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

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STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 055975	MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	DATE SURVEY COMPLETE 10/26/2011
NAME OF PROVIDER OR SUPPLIER **HILLCREST MANOR SANITARIUM**	STREET ADDRESS, CITY, STATE, ZIP CODE **1889 NATIONAL CITY BLVD. NATIONAL CITY, CA**		

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
K 039	NFPA 101 LIFE SAFETY CODE STANDARD Width of aisles or corridors (clear and unobstructed) serving as exit access is at least 4 feet. 19.2.3.3 This STANDARD is not met as evidenced by: The corridor between Ward 1 and the Day Room/Dining Room that leads into the exit door was approximately 42 inches in width which did not meet the required minimum width per NFPA 101 2000 edition. A continues waiver was granted by CMS dated August 10, 2007
K 130	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This STANDARD is not met as evidenced by: Metal bars were observed to be installed with no releasing devices on the exterior side of 14 windows located in the front of the Annex Building. The bars were placed over 2 of 2 windows in each of the patient sleeping rooms, including Rooms 1, 2, 3, 4, 5 and 6, as well as over a storage room window, and a lavatory window. Doors and gates that lead to the public way were also locked. A continuos waiver was granted by CMS dated January 9, 2007 with the condition that the facility will conduct an annual in-service on exiting from the area and an extra evacuation drill annually, specifically from this area.

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of

The above isolated deficiencies pose no actual harm to the residents

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K 000	INITIAL COMMENTS The following reflects the findings of the California Department of Public Health, Life Safety Code Unit, during an Annual Re-Certification Life Safety Code Survey of the facility using the 101 NFPA (National Fire Protection Association) 2000 Edition (existing) of the Life Safety Code. The facility was surveyed in accordance with 42 CFR (Code of Federal Regulations) 483.70 (a) for Long Term Care Facilities. K3 BUILDING: 01 K6 PLAN APPROVAL: 1971 K7 SURVEY UNDER: 2000 Existing TYPE OF CONSTRUCTION: One Story, Protected Wood Frame & Stucco Construction, Type V, Partially Sprinklered CENSUS: 60 Representing the Department: 29626	K 000	The following plan of correction represents Hillcrest Manor Sanitarium's credible allegation of compliance. The purpose of this plan of correction is to comply with State and Federal Regulations that require a "plan of correction" be submitted whenever a deficiency is cited by the surveying agency. This plan in no way indicates that the facilit or its administration agrees or admits that the defciency in fact occurred, nor it is an admission of any kind.	
K 034 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Stairways and smokeproof towers used as exits are in accordance with 7.2. 19.2.2.3, 19.2.2.4 This STANDARD is not met as evidenced by. Based on observation, the facility failed to protect personnel from falls in its stairway exit. This was evidenced by no warning sign and no guard installed in a stairway exit that did not continue to grade level or floor, affecting 1 of 5 smoke compartments. This could result in injury to personnel occupying the second level floor during an evacuation of the building.	K 034	**K 034** The deficiency was written due to the failure of the facility to protect personnel from falls in it's stairway exit as evidenced by no warning sign and no guard installed in a stairway exit that did not continue to grade level or floor, affecting 1 0f 6 smoke compartments which could result in injury to personnel occupying the second floor during an evacuation of the building. A. The Plant Supervisor will place a warning sign and a guard rail to the exit to the stairway. — 11/23/11 B. The Plant Supervisor and the Administrator will perform a visual check of the whole facility to ensure that all exits has warning sign/exit sign . — 11/14/11 to 11/18/11	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Maria Co. M. Estes — TITLE: Assistant Administrator — (X6) DATE: 11/09/11

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11/29/11 PoC Acceptable Per Joel Yalung, HFES

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K 034	Continued From page 1 Findings: During a tour of the facility with the Plant Supervisor on October 26, 2011, exits and exit discharges were observed. At 10:28 a.m., the stairway exit from the 2nd level floor in the Administration Building had a section of the stair that was missing. The door leading into this exit did not have a warning sign and there was no guard rail to protect against falls that was approximately 6-feet from the end of the stairs to the ground level. The Plant Supervisor stated that this section of the stairs was removed to protect residents from climbing the stairs and falling. The stairs lead into a courtyard that is open to residents.	K 034	The Director of Staff Development will conduct an in-service training to all employees in regards to exit signs during emergencies at least every quarter over the next 12 months. C. The Administrator and or Department Supervisors will perform daily rounds and report/record in the maintenance repair log any hazardous condition within the facility with emphasis on evacuation routes during fire and disaster over the next 12 months.	11/15/11 to 11/15/12 11/10/11 to 11/10/12
K 047 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to install exit signs on or by a door that was designated as an emergency exit. This was evidenced by no illuminating exit sign in the corridor, affecting 1 of 5 smoke compartments. This could have the potential for delaying evacuation of residents and incorrectly directing evacuees during an emergency.	K 047	**K 047** The deficiency was written due to the failure of the facility to install exit signs on or by the door that was designated as an emergency exit as evidenced by no illuminating exit sign in the corridor, affecting 1 of 5 compartments. A. The Plant Supervisor will place an illuminating exit sign by the door that was designated as an emergency exit. B. The Plant Supervisor and the Administrator will perform a visual check of all illuminating signs over the next 12 months and report/record in the maintenance repair log any exit sign found to be not working properly or not lit. The Plant Supervisor will then be responsible in performing needed repairs.	11/23/11 11/14/11 to 11/14/12

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K 047	Continued From page 2 Findings: During a tour of the facility with the Plant Supervisor on October 26, 2011, exits and exit signs were observed. At 10:22 a.m., there was no exit signs present over or near the exit door in the corridor between the Annex Building and Administration Building. The facility's evacuation map indicated that its evacuation route to the exit discharge was through the door and the exit was not readily apparent.	K 047	The Director of Staff Development will conduct an in-service training to all staff in regards to emergency procedure with emphasis on emergency exits at least every quarter over the next 12 months. **C.** The Administrator and or the Department Supervisors will perform daily rounds and observe that all illuminating exit signs are working properly and lit over the next 12 months. **AND** The Administrator will perform a random audit of employees in-service education records over the next 12 months to ensure compliance with mandated training programs.	
K 052 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4 This STANDARD is not met as evidenced by: Based on document review, the facility failed to verify that the fire alarm monitoring company received a signal during monthly activation of devices, in accordance with NFPA 72. This was evidenced by no record that the monitoring company had received signals for monthly testing of the fire alarm system. This had the potential to	K 052	**K 052** The deficiency was written due to the failure of the facility to verify that the fire alarm monitoring company received a signal during the monthly activation of devices, in accordance with NFPA 72 as evidenced by there is no record that monitoring company has received signal for the monthly testing if the fire alarm system.	

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K 052	Continued From page 3 have a fire alarm system not monitored, resulting in delay in notifying the fire department of a fire emergency that may cause harm to residents and staff. NFPA 72, National Fire Alarm Code, 1999 Edition 7-2.2 Fire alarm system and other systems and equipment that are associated with fire alarm systems and accessory equipment shall be tested according to Table 7-2.2. Findings: During a tour of the facility with the Plant Supervisor on October 26, 2011, the records for the fire alarm system were reviewed. At 2:00 p.m., there was no records from the monitoring company and no log from the facility that a signal was received during the monthly activation of the fire alarm system devices.	K 052	A. A record of the signal transmitted to the monitoring company during the monthly testing of the fire alarm was obtained and kept in the Administrator's office. B. The Plant Supervisor will be responsible in obtaining a copy of the signal transmitted to the monitoring company of the testing of the fire alarm system monthly and submit it to the Administrator for record keeping over next 12 months. C. The Administrator will perform a monthly audit of the record log of the the report from the monitoring company of the signal transmitted during monthly testing of the fire alarm system.	10/26/11 11/14/11 to 11/14/12 11/14/11 to 11/14/12
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	K 076	**K 076** The deficiency was written due to the failure of the facility to ensure that the oxygen cylinders were properly secured as evidenced by unsecured oxygen cylinders affecting 1 Of 5 compartments. A. Unsecured oxygen cylinder was secured with the chain attached to the storage. All other oxygen cylinders were checked for security of placement/ attachment by the Plant Supervisor.	10/26/11

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K 076	Continued From page 4 This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that the oxygen cylinders were properly secured as evidenced by unsecured oxygen cylinders, affecting 1 of 5 smoke compartments. This could cause harm to residents and staff in the event the cylinder fell on something or someone and/or the high pressure valve was damaged and caused the cylinder to move about in an uncontrolled manner. NFPA 99 Health Care Facilities, 1999 Edition 4-3.1.1.1. Cylinder and Container Management. Cylinders in service and in storage shall be individually secured and located to prevent falling or being knocked over. Findings: During a tour of the facility with the Plant Supervisor on October 26, 2011, the facilities oxygen storage area and cylinders were observed. At 1:50 p.m., there were H-sized and E-sized oxygen cylinders in the oxygen cylinders storage area that were standing upright with a loose chain wrapped around them. The chain did not secure the cylinders from falling over during an earthquake or other force.	K 076	**B.** The Director of Staff Development will conduct an in-service training to all nursing staff on handling of oxygen at least two times a year over the next 12 months to ensure cylinders in service and in storage are secured to prevent from falling or being knocked over. AND The Plant Supervisor will perform a weekly inspection of the oxygen storage area for cylinders proper and secured placement over the next 12 months. **C.** The Administrator will perform a random check of the oxygen cylinder weekly inspection log to ensure compliance. **K 144** **See Attached Letter of Request for a Waiver**	11/19/11 and 05/15/12 11/14/11 to 11/14/12 11/14/11 to 11/14/12
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		

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K 144	Continued From page 5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the emergency power be maintained in accordance with NFPA 99 and NFPA 110. This was evidenced by an emergency back-up power supply that did not have a remote alarm annunciators installed, affecting 5 of 5 smoke compartments. This could result in failure to monitor the status of the generator during a power outage and could cause the generator to be unreliable. NFPA 99, Health Care Facilities, 1999 Edition 3-4.1.1.15 Alarm Annunciator. A remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station (see NFPA 70, National Electrical Code, Section 700-12.) NFPA 110, Standard for Emergency and Standby Power System, 1999 Edition 3-5.6 Remote Controls and Alarms. 3-5.6.1 A remote, common audible alarm powered by the storage battery shall be provided as specified in 3-5.5.2(d). This remote alarm shall be located outside of the EPS service room at a work site readily observable by personnel. Findings:	K 144	**Request for Waiver of Time for Life Safety Corrections** The deficiency was written due to the failure of the facility to ensure that the emergency power be maintained in accordance with NFPA 99 and 110 as evidenced by an emergency back up power supply that did not have a remote alarm annunciator installed. **A.** The Plant Supervisor will inspect the emergency generator for proper function daily and results will be entered in the maintenance log. This will be in addition to the weekly testting and inspection, and monthly load testing of the generator. **AND** A remote annunciator panel will be installed to meet the LSC requirements. **B.** In the event of a power loss in excess of 30 minutes, the facility maintenance staff will conduct visual inspections every 30 minutes during the duration of the power outage and the facility Staff Developer will also initiate the fire watch procedure. C. The Director of Staff Development will conduct in0service training program on fire procedures with emphasis on emergency procedures during power outage. D. The Administrator will perform an audit of the generator inspection and testing log every 2 weeks and will perform a random audit of employees records to ensure compliance with mandated in-service training programs.	11/18/2011 to 11/18/2012 11/20/2012 11/18/2011 to 11/18/2012 11/18/2011 to 11/18/2012 11/18/2011 to 11/18/2012

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K 144	Continued From page 6 During the facility tour with the Plant Supervisor on October 26, 2011, emergency back-up power supply was observed and documents were reviewed. At 11:50 a.m., the emergency generator did not have a remote alarm annunciator that can be continuously monitored by staff during a power outage. The Plant Supervisor stated that there was no remote alarm annunciator installed for the generator. The administrator provided a letter requesting a waiver for this finding.	K 144		
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 document review, the facility failed to maintain electrical safety in accordance with NFPA 99. This was evidenced by no polarity and tension testing done on receptacle wall outlets, affecting 5 of 5 smoke compartments. This could result in an increased risk of an electrical fire and shock, causing potential harm to residents and staff. NFPA 99, Health Care Facilities, 1999 Edition 3-3.3.3 Receptacle Testing in Patient Care Areas. (a) The physical integrity of each receptacle shall be confirmed by visual inspection. (b) The continuity of the grounding circuit in each electrical receptacle shall be verified. (c) Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed.	K 147	**K 147** The deficiency was written due to the failure of the facility to maintain electrical safety as evidenced by no polarity and tension testing done on receptacle wall outlets, affecting 5 of 5 smoke compartments. **A.** The Plant Supervisor will perform and polarity and tension testing of 1/12th of all receptacle wall outlets ever month over the next 12 months. All receptacle wall outlets found to be needing repair and do not meet the standard reading will be fixed immediately. **B.** The Director of Staff Development will conduct an in-service training to all staff on prompt reporting and recording in the maintenance repair log of hazardous condition which include but not limited to damage or not working receptacle wall outlet at least every 6 months over the next 12 months. **AND**	11/14/11 to 11/14/12 11/18/11 and 05/25/12

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K 147	Continued From page 7 (d) The retention force of the grounding blade of each electrical receptacle (except locking-type receptacles) shall be not less than 115 g (4 oz). Findings: During a tour of the facility with the Plant Supervisor on October 26, 2011, the maintenance documents for the electrical system was requested and the electrical equipments were observed. At 11:48 a.m., no record for the polarity and tension testing of the wall outlets was provided upon request. The Plant Supervisor stated that the receptacle outlets installed on the walls had not been tested.	K 147	The Plant Supervisor will perform polarity and tension testing in each receptcle wall outlet at least once a year over the next 12 months. A polarity and tension testing log will be implemented and kept in the maintenance office. C. The Administrator will perform a monthly audit of the polarity and tension testing log monthly over the next 12 months to ensure that the facility complies with the required testing of polarity and tension in all receptacle wall outlets to prevent electrical fire and shock which may cause potential harm to residents and staff.	
K 155 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8 This STANDARD is not met as evidenced by: Based on document review, the facility failed to have written procedures in place to include provisions for notifying the authority having jurisdiction when the fire alarm system is out of service for more than 4 hours in a 24-hour period. This could result in failure to notify the California	K 155	**K 155** The deficiency was written due to the failure of the facility to have written procedures in placed to include provisions for notifying the authority having jurisdiction when the fire alarm system is out of service for more than 4 hours in a 24-hour period which could result in not notifying the California Department of Public Health when the fire alarm system is not in-service. of Public Health when the fire alarm system is not in-service.	

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K 155	Continued From page 8 Department of Public Health (CDPH) when their fire alarm system is not in service. Findings: During document review on October 26, 2011, at 10:35 a.m., the fire watch policy and evacuation policy for the facility were reviewed. These policies contained no provision for notifying the authority having jurisdiction, CDPH, when the fire alarm system and automatic sprinkler system becomes inoperable for more than 4 hours.	K 155	**A.** The Policy and Procedure on Fire Watch was revised. CDPH was added to the list of agencies to be notified when the fire alarm system is not inservice for more than 4 hours in a 24-hour period. **B.** The Policy and Procedure Committee will review all policies and procedures over the next 12 months to ensure that policies that needed to be changed/revised and updated are done. AND The Director Of Staff Dev. will conduct an in-service training to all staff in regards to updated/revised policies and procedures over the next 12 months. **C.** The Administrator will perform a-monthly review of policies and procedures that were updated over the next 12 months are in placed and implemented. The Administrator will also perform a random audit of employees in-service education records to monitor compliance, and understanding.	10/26/11 11/14/11 to 11/14/12 11/14/11 to 11/14/12 11/14/11 to 11/14/12