 2012, immediately after their installation, and in February 2013.	K 054		
K 062 SS=D	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	K 062		

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K 062	Continued From page 4 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their automatic sprinkler system. This was evidenced by one sprinkler head with an escutcheon ring that was not flush to the ceiling. This affected one of eight smoke compartments and could result in a delay in extinguishing a fire, in the event of a fire. 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. Findings: During a facility tour on 5/2/13, the automatic fire sprinkler system was observed. Escutcheon rings are metal plates that cover the penetrations around the sprinkler pipes in the building construction. At 10:52 a.m., there was an approximately 2 inch gap between the escutcheon ring and the ceiling, revealing an approximately 2 inch penetration around the sprinkler pipe in the rehab closet.	K 062		