ENTERS F	FOR MEDICARE & MEDICAID SERVICES			"A" FO				
	MENT OF ISOLATED DEFICIENCIES WHICH CAUSE IM WITH ONLY A POTENTIAL FOR MINIMAL HARM FS AND NFS PROVIDER # MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING							
	OVIDER OR SUPPLIER ST MANOR SANITARIUM	STREET ADDRESS, CO 1889 NATIONAL ON NATIONAL CITY	CITY BLVD.					
D PREFIX LAG	SUMMARY STATEMENT OF DEFICI	ICIENCIES						
K 039	NFPA 101 LIFE SAFETY CODE ST. Width of aisles or corridors (clear and		as exit access is at least 4 feet. 19.2	.3.3				
	This STANDARD is not met as evidenced by: The corridor between Ward I 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 OF	N 2786	a a					
	This STANDARD is not met as evide Metal bars were observed to be install in the front of the Annex Building. The rooms, including Rooms 1, 2, 3, 4, 5 and Doors and gates that lead to the public January 9, 2007 with the condition that and an extra evacuation drill annually,	ed with no releasing do ne bars were placed ove and 6, as well as over a way were also locked at the facility will condu	er 2 of 2 windows in each of the patier storage room window, and a lavatory A continuos waiver was granted by the act an annual in-service on exiting from	it sleeping window. CMS dated				

Any definency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide arificient protection to the patients. (See instituctions.) Except for mirring homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided for mirring 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 ened, an approved plan of

The above isolated deliciencies pose no actual harm to the residents

PRINTED: 10/28/2011 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTER & FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIÉR/CLIA COMPLETED ANDIPLAN OF CORRECTION IDENTIFICATION NUMBER A BUILDING B. WING 10/26/2011 055975 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1889 NATIONAL CITY BLVD. HILLCREST MANOR SANITARIUM NATIONAL CITY, CA 91950 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) The following plan of correction represents K 000 K 000 INITIAL COMMENTS Hillcrest Manor Sanitarium's credible allegation of compliance. The following reflects the findings of the The purpose of this plan of correction is to comply California Department of Public Health, Life Safety Code Unit, during an Annual with State and Federal Regulations that require a Re-Certification Life Safety Code Survey of the "plan of correction" be submitted whenever a facility using the 101 NFPA (National Fire deficiency is cited by the surveying agency. This Protection Association) 2000 Edition (existing) of the Life Safety Code. The facility was surveyed in : plan in no way indicates that the facilit or its admiaccordance with 42 CFR (Code of Federal nistration agrees or admits that the defciency in Regulations) 483.70 (a) for Long Term Care fact occurred, nor it is an admission of any kind. Facilities. K3 BUILDING: 01 K 034 K6 PLAN APPROVAL: 1971 The deficiency was written due to the K7 SURVEY UNDER: 2000 Existing failure of the facility to protect per-TYPE OF CONSTRUCTION: One Story, sonnel from falls in it's stairway exit as Protected Wood Frame & Stucco Construction, Type V, Partially Sprinklered evidenced by no warning sign and no CENSUS: 60 guard installed in a stairway exit that did not continue to grade level or floor, Representing the Department: 29626 K 034 : NFPA 101 LIFE SAFETY CODE STANDARD K 034 affecting 1 0f 6 smoke compartments SS=D which could result in injury to personnel Stairways and smokeproof towers used as exits occupying the second floor during an are in accordance with 7.2. 19.2.2.3, 19.2.2.4 evacuation of the building. A. The Plant Supervisor will place a 11/23/11 warning sign and a guard rail to the exit This STANDARD is not met as evidenced by. to the stairway.

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.

nistrator will perform a visual check of

B. The Plant Supervisor and the Admi-

to

11/14/11

the whole facility to ensure that all exits

11/18/11

has warning sign/exit sign.

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Can M. Ostal

(X6) DATE 11/09/0

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

FORM CMS-2587 (02-99) Previous Versions Obsolete

Event ID, WTBM21

Facility ID: CA080000054

cose_iib (eth) yes thous his both troy/e/tr

11/29/11 POC acceptable Per foil Yalung HFES

FORM APPR OVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING B. WING 10/26/2011 055975 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1889 NATIONAL CITY BLVD. HILLCREST MANOR SANITARIUM NATIONAL CITY, CA 91950 PROVIDER'S PLAN OF CORRECTION COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (X4) (D (EACH CORRECTIVE ACTION SHOULD BE PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) K 034 K 034 Continued From page 1 The Director of Staff Development 11/15/11 will conduct an in-service training to to Findings: all employees in regards to exit signs 11/15/12 During a tour of the facility with the Plant during emergencies at least every quar-Supervisor on October 26, 2011, exits and exit ter over the next 12 months. discharges were observed. C. The Administrator and or Department 11/10/11 At 10:28 a.m., the stairway exit from the 2nd level Supervisors will perform daily rounds and to floor in the Administration Building had a section report/record in the maintenance repair 11/10/12 of the stair that was missing. The door leading log any hazardous condition within the into this exit did not have a warning sign and there was no guard rail to protect against falls facility with emphasis on evacuation that was approximately 6-feet from the end of the routes during fire and disaster over the stairs to the ground level. The Plant Supervisor next 12 months. 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 K 047 open to residents. The deficiency was written due to the K 047 K 047 NFPA 101 LIFE SAFETY CODE STANDARD failure of the facility to install exit signs SS=D Exit and directional signs are displayed in on or by the door that was designated accordance with section 7.10 with continuous as an emergency exit as evidenced by no illumination also served by the emergency lighting illuminating exit sign in the corridor, system. 19.2.10.1 affecting 1 of 5 compartments. A. The Plant Supervisor will place an .11/23/11illuminating exit sign by the door that was designated as an emergency exit. This STANDARD is not met as evidenced by: Based on observation, the facility failed to install B. The Plant Supervisor and the Admi-11/14/11 exit signs on or by a door that was designated as nistrator will perform a visual check of to an emergency exit. This was evidenced by no all illuminating signs over the next 12 11/14/12 illuminating exit sign in the corridor, affecting 1 of months and report/record in the main-5 smoke compartments. This could have the potential for delaying evacuation of residents and tenance repair log any exit sign found

FORM CMS-2587(02-99) Previous Versions Obsolete

emergency.

incorrectly directing evacuees during an

Event ID WT8M21

ble in performing needed repairs
Facility ID: CA080000084 If co

to be not working properly or not lit. The

Plant Supervisor will then be responsi-

If continuation sheet Page 2 of 9

FORMAPPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER. A BUILDING B. WING 10/26/2011 055975 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1889 NATIONAL CITY BLVD. HILLCREST MANOR SANITARIUM NATIONAL CITY, CA 91950 PROVIDER'S PLAN OF CORRECTION COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 047 K 047 Continued From page 2 Findings: The Director of Staff Development will conduct an in-service training to all staff During a tour of the facility with the Plant in regards to emergency procedure with Supervisor on October 26, 2011, exits and exit emphasis on emergency exits at least every signs were observed. quarter over the next 12 months. At 10:22 a.m., there was no exit signs present over or near the exit door in the corridor between C. The Administrator and or the Dethe Annex Building and Administration Building. The facility's evacuation map indicated that its partment Supervisors will perform evacuation route to the exit discharge was daily rounds and observe that all illuthrough the door and the exit was not readily minating exit signs are working properly apparent. K 052 and lit over the next 12 months. K 052 NFPA 101 LIFE SAFETY CODE STANDARD SS=D AND A fire alarm system required for life safety is The Administrator will perform a random installed, tested, and maintained in accordance audit of employees in-service education with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance records over the next 12 months to enand testing program complying with applicable sure compliance with mandated training requirements of NFPA 70 and 72. 9.6.1.4 programs. K 052 The deficiency was written due to the failure of the facility to verify that the fire alarm monitoring company received

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

Facility ID CA080000064

system.

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

If continuation sheet Page 3 of 9

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

PRINTED: 10/2 FORM APPR OMB NO. 0938

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MULTIPLE CONSTRUCTION A BUILDING 01 B WING		(X3) DATE SURVEY COMPLETED	
		055975	B. WING		10/3	26/2011
	ROVIDER OR SUPPLIER		188	ET ADDRESS, CITY, STATE, ZIP C 19 NATIONAL CITY BLVD. TIONAL CITY, CA 91950	ODE	
(X4) ID PREFIX TAG	JEACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETION DATE
K 052	in delag/thenotifyin	page 3 system not monitored, resulting ig the fire department of a fire hay cause harm to residents and	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.		10/26/11
	7-212 Fire alarm s	al Fire Alarm Code, 1999 Edition system and other systems and e associated with fire alarm essory equipment shall be tested e 7-2.2.		B. The Plant Supervisor ponsible in obtaining a cop nal transmitted to the mor pany of the testing of the f system monthly and subm Administrator for record ke	ny of the sig- nitoring com- ire alarm it it to the	11/14/11 to 11/14/12
	During a tour of the fire alarm sys 11/14/12 At 2:00 p.m., ther monitoring compathat a signal was activation of the f	the facility with the Plant tober 26, 2011, the records for tem were reviewed. The was no records from the any and no log from the facility received during the monthly ire alarm system devices. SAFETY CODE STANDARD	K 076	next 12 months. C. The Administrator will monthly audit of the recort the report from the monit of the signal transmitted ditesting of the fire alarm sy	I perform a d log of the oring company uring monthly	11/14/11 to 11/14/12
protected in accordance Standards for Health (a) Oxygen storage 3,000 cu.ft. are encluseparation.		ge locations of greater than nclosed by a one-hour supply systems of greater than ented to the outside NFPA 99		The deficiency was writter failure of the facility to encoxygen cylinders were proposed as evidenced by unsecured ders affecting 1 Of 5 comp. A. Unsecured oxygen cycured with the chain attacts storage. All other oxygen checked for security of plantachment by the Plant S	sure that the operly secured doxygen cylin- artments. Alinder was secured to the cylinders were secured.	10/26/1

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: WTBM21

Facility ID CA080000064

If continuation sheet Page 4 of 9

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055975		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING			(X3) DATE SURVEY COMPLETED 10/26/2011		
NAME OF PROVIDER OR SUPPLIER HILLCREST MANOR SANITARIUM			STREET ADDRESS, CITY, STATE, ZIP CODE 1889 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950				
(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG		(EACH CORRECTIVE ACTION SHO	ULD BE	COMPLETIO DATE	
his STANDARD Based on observer hat the oxygen cy s evidenced by use ffecting 1 of 5 sm hause harm to reserve the cylinder fell on sorting pressure valver hanner. FPA 99 Health Companies of the cylinders in service dividually secured to being knocked of the cylinders of the cylinders of the cylinders in service that were start apped around the cylinders from the cylinders	is not met as evidenced by: ation, the facility failed to ensure linders were properly secured nsecured oxygen cylinders, noke compartments. This could idents and staff in the event the nething or someone and/or the e was damaged and caused we about in an uncontrolled tare Facilities, 1999 Edition or and Container Management, e and in storage shall be d and located to prevent falling over. e facility with the Plant ober 26, 2011, the facilities ea and cylinders were were H-sized and E-sized on the oxygen cylinders storage inding upright with a loose chain over. The chain did not secure falling over during an er force.		25 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	will conduct an in-service training all nursing staff on handling of ox at least two times a year over the 12 months to ensure cylinders in and in storage are secured to prefrom falling or being knocked ove AND The Plant Supervisor will perform the extension of the oxygen sarea for cylinders proper and secuplacement over the next 12 month. C. The Administrator will perform the extension of the oxygen cylinders proper and secuplacement over the next 12 month. K 144	ygen next service vent r. orm a storage ured ths. rm a oder	11/19/11 and 05/15/12 11/14/11 to 11/14/12 11/14/12	
	SUMMARY ST (EACH DEFICIENCE REGULATORY OR Continued From p this STANDARD Based on observe that the oxygen cy is evidenced by u ffecting 1 of 5 sm ause harm to res ylinder fell on sor igh pressure valve the cylinder to move the cylinder in service dividually secure or being knocked of indings: uring a tour of the upervisor on Oct oxygen storage are the cylinders in the cylinder in the cylinde	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure not the oxygen cylinders were properly secured sevidenced by unsecured oxygen cylinders, ffecting 1 of 5 smoke compartments. This could hause harm to residents and staff in the event the sylinder fell on something or someone and/or the ligh pressure valve was damaged and caused the cylinder to move about in an uncontrolled manner. FPA 99 Health Care Facilities, 1999 Edition -3.1.1.1. Cylinder and Container Management. Sylinders in service and in storage shall be dividually secured and located to prevent falling rebeing knocked over. Indings: Turing a tour of the facility with the Plant upervisor on October 26, 2011, the facilities kygen storage area and cylinders were	DOTOBER OR SUPPLIER T MANOR SANITARIUM SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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 sevidenced by unsecured oxygen cylinders, and the oxygen cylinders, and the event the sylinder fell on something or someone and/or the light pressure valve was damaged and caused the cylinder to move about in an uncontrolled thanner. FPA 99 Health Care Facilities, 1999 Edition 3.1.1.1. Cylinder and Container Management. Sylinders in service and in storage shall be dividually secured and located to prevent falling rebeing knocked over. Indings: The pressure valve was damaged and caused the cylinders are and cylinders were dividually secured and located to prevent falling rebeing knocked over. The pressure valve was damaged and caused the cylinders are and cylinders were dividually secured and located to prevent falling rebeing knocked over. The pressure valve was damaged and caused the cylinders are and cylinders storage area and cylinders were deserved. The pressure valve was damaged and caused the prevent falling repeat area and cylinders storage area and cylinders storage area and cylinders storage area that were standing upright with a loose chain rapped around them. The chain did not secure the cylinders from falling over during an arthquake or other force.	MANOR SANITARIUM SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure hat the oxygen cylinders were properly secured sevidenced by unsecured oxygen cylinders. This could have harm to residents and staff in the event the light pressure valve was damaged and caused he cylinder to move about in an uncontrolled hanner. FPA 99 Health Care Facilities, 1999 Edition 3.1.1.1. Cylinder and Container Management, ylinders in service and in storage shall be dividually secured and located to prevent falling reining knocked over. Indings: This by the plant typervisor on October 26, 2011, the facilities kygen storage area and cylinders were observed. This plant is the oxygen cylinders storage rea that were standing upright with a loose chain rapped around them. The chain did not secure the orthogen and arthquake or other force.	O55975 INVIDER OR SUPPLIER T MANOR SANITARIUM SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Tontinued From page 4 Initial STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure at the oxygen cylinders were properly secured as evidenced by unsecured oxygen cylinders, ffecting 1 of 5 smoke compartments. This could ause harm to residents and staff in the event the gin pressure valve was damaged and caused lee cylinder in evidence in an uncontrolled lanner. FPA 99 Health Care Facilities, 1999 Edition 3.1.1.1. Cylinder and Container Management, lyinders in service and in storage shall be dividually secured and located to prevent falling rebeing knocked over. Indings: Indings:	T MANOR SANITARIUM SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MAST BE PRÉCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) SOUTH FROM THE STANDARD IS NOT MET AS EVIDENCIES (EACH DEFICIENCY MUST BE PRÉCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TOTAL THE STANDARD IS NOT MET AS EVIDENCIES (EACH DEFICIENCY) Sassed on observation, the facility failed to ensure lat the oxygen cylinders were properly secured as evidenced by unsecured oxygen cylinders were properly secured as evidenced by unsecured oxygen cylinders. This could ause harm to residents and staff in the event the plinder fell on something or someone and/or the gip pressure valve was damaged and caused are cylinder to move about in an uncontrolled lanner. FPA 99 Health Care Facilities, 1999 Edition 3.1.1.1. Cylinder and Container Management, ylinders in service and in storage shall be dividually secured and located to prevent falling ribeing knocked over. Indings: uring a tour of the facility with the Plant upervisor on October 26, 2011, the facilities kygen storage area and cylinders were believed the explandation of the container Management, the chain did not secure to evil the cylinders in the oxygen cylinders storage rea that were standing upright with a loose chain rapped around them. The chain did not secure to evil the facility over during an arthquake or other force. FPA 101 LIFE SAFETY CODE STANDARD A BUILDING 1889 NATIONAL CITY SATER, ZIP CODE STANDARD ID PREFIX TAG PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD EXCROSS-REFERENCED TO THE AFRICOPRIATE DEFICIENCY) A BID PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD EXCROSS-REFERENCED TO THE AFRICOPRIATE DEFICIENCY) 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 a test two times a year over the next 12 months to ensure a test two times a year over the next 12 months to ensure a test two times a year over	

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

PRINTED: 10/28/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF	DEFICIENCIES
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AND PLAN OF CO	RRECTION
7.11.0 . 0	

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION

(X3) DATE SURVEY COMPLETED

055975

A. BUILDING B. WING

10/26/2011

NAME OF PROVIDER OR SUPPLIER

HILLCREST MANOR SANITARIUM

STREET ADDRESS, CITY, STATE, ZIP CODE 1889 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950

(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

11/18/2011

11/18/2012

11/20/2012

to

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 test-ting and inspection, and monthly load testing of the generator.

AND

A remote annunciator panel will be installed to meet the LSC requirements.

meet the LSC requirements.

B. In the event of a power loss in excess of 11/18/2011 30 minutes, the facility maintenance staff will to conduct visual inspections every 30 minutes 11/18/2012

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 in Oservice training program on fire procedures with emphasis on emergency procedures during power outage.

11/18/2011 to 11/18/2012

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 com-

pliance with mandated in-service training

11/18/2011 to

11/18/2012

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

CENTER STATEMENT AND PLANO	PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055975		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING			(X3) DATE SURVEY COMPLETED 10/26/2011	
NAME OF PROVIDER OR SUPPLIER HILLCREST MANOR SANITARIUM			STREET ADDRESS, CITY, STATE, ZIP CODE 1889 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL. LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	COMPLETION DATE
	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. 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		failure of the facility to matrical safety as evidenced by and tension testing done of wall outlets, affecting 5 of partments.		The deficiency was written due failure of the facility to maintain trical safety as evidenced by no and tension testing done on rec wall outlets, affecting 5 of 5 sm	n elec- polarity eptacle oke com- erform	11/14/11 to
					1/12th of all receptacle wall our month over the next 12 months tacle wall outlets found to be no repair and do not meet the star reading will be fixed immediate. B. The Director of Staff Deve will conduct an in-service training all staff on prompt reporting and ding in the maintenance repair zardous condition which includ limited to damage or not work tacle wall outlet at least every over the next 12 months. AND	tlets ever s. All recep- eeding indard ely. elopment ing to ind record- log of ha- ee but not ing recep-	11/14/12 11/18/11 and 05/25/12

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER.	(X2) MUL A. BUILD		CONSTRUCTION		E SURVEY MPLETED	
		055975	B. WII	VG		10	/26/2011	
	PROVIDER OR SUPPLIER			1889	TADDRESS, CITY, STATE, ZIP () NATIONAL CITY BLVD. FIONAL CITY, CA 91950	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF C [EACH CORRECTIVE ACTIV CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE HE APPROPRIATE	COMPLETION DATE	
K 147	Continued From p	경마를 살아보고 있다. 그는 그는 그는 그는 그는 그를 가는 그는 그를 가는 그는 그를 가는 그를 가는 것이 되었다.	K	: 147	The Plant Supervisor will p			
		force of the grounding blade of			rity and tension testing in	20.		
	receptacles) shall	ceptacle (except locking-type			cle wall outlet at least onc		10	
	be not less than 115 g (4 oz).			i	the next 12 months. A pol			
	AND THE STATE OF T			į	sion testing log will be imp			
1	Findings:	indings:		‡ ‡	and kept in the maintenan	ice office.	i	
	During a tour of the facility with the Plant				C. The Administrator wil	II nerform a		
	Supervisor on October 26, 2011, the				monthly audit of the polar	ii.		
	maintenance documents for the electrical system was requested and the electrical equipments were observed.				testing log monthly over ti			
				1	months to ensure that the			
	At 11:48 a.m., no record for the polarity and tension testing of the wall outlets was provided				plies with the required tes	081 N 18 8050		
				~	and tension in all receptac			
	upon request. The Plant Supervisor stated that the receptacle outlets installed on the walls had				to prevent electrical fire a			
					may cause potential harm		8	
	not been tested.		14.4	455	and staff.	10110110		
K 155 SS=C	NFPA 101 LIFE S	AFETY CODE STANDARD	K 1	55	ora starr,			
55-0	service for more ti	fire alarm system is out of nan 4 hours in a 24-hour period,			K 155			
	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				The deficiency was writter	due to the		
3					failure of the facility to ha			
1	shutdown until the fire alarm system has been			procedures in placed to in	clude pro-			
	returned to service	e. 9.6.1.8			visions for notifying the au	thority having		
				Š	jurisdiction when the fire a	alarm system	NI I	
(a)					is out of service for more t	than 4 hours		
	This STANDARD	This STANDARD is not mat as suideneed by		35	in a 24-hour period which	could result in		
	This STANDARD is not met as evidenced by: Based on document review, the facility failed to have written procedures in place to include				not notifying the California	Department		
					of Public Health when the	fire alarm sys-		
		fying the authority having			tem is not in-service.			
	jurisdiction when the fire alarm system is out of service for more than 4 hours in a 24-hour period.				of Public Health when the	fire alarm sys-		
		failure to notify the California			tem is not in-service.			

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

OLITTICE	10 1 OIL MEDIONILE	& MEDICAID SERVICES				ONIB NO	0938-03
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055975				(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
		B. WI	NG_		10/26/2011		
	ROVIDER OR SUPPLIER	RIUM			REET ADDRESS, CITY, STATE, ZIP CODE 1889 NATIONAL CITY BLVD. NATIONAL CITY, CA 91950		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ïX	PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	ULD BE	(X5) COMPLETIC DATE
K 155	Continued From page 8 Department of Public Health (CDPH) when their			455	A. The Policy and Procedure o	n Fire	10/26/1
K 150			K	155	Watch was revised. CDPH was a	dded to	
	fire alarm system is				the list of agencies to be notified	d when	
	ine alaim system is not in service.				the fire alarm system is not inse		
	Findings:				more than 4 hours in a 24-hour		
	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.		380		B. The Policy and Procedure C will review all policies and proce over the next 12 months to ensupolicies that needed to be chang vised and updated are done. AND The Director Of Staff Dev. will can in-service training to all staff gards to updated/revised policie procedures over the next 12 months.	dures ore that ed/re- onduct in re- s and	11/14/: to 11/14/: 11/14/: to 11/14/:
					C. The Administrator will perform monthly review of policies and public dures that were updated over the 12 months are in placed and imputed. The Administrator will also public a random audit of employees ineducation records to monitor colonidary.	roce- e next lemen- perform service	11/14/1 to 11/14/1
•							