

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

PRINTED: 08/31/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555595	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 08/29/2012
NAME OF PROVIDER OR SUPPLIER KINDRED TRANSITIONAL CARE AND REHAB - SMITH RANCH			STREET ADDRESS, CITY, STATE, ZIP CODE 1550 SILVEIRA PARKWAY SAN RAFAEL, CA 94903		
(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: 1994 K7 SURVEY UNDER: 2000 Existing STRUCTURE TYPE: TWO STORY, TYPE V, WOOD FRAME CONSTRUCTION, 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 Life Safety Code Unit: 31201 The facility is not in compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census: 50 K 012 NFPA 101 LIFE SAFETY CODE STANDARD SS=E Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the integrity of the building construction, as evidenced by penetrations in walls and ceilings. This could result in the passage of	K 000			
		K 012			

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

TITLE

(X8) DATE

Maintenance Supervisor 9-7-12

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.

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K 012	Continued From page 1 smoke in the event of a fire. This affected two of three smoke compartments on the First Floor level, and one of two smoke compartments on the Ground Floor level. Findings: During the facility tour with the Maintenance Director on 8/29/12, the facility walls and ceilings were observed. First Floor Level: 1. At 9:27 a.m., there were two 1/8 inch circular penetrations in the ceiling with cable wire running through it, in resident Room 104. 2. At 9:30 a.m., there was an approximately 1/8 inch penetration in the ceiling with cable wire running through it, in resident Room 105. 3. At 9:38 a.m., there was an approximately 1/4 inch penetration in the ceiling with cable wire running through it, in resident Room 112. 4. At 9:58 a.m., there was an approximately 1/4 inch penetration in the ceiling with cable wire running through it, by Bed 2, in resident Room 119. Ground Floor Level: 5. At 10:55 a.m., there was an approximately 1/4 inch penetration in the ceiling with telephone wiring and pipe running through it, in the Medical Record Room located in the Central Supply Room.	K 012	<i>This Plan of Correction is Kindred Transitional Care and Rehabilitation - Smith Ranch's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i> It is the practice of Kindred Transitional Care and Rehabilitation - Smith Ranch to assure that all miscellaneous life safety issues are within compliance at all times to include: Ceiling penetration in room 104, room 105, room 112, room 119 and unsealed telephone wiring and pipe in the medical record room will be sealed with fire barrier sealant. All rooms, offices, mechanical and electrical rooms will be inspected for wall/ceiling penetrations, and unsealed conduit pipes by 9-14-12. Any found will be sealed per code. All rooms, offices, mechanical and electrical rooms will be inspected for wall/ceiling penetrations, and unsealed conduit pipes quarterly for one year and annually thereafter. These inspections will be documented in the centers Preventive Maintenance Program. Preventive Maintenance Logs will be reviewed by the PI committee quarterly to ensure continued compliance for one year following the noted issue.	9-14-12	9-14-12
K 025	NFPA 101 LIFE SAFETY CODE STANDARD	K 025			

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K 025 SS=E	<p>Continued From page 2</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the smoke integrity of the smoke barrier wall, as evidenced by unsealed penetrations in two smoke barrier walls. This affected one of two smoke compartments, on the Ground Floor. This finding could result in the spread of smoke and fire, and increase the risk of injury to residents and staff in the event of a fire.</p> <p>NEPA 101, 2000 edition 8.3.6.1 Pipes, conduits, bus ducts, cables, wires, air ducts, pneumatic tubes and ducts, and similar building service equipment that pass through floors and smoke barriers shall be protected as follows: (1) The space between the penetrating item and the smoke barrier shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier.</p>	K 025			

If continuation sheet Page 4 of 8

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K 062	<p>Continued From page 4</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, the facility failed to maintain its automatic sprinkler system. This was evidenced by paint or debris on sprinkler heads, and by escutcheon rings not maintained flush with the ceiling. The sprinkler deflector diverts the water to create a spray pattern when the sprinkler is activated. This could result in an obstruction to the sprinkler spray pattern, and a delay in extinguishing a fire. This affected two of three smoke compartments in the First Floor level, and one of two smoke compartments in Ground Floor level.</p> <p>NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition 2-2.1.1 Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation.</p> <p>Exception No. 1: Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection.</p>	K 062			

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K 062	<p>Continued From page 5</p> <p>Exception No. 2: Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown.</p> <p>Findings:</p> <p>During a tour of the facility with the Maintenance Director on 8/29/12, the automatic sprinkler system was observed.</p> <p>First Floor Level:</p> <ol style="list-style-type: none"> At 9:40 a.m., there was an approximately 1/2 inch penetration around the escutcheon ring, in the bathroom of resident Room 115. At 9:45 a.m., the escutcheon ring in the bathroom of resident Room 116 was not maintained flush with the ceiling, and exposed an approximately 1/4 inch penetration. At 10:06 a.m., there was debris on the sprinkler head, in resident Room 129. At 10:13 a.m., the escutcheon ring in resident Room 137 was not maintained flush with the ceiling, and exposed an approximately 1/2 inch penetration. <p>Ground Floor Level:</p> <ol style="list-style-type: none"> At 11:12 a.m., there was debris on the sprinkler head, in the Food Service Director Office located in the Kitchen. At 11:21 a.m., there was debris on the sprinkler head, behind the dryer machine in the Laundry 	K 062	<p><i>This Plan of Correction is Kindred Transitional Care and Rehabilitation - Smith Ranch's credible allegation of compliance.</i></p> <p><i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i></p> <p>It is the practice of Kindred Transitional Care and Rehabilitation - Smith Ranch to assure that the sprinkler system is maintained and inspected to ensure compliance at all times to include:</p> <ol style="list-style-type: none"> 1/2 inch penetration around the escutcheon ring in bathroom of room 115 will be sealed with fire barrier sealant. in rooms 116 and 137 1/4 and 1/2 penetrations will be sealed with fire barrier sealant and escutcheon rings will be adjusted to flush with ceiling. In room 129, Food Service Director Office located in the kitchen, and behind the dryer machine in the Laundry room debris was cleaned from sprinkler heads by 9-7-12 <p>The Automatic Sprinkler System is inspected quarterly by a Licensed Contractor to ensure compliance with NFPA 13 and 25.</p> <p>Plant Operations Director and Licensed Contractor will inspect sprinkler system quarterly to ensure future compliance.</p> <p>Safety Committee will inspect Automatic Sprinkler System inspection documentation quarterly for one year following the noted issue.</p>	9-14-12	9-14-12	9-7-12

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K 062	Continued From page 6	K 062			
K 147	NFPA 101 LIFE SAFETY CODE STANDARD	K 147			
SS=D	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 interview and observation, the facility failed to maintain the electrical wiring and utilities. This was evidenced by a missing electrical receptacle faceplate, and by the use of surge protectors. This could result in the increased risk of an electrical fire. This deficient practice affected one of three smoke compartments on the First Floor level, and two of two smoke compartments on the Ground Floor level. NFPA 70, 1999 edition 240-4 Flexible cord, including tinsel cord and extension cords, and fixture wires shall be protected against overcurrent by either (a) or (b). (a) Ampacities. Flexible cord shall be protected by an overcurrent device in accordance with its ampacity as specified in Tables 400-5(A) and (B). Fixture wire shall be protected against overcurrent in accordance with its ampacity as specified in Table 402-5. Supplementary overcurrent protection, as in Section 240-10, shall be permitted to be an acceptable means for providing this protection. 400-8 Unless specifically permitted in Section 400-7, flexible cord and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural		<i>This Plan of Correction is Kindred Transitional Care and Rehabilitation - Smith Ranch's credible allegation of compliance.</i> <i>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</i>		

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K 147	<p>Continued From page 7</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>(5) Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors</p> <p>(6) Where installed in raceways, except as otherwise permitted in this Code</p> <p>Findings:</p> <p>During a tour of the facility with the Maintenance Director on 8/29/12, the electrical wiring was observed.</p> <p>First Floor Level:</p> <p>1. At 10:15 a.m., in the Vestibule Room by resident Room 128, an electrical receptacle faceplate was missing. Maintenance Director confirmed that an electrical receptacle faceplate was missing.</p> <p>Ground Floor Level:</p> <p>2. At 10:44 a.m., a coffee maker was plugged into a surge protector, in the Medical Office.</p> <p>3. At 11:05 a.m., there were two walkie talkie chargers, a telephone box and cell phone charger plugged into a surge protector, in the Electrical Closet Room.</p>	K 147	<p>It is the practice of Kindred Transitional Care and Rehabilitation - Smith Ranch to assure compliance with NFPA 70, National Electrical Code at all times to include:</p> <p>In the vestibule room by resident room 128 Receptacle cover was replaced by 8-29-12</p> <p>Coffee maker In the Medical Office was connected directly to a wall electric outlet.</p> <p>In the Electrical Closet Room the surge protector was removed on 8-29-12 and the two walkie talkies chargers and cell phone charger were removed also on 8-29-12 and telephone box was connected directly to a wall electric outlet</p> <p>All rooms will be inspected for extension cords, receptacle covers and receptacle tightness by 9-14-12 to assure compliance with NFPA 70.</p> <p>Plant Operations Director will conduct on-going Monthly Room Inspections to ensure this practice will not re-occur. These inspections will be documented in the centers Preventive Maintenance Logs.</p> <p>The facility Safety Committee will review Room Inspection documentation and monitor through periodic inspections to insure compliance with NFPA 70 and the Preventative Maintenance Program.</p>	8-29-12	8-29-12
				8-29-12	9-14-12