CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

PRINTED: 12/17/2014 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>1AN - 8</u> 2015 OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING D1 - MAIN BUILDING ON SAN JOSE 555376 B. WING 12/11/2014 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 336 DIABLO ROAD DANVILLE REHABILITATION DANVILLE, CA 94526 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX 的 (XS) COMPLETION PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) K 000 **INITIAL COMMENTS** K 000 The following constitutes the facilities response to the findings of the Department of Public Health and K3 BUILDING: 01 does not constitute an admission of K6 PLAN APPROVAL: 5/1/1989 guilt or agreement of the facts alleged or conclusions set forth on K7 SURVEY UNDER: 2000 EXISTING the summary statement of deficiencies. STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (III), PARTIALLY This plan of correction is prepared SPRINKLERED. as required by the provisions of the Health and Safety Code, 42 CFR The following reflects the findings of the California (Code of Federal Regulations) Department of Public Health, during an annual Life Safety Code recertification survey. The 483.70(a) and NFPA 101 (National findings are in accordance with 42 CFR (Code of Fire Protection Association) 101, Life Federal Regulations) 483.70 (a) and NFPA Safety Code 2000 edition, existing (National Fire Protection Association) 101, Life Codes and constitutes the facility's Safety Code 2000 edition, Existing codes. written credible allegation of compliance. 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: 47 K 018 NFPA 101 LIFE SAFETY CODE STANDARD K018 NFPA 101 LIFE SAFETY CODE STANDARD SS=D Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or The facility maintains that the hazardous areas are substantial doors, such as corridor doors conform to the those constructed of 1% inch solid-bonded core requirements of 19.3.6.3. wood, or capable of resisting fire for at least 20

EPRESENTATIVE'S SIGNATURE

minutes. Doors in sprinkleded 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

An extragrands 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:VQH921

Facility ID: CA020000130

practice:

How the corrective action(s) will be

found to be affected by the deficient

accomplished for those residents

If continuation sheet Page 1 of 15

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		IN A MILESTON NO CETTATORO			ON	18 NO. 0938-03:
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED
		555376	B. WING			12/11/2014
NAME OF	PROVIDER OR SUPPLIE	R		STREET ADDRESS, CITY, S	TATE, ZIP CODE	12/11/2014
DANVILI	E REHABILITATIO	N		336 DIABLO ROAD DANVILLE, CA 94526	·	
(X4) ID		STATEMENT OF DEFICIENCIES	ID.	PROVIDER'S P	AN OF CORRECTION	0.00
PREFIX TAG	(EACH DEFICIENT OF REGULATORY OF	ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFO	X (EACH CORRECT CROSS-REFERENCE	VE ACTION SHOULD E ED TO THE APPROPRI FICIENCY)	GE COMPLETIO ATE DATE
K 018	Continued From	page 1	Ko	18 The Maintenance	Supervisor eh-	-11
,	are permitted.	19.3.6.3		inspect corridor	a orbei Aleni 2119	21 (
	•	,		basis to ensure t	hat they areast	THY
	Roller latches are	prohibited by CMS regulations		close and positiv	ely latch and am	y
	in all health care	facilities.		not obstructed fro 19.3.6.3.	om closing, as p	er
				How the facility v	ill identify other	
*				residents having	the potential to	be
		•		affected by the s	me deficient	
•				practice:		
				The Maintenance	Supervisor sho	.11
	This STANDARD	is not met as evidenced by:		inspect corridor of		
	Based on observ	ation and interview, the facility		basis to ensure t		
		its corridor doors. This was		close and positiv		
	evidenced by a co	ornidor door that failed to close		not obstructed from		
	and positively late	h, and by a corridor door that		19.3.6.3.	am closing, as p	
		om closing. This could result in		18.0.0.3.		1
		noke in the event of a fire, and		leaves identified		- I
٠ .	THECTOR INC OF IN	ree smoke compartments.		Issues identified the Maintenance		
	NEPA 101 Life S	efety Code, 2000 Edition		1		pe
	19.3.6.3 Corridor	Doors		corrected by the		
		protecting corridor openings in		Supervisor to en	sure ongoing	
· i		ed enclosures of vertical		compliance.		
		r hazardous areas shall be		148		
-		such as those constructed of		What measures		
İ		thick, solid-bonded core wood or		or what systemic		
		at resists fire for not less than		will make to ensu		ient
		hall be constructed to resist the e. Compliance with NFPA 80,		practice does not	recur:	
		Doors and Fire Windows, shall		The Maintenance	Supervisor she	.u
	not be required. C	learance between the bottom of				
	the door and the t	loor covering not exceeding 1		inspect corridor of basis to ensure the		
1	in. (2.5 cm) shall !	be permitted for corridor doors.				
	Exception No. 1: I	Doors to toilet rooms,		close and positive		
	pathrooms, show	er rooms, sink closets, and		not obstructed fro	yn Gosing, as pi	8 1
1	sımılar auxiliary s	paces that do not contain		19.3.6.3.		

	יו יוייייייייייייייייייייייייייייייייי	F & MEDIONID OFLIAIOEO				<u> </u>	MID MA	<u>, USSB-USS</u>
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION DT - MAIN BUILDING 01			E SURVEY APLETED
		555376	B. WING			_	12	/11/2014
	ROVIDER OR SUPPLIER E REHABILITATION			33	TREET ADDRESS, CITY, S 36 DIABLO ROAD ANVILLE, CA 94526	TATE, ZIP CODE) Pand	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		(EACH CORRECT CROSS-REFERENC	AN OF CORRECTION SHOULD TO THE APPROPRICENCY)	BE	(X5) COMPLETION DATE
	protected throughor automatic sprinklet 19.3.5.2, the door of 19.3.6.3.1 shall not shall be constructed smoke. 19.3.6.3.2* Doors a suitable for keeping acceptable to the attended to the attended to the attended to the attended to the shall be probabled at the latches shall be probabled and the latches shall be probabled at the latches shall be	bustible materials. In smoke compartments but by an approved, supervised or system in accordance with construction requirements of the mandatory, but the doors and to resist the passage of shall be provided with a means of the door closed that is authority having jurisdiction. In all be capable of keeping the a force of 5 lbf (22 N) is a edge of the door. Holler orbibited on corridor doors in protected by an approved or system in accordance with cors to toilet rooms, or rooms, sink closets, and acces that do not contain	K	018	How the facility ple performance to me solutions are sust. This plan will be in the corrective active effectiveness. The correction is integrable quality assurance will be reported at Quality Assurance.	ans to monitor ake sure the ained: mplemented, a on evaluated is pian of rated into the system. Find the quarterly	and for its	

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES		•	OMB NO	0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION IG 01 - MAIN BUILDING 01		E SURVEY PLETED
		555376	B. WING _	·	12/	11/2014
	PROVIDER OR SUPPLIER LE REHABILITATION			STREET ADDRESS, CITY, STA 336 DIABLO ROAD DANVILLE, CA 94526	ATE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVI CROSS-REFERENCED	N OF CORRECTION E ACTION SHOULD BE D TO THE APPROPRIATE DIENCY)	(XS) COMPLETION DATE
K 018	adjustments. 2. At 11:17 a.m., ir	n Room 7, a wheelchair	K01	8		
K 050 SS=E	obstructed the door NFPA 101 LIFE SA Fire drills are held a varying conditions, The staff is familiar that drills are part of Responsibility for p assigned only to co- qualified to exercise conducted between	r from closing. FETY CODE STANDARD at unexpected times under at least quarterly on each shift. with procedures and is aware of established routine. Itanning and conducting drills is competent persons who are the leadership. Where drills are of 9 PM and 6 AM a coded by be used instead of audible	' K 05	STANDARD The facility mainta drill procedure correquirements of 18 How the corrective accomplished for	nins that the fire informs to the 8.7.1.2 or 19.7.1.2. e action(s) will be	
	Based on docume facility failed to prorquarterly fire drills, documentation for could slow and/or devacuation and stated and residents compartments. NFPA 101, Life Said 19.7.1.2* Fire drills shall include the trained simulation of eshall be conducted familiarize facility p	s not met as evidenced by: nt review and interview, the vide documentation for their as evidenced by missing four of twelve fire drills. This delay an actual fire emergency if response, and affected all in three of three smoke fety Code, 2000 Edition in health care occupancies ansmission of fire alarm signal emergency fire conditions. Drills quarterly on each shift to ersonnel (nurses, interns, leers, and administrative staff)		affected by the sa practice: There are no responsible to be affected by the same are no responsible to be affected by the same are supported by the	tion Services to son a monthly clude drills being rly on each shift. ill identify other the potential to be arme deficient dents having the	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DESIGNACIES (X1) PROVIDED SERVICES

<u></u>	TO TOTT MILDIONITE	& MEDICAID SERVICES	, ,			<u>MB NO.</u>	. 0938-03 9
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	IPLE CONSTRUCTION IG 01 - MAIN BUILDING	01		E SURVEY IPLETED
		555376	B. WING_		•	12/	11/2014
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY	, STATE, ZIP CODE		
ΈλΑΝΟΙΙ Ι	LE REHABILITATION	•	İ	336 DIABLO ROAD			
				DANVILLE, CA 945	26		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD NOED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE
K 050 K 056 SS=D	conducted between 6:00 a.m. (0600 ho shall be permitted a alarms. Exception: Infirm o be required to be mareas or to the externion of the exte	n 9:00 p.m. (2100 hours) and urs), a coded announcement to be used instead of audible or bedridden patients shall not noved during drills to safe erior of the building. Eview with the Maintenance 1/14, the documents for the ested. Edocuments for the fire drills of the esecond quarter 2014 and an AM and PM shift sing for the third quarter	K 05	The facility has Webb Fire Proconduct Fire Dobasis with drills on each shift. The Quality As Improvement, subcommittee, Director of Starreview Fire Dribasis to assure requirements in How the facility performance to solutions are subcorrection are subcorrection is in quality assurar will be reported Quality Assura	s contracted with tection Services rills on a monthly conducted quarterly standard chaired by the ff Development of 18.7.1.2 or 19. If plans to monito make sure the ustained: This plan of tegrated into the last the quarterly at the quarterly	to y rterly nance ds will o the 7.1.2 or its and for its	
	building. The syste accordance with NI inspection, Testing Water-Based Fire I supervised. There supply for the syste	em is properly maintained in FPA 25, Standard for the and Maintenance of Protection Systems. It is fully is a reliable, adequate water em. Required sprinkler and tamper		The facility ma canopy confor requirements			

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DAT	<u>. USSS-USS</u> 'E SURVEY APLETED
		555376	B. WING		_ 12	/11/2014
	PROVIDER OR SUPPLIER LE REHABILITATION		3	TREET ADDRESS, CITY, ST 36 DIABLO ROAD IANVILLE, CA 94526		
(X4) ID PREFIX TAG	(EACH DEFICIENC	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(AS) COMPLETION DATE
K 056		e electrically connected to the	K 056	accomplished for		
	Based on observation failed to provide a system in accordant Protection Association Code, 2000 Edition This was evidence than four feet in with complete automatical affected one of three failed and the control of the	s not met as evidenced by: tion and interview, the facility complete automatic sprinkler nce with the National Fire tion (NFPA) 101 Life Safety n, and NFPA 13, 1999 Edition. If by a canopy that was greater of the that was not equipped with the sprinkler protection. This the smoke compartments, and represed of smoke and fire in the		is constructed of i limited combustib per 5-13.8.1 exce Maintenance Sup a written copy of t	acturer of the coverify the canopy noncombustible or e construction, as ption. The ervisor will request the fire ratings on written copy will be	
•	event of a fire. NFPA 101, Life Sat 19.3.5 Extinguishm 19.3.5.1 Where red facilities shall be pol approved, supervise	Tety Code, 2000 Edition nent Requirements. quired by 19.1.6, health care totected throughout by an ned automatic sprinkler system		How the facility we residents having the affected by the same practice: There are no resident potential to be affected by the same practice:	he potential to be me deficient dents having the	
	where approved by jurisdiction, alternate permitted to be protection in specification.	Section 9.7. I and Type II construction, I the authority having tive protection measures shall substituted for sprinkler ied areas where the authority has prohibited sprinklers, building to be classified as		What measures wor what systemic will make to ensure practice does not.	ill be put into place changes the facility to that the deficient	
,	SECTION 9.7 AUT OTHER EXTINGU 9.7.1 Automatic Sp 9.7.1.1* Each auto	OMATIC SPRINKLERS AND ISHING EQUIPMENT winklers. matic sprinkler system reaction of this Code shall be		How the facility ple performance to m solutions are sust	ans to monitor its ake sure the	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 , ,	E CONSTRUCTION 01 - MAIN BUILDING 01			E SURVEY PLETED
		555376	B. WING		_	12/	11/2014
	PROVIDER OR SUPPLIER E REHABILITATION		3	TREET ADDRESS, CITY, ST 36 DIABLO ROAD DANVILLE, CA 94526	ATE, ZIP CODE		
(X4) ID PRÉFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIVE CROSS-REFERENCE	AN OF CORRECTION TE ACTION SHOULD D TO THE APPROPE CIENCY)	BE	(XS) COMPLETION DATE
K 056	in accordance with Installation of Sprin Exception No. 1: NI Installation of Sprin Occupancies up to Height, shall be per referenced in Chap Code. Exception No. 2: NI Installation of Sprin Two-Family Dwellin shall be permitted ff 24, 26, 32, and 33 of NFPA 13, Standard Systems, 1999 Edit 1-6 Level of Protect	NFPA 13, Standard for the kler Systems. FPA 13R, Standard for the kler Systems in Residential and Including Four Stories in mitted for use as specifically ters 24 through 33 of this FPA 13D, Standard for the kler Systems in One- and gs and Manufactured Homes, or use as provided in Chapters of this Code. for the Installation of Sprinkler ition.	K 056	This plan will be in the corrective acti effectiveness. Th correction is integ quality assurance will be reported at Quality Assurance	on evaluated f is plan of rated into the system. Find the quarterly	or its	
	sprinkler system ins with sprinklers in all Exception: This req where specific sect the omission of sprinklers exterior roofs or call in width. Exception: Sprinkler where the canopy of limited combustible 5-13.8.2* Sprinklers or canopies over ar stored and handled CMS issued S & C-	uirement shall not apply ions of this standard permit inklers. shall be installed under nopies exceeding 4 ft (1.2 m) are permitted to be omitted or roof is of noncombustible or construction. shall be installed under roofs eas where combustibles are					
	Safety Requirement Facilities, Mandator Requirement, dated	ts for Long Term Care y Sprinkler Installation					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 * ,	PLE CONSTRUCTION G 01 - Main Building 01			SURVEY PLETED
		555376	B. WING _			12/1	11/2014
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, S 336 DIABLO ROAD DANVILLE, CA 94526			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	LAN OF CORRECTION IVE ACTION SHOULD ED TO THE APPROPE FICIENCY)	BE	(XS) COMPLETION DATE
K 056	by August 13, 2013 the 1999 Edition of Association's (NFP Sprinkler Systems accordance with the Fire Protection Ass Inspection, Testing Water-Based Fire I 25). Findings: During a tour of the Supervisor at 11/11	supervised sprinkler system it, installed in accordance with the National Fire Protection (A) Standard for installation of (NFPA 13), and maintained in e 1998 Edition of the National eociation's (NFPA) Standard for and Maintenance of Protection Systems, (NFPA)	K 05	6			
K 064	were observed. At 10:25 a.m., at the steel frame and call with an automatic semeasured approximate, by 4 feet high the gutter that was When interviewed, was asked if the call and staff stated that and that they was a sprinkler coverage. S&C-13-55-LSC darevised on 12-20-1 with any facility that installed sprinklers therefore fall into the sprinklered) to school part of their plan of	ne entrance to the facility, a nvas canopy was not equipped sprinkler system. The canopy mately 17 feet long, by 12 feet in. The canopy was attached to attached to the building, the Maintenance Supervisor anopy was noncombustible, at they did not know if it was, not aware that automatic was required at the canopy. attack August 16th, 2013, 3, states that CMS will engage it has a waiver, but has not yet in overhangs or canopies (and ne category of partially edule the waiver phase out as f correction.	K 06	4			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION G 01 - MAIN BUILDING 01		SURVEY PLETED
		555376	B. WING	G D I - Wildlif BOIMDING VI	406	64 <i>8</i> 004 #
	PROVIDER OR SUPPLIER E REHABILITATION	30070	_	STREET ADDRESS, CITY, ST 336 DIABLO ROAD DANVILLE, CA 94526		<u>11/2014 </u>
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT) CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE D TO THE APPROPRIATE CIENCY)	(X5) COMPLETION DATE
K 064 SS=D	,	age 8 uishers are provided in all	K 06	4 NFPA 101 LIFE STANDARD	SAFETY CODE	
		ncies in accordance with		The facility main fire extinguishers conform to the re 18.3.5.6 or 19.3.		
	Based on observation in failed to maintain it	is not met as evidenced by: tion and interview, the facility is portable fire extinguishers. d by a portable fire		accomplished for	ve action(s) will be those residents sed by the deficient	
	extinguisher that winches above the featinguisher to war access. This deficit staffs inability to re-	las mounted higher than 60 loor and a portable fire sobstructed from immediate lient practice could result in eadily access the portable fire event of a fire. This affected		remount the fire	Supervisor will extinguisher to 0 inch requirement,	
	NFPA 101, Life Sa 4.6.12 Maintenand 4.6.12.1 Wheneve	e compartments. fety Code, 2000 Edition		relocate the han	Supervisor will d sanitizer stand to a are no obstructions re extinguisher, as	
	of protection, or ar compliance with the device, equipment arrangement, leve shall thereafter be accordance with a	ry other feature is required for e provisions of this Code, such , system, condition, I of protection, or other feature continuously maintained in pplicable NFPA requirements		How the facility vesidents having affected by the spractice:	the potential to be	
	NFPA 10, Standan Extinguishers, 199 1-6.10 Fire extinguinot exceeding 40 liso that the top of the			There are no res potential to be a	idents having the flected.	

CENTER	49 LOU MEDICAVE	& MEDICAID SERVICES				On	MD NU.	<u> </u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1''		E CONSTRUCTION 01 - MAIN BUILDING 01			E SURVEY PLETED
		555376	B. WING	ì			12/	11/2014
NAME OF	PROVIDER OR SUPPLIER			Ş.	TREET ADDRESS, CITY, S	TATE, ZIP CODE		
				3	36 DIABLO ROAD			
DANVILL	E REHABILITATION			ם	ANVILLE, CA 94526			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	(i)		PROVIDER'S P	AN OF CORRECTION		COMPLETION
PRÉFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		CROSS-REFERENC	VE ACTION SHOULD ED TO THE APPROPR FICIENCY)	BE IATE	COMPLETION
K 064	Continued From pa	nae 9	K	064	What measures	 will be put into :	olace	
	,	ng a gross weight greater than	''	٠, ۲	or what systemic			
		ccept wheeled types) shall be			will make to ensi			,
,	so installed that the	top of the fire extinguisher is 2 ft (1.07 m) above the floor. In			practice does no	t recur:		
		learance between the bottom			The Maintenance	s Supervisor wil	ı	
		her and the floor be less than			inspect portable			
	4 in. (10.2 cm).				a monthly basis			
		er Size and Placement for			obstructions to the			
		hers shall be provided for			extinguishers, as			
		re is a potential for fires ble cooking media (vegetable			Issues identified	during inapacti	- h.	ļ .
	involving compusiti or animal oils and f				the Maintenance			
		vel distance shall not exceed	<u> </u>		immediately corr		DE	
	30 ft (9.15 m) from				Maintenance Su		ıra .	
	extinguishers.				ongoing complia		110	
	Findings:	•						
		F Villa . Sale als - B.Sf. a			How the facility	plans to monito	r its	
		facility with the Maintenance			performance to	make sure the		
	extinguishers were	1/14, the portable fire observed.			solutions are su	stained:		
	1 At 10:43 am ti	ne portable fire extinguisher by			This plan will be	implemented, a	and	
		Room was mounted at 65			the corrective ac			
	inches from the flo	or to the operable handle.	İ		effectiveness. T	his plan of		
		the Maintenance Supervisor			correction is inte	grated into the		
		ng and stated that he will	1		quality assurance		ings	
	remount the fire ex	tinguisher at 60 inches.	}		will be reported	at the quarterly		1
	2 At 11:40 am in	the Lobby, a portable fire			Quality Assuran	ce meeting.		
		bstructed from immediate						
		sanitizer stand placed in front						
		extinguisher. When						
		aintenance Supervisor			,			
	confirmed the findi	ng and moved the hand						
K 073		FETY CODE STANDARD	κ	073				
2014 0140 6	S67/02.00\ Praylogs Varsion	Ohreniete Syant ID: VOHC			Hitu ID: CA020000130	If continuation		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	E CONSTRUCTION D1 - MAIN BUILDING D1		E SURVEY IPLETED
		555376	B. WING		_ 12/	11/2014
	PROVIDER OR SUPPLIER LE REHABILITATION		33	TREET ADDRESS, CITY, ST 36 DIABLO ROAD ANVILLE, CA 94526	ATE, ZIP CODE	
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K 073 SS=D	No furnishings or dicharacter are used. This STANDARD Based on observa failed to ensure the were flame retardant increased spread compartme. NFPA 101 Life Safe 19.7.5.4 Combusti	lecorations of highly flammable 19.7.5.2, 19.7.5.3, 19.7.5.4 is not met as evidenced by: tion and interview, the facility at their combustible decorations int. This was evidenced by ion on a corridor door that was i. This could lead to an of fire and affected one of three ints. ety Code, 2000 Edition ible decorations shall be ealth care occupancy unless		accomplished for	ains that the ishings meet the 8.7.5.2, 18.7.5.3 9.7.5.2, 19.7.5.3 e action(s) will be those residents ed by the deficient Supervisor will on a monthly sat combustible of placed in the	
K 074 SS=D	photographs and p quantities that a ha spread is not press Findings: During a tour of the Supervisor on 2/11 facility were observed. At 11:01 a.m., there out of foam hangin Medical Services C Supervisor remove NEPA 101 LIFE SA	e facility with the Maintenance /14, the decorations in the red. e was a wreath that was made g on the corridor door to the Office. The Maintenance	K 074	How the facility w residents having taffected by the sa practice: The Maintenance inspect the facility basis to ensure the decorations are n	ill identify other he potential to be me deficient Supervisor shall on a monthly at combustible of placed in the receive in-service Director of Staff prohibited rations, as per	

		A MEDICAID SERVICES		· · · · · · · · · · · · · · · · · · ·		J. 0330-035 ;
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	.E CONSTRUCTION 01 - MAIN BUILDING 01	l l''—	NTE SURVEY OMPLETED
		555376 ·	B. WING			2/11/2014
	PROVIDER OR SUPPLIER LE REHABILITATION		3	TREET ADDRESS, CITY, S 36 DIABLO ROAD DANVILLE, CA 94526		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECT CROSS-REFERENC	AN OF CORRECTION IVE ACTION SHOULD BE ED TO THE APPROPRIATE FICIENCY)	(X5) COMPLETION DATE
K 074	and other loosely his erving as furnishing care occupancies a provisions of 10.3, the Installation of Sourtains are in accordanced in the alth care occupance specified when test methods cited in 16 NFPA 13 Newly introduced in specified when test	anging fabrics and films anging fabrics and films ags or decorations in health are in accordance with and NFPA 13, Standards for prinkler Systems. Shower ordance with NFPA 701. pholstered furniture within accies meets the criteria and in accordance with the 0.3.2 (2) and 10.3.3. 19.7.5.1, mattresses meet the criteria and in accordance with the 3.2 (3), 10.3.4. 19.7.5.3	K 074	the Maintenance immediately con Maintenance Su ongoing complia Additionally, Der conducting daily the facility for co decorations on frindings will be Maintenance Su for removal of su What measures or what systemic	pervisor to ensure nce. artment Heads rounds will monitor mbustible acility doors, reported to the pervisor or designed the items. will be put into place changes the facility ure that the deficient	
	Based on observation failed to maintain from the residents. This was furniture in a room installed, and had retardant solution. Smoke compartme build and spread to NFPA 101, Life Sat 19.7.5.2. Newly into within health care contents specified withe methods cited.	s not met as evidenced by: tion and interview, the facility umishings belonging to evidenced by upholstered that had no smoke detectors not been treated with flame This affected one of three rits, and could result in a fire to other locations of the facility. The code, 2000 Edition roduced upholstered furniture occupancies shall meet the hen tested in accordance with in 10.3.2(2) and 10.3.3. ered furniture belonging to the		inspect the facility basis to ensure to decorations are facility. Staff shat education by the Development on combustible decompositionally, Department of the facility for conducting daily the facility for conductions on facility for conductions will be a	hat combustible not placed in the laced in the laced in the laced in the processor of Staff prohibited prations, as per 3, 19.7.5.4. artment Heads rounds will monitor mbustible acility doors. eported to the pervisor or designee	

		A MEDICAID SERVICES	1		UMB	<u>NO. 0938-039</u>
STATEMENT AND PLAN (FOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION 01 - MAIN BUILDING 01		DATE SURVEY COMPLETED
	<u>.</u>	555376	B. WING	•	_ ·	12/11/2014
	PROVIDER OR SUPPLIER E REHABILITATION		3	TREET ADDRESS, CITY, S IS6 DIABLO ROAD DANVILLE, CA 94526	ATE, ZIP CODE	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECT) CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ID TO THE APPROPRIATE ICIENCY)	COMPLETION
K 074	provided that a smo	oke detector is installed in y-powered single-action	K 074	performance to m solutions are sust This plan will be in	ake sure the ained: nplemented, and	
	During a tour of the Supervisor on 12/1 observed.	facility with the Maintenance 1/14, the rooms were		the corrective active effectiveness. The correction is integrated quality assurance will be reported at	s plan of ated into the system. Findings the quarterly	
	was not labeled as treated with flame r interviewed, the Ma confirmed the findir member brought th Administrator checind a tag to show the stage of	te chair in Room 20 by Bed B inherently flame resistant, or retardant solution. When sintenance Supervisoring and stated that family e chair into the facility. The ked the chair and could not that the chair was flame I with flame retardant solution.		Quality Assurance NFPA 101 LIFE S STANDARD	<u>-</u>	
K 147 SS≃D	NFPA 101 LIFE SA Electrical wiring and	FETY CODE STANDARD d equipment is in accordance ional Electrical Code. 9.1.2	K 147	The facility maint contents and furn requirements of 1	ishings meet the	3.
	Based on observation failed to maintain e This was evidenced	s not met as evidenced by: tion and interview, the facility lectrical wiring and equipment. I by the use of a surge ute for fixed wiring. This		How the corrective accomplished for found to be affect practice: The Maintenance install a battery-periods.	those residents ad by the deficien Supervisor shall	
	affected one of thre could result in the in NFPA 101, Life Saf 4.6.12 Maintenance 4.6.12.1 Whenever	ee smoke compartments and gnition of an electrical fire. ety Code, 2000 Edition		action smoke dete as per 19.7.5.2. How the facility wi residents having t affected by the sa practice:	ector in room 20, Il identify other ne potential to be	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
555376			B. WING		12/11/2014	
NAME OF PROVIDER OR SUPPLIER DANVILLE REHABILITATION			3	STREET ADDRESS, CITY, STATE, ZIP CO 356 DIABLO ROAD DANVILLE, CA 94526		
(X4) ID PREFIX TAG	(EACH DEFICIENC	Y MUST SE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION:	SHOULD BE COMPLETION	
K147	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST SE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 13 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, National Electrical Code, 1999 Edition 240-4 Flexible cord, including tinsel cord and extension cords, and fixture wires shall be 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, or floors (6) Where installed in raceways, except as otherwise permitted in this Code		PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIAT		conthly belongings, d/or eria, as per 7.5.3, It into place is the facility he deficient isor shall onthly belongings, d/or eria, as per 7.5.3, Ispection by sor will be the to ensure I and ous Quality ee, chaired cour the is with the designee to	
1	Findings:		1			

NAME OF PROVIDER OR BUPPLIER DANVILLE REHABILITATION STREET ADDRESS, OTT., \$ ATE, 2P CODE 385 DIABLO ROAD DANVILLE CA 94528 PROVIDERS PLAN OF CORRECTION (EACH DEFCIENCY MUST BE PRECIDED BY PULL REGULATURY OR LISC IDENTIFYING INFORMATION) K 147 Continued From page 14 During a tour of the facility with the Maintenance Supervisor on 12/11/14, the electrical wiring and equipment were observed. At 11:20 a.m., in Room 3, an IV Machine near Bed A was plugged into a surge protector instead of directly into the wall outlet. When interviewed, the Maintenance Supervisor stated that he was not aware that the IV Machine was plugged into a surge protector. K 147 How the facility plans to monitor its performance to make sure the solutions are sustained: This plan will be implemented, and the corrective action evaluated for its effectiveness. This plan of correction is integrated into the quality assurance system. Findings will be reported at the quarterly Quality Assurance meeting. NFPA 101 LIFE SAFETY CODE STANDARD The facility maintains that the electrical wiring and equipment conforms to the requirements in NFPA 70. How the corrective action(s) will be accomplished for those residents found to be affected by the deficient practice: The Maintenance Director shall conduct rounds to inspect patient equipment to ensure that electrical wiring and equipment is connected properly and utilized in accordance with NFPA 70, as per NFPA 101, Life Safely Code, 2000 Edition.	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED		
DANVILLE REHABILITATION DAY REGULATORY OR LSC IDENTIFYING INFORMATION) K 147 Continued From page 14 During a tour of the facility with the Maintenance Supervisor on 12/11/14, the electrical wiring and equipment were observed. At 11:20 a.m., in Room 3, an IV Machine near Bed A was plugged into a surge protector instead of directly into the wall outlet. When interviewed, the Maintenance Supervisor stated that he was not aware that the IV Machine was plugged into a surge protector. NPA 101 LIFE SAFETY CODE STANDARD The facility maintains that the electrical wiring and equipment conforms to the requirements in NFPA 70. How the corrective action(s) will be accomplished for inose residents found to be affected by the deficient practice: The Maintenance Director shall conduct rounds to inspect patient equipment to ensure that electrical wiring and equipment is connected properly and utilized in accordance with NFPA 70, as per NFPA 101,			555376	B. WING		_	12/11/2014	
FRIETIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) K 147 Continued From page 14 During a tour of the facility with the Maintenance Supervisor on 12/11/14, the electrical wiring and equipment were observed. At 11:20 a.m., in Room 3, an IV Machine near Bad A was plugged into a surge protector instead of directly into the wall outlet. When interviewed, the Maintenance Supervisor stated that he was not aware that the IV Machine was plugged into a surge protector. K 147 K 147 Continued From page 14 During a tour of the facility with the Maintenance Supervisor on 12/11/14, the electrical wiring and equipment the corrective action evaluated for its effectiveness. This plan of correction is integrated into the quality assurance system. Findings will be reported at the quarterly Quality Assurance meeting. NFPA 101 LIFE SAFETY CODE STANDARD The facility maintains that the electrical wiring and equipment conforms to the requirements in NFPA 70. How the corrective action(s) will be accomplished for those residents found to be affected by the deficient practice: The Maintenance Director shall conduct rounds to inspect patient equipment to ensure that electrical wiring and equipment is connected properly and utilized in accordance with NFPA 70, as per NFPA 101,				STREET ADDRESS, CITY, STATE, ZIP CODE 336 DIABLO ROAD				
During a tour of the facility with the Maintenance Supervisor on 12/11/14, the electrical wiring and equipment were observed. At 11:20 a.m., in Room 3, an IV Machine near Bed A was plugged into a surge protector instead of directly into the wall outlet. When interviewed, the Maintenance Supervisor stated that he was not aware that the IV Machine was plugged into a surge protector. This plan will be implemented, and the corrective action evaluated for its effectiveness. This plan of correction is integrated into the quality assurance system. Findings will be reported at the quarterly Quality Assurance meeting. NFPA 101 LIFE SAFETY CODE STANDARD The facility maintains that the electrical wiring and equipment conforms to the requirements in NFPA 70. How the corrective action evaluated for its effectiveness. This plan of correction is integrated into the quality assurance meeting. NFPA 101 LIFE SAFETY CODE STANDARD The facility maintains that the electrical wiring and equipment conforms to the requirements in NFPA 70. How the corrective action evaluated for its effectiveness. This plan of correction is integrated into the quality assurance system. Findings will be reported at the quarterly Quality Assurance meeting. NFPA 101 LIFE SAFETY CODE STANDARD The facility maintains that the electrical wiring and equipment to ensure that electrical wiring and equipment to ensure that electrical wiring and equipment is connected properly and utilized in accordance with NFPA 70, as per NFPA 101,	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTION CROSS-REFERENCE	VE ACTION SHOULD O TO THE APPROPE	BE COMPLÉTION	
	K 147	During a tour of the Supervisor on 12/1 equipment were ob At 11:20 a.m., in Ro Bed A was plugged of directly into the withe Maintenance Strot aware that the I	facility with the Maintenance 1/14, the electrical wiring and served. Dom 3, an IV Machine near into a surge protector instead vall outlet. When interviewed, upervisor stated that he was	K 147	performance to magnitude solutions are sust. This plan will be in the corrective active feetiveness. The correction is integrably assurance will be reported at Quality Assurance. NFPA 101 LIFE SESTANDARD The facility maintage electrical wiring an conforms to the result of the practice. The Maintenance conduct rounds to equipment to ensure wiring and equipment properly and utilization.	ake sure the ained: mplemented, a on evaluated first plan of rated into the system. Finding the quarterly meeting. AFETY CODE ains that the hid equipment equipment in action(s) will those residents ad by the deficient is connected in accordan per NFPA 101	nd or its ngs be s ient t al ed ce	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED		
		555376	B. WING			_	12/1	11/2014
NAME OF PROVIDER OR SUPPLIER DANVILLE REHABILITATION			STREET ADDRESS, CITY, STATE, ZIP CODE 336 DIABLO ROAD DANVILLE, CA 94526					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			COMPLETION DATE
K 147	During a tour of the Supervisor on 12/1 equipment were obtained At 11:20 a.m., in Research Awas plugged of directly into the Maintenance S	facility with the Maintenance 1/14, the electrical wiring and	K	147	How the facility was residents having affected by the separactice: The Maintenance inspect patient ecthat electrical wire is connected propaccordance with NFPA 101, Life Sedition. An in-service educated by the Development to service will includimited to the emeducated on "The equipment and pof equ	Director shall uipment to ensing and equipment to ensing and equipment and utilized NFPA 70, as parety Code, 20 ucation will be Director of Stamployees. This electrical winder the connection of the polyees being a electrical winder the connection of the polyees being a electrical winder the connection of the polyees being a electrical winder the connection. Will be put into changes the faure that the definition of the polyees the faure that the definition of the put into the put i	sure lent lent lent lent lent lent lent len	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

CALIFORM APPROVED COME NO 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES COMPLETED STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: A. BUILDING O1 - MAIN BUILDING 01 8 2015 B. WING 555376 STREET ADDRESS, CITY, STATE, ZIP CODE SAN JOSE NAME OF PROVIDER OR SUPPLIER 336 DIABLO ROAD DANVILLE REHABILITATION DANVILLE CA 94526 PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES (XS) COMPLETION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG An in-service education will be Continued From page 14 K 147 conducted by the Director of Staff During a tour of the facility with the Maintenance Development to employees. This in-Supervisor on 12/11/14, the electrical wiring and service will include, but not be equipment were observed. limited to the employees being educated on "The electrical wiring of At 11:20 a.m., in Room 3, an IV Machine near equipment and properly connecting Bed A was plugged into a surge protector instead of equipment and utilization as of directly into the wall outlet. When interviewed, outlined in accordance with NFPA the Maintenance Supervisor stated that he was 70, as per NFPA 101, Life Safety not aware that the IV Machine was plugged into a Code, 2000 Edition. surge protector. Daily rounds by staff members will include checking equipment as outlined in the in-service education noted above. Findings will be corrected immediately corrected to ensure ongoing compliance. How the facility plans to monitor its performance to make sure the___ solutions are sustained: This plan will be implemented, and the corrective action evaluated for its effectiveness. This plan of correction is integrated into the quality assurance system. Findings will be reported at the quarterly Quality Assurance meeting.