STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555418	A. BUILDING 01 - MAIN BUILDING 01 B. WING	06/26/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
ST FRANCIS EXTENDED CARE	718 BARTLETT AVE HAYWARD, CA 94541

(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: 3/29/1990 K7 SURVEY UNDER: 2000 EXISTING K12 STRUCTURE TYPE: TYPE V (111), FULLY SPRINKLERED 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 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census = 59	K 000	This plan of correction represents the facility's credible allegation of compliance with the cited deficiencies. Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts or conclusions set forth in the statement of deficiencies. The facility has been found to be in compliance with Medicare and Medicaid requirements. The plan of correction is prepared and/or executed solely because the provisions of state and federal law require it.	
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 1¾ 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	The facility recognizes the importance of maintaining its corridor doors to prevent passage of smoke in the event of a fire. The facility will continue to maintain its corridor doors. The identified self-closing device attached to the corridor door to the kitchen was replaced 7/2/2012 by Maint Sup.	

ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: July 9, 2012

ny deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that ther safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days ollowing 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 ays following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued rogram participation.

7/30/12 Poc Acceptable per Michael Gonzalez, HFES II

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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 and interview, the facility failed to maintain its corridor doors, as evidenced by doors that did not latch upon testing. This could result in the passage of smoke in the event of a fire, and affected 1 of 2 smoke compartments. NFPA 101 Life Safety Code, 2000 Edition 4.5.7 Maintenance. 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 maintained unless the Code exempts such maintenance. 7.2.1.5.4* A latch or other fastening device on a door shall be provided with a releasing device having an obvious method of operation and that is readily operated under all lighting conditions.	K 018	Maint Sup, Dietary Mgr, and NHA will monitor this kitchen door daily, effective immediately, to ensure continued complaince. Further issues regarding corridor doors will be received by Dietary Mgr, Maint Sup, and /or NHA and will be brought to the QA Committee for review at least quarterly, or more often if needed.	

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K 018	Continued From page 2 The releasing mechanism for any latch shall be located not less than 34 in. (86 cm), and not more than 48 in. (122 cm), above the finished floor. Doors shall be operable with not more than one releasing operation. Exception No. 1:* Egress doors from individual living units and guest rooms of residential occupancies shall be permitted to be provided with devices that require not more than one additional releasing operation, provided that such device is operable from the inside without the use of a key or tool and is mounted at a height not exceeding 48 in. (122 cm) above the finished floor. Existing security devices shall be permitted to have two additional releasing operations. Existing security devices other than automatic latching devices shall not be located more than 60 in. (152 cm) above the finished floor. Automatic latching devices shall not be located more than 48 in. (122 cm) above the finished floor. Exception No. 2: The minimum mounting height for the releasing mechanism shall not be applicable to existing installations. During a tour of the facility with the Maintenance Supervisor on 6/26/12, the corridor doors were observed. Findings: At 10:32 a.m., the corridor door to the kitchen	K 018	h	

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K 018	Continued From page 3 would not latch. The door was equipped with a self-closing device, but did not close and latch completely in 3 attempts. Upon interview, the Maintenance Supervisor explained that the air pressure/flow in the kitchen prevents the door from closing. Only when another door to the kitchen is opened, then the door will close and latch. Opening of another door releases the air pressure in the kitchen.	K 018		
K 054 SS=D	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 with the manufacturer's specifications. 9.6.1.3 This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to maintain their smoke detectors as evidenced by incomplete documentation for smoke detector sensitivity testing. This deficient practice could result in the increased risk of a smoke detector malfunction and affected 2 of 2 smoke compartments. NFPA 72, National Fire Alarm Code, 1999 Edition 7-3.2.1* Detector sensitivity shall be checked within 1 year after installation and every alternate year thereafter. After the second required calibration test, if sensitivity tests indicate that the detector has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke,	K 054	The facility recognizes the importance of maintaining smoke detectors. The facility will continue to maintain, inspect, and test the smoke detectors. The facility contacted AA Fire, the company who performs the smoke sensitivity tests for the smoke detectors to comply with regulations. The facility requested the smoke sensitivity ranges for the smoke detectors 7/5/2012. The facility will continue to perform smoke sensitivity tests and will continue to include ranges for each smoke detector, effective July 2012 and forward. Maint Sup and NHA have confirmed with AA Fire the requirement for sensitivity ranges to be included on all reports going forward from July 2012. Maint Sup and NHA will review smoke sensitivity reports from AA Fire to ensure sensitivity ranges are included.	

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K 054	Continued From page 4 if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. If the frequency is extended, records of detector-caused nuisance alarms and subsequent trends of these alarms shall be maintained. In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. To ensure that each smoke detector is within its listed and marked sensitivity range, it shall be tested using any of the following methods: (1) Calibrated test method (2) Manufacturer ' s calibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range (5) Other calibrated sensitivity test methods approved by the authority having jurisdiction Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. Exception No. 1: Detectors listed as field adjustable shall be permitted	K 054	Further issues regarding smoke sensitivity will be received by Maint Sup or NHA and brought to the QA Committee for review at least quarterly, or more often as needed.	

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K 054	Continued From page 5 to be either adjusted within the listed and marked sensitivity range and cleaned and recalibrated, or they shall be replaced. Exception No. 2: This requirement shall not apply to single station detectors referenced in 7-3.3 and Table 7-2.2. The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector. 7-5.2.2 A permanent record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 7-5.2.2. (1) Date (2) Test frequency (3) Name of property (4) Address (5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number (6) Name, address, and representative of approving agency(ies) (7) Designation of the detector(s) tested, for example, "Tests performed in accordance with Section _____." (8) Functional test of detectors (9) *Functional test of required sequence of operations (10) Check of all smoke detectors	K 054		

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K 054	Continued From page 6 (11) Loop resistance for all fixed-temperature, line-type heat detectors (12) Other tests as required by equipment manufacturers (13) Other tests as required by the authority having jurisdiction (14) Signatures of tester and approved authority representative (15)Disposition of problems identified during test (for example, owner notified, problem corrected/successfully retested, device abandoned in place) Findings: During document review with the Maintenance Supervisor on 6/26/12, the records for the smoke detector sensitivity testing were requested. At 9:30 a.m., during document review, the smoke detector sensitivity report dated 11/16/11 was observed. The report indicated that smoke sensitivity testing was done on the smoke detectors, but the report failed to list the sensitivity ranges (calibration percentages) for each smoke detector. Upon interview, the Maintenance Supervisor stated he will contact the vendor to have them complete the report for the next sensitivity testing.	K 054		
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	K 147		

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K 147	Continued From page 7 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 a substitute for permanent wiring. This could lead to an increased risk for an electrical fire and affected 2 out 2 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 ceilings suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8. Findings: During a tour of the facility with Maintenance Supervisor on 6/26/12, the electrical wiring in the facility was observed. 1. At 10:01 a.m., in Room 10 Bed B, an oxygen concentrator was plugged into a surge protector. 2. At 10:08 a.m., in Room 5, two surge protectors were mounted on the wall by Beds B	K 147	The facility recognizes the importance of maintaining electrical wiring and equipment in the facility. The facility will continue to maintain the electrical wiring and equipment without the use of surge protectors in the facility. In Rooms 4,5,10,19,20 and Dining Room – the surge protectors have been removed by Maint Sup 7/5/2012. Maint Sup, DSD, NHA, and nursing staff will be responsible to ensure the use of surge protectors does not recur. DSD will in-service staff July 27,2012 regarding the proper use of electrical cords and surge protectors in the facility, including resident rooms. Maint Sup and DSD will monitor rooms on a weekly basis, effective immediately, to ensure compliance and effectiveness of in-service. A certified and licensed electrician has been contaced about the possibility of installing additional electrical outlets throughout the facility. Further issues regarding wiring and the use of surge protectors will be received by the Maint Sup, DSD, or NHA and brought to the QA Committee for review at least quarterly, or more frequent if appropriate.	

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K 147	Continued From page 8 and C. 3. At 10:11 a.m., in Room 4 Bed C, a surge protector was mounted on the wall with an oxygen concentrator plugged into it. 4. At 10:12 a.m., in Room 4 Bed B, an IV pump was plugged into a surge protector. 5. At 10:22 a.m., in Room 20 Bed A, a surge protector was mounted on the wall. 6. At 10:24 a.m., in Room 19, an IV pump was plugged into a surge protector. 7. At 10:29 a.m., in the Dining/Recreation Room, the surge protector for the large screen television was mounted on the wall.	K 147