

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

PRINTED: 10/22/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056394	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  10/17/2012
NAME OF PROVIDER OR SUPPLIER  ST. FRANCIS CONVALESCENT PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 99 ESCUELA DRIVE DALY CITY, CA 94015		
(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: 7/16/1973 K7 Survey Under: 2000 Existing K12 Structure Type: Two Stories with Partial Basement, Type III, Partially Sprinklered in hazardous areas and closets.  The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code re-certification 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: 30514 19093  Census = 228	K 000	The statements made in this Plan of Correction are not an admission to or an agreement with the stated deficiencies. To remain in compliance with all Federal and State Regulations, the facility has taken or will take actions set forth in the following Plan of Correction. This plan of correction constitutes the facility's written credible allegation of compliance for the deficiencies noted.	11-17-12	
K 018 SS=E	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 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3	K 018			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Maggie Parnes, Administrator*

11-05-12

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that  
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.

11/6/12 POC Acceptable per Michael Dory, HFES

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K 018	Continued From page 1 Roller latches are prohibited by CMS regulations in all health care facilities.  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their doors, as evidenced by doors that were obstructed from closing. This deficient practice could result in the inability to contain smoke and fire in six resident's rooms and affected 2 of 7 smoke compartments.  Findings:  During a tour of the facility with staff on 10/17/12, the facility doors were observed.  1. From 10:30 a.m. to 11:30 a.m., the corridor doors to six resident rooms were obstructed from closing by the bathroom door knobs. When the bathroom doors were opened to fullest extent inside of the resident room, the bathroom door knob obstructed the corridor room door from closing and latching. The resident room doors that were obstructed from closing were rooms 101, 143, 144, 201, 224, and 247.	K 018	<b>A Policy and Procedure will be implemented and staff will be in serviced by the DSD regarding the necessity of keeping these six resident bathroom doors shut except for when residents and staff are not either in the process of entering or exiting so as to not obstruct these resident room corridor doors from fully closing and latching. The Maintenance Director will make daily rounds to ensure that these six rooms are in compliance and that corrective action is sustained and log the inspection results in the maintenance "Daily Log". Findings will be reported to the quarterly QA committee.</b>	11-17-12	
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1	K 029			

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K 029	<p>Continued From page 2</p> <p>and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to protect its hazardous areas as evidenced by a door to a hazardous area that was not equipped with a self-closing door. This deficient practice affected 1 of 7 smoke compartments and could result in the spread of smoke or fire.</p> <p>NFPA 101 Life Safety Code, 2000 Edition 19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the</p>	K 029	<p>The corridor door to the Rehabilitation Department will have a self-closing device installed by the Maintenance Director. The Maintenance Director will monitor this area for compliance and sustainability of corrective action on a monthly basis and report findings to the quarterly QA committee.</p>	11-17-12	

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K 029	<p>Continued From page 3</p> <p>following:</p> <ul style="list-style-type: none"> <li>(1) Boiler and fuel-fired heater rooms</li> <li>(2) Central/bulk laundries larger than 100 ft<sup>2</sup> (9.3 m<sup>2</sup>)</li> <li>(3) Paint shops</li> <li>(4) Repair shops</li> <li>(5) Soiled linen rooms</li> <li>(6) Trash collection rooms</li> <li>(7) Rooms or spaces larger than 50 ft<sup>2</sup> (4.6 m<sup>2</sup>), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction</li> <li>(8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard.</li> </ul> <p>Exception: Doors in rated enclosures shall be permitted to have nonrated, factory- or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door.</p> <p>Findings</p> <p>During a tour of the facility with staff on 10/17/12, the hazardous areas were observed.</p> <p>At 1:27 p.m., the corridor door to the Rehabilitation Department did not have a self-closing device. A full kitchen including a refrigerator, stove and microwave oven was inside the room and rehab staff were using the stove and microwave oven to cook/store lunch.</p>	K 029		11-17-12



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K 051 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain their fire alarm system (FAS) as evidenced by an alarm notification device that failed to function during fire alarm testing and the manual pull boxes mounted at incorrect heights. This deficient practice could result in delayed notification and evacuation of residents and affected 7 of 7 smoke compartments.</p>	K 051	<p><u>The manual pull stations observed to be at a height of approximately 61" will be lowered to required regulation height during the required OSHPD fire sprinkler installation project in 2013. A waiver for this deficiency will be requested and submitted.</u></p> <p>The alarm notification horn in the laundry room will be repaired so as to function as intended by a licensed contractor. The Maintenance Director will monitor this device on a monthly basis for compliance and sustainability of corrective action and report findings to the quarterly QA committee.</p>	<p>8/2013</p> <p>10-17-12</p>	

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K 051	Continued From page 5 NFPA 101, Life Safety Code, 2000 Edition 9.6.3.8 Audible alarm notification appliances shall be of such character and so distributed as to be effectively heard above the average ambient sound level occurring under normal conditions of occupancy.  NFPA 72, National Fire Alarm Code, 1999 Edition 2-8.1 Mounting. Each manual fire alarm box shall be securely mounted. The operable part of each manual fire alarm box shall be not less than 31/2 ft (1.1 m) and not more than 41/2 ft (1.37 m) above floor level.  Findings:  During fire alarm testing with staff on 10/17/12, the alarm notification devices and manual fire alarm boxes were observed.  1. From 10:30 a.m. through 1:08 p.m. by the Staff Coordinator's Office and throughout the facility on both floors and the basement, more than one dozen manual fire alarm boxes were observed to be mounted at approximately 61 inches.  2. At 3:52 p.m., the alarm notification horn box on the ceiling above the entry door in the Laundry Room was not functioning. No audible sound was heard upon initiation of the manual pull and smoke detector in the basement area. Upon interview, staff acknowledged the non-functioning notification device.	K 051		11-17-12	
K 054 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance	K 054			

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K 054	Continued From page 6 with the manufacturer's specifications. 9.6.1.3  This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain their single station smoke detectors as evidenced by not changing the batteries semi-annually. This deficient practice could lead to delayed notification to staff and residents and affected 6 of 7 smoke compartments.  Findings:  During document review and observation with staff on 10/17/12, the smoke detectors were observed.  At 3:19 p.m., all resident rooms were observed to have single station battery powered smoke detectors in the partially sprinklered facility. During document review, the smoke detectors were checked monthly and the batteries replaced annually.  In an interview with the maintenance director, he acknowledged that the batteries are changed annually.  CMS Survey & Certification letter S&C-05-25 states "The detectors shall be tested weekly and batteries changed at least semi-annually, or if the battery has a longer life in accordance with the manufacture's recommendations". NFPA 101 LIFE SAFETY CODE STANDARD	K 054	The resident room single station battery powered smoke detectors will be tested weekly and batteries replaced on a semi-annual basis. The Maintenance Director will be responsible for making certain that this corrective action is sustained and that logs are kept current. The Maintenance Director will report findings to the quarterly QA Committee.	11-17-12	
K 062 SS=E		K 062			

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K 062	<p>Continued From page 7</p> <p>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 25, 9.7.5</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain a supply of spare sprinklers as evidenced by no supply of blue bulb sprinklers for the Laundry Room. This deficient practice could result in the wrong type being used and not activating at the correct temperature in the event of a fire and affected 1 of 7 smoke compartments.</p> <p>NFPA 13, Installation of Sprinkler Systems, 1999 Edition 3-2.9.1 A supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have operated or been damaged in any way can be promptly replaced. These sprinklers shall correspond to the types and temperature ratings of the sprinklers in the property. The sprinklers shall be kept in a cabinet located where the temperature to which they are subjected will at no time exceed 100 degrees Fahrenheit (38 degrees Celsius).</p> <p>Table 3-2.5.1 Temperature Ratings, Classifications, and Color Codings Color Code: Blue Temperature Rating: 325-375 Fahrenheit</p> <p>Findings:</p>	K 062	<p>The Maintenance Director will purchase the required amount of blue type sprinkler heads for the laundry area and put in the spare box. The Maintenance Director will monitor this box on a monthly basis for compliance and that corrective action is sustained. Findings will be reported to the quarterly QA Committee.</p>	11-17-14	



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K 062	Continued From page 8  During a tour of the facility with staff on 10/17/12, the spare sprinkler box was observed.  At 3:10 p.m., the spare sprinkler box did not contain any blue bulb type sprinklers. The blue sprinklers were observed in the Laundry Room area.  In an interview with the maintenance director, he stated that he had red bulb replacement sprinklers but no blue bulb replacement sprinklers. The red bulb sprinklers were observed in the kitchen area.	K 062		11-17-12
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain its fire extinguishers, as evidenced by a fire extinguisher that was mounted higher than the regulated height and weight. This deficient practice could result in staff's inability to quickly access the fire extinguisher in the event of a fire, and affected 1 of 7 smoke compartments.  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	K 064	The K-type fire extinguisher in the kitchen that was mounted at 61 inches in height will be lowered so that the top of the fire extinguisher is not more than 3 1/2 ft above the floor. The Maintenance Director will monitor this area for compliance and sustainability of corrective action on monthly basis. Logs will be kept in the Maintenance Directors office and findings will be reported to the <u>quarterly QA committee.</u>	

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K 064	Continued From page 9 than 5 ft (1.53 m) above the floor. Fire 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 ½ 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).  Findings:  During a tour of the facility with staff on 10/17/12, the fire extinguishers were observed.  At 2:17 p.m., the K-type fire extinguisher in the Kitchen was mounted at approximately 61 inches. The extinguisher weight is over 40 pounds. NFPA 101 LIFE SAFETY CODE STANDARD	K 064			
K 066 SS=D	Smoking regulations are adopted and include no less than the following provisions:  (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.  (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.  (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.  (4) Metal containers with self-closing cover	K 066	The plastic garbage can located next to the smoking genie was removed immediately. The Maintenance Director will monitor this area for compliance and corrective action sustainability on a daily basis and report findings to the quarterly QA committee.	10-17-12	

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K 066	Continued From page 10 devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their smoking area, as evidenced by a trash container that contained cigarette butts and ashes. This deficient practice could lead to an increased risk for fire and affected 1 out of 7 smoke compartments.  Findings:  During a tour of the facility with staff on 10/17/12, the designated smoking area for the facility was observed.  At 1:57 p.m., ashes and cigarette butts were observed in the plastic garbage can located next to the smoking genie. The garbage can was lined with a plastic trash bag and contained other combustible items.	K 066		10/17/12
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96  This STANDARD is not met as evidenced by: Based on document review and observation, the facility failed to maintain their kitchen hood automatic fire extinguishing system as evidenced by no inspection and servicing of the	K 069		11-17-12

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K 069	<p>Continued From page 11</p> <p>fire-extinguishing system in the kitchen exhaust hood. This deficient practice could lead to the increased risk of fire and the spread of smoke and affected 1 of 7 smoke compartments.</p> <p>NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 1998 Edition</p> <p>8-2* Inspection. An inspection and servicing of the fire extinguishing system and listed exhaust hoods containing a constant or fire-actuated water system shall be made at least every 6 months by properly trained and qualified persons.</p> <p>8-2.1 All actuation components, including remote manual pull stations, mechanical or electrical devices, detectors, actuators, and fire-actuated dampers, shall be checked for proper operation during the inspection in accordance with the manufacturer's listed procedures. In addition to these requirements, the specific inspection requirements of the applicable NFPA standard shall also be followed.</p> <p>8-2.2 Fusible links (including fusible links on fire-actuated damper assemblies) and automatic sprinkler heads shall be replaced at least annually, or more frequently if necessary, to ensure proper operation of the system. Other detection devices shall be serviced or replaced in accordance with the manufacturer's recommendations.</p> <p>8-2.3 If required, certificates of inspection and maintenance shall be forwarded to the authority having jurisdiction.</p> <p>Findings:</p> <p>During document review with staff on 10/17/12, the kitchen hood fire extinguishing reports were</p>	K 069	<p>The kitchen hood fire extinguisher will be tested by a licensed contractor by 11/1/12. The Maintenance Director will be responsible for verifying that the semi-annual testing of the kitchen hood fire suppression system is completed on time and monitoring this area for compliance and sustainability of corrective action. The Maintenance Director will report finding to the quarterly QA committee.</p>	11-17-12	



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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056394	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  10/17/2012
NAME OF PROVIDER OR SUPPLIER  ST. FRANCIS CONVALESCENT PAVILION			STREET ADDRESS, CITY, STATE, ZIP CODE 99 ESCUELA DRIVE DALY CITY, CA 94015		
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K 069	Continued From page 12 requested.  At 11:45 a.m., the servicing of the fire-extinguishing system for the kitchen hood was outdated. The vendor service tag on the UL 300 compliant apparatus was last tagged on 4/5/12. The required six month service was expired by six months and 12 days.	K 069		10/17/12	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.  (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.  (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4  This STANDARD is not met as evidenced by: Based on observation, the facility failed to provide proper storage for medical gas cylinders, as evidenced by the storage of an empty oxygen cylinder next to a heat source. This deficient practice could result in an explosion of the cylinder and affected 1 of 7 smoke compartments.  NFPA 99, Health Care Facilities, 1999 Edition 4-5.5.2.1(b)(29) Policies for gases in cylinders and liquefied gases in containers for Level 3	K 076	The E-type empty oxygen cylinder next to the radiator heater in room 237 was relocated away from the heater immediately by the Maintenance Director. The DSD will in service staff regarding the necessity of keeping oxygen cylinders out of the proximity of room heaters. The Maintenance Director will make daily rounds to this area to verify compliance and that corrective is sustained. Findings will be reported to the quarterly QA committee.		

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K 076	Continued From page 13 piped gas systems.  29.* Cylinders shall not be supported by, and neither cylinders nor containers shall be placed in proximity of, radiators, steam pipes, or heat ducts.  Findings:  During a tour of the facility with staff on 10/17/12, the oxygen cylinders in resident rooms were observed.  At 11:38 a.m., in Room 237, and E-type empty oxygen cylinder was stored next to the room radiator heater.	K 076		11/17/12
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, the facility failed to maintain their electrical wiring and equipment, as evidenced by the use of surge protectors as permanent wiring. This could lead to an increased risk of an electrical fire and affected 1 of 7 smoke compartments.  NFPA 70, National Electrical Code, 1999 Edition 400-8. Uses not Permitted. Unless specifically permitted in Section 400-7, flexible cords 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	K 147	The surge protected outlet strips in the Housekeeping office and Medical Supply room were removed immediately and devices were plugged directly into the wall outlet. The Maintenance Director will monitor these areas on a monthly basis for compliance and sustainability of corrective action. Findings will be reported to the quarterly QA committee.	

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K 147	<p>Continued From page 14</p> <p>ceilings suspended ceilings, dropped ceilings, or floors</p> <p>(3) Where run through doorways, windows, or similar openings</p> <p>(4) Where attached to building surfaces</p> <p>Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8.</p> <p>Findings:</p> <p>During a tour of the facility with staff on 10/17/12, the electrical equipment and wiring were observed.</p> <p>1. At 10:40 a.m. in the Housekeeping Office in the Basement, a refrigerator was plugged into a surge-protected outlet strip.</p> <p>2. At 10:43 a.m. in the Medical Supply Pharmacy Room in the Basement, a refrigerator, microwave, and a fan were plugged into a surge-protected outlet strip.</p>	K 147		11-17-12	