

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

JAN - 8 2015

PRINTED: 12/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING L & C BUILDING SAN JOSE B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2014
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)		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: 5/1/1989 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (III), PARTIALLY 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: 47		K 000	The following constitutes the facilities response to the findings of the Department of Public Health and does not constitute an admission of guilt or agreement of the facts alleged or conclusions set forth on the summary statement of deficiencies. This plan of correction is prepared as required by the provisions of the Health and Safety Code, 42 CFR (Code of Federal Regulations) 483.70(a) and NFPA 101 (National Fire Protection Association) 101, Life Safety Code 2000 edition, existing Codes and constitutes the facility's written credible allegation of compliance.	
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 1/4 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		K 018	NFPA 101 LIFE SAFETY CODE STANDARD The facility maintains that the corridor doors conform to the requirements of 19.3.6.3. How the corrective action(s) will be accomplished for those residents found to be affected by the deficient practice:	

LA _____ REPRESENTATIVE'S SIGNATURE

An _____ denotes a deficiency which the institution may
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.

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

PRINTED: 12/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555378	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2014
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 018	<p>Continued From page 1 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>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 a corridor door that failed to close and positively latch, and by a corridor door that was obstructed from closing. This could result in the passage of smoke in the event of a fire, and affected two of three smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 19.3.6.3 Corridor Doors. 19.3.6.3.1* Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 13/4-in. (4.4-cm) thick, solid-bonded core wood or of construction that resists fire for not less than 20 minutes and shall be constructed to resist the passage of smoke. Compliance with NFPA 80, Standard for Fire Doors and Fire Windows, shall not be required. Clearance between the bottom of the door and the floor covering not exceeding 1 in. (2.5 cm) shall be permitted for corridor doors. Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain</p>	K 018	<p>The Maintenance Supervisor shall inspect corridor doors on a monthly basis to ensure that they properly close and positively latch and are not obstructed from closing, as per 19.3.6.3.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>The Maintenance Supervisor shall inspect corridor doors on a monthly basis to ensure that they properly close and positively latch and are not obstructed from closing, as per 19.3.6.3.</p> <p>Issues identified during inspection by the Maintenance Supervisor will be corrected by the Maintenance Supervisor to ensure ongoing compliance.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>The Maintenance Supervisor shall inspect corridor doors on a monthly basis to ensure that they properly close and positively latch and are not obstructed from closing, as per 19.3.6.3.</p>		

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

PRINTED: 12/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2014
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 018	<p>Continued From page 2</p> <p>flammable or combustible materials.</p> <p>Exception No. 2: In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, the door construction requirements of 19.3.6.3.1 shall not be mandatory, but the doors shall be constructed to resist the passage of smoke.</p> <p>19.3.6.3.2* Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door. Roller latches shall be prohibited on corridor doors in buildings not fully protected by an approved automatic sprinkler system in accordance with 19.3.5.2.</p> <p>Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials.</p> <p>Exception No. 2: Existing roller latches demonstrated to keep the door closed against a force of 5 lbf (22 N) shall be permitted to be kept in service.</p> <p>Findings:</p> <p>During a tour of the facility with the Maintenance Supervisor on 12/11/14, the corridor doors were observed.</p> <p>1. At 11:11 a.m., the door to the Soiled Linen Room was equipped with a self-closing device. The door was held open to the fullest extent and allowed to close but, failed to positive latch upon closure. When interviewed, the Maintenance Supervisor stated that the self-closure needed</p>	K 018	<p>How the facility plans to monitor its performance to make sure the solutions are sustained:</p> <p>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.</p>		

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

PRINTED: 12/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2014
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 018	Continued From page 3 adjustments.	K 018			
K 050 SS=E	<p>2. At 11:17 a.m., in Room 7, a wheelchair obstructed the door from closing.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to provide documentation for their quarterly fire drills, as evidenced by missing documentation for four of twelve fire drills. This could slow and/or delay an actual fire emergency evacuation and staff response, and affected all staff and residents in three of three smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 19.7.1.2* Fire drills in health care occupancies shall include the transmission of fire alarm signal and simulation of emergency fire conditions. Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions. When drills are</p>	K 050	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>The facility maintains that the fire drill procedure conforms to the requirements of 18.7.1.2 or 19.7.1.2.</p> <p>How the corrective action(s) will be accomplished for those residents found to be affected by the deficient practice:</p> <p>The facility has contracted with Webb Fire Protection Services to conduct Fire Drills on a monthly basis. This will include drills being conducted quarterly on each shift.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>There are no residents having the potential to be affected.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</p>		

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

PRINTED: 12/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2014
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 050	Continued From page 4 conducted between 9:00 p.m. (2100 hours) and 6:00 a.m. (0600 hours), a coded announcement shall be permitted to be used instead of audible alarms. Exception: Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building. Findings: During document review with the Maintenance Supervisor on 12/11/14, the documents for the fire drills were requested. 1. At 8:35 a.m., the documents for the fire drills were requested. A PM and NOC shift fire drills were missing for the second quarter (April/May/June) of 2014 and an AM and PM shift fire drills were missing for the third quarter (July/August/September) of 2014. 2. At 8:56 a.m., the Administrator was interviewed. He confirmed the findings and stated that they had issues with their previous vendor that was conducting the fire drills. The Administrator stated that they could not locate the missing fire drills.	K 050	The facility has contracted with Webb Fire Protection Services to conduct Fire Drills on a monthly basis with drills conducted quarterly on each shift. The Quality Assurance Performance Improvement, Facility Standards subcommittee, chaired by the Director of Staff Development will review Fire Drills on a quarterly basis to assure conformance to the requirements in 18.7.1.2 or 19.7.1.2 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.		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper	K 056	NFPA 101 LIFE SAFETY CODE STANDARD The facility maintains that the canopy conforms to the requirements of 19.3.5.		

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

PRINTED: 12/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2014
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 056	<p>Continued From page 5</p> <p>switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to provide a complete automatic sprinkler system in accordance with the National Fire Protection Association (NFPA) 101 Life Safety Code, 2000 Edition, and NFPA 13, 1999 Edition. This was evidenced by a canopy that was greater than four feet in width, that was not equipped with complete automatic sprinkler protection. This affected one of three smoke compartments, and could result in the spread of smoke and fire in the event of a fire.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 19.3.5 Extinguishment Requirements. 19.3.5.1 Where required by 19.1.6, health care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Exception: In Type I and Type II construction, where approved by the authority having jurisdiction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specified areas where the authority having jurisdiction has prohibited sprinklers, without causing a building to be classified as nonsprinklered.</p> <p>SECTION 9.7 AUTOMATIC SPRINKLERS AND OTHER EXTINGUISHING EQUIPMENT 9.7.1 Automatic Sprinklers. 9.7.1.1* Each automatic sprinkler system required by another section of this Code shall be</p>	K 056	<p>How the corrective action(s) will be accomplished for those residents found to be affected by the deficient practice:</p> <p>The Maintenance Supervisor will contact the manufacturer of the entrance canopy to verify the canopy is constructed of noncombustible or limited combustible construction, as per 5-13.8.1 exception. The Maintenance Supervisor will request a written copy of the fire ratings on the canopy. This written copy will be kept on file at the facility.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>There are no residents having the potential to be affected.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>There are no measures or systemic changes required to be put in place.</p> <p>How the facility plans to monitor its performance to make sure the solutions are sustained:</p>		

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

PRINTED: 12/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2014
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 056	<p>Continued From page 6</p> <p>in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems.</p> <p>Exception No. 1: NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, shall be permitted for use as specifically referenced in Chapters 24 through 33 of this Code.</p> <p>Exception No. 2: NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, shall be permitted for use as provided in Chapters 24, 26, 32, and 33 of this Code.</p> <p>NFPA 13, Standard for the Installation of Sprinkler Systems, 1999 Edition 1-6 Level of Protection. 1-6.1 A building, where protected by an automatic sprinkler system installation, shall be provided with sprinklers in all areas. Exception: This requirement shall not apply where specific sections of this standard permit the omission of sprinklers.</p> <p>5-13.8.1 Sprinklers shall be installed under exterior roofs or canopies exceeding 4 ft (1.2 m) in width. Exception: Sprinklers are permitted to be omitted where the canopy or roof is of noncombustible or limited combustible construction.</p> <p>5-13.8.2* Sprinklers shall be installed under roofs or canopies over areas where combustibles are stored and handled.</p> <p>CMS issued S & C-09-04, Adoption of New Fire Safety Requirements for Long Term Care Facilities, Mandatory Sprinkler Installation Requirement, dated October 3, 2008. This letter required all long term care facilities to</p>	K 056	<p>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.</p>		

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

PRINTED: 12/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2014
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 056	Continued From page 7 be equipped with a supervised sprinkler system by August 13, 2013, installed in accordance with the 1999 Edition of the National Fire Protection Association's (NFPA) Standard for Installation of Sprinkler Systems (NFPA 13), and maintained in accordance with the 1998 Edition of the National Fire Protection Association's (NFPA) Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, (NFPA 25). Findings: During a tour of the facility with the Maintenance Supervisor at 11/11/14, the facility's automatic sprinkler system, and an unsprinklered canopy were observed. At 10:25 a.m., at the entrance to the facility, a steel frame and canvas canopy was not equipped with an automatic sprinkler system. The canopy measured approximately 17 feet long, by 12 feet wide, by 4 feet high. The canopy was attached to the gutter that was attached to the building. When interviewed, the Maintenance Supervisor was asked if the canopy was noncombustible, and staff stated that they did not know if it was, and that they was not aware that automatic sprinkler coverage was required at the canopy. S&C-13-55-LSC dated August 16th, 2013, revised on 12-20-13, states that CMS will engage with any facility that has a waiver, but has not yet installed sprinklers in overhangs or canopies (and therefore fall into the category of partially sprinklered) to schedule the waiver phase out as part of their plan of correction.	K 056			
K 064	NFPA 101 LIFE SAFETY CODE STANDARD	K 064			

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

PRINTED: 12/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2014
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 064 SS=D	<p>Continued From page 8</p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain its portable fire extinguishers. This was evidenced by a portable fire extinguisher that was mounted higher than 60 inches above the floor and a portable fire extinguisher to was obstructed from immediate access. This deficient practice could result in staff's inability to readily access the portable fire extinguisher in the event of a fire. This affected two of three smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 4.6.12 Maintenance and Testing 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction.</p> <p>NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition 1-6.10 Fire extinguishers having a gross weight not exceeding 40 lb (18.14 kg) shall be installed so that the top of the fire extinguisher is not more than 5 ft (1.53 m) above the floor. Fire</p>	K 064	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>The facility maintains that portable fire extinguishers are available and conform to the requirements of 18.3.5.6 or 19.3.5.6.</p> <p>How the corrective action(s) will be accomplished for those residents found to be affected by the deficient practice:</p> <p>The Maintenance Supervisor will remount the fire extinguisher to conform to the 60 inch requirement, as per 19.3.5.6.</p> <p>The Maintenance Supervisor will relocate the hand sanitizer stand to ensure that there are no obstructions to the portable fire extinguisher, as per 19.3.5.6.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>There are no residents having the potential to be affected.</p>		

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

PRINTED: 12/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2014
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 064	Continued From page 9 extinguishers having a gross weight greater than 40 lb (18.14 kg) (except wheeled types) shall be so installed that the top of the fire extinguisher is not more than 3 1/2 ft (1.07 m) above the floor. In no case shall the clearance between the bottom of the fire extinguisher and the floor be less than 4 in. (10.2 cm). 3-7 Fire Extinguisher Size and Placement for Class K Fires. 3-7.1 Fire extinguishers shall be provided for hazards where there is a potential for fires involving combustible cooking media (vegetable or animal oils and fats). 3-7.2 Maximum travel distance shall not exceed 30 ft (9.15 m) from the hazard to the extinguishers. Findings: During a tour of the facility with the Maintenance Supervisor on 12/11/14, the portable fire extinguishers were observed. 1. At 10:43 a.m., the portable fire extinguisher by the Communication Room was mounted at 65 inches from the floor to the operable handle. When interviewed, the Maintenance Supervisor confirmed the finding and stated that he will remount the fire extinguisher at 60 inches. 2. At 11:40 a.m., in the Lobby, a portable fire extinguisher was obstructed from immediate access by a hand sanitizer stand placed in front of the portable fire extinguisher. When interviewed, the Maintenance Supervisor confirmed the finding and moved the hand sanitizer stand.	K 064	What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. The Maintenance Supervisor will inspect portable fire extinguishers on a monthly basis to ensure no obstructions to the portable fire extinguishers, as per 19.3.5.6. Issues identified during inspection by the Maintenance Supervisor will be immediately corrected by the Maintenance Supervisor 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.		
K 073	NFPA 101 LIFE SAFETY CODE STANDARD	K 073			

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

PRINTED: 12/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2014
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 073 SS=D	Continued From page 10 No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that their combustible decorations were flame retardant. This was evidenced by flammable decoration on a corridor door that was not flame retardant. This could lead to an increased spread of fire and affected one of three smoke compartments. NFPA 101 Life Safety Code, 2000 Edition 19.7.5.4 Combustible decorations shall be prohibited in any health care occupancy unless they are flame retardant. Exception: Combustible decorations, such as photographs and paintings, in such limited quantities that a hazard of fire development or spread is not present. Findings: During a tour of the facility with the Maintenance Supervisor on 2/11/14, the decorations in the facility were observed. At 11:01 a.m., there was a wreath that was made out of foam hanging on the corridor door to the Medical Services Office. The Maintenance Supervisor removed the wreath.	K 073	NFPA 101 LIFE SAFETY CODE STANDARD The facility maintains that the contents and furnishings meet the requirements of 18.7.5.2, 18.7.5.3 and 18.7.5.4, or 19.7.5.2, 19.7.5.3 and 19.7.5.4. How the corrective action(s) will be accomplished for those residents found to be affected by the deficient practice: The Maintenance Supervisor will inspect the facility on a monthly basis to ensure that combustible decorations are not placed in the facility, as per 19.7.5.2, 19.7.5.3, 19.7.5.4. How the facility will identify other residents having the potential to be affected by the same deficient practice: The Maintenance Supervisor shall inspect the facility on a monthly basis to ensure that combustible decorations are not placed in the facility. Staff shall receive in-service education by the Director of Staff Development on prohibited combustible decorations, as per 19.7.5.2, 19.7.5.3, 19.7.5.4.		
K 074 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains,	K 074			

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

PRINTED: 12/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/11/2014
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 074	<p>Continued From page 11</p> <p>and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.</p> <p>Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13</p> <p>Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain furnishings belonging to residents. This was evidenced by upholstered furniture in a room that had no smoke detectors installed, and had not been treated with flame retardant solution. This affected one of three smoke compartments, and could result in a fire to build and spread to other locations of the facility.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 19.7.5.2. Newly introduced upholstered furniture within health care occupancies shall meet the criteria specified when tested in accordance with the methods cited in 10.3.2(2) and 10.3.3. Exception: Upholstered furniture belonging to the patient in sleeping rooms of nursing homes,</p>	K 074	<p>Issues identified during inspection by the Maintenance Supervisor will be immediately corrected by the Maintenance Supervisor to ensure ongoing compliance.</p> <p>Additionally, Department Heads conducting daily rounds will monitor the facility for combustible decorations on facility doors. Findings will be reported to the Maintenance Supervisor or designee for removal of such items.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>The Maintenance Supervisor shall inspect the facility on a monthly basis to ensure that combustible decorations are not placed in the facility. Staff shall receive in-service education by the Director of Staff Development on prohibited combustible decorations, as per 19.7.5.2, 19.7.5.3, 19.7.5.4.</p> <p>Additionally, Department Heads conducting daily rounds will monitor the facility for combustible decorations on facility doors. Findings will be reported to the Maintenance Supervisor or designee for removal of such items.</p>	

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

PRINTED: 12/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2014
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 074	Continued From page 12 provided that a smoke detector is installed in such rooms. Battery-powered single-action smoke detectors shall be permitted. Findings: During a tour of the facility with the Maintenance Supervisor on 12/11/14, the rooms were observed. At 10:59 a.m., a blue chair in Room 20 by Bed B was not labeled as inherently flame resistant, or treated with flame retardant solution. When interviewed, the Maintenance Supervisor confirmed the finding and stated that family member brought the chair into the facility. The Administrator checked the chair and could not find a tag to show that the chair was flame resistant, or treated with flame retardant solution.	K 074	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.		
K 147 SS=D	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 a surge protector as substitute for fixed wiring. This affected one of three smoke compartments and could result in the ignition of an electrical fire. NFPA 101, Life Safety Code, 2000 Edition 4.6.12 Maintenance and Testing 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level	K 147	NFPA 101 LIFE SAFETY CODE STANDARD The facility maintains that the contents and furnishings meet the requirements of 18.7.5.3 or 19.7.5.3. How the corrective action(s) will be accomplished for those residents found to be affected by the deficient practice: The Maintenance Supervisor shall install a battery-powered single- action smoke detector in room 20, as per 19.7.5.2. How the facility will identify other residents having the potential to be affected by the same deficient practice:		

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

PRINTED: 12/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2014
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)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 147	<p>Continued From page 13</p> <p>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.</p> <p>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, suspended ceilings, dropped ceilings, or floors (6) Where installed in raceways, except as otherwise permitted in this Code</p> <p>Findings:</p>	K 147	<p>The Maintenance Supervisor shall inspect the facility on a monthly basis to ensure patients' belongings, upholstered furnishing and/or decorations, meet the criteria, as per 10.3.1, 10.3.2, 10.3.3, 19.7.5.3, NFPA 13.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:</p> <p>The Maintenance Supervisor shall inspect the facility on a monthly basis to ensure patients' belongings, upholstered furnishing and/or decorations, meet the criteria, as per 10.3.1, 10.3.2, 10.3.3, 19.7.5.3, NFPA 13.</p> <p>Issues identified during inspection by the Maintenance Supervisor will be immediately corrected by the Maintenance Supervisor to ensure ongoing compliance.</p> <p>The Environmental Safety and Infection Control, Continuous Quality Improvement subcommittee, chaired by the Director of Social Services/designee, shall tour the facility on a quarterly basis with the Maintenance Supervisor/designee to assure conformance to the requirements in 18.7.5.3 or 19.7.5.3.</p>		

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

PRINTED: 12/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555376		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2014	
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)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 147	<p>Continued From page 14</p> <p>During a tour of the facility with the Maintenance Supervisor on 12/11/14, the electrical wiring and equipment were observed.</p> <p>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.</p>			K 147	<p>How the facility plans to monitor its performance to make sure the solutions are sustained:</p> <p>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.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>The facility maintains that the electrical wiring and equipment conforms to the requirements in NFPA 70.</p> <p>How the corrective action(s) will be accomplished for those residents found to be affected by the deficient practice:</p> <p>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 Safety Code, 2000 Edition.</p>		

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

PRINTED: 12/17/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/11/2014
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)	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 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 will identify other residents having the potential to be affected by the same deficient practice: The Maintenance Director shall 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 Safety Code, 2000 Edition. An in-service education will be conducted by the Director of Staff Development to employees. This in-service will include, but not be limited to the employees being educated on "The electrical wiring of equipment and properly connecting of equipment and utilization as—outlined in accordance with NFPA 70, as per NFPA 101, Life Safety Code, 2000 Edition. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:		

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

PRINTED: 12/17/2014
CALIFORNIA FORM APPROVED
CMS NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555376	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED JAN - 8 2015 L & C DIVISION 12/11/2014
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)	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 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	An in-service education will be conducted by the Director of Staff Development to employees. This in-service will include, but not be limited to the employees being educated on "The electrical wiring of equipment and properly connecting of equipment and utilization as outlined in accordance with NFPA 70, as per NFPA 101, Life Safety Code, 2000 Edition. 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.		