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

FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555053	A. BUILDING 01 B. WING ________	06/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BROWNING MANOR CONVALESCENT HOSPITAL	729 BROWNING ROAD DELANO, CA 93215

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K 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 7/1/77 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED. The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification 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: 28602 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census: 48	K 000	Browning Manor Convalescent Hospital (BMCH) makes it best effort to operate in full compliance with both Federal and State Law. Nothing included in this Plan of Correction is an admission otherwise. BMCH has submitted this Plan of Correction in order to comply with its regulatory obligation and does not waive any objections to the merits or form of any allegations contained herein, Please note that BMCH may contest the merits and /or form of any of the deficiency or findings alleged below and may take reasonable steps to appeal them.	
K 012 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD 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 and interview, the facility failed to maintain the integrity of their building construction. This was evidenced by unsealed penetrations in the walls and ceilings. This	K 012	K-012 The identified penetrations have been sealed with 3M Fire Barrier Sealant Product #CP25WB and a cover plate installed on the identified conduit. In inspection of the remainder of the facility was conducted to ensure no additional unsealed penetrations or uncovered junction boxes exist. Inservice education will be provided to	7/10/15

[redacted] R REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 6/29/15

Any deficiency statement ending [redacted] (*) 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.

PoC accepted 7/15/15 per Jared Okimoto

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K 012	Continued From page 1 affected two of three smoke compartments and could result in the spread of smoke or fire to other locations in the facility. Findings: During the facility tour with Maintenance Staff 1 on 6/10/15, the ceilings and walls were observed. 1. At 10:47 a.m., there was an approximately one inch penetration around wires in the Med Room. The penetration was on the west wall, near the fax/copy machine. At 10:48 a.m., during an interview, Maintenance Staff 1 reported that he forgot to fill the penetration with fire caulking after he ran the wires. 2. At 1:02 p.m., there were three 2-inch unsealed conduits in the satellite room located inside the Staff Lounge. The unsealed conduits were penetrating the ceiling and had a bundle of cables going through the conduits. 3. At 1:19 p.m., there were two-1/2 inch round penetrations in Room 2. The penetrations were on the west wall, behind Bed B. At 1:20 p.m., during an interview, Maintenance Staff 1 reported that the power box to the television fell off causing the penetrations. 4. At 1:25 p.m., there was an approximately one inch penetration around a large pipe that was penetrating the wall adjacent to the central supply. The penetration was on the east wall.	K 012	the facility Maintenance staff by the Administrator to include but not be limited to the need to ensure all penetrations are appropriately sealed and all junction boxes are properly covered. The facility Maintenance staff, as part of its ongoing maintenance efforts, will ensure that penetrations are properly sealed and junction boxes are covered. Through the CQI process a probe will be completed quarterly to include but not be limited to observation of penetrations to ensure that all are properly sealed and junction boxes to ensure they are properly covered. The results of this probe shall be submitted to the Quality Assurance Committee for review and recommendation	
K 018	NFPA 101 LIFE SAFETY CODE STANDARD	K 018	K-018	7/10/15

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K 018 SS=E	Continued From page 2 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 Roller latches are prohibited by CMS regulations in all health care facilities. This STANDARD is not met as evidenced by: Based on observation, the facility failed to ensure that corridor doors closed and latch. This was evidenced by three doors that were impeded from closing. This failure could result in the spread of smoke and/or fire, and affected three of three smoke compartments. NFPA 101 Life Safety Code 2000 Edition 19.3.6.3.2* Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door. Roller	K 018	The identified pulley was removed from the therapy door and the over-bed table and fall mat moved the enable doors to properly close and latch. An inspection of the remainder of the facility was conducted to ensure all remaining doorways were clear and doors were able to close and latch. Inservice education will be provided to all facility staff by the Director of Staff Development or he designee to include but not be limited to the need to ensure all doorways remain clear and are able to freely close and latch. The Administrator, as part of her routine rounds, will monitor to ensure all doorways remain clear and are able to freely close and latch. Through the CQI process a probe will be completed quarterly to include but not be limited to observation of penetrations to ensure all doorways remain clear and are able to freely close and latch. The results of this probe shall be submitted to the Quality Assurance Committee for review and recommendation	

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K 018	Continued From page 3 latches shall be prohibited on corridor doors in buildings not fully protected by an approved automatic sprinkler system in accordance with 19.3.5.2. Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxiliary spaces that do not contain flammable or combustible materials. Exception No. 2: Existing roller latches demonstrated to keep the door closed against a force of 5 lbf (22 N) shall be permitted to be kept in service. 4.6.12 Maintenance and Testing. 4.6.12.1 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 continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction. Findings: During a facility tour with Maintenance Staff 1 on 6/10/15, the corridor doors were tested and observed. 1. At 11:42 a.m., the corridor door to the Physical Therapy Room was impeded from closing by a metal pulley that was hanging over the door. There were no staff or residents in the Physical Therapy Room, the lights were off, and the door was in the open position. 2. At 1:11 p.m., the door to Room 11 was impeded from closing by an over the bed table	K 018		

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K 018	Continued From page 4 positioned in the swing path of the door. 3. At 1:15 p.m., the door to Room 8 was impeded from closing by a fall pad that was on the floor and positioned in the swing path of the door.	K 018		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain their hazardous area enclosures. This was evidenced by a combustible storage area that was not equipped with a self closing door. This affected one of three smoke compartments and could result in the spread of smoke or fire to other locations in the facility. NFPA 101, 2000 edition 19.3.2 Protection from Hazards. 19.3.2.1 Hazardous Areas. Any hazardous areas shall be safeguarded by a fire barrier having a 1-hour fire resistance rating or shall be provided with an automatic extinguishing system in accordance with 8.4.1. The automatic	K 029	K-029 A self-closing device has been added to the Medical Records Office door. An inspection of the remainder of the facility was conducted to ensure that no additional rooms of sufficient volume with combustible materials were without self-closing devices on their doors. Inservice education will be provided to the facility Maintenance staff by the Administrator or her designee to include but not be limited to the need to ensure that rooms of sufficient volume with combustible materials have self-closing devices on their doors. The Administrator, as part of her routine rounds, will observe to ensure rooms of sufficient volume with combustible materials have self-closing devices on their doors. Through the CQI process a probe will be completed quarterly to include but not be limited to observation to ensure	7/10/15

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K 029	Continued From page 5 extinguishing shall be permitted to be in accordance with 19.3.5.4. Where the sprinkler option is used, the areas shall be separated from other spaces by smoke-resisting partitions and doors. The doors shall be self-closing or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following: (1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 ft2 (9.3 m2) (3) Paint shops (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft2 (4.6 m2), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction (8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard. Exception: Doors in rated enclosures shall be permitted to have nonrated, factory- or field-applied protective plates extending not more than 48 in. (122 cm) above the bottom of the door. Findings: During a tour of the facility with Maintenance Staff 1 on 6/10/15, the walls and doors to hazardous areas were observed. 1. At 11:40 a.m., there was no self closer on the door to the Medical Records/Director of Staff Development Office. The room was greater than 50 square feet in area and contained 7 filing cabinets filled with records, over 50 binders with	K 029	that rooms of sufficient volume with combustible materials have self-closing devices on their doors. The results of this probe shall be submitted to the Quality Assurance Committee for review and recommendation	

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K 029	Continued From page 6 records, stacks of paper on top of the cabinets ranging from 8 to 10 inches in height, 4 cardboard boxes, and 2 plastic containers storing records.	K 029		
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD 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, record review, and interview, the facility failed to maintain their automatic sprinkler system. This was evidenced by paint covered sprinkler heads and by the failure to correct deficiencies noted on a failed automatic sprinkler system quarterly inspection. This affected three of three smoke compartments and could result in a malfunctioning automatic sprinkler system, in the event of a fire. NFPA 101, 2000 edition 9.6.1.4 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm Code, unless an existing installation, which shall be permitted to be continued in use, subject to the approval of the authority having jurisdiction. 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of	K 062	K-062 The identified sprinklers have either been cleaned or replaced. Additional inspection of all remaining sprinklers throughout the facility was conducted to ensure no additional sprinklers exist which are dirty or are contaminated with foreign material. Inservice education will be provided to the facility Maintenance staff by the Administrator or her designee to include but not be limited to the need to ensure sprinklers are routinely cleaned and not contaminated with foreign material. The Administrator, as part of her routine rounds, will observe to ensure sprinklers are clean and not contaminated with foreign material. Through the CQI process a probe will be completed quarterly to include but not be limited to observation to ensure sprinklers are clean and not contaminated with foreign material. The results of this probe shall be submitted to the Quality Assurance	7/10/15

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K 062	Continued From page 7 Water-Based Fire Protection Systems. NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems 1998 Edition 2-2 Inspection. 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. Findings: During a facility tour and record review with Maintenance Staff 1 on 6/10/15, the automatic sprinkler system was observed and the maintenance records were reviewed. 1. At 10:23 a.m., the automatic sprinkler system quarterly inspection and testing record dated 3/18/15 reported the system failed due to painted sprinkler heads. The report indicated that 95 sprinkler heads were deficient and required replacement. There were no records that indicated the deficient sprinkler heads had be replaced. At 10:24 a.m., during an interview, Maintenance Staff 1 reported that the vendor was scheduled to begin the replacement of the sprinkler heads at the end of the month (June 2015). 2. At 11:42 a.m., the sprinkler head in the oxygen room was contaminated with paint on the deflector. Maintenance Staff 1 confirmed the	K 062	Committee for review and recommendation	

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K 062	Continued From page 8 paint on the deflector. 3. At 1:05 p.m., the sprinkler head in the women's restroom was contaminated with a white and green substance. At 1:06 p.m., during an interview, Maintenance Staff 1 confirmed the white and green substance was paint.	K 062		