

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

PRINTED: 08/08/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555020	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03  B WING _____	(X3) DATE SURVEY COMPLETED  07/31/2014
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NAME OF PROVIDER OR SUPPLIER  LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116
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K 000	INITIAL COMMENTS  K3 BUILDING: 01  K6 PLAN APPROVAL: 12/2010  K7 SURVEY UNDER: 2000 NEW  STRUCTURE TYPE: CONSTRUCTION TYPE I (443), FULLY SPRINKLERED. North Tower: 7 Story Building South Tower: 6 Story Building Pavilion: 4 Story Building  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, New codes.  Representing the California Department of Public Health: 27254 30514  The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.  Census = 747	K 000	This Plan of Correction is the response by Laguna Honda Hospital and Rehabilitation Center ("Laguna Honda" or "facility") as required by regulation, to the Statement of Deficiencies (Form CMS-2567) issued by the CA Department of Public Health on August 8, 2014, and received by the facility on August 11, 2014, during an annual recertification Life Safety Code Survey which began on July 29, 2014 and concluded on July 31, 2014. The submission of this Plan of Correction does not constitute an admission of the deficiencies listed on this Form CMS-2567 or an admission to any statements, findings, facts, and conclusions that form the basis of the alleged deficiencies.	
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are	K 018	The facility is designed, constructed, equipped and maintained with doors that protect corridor openings to resist the passage of smoke.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Mivic Hirose* TITLE Mivic Hirose, Executive Administrator (X6) DATE 8/21/14

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 018	Continued From page 1 permitted. Roller latches are prohibited. 18.3.6.3  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain corridor doors as evidenced by corridor doors that failed to positively latch when closed. This affected one of seven floors in the North Tower, one of six floors in the South Tower, and one of four floors in the Pavilion Building which could result in the passage of smoke in the event of a fire.  Findings:  During a tour of the facility with staff on 7/29/14 through 7/31/14, the corridor doors were inspected throughout the facility.  Pavilion Building 1. On 7/31/14, at 11:13 a.m., on Pavilion Mezzanine, the door to Resident Room PM65 failed to positively latch when closed. The latching mechanism was stuck in the door.  2. On 7/31/14, at 11:25 a.m., on Pavilion Mezzanine, the door to Resident Room PM45 failed to positively latch when closed. The latching mechanism was stuck in the door.  North Tower 1. On 7/31/14, at 9:43 a.m., on North 2, the door to Resident Room N227 failed to positively latch when closed. The latching mechanism was stuck in the door.	K 018	Pavilion Building: 1. Facility Services staff adjusted the door latching mechanism on Resident Room PM65 to positively latch without getting stuck in the door when closed.  2. Facility Services staff adjusted the door latching mechanism on Resident Room PM45 to positively latch without getting stuck in the door when closed.  North Tower: 1. Facility Services staff adjusted the door latching mechanism on Resident Room N227 to positively latch without getting stuck in the door when closed.  South Tower: 1. Facility Services staff adjusted the door latching mechanism on Resident Room S221 to positively latch without getting stuck in the door when closed.  An in-service will be provided to neighborhood staff reminding them to complete a work order if they find a room door that fails to positively latch when closed. The Nurse Educator is responsible for developing the in-service. Managers are responsible for monitoring staff completion of the in-service by either class attendance or completion of an e-Learning curriculum.  Facility Services supervisors are responsible for tracking the work order system to verify completion of the repair work. Director of Facility Services is responsible for compliance.	8/8/14  8/8/14  8/8/14  8/8/14  8/29/14  8/29/14 and on-going
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K 018	<p>Continued From page 1 permitted. Roller latches are prohibited. 18.3.6.3</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain corridor doors as evidenced by corridor doors that failed to positively latch when closed. This affected one of seven floors in the North Tower, one of six floors in the South Tower, and one of four floors in the Pavilion Building which could result in the passage of smoke in the event of a fire.</p> <p>Findings:</p> <p>During a tour of the facility with staff on 7/29/14 through 7/31/14, the corridor doors were inspected throughout the facility.</p> <p>Pavilion Building</p> <p>1. On 7/31/14, at 11:13 a.m., on Pavilion Mezzanine, the door to Resident Room PM65 failed to positively latch when closed. The latching mechanism was stuck in the door.</p> <p>2. On 7/31/14, at 11:25 a.m., on Pavilion Mezzanine, the door to Resident Room PM45 failed to positively latch when closed. The latching mechanism was stuck in the door.</p> <p>North Tower</p> <p>1. On 7/31/14, at 9:43 a.m., on North 2, the door to Resident Room N227 failed to positively latch when closed. The latching mechanism was stuck in the door.</p>	K 018	<p>Continued from page 2</p> <p>Resident room doors that open into the corridor will be inspected by the carpenters every 3 months and the door latching mechanism will be adjusted if the door does not fully latch when closed. Director of Facility Services is responsible for compliance.</p> <p>The condition of resident room doors that open into the corridor of each household on a neighborhood will be inspected annually by an interdisciplinary team comprised of staff from Facility, Environmental, and Nursing Services and the Emergency Preparedness Coordinator when they conduct quarterly Environment of Care (EOC) rounds. Quarterly reports from EOC rounds will be submitted to the Performance Improvement and Patient Safety Committee. The Chief Operating Officer is responsible for reporting compliance.</p>	<p>8/29/14 and on-going</p> <p>8/29/14 and on-going</p>
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K 018	Continued From page 2 South Tower 1. On 7/29/14, at 2 p.m., on South 2, the door to Resident Room S221 failed to positively latch when closed. The latching mechanism was stuck in the door.	K 018		
K 027 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Swinging doors are arranged so that each door swings in an opposite direction. Doors are self-closing and rabbets, bevels or astragals are required at the meeting edges. Positive latching is not required. 18.3.7.5, 18.3.7.6, 18.3.7.8</p> <p>This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the fire doors to continuously serve as a barrier to prevent the spread of smoke and/or fire. This was evidenced by cross-corridor fire doors which were equipped with latching hardware that</p>	K 027	<p>The facility is designed, constructed, equipped, and maintained to protect the health and safety of residents, personnel and the public with construction, protection and occupancy features necessary to minimize danger to life from the effects of fire, including smoke, heat and toxic gases created during a fire.</p> <p>Pavilion Building:</p> <p>1. Repair parts for WON Door # 4 have been received and installed by Facility Services staff. WON Door # 4 was tested and is back online after the repair work was completed.</p> <p>2. The door latching mechanism on the P1 General Store door was adjusted by Facility Services staff to fully close when released upon activation of the fire alarm system.</p> <p>3. During the fire alarm test on Pavilion 1, at 9:30 am on 7/30/14, the cafeteria exhaust fans were bypassed causing the air pressure to keep the sliding fire door by the Beauty Shop, Art Studio and the Barber Shop to remain open. After meal service was completed, the cafeteria exhaust fans were returned to normal operation and the system was re-tested. Upon re-activation of the fire alarm system, the sliding fire door by the Beauty Shop, Art Studio and the Barber Shop was able to close completely without any gaps.</p>	<p>8/15/14</p> <p>8/8/14</p> <p>7/30/14</p>

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K 027	<p>Continued From page 3</p> <p>failed to latch when tested. This affected three of six floors in the South Tower, three of seven floors in the North Tower and one of four floors in the Pavilion Building. This could result in the spread of smoke in the event of a fire.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 18.3.7.6* Doors in smoke barriers shall comply with 8.3.4 and shall be self-closing or automatic-closing in accordance with 18.2.2.2.6.</p> <p>18.2.2.2.6* Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier, or hazardous area enclosure (except boiler rooms, heater rooms, and mechanical equipment rooms) shall be permitted to be held open only by an automatic release device that complies with 7.2.1.8.2. The automatic sprinkler system and the fire alarm system, and the systems required by 7.2.1.8.2 shall be arranged to initiate the closing action of all such doors throughout the smoke compartment or throughout the entire facility.</p> <p>7.2.1.8.2 In any building of low or ordinary hazard contents, as defined in 6.2.2.2 and 6.2.2.3, or where approved by the authority having jurisdiction, doors shall be permitted to be automatic-closing, provided that the following criteria are met: (1) Upon release of the hold-open mechanism, the door becomes self-closing. (2) The release device is designed so that the door instantly releases manually and upon release becomes self-closing, or the door can be readily closed. (3) The automatic releasing mechanism or medium is activated by the operation of approved smoke detectors installed in accordance with the requirements for smoke detectors for door</p>	K 027	<p>North Tower:</p> <ol style="list-style-type: none"> <li>1. The North 5 left hand fire door to the Cedar Suite and the door latching mechanism were adjusted to positively latch when closed. 8/8/14</li> <li>2. The North 3 right hand fire door to the Nursing Station #1 and the door latching mechanism were adjusted to positively latch when closed. 8/8/14</li> <li>3. The North 2 right hand fire door to the Cypress Suite and the door latching mechanism were adjusted to positively latch when closed. 8/8/14</li> </ol> <p>South Tower:</p> <ol style="list-style-type: none"> <li>1. The South 5 right hand fire door to the Buena Vista Suite and the door latching mechanism were adjusted to positively latch when closed. 8/8/14</li> <li>2. The South 5 right hand fire door to Nursing Station # 1 and the door latching mechanism were adjusted to positively latch when closed. 8/14/14</li> <li>3. The South 4 right hand fire door to the Buena Vista Suite and the door latching mechanism were adjusted to positively latch when closed. 8/8/14</li> <li>4. The South 4 right hand and left hand fire doors to Nursing Station # 1 and the door latching mechanism were adjusted to positively latch when closed. 8/8/14</li> </ol>	
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K 027	<p>Continued From page 4 release service in NFPA 72, National Fire Alarm Code®. (4) Upon loss of power to the hold-open device, the holdopen mechanism is released and the door becomes selfclosing. (5) The release by means of smoke detection of one door in a stair enclosure results in closing all doors serving that stair.</p> <p>Findings:</p> <p>During a tour of the facility with staff members between 7/29/14 through 7/31/14, the facility smoke barrier doors were observed.</p> <p>Pavilion Building 1. On 7/29/14, at 11:30 a.m., the documents for the WON doors in the Pavilion Building were provided. The documents provided indicated the WON Door #4 failed when tested and required repair. During an interview, staff stated the parts for the door had been ordered and they were waiting for the parts to arrive to repair the door. During fire alarm testing on 7/30/14, at 9:43 a.m., WON Door #4 failed to close. The door had been taken offline due to the repairs needed.</p> <p>2. On 7/30/14, at 9:41 a.m., on P1, the door to the General Store released upon activation of the Fire Alarm Control Panel (FACP). The door failed to close and remained open approximately five inches. The door was tested again at 2:35 p.m., and the door failed to close and remained open approximately five to six inches.</p> <p>North Tower 1. On 7/30/14, at 10:07 a.m., on North 5, the left hand fire door to the Cedar Suite failed to positively latch when closed. The door was</p>	K 027	<p>5. The South 3 left hand fire door to the Marina Suite and the door latching mechanism were adjusted to positively latch when closed after the FACP was activated.</p> <p>6. The yellow caution cone was removed from the doorway to the Marina Dining Room on South 6 and the door fully closed after activation of the fire alarm system.</p> <p>Monthly inspections will be conducted by the carpenters to identify fire doors that do not fully latch when closed upon activation of the fire alarm system and to adjust the door and the door latching mechanism to positively latch when closed. Director of Facility Services is responsible for monitoring compliance.</p> <p>An in-service will be provided to neighborhood staff reminding them not to obstruct fire doors from fully closing, and to complete and submit a work order to repair doors that do not fully close when released by activation of the fire alarm system. The Nurse Educator is responsible for developing the in-service. Managers are responsible for monitoring staff completion of the in-service by either class attendance or completion of an e-Learning curriculum.</p>	8/8/14  8/8/14  8/29/14 and on-going  8/29/14 and on-going	

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K 027	<p>Continued From page 5 tested multiple times.</p> <p>2. On 7/30/14, at 10:31 a.m., on North 3, the right hand fire door to Nursing Station #1 failed to fully close. The door remained open approximately 1 inch.</p> <p>3. On 7/30/114, at 10:36 a.m., on North 2, the right hand fire door into the Cypress Suite failed to positively latch when closed.</p> <p>South Tower</p> <p>1. On 7/30/14, at 11:17 a.m., on South 5, the right hand fire door to Buena Vista Suite failed to positively latch when closed.</p> <p>2. On 7/30/14, at 11:22 a.m., on South 5, the right hand fire door to Nursing Station #1 failed to positively latch when closed.</p> <p>3. On 7/30/14, at 12:56 a.m., on South 4, the right hand fire door to the Buena Vista Suite failed to positively latch when closed.</p> <p>4. On 7/30/14, at 12:57 a.m., on South 4, the right hand and left hand fire doors to Nursing Station #1 both failed to positively latch when closed.</p> <p>5. On 7/30/14, at 1:15 a.m., on South 3, the left hand fire door to the Marina Suite failed to release from the door magnet when the FACP was activated.</p> <p>Pavilion Building</p> <p>1. On 7/30/14, at 9:30 a.m., on Pavilion 1, the sliding fire door by the Beauty Shop, Art Studio and Barber Shop did not completely close upon activation of the fire alarm system. There was an approximately 2 inch gap at the bottom of the door.</p>	K 027	<p>Facility Services supervisors are responsible for tracking the work order system to verify completion of the repair work. Director of Facility Services is responsible for compliance.</p> <p>Quarterly Environment of Care (EOC) rounds by an interdisciplinary team comprised of staff from Facility, Environmental and Nursing Services and the Emergency Preparedness Coordinator will be conducted to monitor that doors are clear of obstructions and fully latch when closed when the fire alarm system is activated. Quarterly reports from EOC rounds will be submitted to the Performance Improvement and Patient Safety Committee. The Chief Operating Officer is responsible for reporting compliance.</p>	<p>8/29/14 and on-going</p> <p>8/29/14 and on-going</p>
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K 027	Continued From page 6 South Tower 1. On 7/30/14, at 11:05 a.m., on South 6, the door to the Marina Dining Room was obstructed from closing by a yellow caution cone. The doorways a fire rated door. The door was equipped with a magnetic release device and did release upon activation of the fire alarm system.	K 027		
K 051 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection, or extinguishing system operation. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72, National Fire Alarm Code, and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 18.3.4, 9.6</p> <p>This STANDARD is not met as evidenced by: The facility failed to maintain the fire alarm system as evidenced by a manual pull station that failed to activate the Fire Alarm Control Panel (FACP). This affected one of seven floors in the North Tower, and could result in the failure to activate the fire alarm system in the event of a fire.</p> <p>NFPA 101 Life Safety Code, 2000 Edition</p>	K 051	<p>The facility has installed and is equipped with a fire alarm system that meets required standards to provide an effective warning system in case of fire in any part of the building.</p> <p>North Tower: 1. The North 1 manual pull station was repaired and is in working condition.</p> <p>Testing of other manual pull stations will be conducted during monthly fire drills. The Safety Engineer is responsible for conducting monthly fire drills. Facility Services Director is responsible for monitoring compliance.</p> <p>Facility records of fire alarm systems maintenance will be reviewed quarterly by the Director of Facility Services. Chief Operating Officer is responsible for monitoring compliance.</p>	<p>8/18/14</p> <p>8/29/14 and on-going</p> <p>8/29/14 and on-going</p>



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K 051	Continued From page 7 9.6.2 Signal Initiation. 9.6.2.6* Each manual fire alarm box on a system shall be accessible, unobstructed, and visible. 9.6.3.6 Notification signals for occupants to evacuate shall be by audible and visible signals in accordance with NFPA 72, National Fire Alarm Code, and CABO/ANSI A117.1, American National Standard for Accessible and Usable Buildings and Facilities, or other means of notification acceptable to the authority having jurisdiction shall be provided.  Findings:  During a tour of the facility with a staff member on 7/30/14, the fire alarm system was tested.  North Tower 1. At 2:45, on North 1, the manual pull station #01050392, failed to activate the FACP when tested.	K 051		
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 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 as evidenced by sprinkler heads covered with dirt, and a sprinkler head with less than 18 inch clearance. This affected one of four smoke compartments in the Pavilion Building, and could	K 062	The facility has installed and maintained an automatic sprinkler system in reliable operating condition that is periodically inspected and tested.  Pavilion Building:  1. The box that was on the top shelf of the storage area on Pavilion 1 General Store room was removed to provide the required 18 inch clearance. Other items on the top shelf were also removed and a sign was placed to alert staff not to place any items on the top shelf. A log was created for use by the general store staff to verify weekly that the top shelving remains clear. The Rehabilitation Coordinator is responsible for monitoring compliance.	8/15/14

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NAME OF PROVIDER OR SUPPLIER  <b>LAGUNA HONDA HOSPITAL &amp; REHABILITATION CTR D/P SNF</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116</b>
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K 062	<p>Continued From page 8 result in the passage of smoke from one smoke compartment to another.</p> <p>NFPA 13, Installation of Sprinkler System, 1999 Edition 5-5.6 Clearance to Storage. The clearance between the deflector and the top of storage shall be 18 in. (457 mm) or greater. Exception No. 1: Where other standards specify greater minimums, they shall be followed. Exception No. 2: A minimum clearance of 36 in. (0.91 m) shall be permitted for special sprinklers. Exception No. 3: A minimum clearance of less than 18 in. (457 mm) between the top of storage and ceiling sprinkler deflectors shall be permitted where proven by successful large-scale fire tests for the particular hazard. Exception No. 4: The clearance from the top of storage to sprinkler deflectors shall be not less than 3 ft (0.9 m) where rubber tires are stored.</p> <p>Findings</p> <p>During a tour of the facility with staff members on 7/31/14, the sprinkler heads were observed.</p> <p>Pavilion Building</p> <p>1. At 11:47 a.m., on Pavilion 1, in the General Store Storage area, one of three sprinkler heads had less than 18" clearance. There was approximately 10 inch clearance between the sprinkler head and the box on the top shelf.</p> <p>2. At 1:27 p.m., on Pavilion 2, on the Kitchen Dock area, 5 of 20 sprinkler heads were covered with lint and dirt. Staff confirmed the sprinkler heads were dirty.</p>	K 062	<p>2. The 5 sprinkler heads on Pavilion 2 Kitchen Dock area were cleaned by Facility Services staff.</p> <p>External sprinkler heads will be inspected quarterly and cleaned as necessary by Facility Services staff. Director of Facility Services is responsible for monitoring compliance.</p> <p>An in-service will be provided to department staff reminding them not to place items on the top shelf of storage areas that may impede the 18 inch clearance from sprinkler heads. The Nurse Educator is responsible for developing the in-service. Managers are responsible for monitoring staff completion of the in-service by either class attendance or completion of an e-Learning curriculum.</p> <p>Quarterly Environment of Care (EOC) rounds by an interdisciplinary team comprised of staff from Facility, Environmental and Nursing Services and the Emergency Preparedness Coordinator will be conducted to inspect the condition of sprinkler heads throughout the facility, and that there is a minimum 18 inch clearance below the sprinkler heads. Director of Facility Services is responsible for monitoring compliance with EOC rounds. Quarterly reports from EOC rounds will be submitted by the Emergency Preparedness Coordinator to the Performance Improvement and Patient Safety Committee. The Chief Operating Officer is responsible for reporting compliance.</p>	<p>8/8/14</p> <p>8/29/14 and on-going</p> <p>8/29/14</p> <p>8/29/14 and on-going</p>
K 067	NFPA 101 LIFE SAFETY CODE STANDARD	K 067		

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K 067 SS=E	Continued From page 9  Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A  This STANDARD is not met as evidenced by: Based on document review and staff interview, the facility failed to maintain the fire dampers as evidenced by the failure to provide documentation for the testing of the dampers in the Pavilion Building. This affected four of four floors in the Pavilion Building, and could result in the failure of the dampers in the event of a fire.  NFPA 90A Standard for the Installation of Air-Conditioning and Ventilating Systems, 1999 Edition 3-4.6.1 The locations and mounting arrangement of all fire dampers, smoke dampers, ceiling dampers, and fire protection means of a similar nature required by this standard shall be shown on the drawings of the air duct system. 3-4.7 Maintenance. At least every 4 years, fusible links (where applicable) shall be removed; all dampers shall be operated to verify that they close fully; the latch, if provided, shall be checked; and moving parts shall be lubricated as necessary.  Findings:  During document review with a staff member on 7/29/14, the documents for the damper inspections were requested.	K 067	Inspection of the fire dampers in the Pavilion Building has been scheduled on 8/26/14.  The next inspection will be performed in the next 4 years according to NFPA standards. Director of Facility Services or designee is responsible for scheduling the required inspections of fire dampers in the Pavilion Building, North Tower and South Tower. Chief Operating Officer is responsible for compliance  Facility records of damper inspections will be reviewed at year end in 2017 and every 4 years consecutively by the Director of Facility Services. The Chief Operating Officer is responsible for monitoring compliance.	8/29/14  8/29/14 and on-going
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K 067	Continued From page 10 At 12 p.m., the documents provided did not have inspection results for the Pavilion Building. The building had been signed off on 4/26/10, the last time the dampers had been inspected. Staff stated the damper inspection would be completed before the end of this year. The inspections for the North and South Towers were completed.	K 067		
K 144 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This STANDARD is not met as evidenced by: Based on interview and document review, the facility failed to maintain the generators as evidenced by the documented transfer times that were greater than 10 seconds. This affected the North, South and Pavilion Towers and could result in the failure of the generator in the event of a power outage.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 7.9.2.3 Emergency generators providing power to emergency lighting systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. Stored electrical energy systems, where required in this Code, shall be installed and tested in accordance with NFPA 111, Standard on Stored Electrical Energy Emergency and Standby Power Systems.</p>	K 144	<p>The hospital generators were tested via a simulation of loss of normal power to the ATS resulting in a transfer of power of 8 seconds. This test will be performed annually according to NFPA 110.</p> <p>Generators are inspected weekly and exercised under load for 30 minutes monthly in accordance with NFPA 99. 3.4.4.1</p> <p>The Senior Stationary Engineer is responsible for monitoring compliance with NFPA 110 Testing. Weekly inspection and monthly test reports will be submitted to the Chief Stationary Engineer every month for follow-up as necessary. Director of Facility Services is responsible for monitoring compliance.</p>	<p>8/6/14</p> <p>8/29/14 and on-going</p> <p>8/29/14 and on-going</p>

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K 144	<p>Continued From page 11</p> <p>9.1.3 Emergency Generators. Emergency generators, where required for compliance with this Code, shall be tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems.</p> <p>NFPA 99, Health Care Facilities, 1999 Edition 3-4.4.1.1 Maintenance and Testing of Alternate Power Source and Transfer Switches. (a) Maintenance of Alternate Power Source. The generator set or other alternate power source and associated equipment, including all appurtenant parts, shall be so maintained as to be capable of supplying service within the shortest time practicable and within the 10-second interval specified in 3-4.1.1.8 and 3-4.3.1. Maintenance shall be performed in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Chapter 6. 3-4.1.1.8 + Load Pickup. The generator set(s) shall have sufficient capacity to pick up the load and meet the minimum frequency and voltage stability requirements of the emergency system within 10 seconds after loss of normal power. [110: 3-4.1] 3-4.3.1 Source. The branches of the emergency system shall be installed and connected to the alternate power source specified in 3-4.1.1.2 and 3-4.1.1.3 so that all functions specified herein for the emergency system shall be automatically apprestored to operation within 10 seconds after interruption of the normal source. NFPA 110, 1999 Edition 6-4 Operational Inspection and Testing. 6-4.2.2 Diesel-powered EPS installations that do not meet the requirements of 6-4.2 shall be exercised monthly with the available EPSS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes,</p>	K 144		

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K 144	Continued From page 12 followed by 50 percent of nameplate rating for 30 minutes, followed by 75 percent of nameplate rating for 60 minutes, for a total of 2 continuous hours.  Findings:  During document review with staff members on 7/29/14, the generator maintenance records were reviewed.  At 11:05 a.m., the records for the generator were reviewed. The documents provided for the two diesel generators indicated that the generators took more than 10 seconds to turn on. The transfer time for Edg#1 noted that four times in the past year, the generator took more than 10 seconds to turn on. The transfer time for Edg#2 noted that six times in the past year, the generator took more than 10 seconds to turn on. During an interview, staff stated they were well away of the issue, and were in the process of trying to resolve it.	K 144			
K 147 SS=E	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 interview and observation, the facility failed to maintain the electrical wiring and equipment, as evidenced by the use of surge protectors for motorized items, the use of extension cords and by junction boxes not sealed. This affected four of six floors in the South Tower, four of seven floors in the North	K 147	Pavilion Building  1. The vendor service has unlocked the fish tank cabinet on Pavilion 1 and the cabinet remains unlocked. The fish tank pumps were unplugged from the surge protectors and plugged directly to the wall outlet, and the surge protectors removed.  2. The extension cord on Pavilion Ground room PG123 was removed and the lamp plugged directly into the wall outlet.	8/20/14	8/15/14

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K 147	<p>Continued From page 13</p> <p>Tower, and two of four floors in the Pavilion Building. This could result in the ignition of an electrical fire.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p> <p>NFPA 70, National Electrical Code, 1999 Edition 400-7 Uses Permitted (a) Uses. Flexible cords shall be used only for the following:</p> <ol style="list-style-type: none"> <li>1) Pendants</li> <li>2) Wiring of fixtures</li> <li>3) Connection of portable lamps, portable and mobile signs or appliances</li> <li>4) Elevator cables</li> <li>5) Wiring of cranes and hoists</li> <li>6) Connection of stationary equipment to facilitate their frequent interchange</li> <li>7) Prevention of the transmission of noise or vibration</li> <li>8) Appliances where the fastening means and mechanical connections are specifically designed to permit ready removal for maintenance and repair, and the appliance is intended or identified for flexible cord connection</li> <li>9) Data processing cables as permitted by Section 645-5</li> <li>10) Connection of moving parts</li> <li>11) Temporary wiring as permitted in Sections 305-4 b) &amp; 305-4 c)</li> </ol> <p>400-8. Uses not Permitted. Unless specifically permitted in Section 400-7, flexible cords and</p>	K 147	<p>3. The extension cord on Pavilion 1 in room P1338 was removed. Facility Services staff installed additional wall outlets in room P1338 to allow the equipment dryer and the ultrasonic dryer to be plugged directly into the wall outlets.</p> <p>4. Cover plates were installed on the junction boxes located on Pavilion 1 in Conference Room P1218.</p> <p>North Tower:</p> <p>1. through 4. The vendor service has unlocked the fish tank cabinets on North 5, North 3, North 1 and North Mezzanine; and the cabinets remain unlocked. The fish tank pumps were unplugged from the surge protectors and plugged directly to the wall outlets on the respective neighborhoods, and the surge protectors were removed.</p> <p>South Tower:</p> <p>1. The extension cord was removed from South 6 resident room S631 Bed C. A surge protector with a longer cord was plugged directly into the wall outlet to allow the resident's computer equipment and entertainment equipment to be directly plugged.</p>	<p>8/20/14</p> <p>8/14/14</p> <p>8/20/14</p> <p>8/14/14</p>
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K 147	<p>Continued From page 14</p> <p>cables shall not be used for the following:</p> <p>(1) As a substitute for the fixed wiring of a structure</p> <p>(2) Where run through holes in walls, structural 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>Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8.</p> <p>410-56. Rating and Type.</p> <p>(e) Position of Receptacle Faces. After installation, receptacle faces shall be flush with or project from faceplates of insulating material and shall project a minimum of 0.015 in. (0.381 mm) from metal faceplates. Faceplates shall be installed so as to completely cover the opening and seat against the mounting surface.</p> <p>Findings:</p> <p>During a tour of the facility with staff members between 7/29/14 to 7/31/14, the electrical wiring in the facility was observed.</p> <p>Pavilion Building</p> <p>1. On 7/30/14, at 9:35 a.m., on Pavilion 1, the fish tank pumps were plugged into a surge protector instead of directly into the wall outlet. The surge protector was attached to the cabinet door on top of the tank. The cabinet was locked and the facility did not have a key to the cabinet. During an interview, staff stated the vendor that services the facility fish tanks were the only individuals with a key to the cabinet.</p>	K 147	<p>2. The extension cord was removed from South 3 resident room S348. A surge protector with a longer cord was plugged directly into the wall outlet to allow the resident's television and computer equipment to be directly plugged.</p> <p>3 through 5</p> <p>The vendor service has unlocked the fish tank cabinets on South 6, South 5 and South 3; and the cabinets remain unlocked. The fish tank pumps were unplugged from the surge protectors and plugged directly to the wall outlets on the respective neighborhoods, and the surge protectors were removed.</p> <p>An in-service will be provided to department staff reminding them that electrical devices must be plugged directly into the wall outlet and that extension cords or power strips may not be used. A facility approved surge protector may be used for small electrical devices if approved by Facility Services. The Nurse Educator is responsible for developing the in-service. Managers are responsible for monitoring staff completion of the in-service by either class attendance or completion of an e-Learning curriculum.</p>	<p>8/14/14</p> <p>8/20/14</p> <p>8/29/14</p>



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K 147	Continued From page 15  2. On 7/31/14, at 11:10 a.m., on Pavilion Ground room PG123, a lamp was plugged into an extension cord and the extension cord was plugged into a surge protector instead of directly into a wall outlet.  3. On 7/31/14, at 11:50 a.m., on Pavilion 1 in room PI338, an equipment dryer, and an ultra sonic cleaner were plugged into a surge protector instead of directly into the wall outlet.  4. On 7/31/14, at 12 p.m., on Pavilion 1 in Conference Room PI218 storage room, two junction boxes were not sealed. The junction boxes had exposed wires.  North Tower 1. On 7/30/14, at 10:03 a.m., on North 5, the fish tank pump was plugged into a surge protector instead of directly into the wall outlet. The surge protector was attached to the cabinet door on top of the tank. The cabinet was locked and the facility did not have a key to the cabinet. During an interview, staff stated the vendor that services the facility fish tanks were the only individuals with a key to the cabinet.  2. On 7/30/14, at 10:22 a.m., on North 3, the fish tank pump was plugged into a surge protector instead of directly into the wall outlet. The surge protector was attached to the cabinet door on top of the tank. The cabinet was locked and the facility did not have a key to the cabinet. During an interview, staff stated the vendor that services the facility fish tanks were the only individuals with a key to the cabinet.  3. On 7/30/14, at 10:46 a.m., on North	K 147	Quarterly Environment of Care (EOC) rounds by an interdisciplinary team comprised of staff from Facility, Environmental and Nursing Services and the Emergency Preparedness Coordinator will be conducted to monitor inappropriate use of extension cords or power strips, and the appropriate use surge protectors throughout the facility, Director of Facility Services is responsible for monitoring compliance with EOC rounds. Quarterly reports from EOC rounds will be submitted by the Emergency Preparedness Coordinator to the Performance Improvement and Patient Safety Committee. The Chief Operating Officer is responsible for reporting compliance.	8/29/14
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NAME OF PROVIDER OR SUPPLIER  <b>LAGUNA HONDA HOSPITAL &amp; REHABILITATION CTR D/P SNF</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116</b>		
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K 147	<p>Continued From page 16</p> <p>Mezzanine, the fish tank pump was plugged into a surge protector instead of directly into the wall outlet. The surge protector was attached to the cabinet door on top of the tank. The cabinet was locked and the facility did not have a key to the cabinet. During an interview, staff stated the vendor that services the facility fish tanks were the only individuals with a key to the cabinet.</p> <p>4. On 7/31/14, at 9:43 a.m., on North 1, the fish tank pump was plugged into a surge protector instead of directly into the wall outlet. The surge protector was attached to the cabinet door on top of the tank. The cabinet was locked and the facility did not have a key to the cabinet. During an interview, staff stated the vendor that services the facility fish tanks were the only individuals with a key to the cabinet.</p> <p>South Tower</p> <p>1. On 7/29/14, at 1:27 p.m., on South 6, in resident room S631 Bed C, computer equipment and entertainment equipment were plugged into a surge protector. The surge protector was plugged into an extension cord instead of directly into the wall outlet.</p> <p>2. On 7/29/14, at 2:46 p.m., on South 3, in resident room S348, a television and computer equipment were plugged into a surge protector. The surge protector was plugged into another surge protector instead of directly into the wall outlet.</p> <p>3. On 7/30/14, at 11:10 a.m., on South 6, the fish tank pump was plugged into a surge protector instead of directly into the wall outlet. The surge protector was attached to the cabinet door on top</p>	K 147			

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555020</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>03</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/31/2014</b>
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NAME OF PROVIDER OR SUPPLIER  <b>LAGUNA HONDA HOSPITAL &amp; REHABILITATION CTR D/P SNF</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>375 LAGUNA HONDA BLVD. SAN FRANCISCO, CA 94116</b>
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K 147	<p>Continued From page 17 of the tank. The cabinet was locked and the facility did not have a key to the cabinet. During an interview, staff stated the vendor that services the facility fish tanks were the only individuals with a key to the cabinet.</p> <p>4. On 7/30/14, at 11:15 a.m., on South 5, the fish tank pump was plugged into a surge protector instead of directly into the wall outlet. The surge protector was attached to the cabinet door on top of the tank. The cabinet was locked and the facility did not have a key to the cabinet. During an interview, staff stated the vendor that services the facility fish tanks were the only individuals with a key to the cabinet.</p> <p>5. On 7/30/14, at 1:05 p.m., on South 3, the fish tank pump was plugged into a surge protector instead of directly into the wall outlet. The surge protector was attached to the cabinet door on top of the tank. The cabinet was locked and the facility did not have a key to the cabinet. During an interview, staff stated the vendor that services the facility fish tanks were the only individuals with a key to the cabinet.</p> <p>6. On 7/30/14, at 1:11 p.m., on South 2, the fish tank pump was plugged into a surge protector instead of directly into the wall outlet. The surge protector was attached to the cabinet door on top of the tank. The cabinet was locked and the facility did not have a key to the cabinet. During an interview, staff stated the vendor that services the facility fish tanks were the only individuals with a key to the cabinet.</p>	K 147		
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