

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 11/15/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555127	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  11/13/2012
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NAME OF PROVIDER OR SUPPLIER

OAKS, THE

STREET ADDRESS, CITY, STATE, ZIP CODE  
450 HAYES LANE  
PETALUMA, CA 94952

(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
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## K 000 INITIAL COMMENTS

K 000

K3 BUILDING: 01  
K6 PLAN APPROVAL: 1954  
K7 SURVEY UNDER: 2000 Existing

STRUCTURE TYPE: ONE STORY,  
CONSTRUCTION TYPE V PROTECTED WOOD  
FRAME AND MASONRY, 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: 56

## K 062 NFPA 101 LIFE SAFETY CODE STANDARD

SS=E

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

This STANDARD is not met as evidenced by:  
Based on observation, the facility failed to  
maintain the automatic sprinkler system. This  
was evidenced by paint or debris on sprinkler

K 062

K 062

The specific action taken to correct the  
deficiency:

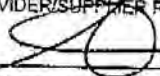
(1) Relocated Christmas decorations in Activity  
closet to be more than 18"  
from sprinkler deflector on November 13,  
2012.

(2) The painted sprinkler heads struts and  
deflectors in shower room, kitchen supply area  
and bathrooms 28,31,42,43 and 60 were  
cleaned, repaired, or replaced on November  
26, 2012.

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

TITLE

(X6) DATE



Anthony Meyers

Administrator

11/29/12

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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NAME OF PROVIDER OR SUPPLIER  OAKS, THE		STREET ADDRESS, CITY, STATE, ZIP CODE 460 HAYES LANE PETALUMA, CA 94952	
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heads and struts, by a bent sprinkler deflector, and by items stored less than 18 inches below a sprinkler deflector. 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 four of five smoke compartments.

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.

Exception No. 1: Sprinklers installed in concealed spaces such as above suspended ceilings shall not require inspection.

Exception No. 2: Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown.

5-5.6 Clearance to Storage. The clearance between the deflector and the top of storage shall be 18 in. (457 mm) or greater.

Findings:

During a tour of the facility with the Maintenance Staff on 11/13/12, the automatic sprinkler system

K 062 The person responsible for corrective action:  
The Maintenance Supervisor cleaned, repaired, or replaced sprinkler heads struts and deflectors that were painted and/or corroded or bent.

The measures put into place to prevent this deficiency from happening again:  
The Maintenance Supervisor will go through the facility monthly to ensure there are no objects 18" or closer to fire sprinklers deflectors and that there are no fire sprinklers painted, corroded or have bent deflectors. These monthly inspections will be recorded on a log sheet. An in-service will be completed to let all staff know the regulation.

How the facility plans to monitor performance of correction:

The administrator will meet with the Maintenance Supervisor monthly to ensure the inspections are done and logged. The Maintenance Supervisor will also report on these inspections at the quarterly QA meetings.

The corrective action to take place:  
The above actions will be completed by December 13, 2012.

12/13/12

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was observed.

K 062

1. At 9:48 a.m., Christmas decorations were stored approximately 12 inches below the sprinkler deflector, in the small Activity Storage room.
2. At 10:12 a.m., there was paint on the sprinkler head deflector and strut, in the bathroom of resident Room 60.
3. At 10:13 a.m., there was paint on the sprinkler head deflector and strut, in the Shower Room.
4. At 10:14 a.m., there was paint on the sprinkler head deflector, in the bathroom of resident Room 48.
5. At 10:24 a.m., there was paint on the sprinkler head deflector and strut, in the bathroom of resident Room 42.
6. At 10:34 a.m., there was paint on the sprinkler head deflector and strut, in the bathroom of resident Room 31.
7. At 10:40 a.m., there was paint on the sprinkler head deflector, in the bathroom and the entry way of resident Room 28.
8. At 10:52 a.m., there were two sprinkler heads in the Supply Area located in the Kitchen. One sprinkler head was corroded, and the other sprinkler head had a bent deflector.

K 076 NFPA 101 LIFE SAFETY CODE STANDARD

K 076

SS=E  
Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards

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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  
maintain their oxygen storage. This was  
evidenced by empty and full oxygen cylinders that  
were stored together in two oxygen storage  
rooms. This affected one of five smoke  
compartments, and could result in staff being  
unable to differentiate between empty and full  
oxygen cylinders, in the event of a emergency

NFPA 99, 4-3.1.2.2 (2) If stored within the same  
enclosure, empty cylinders shall be segregated  
from full cylinders. Empty cylinders shall be  
marked to avoid confusion and delay if a full  
cylinder is needed hurriedly.

Findings:

During a tour of the facility with the Maintenance  
Staff on 11/13/12, the oxygen storage was  
observed.

1. At 10:18 a.m., the full and empty cylinders in  
the oxygen room by resident Room 46 were not

K 076 K076

The specific action taken to correct the  
deficiency:

(1) The oxygen cylinders were separated in  
both oxygen rooms to store only full cylinders  
in one room and empty cylinders in the other  
on November 19, 2012.

(2) A Full and Empty sign was posted on the  
appropriate rooms on November 19, 2012.

The person responsible for corrective action:  
The Maintenance Supervisor separated full  
and empty oxygen cylinders into proper  
storage rooms and posted signs Full and  
Empty signs on appropriate doors. An in-  
service will be completed to let all nurses  
know the regulation.

The measure put into place to prevent this  
deficiency from happening again:  
The Maintenance Supervisor will inspect  
Oxygen rooms weekly to ensure the full  
cylinders and empty cylinders are in proper  
oxygen rooms and the full and empty signs are  
in place. The Maintenance Supervisor will  
keep a log of weekly inspections.

How the facility plans to monitor performance  
of correction:

The administrator will meet with Maintenance  
Supervisor monthly to ensure inspections are  
done and logged. The Maintenance Supervisor  
will also report on these inspections at the  
quarterly QA meeting.

The corrective action to take place:

The above actions will be completed by  
November 21, 2012.



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stored separated. There were no signs that indicated which cylinders were full, or empty.

2. At 10:23 a.m., the full and empty cylinders in the oxygen room were not stored separated. There were no signs that indicated which cylinders were full, or empty.

K 147 NFPA 101 LIFE SAFETY CODE STANDARD

SS=E

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 equipment and utilities. This was evidenced by the use of surge protectors for medical equipments and appliances. This deficient practice affected three of five smoke compartments, and could result in the ignition of an electrical fire.

NFPA 70, 1996 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 (E).  
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

K 076

K 147 K147

The specific action taken to correct this deficiency:

The surge protectors were immediately removed from room 27A, room 61C & D and employee break room. The fan was unplugged from the kitchen surge protector on November 13, 2012

The person responsible for corrective action:  
The Maintenance Supervisor removed surge protectors from room 27A, room 61C & D and employee break room. The Maintenance Supervisor unplugged the fan from kitchen surge protector and can be directly plugged into the wall electrical outlet when needed.

The measures put into place to prevent this deficiency from happening again:  
The Maintenance Supervisor will go through facility monthly to inspect and ensure there are no surge protectors being used for medical equipment and/or appliances in place of insufficient wiring. The Maintenance Supervisor will keep a log of inspections and in-service all staff at our regular schedules fire drills.

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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
- (5) Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors
- (6) Where installed in raceways, except as otherwise permitted in this Code

Findings:

During a tour of the facility with a staff member on 11/13/12, the electrical equipment and utilities were observed:

1. At 10:10 a.m., Bed C, Bed D, an APP pump, and a radio were plugged into a surge protector, in resident Room 61.
2. At 10:42 a.m., a bed and an APP pump were plugged into a surge protector, in resident Room 27A.
3. At 10:50 a.m., a toaster and a coffee maker were plugged into a surge protector, in the Employee Break room.
4. At 10:51 a.m., a fan was plugged into a surge protector, in the Kitchen.

K 147 How the facility plans to monitor performance of correction:

The Administrator will meet with the Maintenance Supervisor to ensure inspections are done and logged. The Maintenance Supervisor will report on these inspections at the quarterly QA meeting.

The corrective action to take place:  
The above action will be completed by December 13, 2012

12/13/12