
Representing the California Department of Public Health:
27264
30514

The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.

Census = 747
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
<table>
<thead>
<tr>
<th>K018</th>
<th>Continued From page 1 permitted. Roller latches are prohibited. 18.3.6.3</th>
</tr>
</thead>
</table>

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.

K018 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.
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.
<table>
<thead>
<tr>
<th>ID TAG</th>
<th>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</th>
<th>ID TAG</th>
<th>PROVIDER’S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)</th>
<th>COMPLETION DATE</th>
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</thead>
<tbody>
<tr>
<td>K 018</td>
<td>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.</td>
<td>K 018</td>
<td>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. Pavilion Building: 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. 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. 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.</td>
<td>8/15/14</td>
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<tr>
<td>K 027</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1 1/4-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</td>
<td>K 027</td>
<td>8/8/14</td>
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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
### LAGUNA HONDA HOSPITAL & REHABILITATION CTR D/P SNF

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<tr>
<th>(X4) ID</th>
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<td>K 027</td>
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<td>North Tower:</td>
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<td>1. The North 5 left hand fire door to the Cedar Suite and the door latching</td>
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<td>mechanism were adjusted to positively latch when closed.</td>
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<td>2. The North 3 right hand fire door to the Nursing Station #1 and the door</td>
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<td>latching mechanism were adjusted to positively latch when closed.</td>
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<td>3. The North 2 right hand fire door to the Cypress Suite and the door latching</td>
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<td>mechanism were adjusted to positively latch when closed.</td>
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<td>South Tower:</td>
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<td>1. The South 5 right hand fire door to the Buena Vista Suite and the door</td>
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<td>latching mechanism were adjusted to positively latch when closed.</td>
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<td>2. The South 5 right hand fire door to the Nursing Station #1 and the door</td>
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<td>3. The South 4 right hand fire door to the Buena Vista Suite and the door</td>
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<td>latching mechanism were adjusted to positively latch when closed.</td>
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<td>4. The South 4 right hand and left hand fire doors to Nursing Station #1 and the</td>
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<td>door latching mechanism were adjusted to positively latch when closed.</td>
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**SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)**

K 027: Continued From page 3

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.

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.

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.

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
K 027  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.

Findings:

During a tour of the facility with staff members
between 7/29/14 through 7/31/14, the facility
smoke barrier doors were observed.

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.

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.

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

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<td>8/29/14</td>
<td>on-going</td>
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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
doors. The door locking mechanism should
positively latch when closed. Director of Facility Services is responsible for
monitoring compliance.

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.
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<td>K 027</td>
<td>Continued From page 5 continued multiple times.</td>
<td></td>
<td>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.</td>
<td>8/29/14 and on-going</td>
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<td>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.</td>
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<td>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.</td>
<td>8/29/14 and on-going</td>
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<td>3. On 7/30/114, at 10:36 a.m., on North 2, the right hand fire into the Cypress Suite failed to positively latch when closed.</td>
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<td>South Tower</td>
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<td></td>
<td>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.</td>
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<td>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.</td>
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<td>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.</td>
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<td>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.</td>
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<td>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. Pavilion Building</td>
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<td>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.</td>
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<td>SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)</td>
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<tr>
<td>K 027</td>
<td>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.</td>
<td>K 027</td>
<td>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. North Tower: 1. The North 1 manual pull station was repaired and is in working condition. 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. 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.</td>
<td>8/18/14</td>
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<tr>
<td>K 051</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD SS=D 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</td>
<td>K 051</td>
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<td>8/29/14 and on-going</td>
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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.

**STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION**

<table>
<thead>
<tr>
<th>ID</th>
<th>PREFIX</th>
<th>TAG</th>
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<tr>
<td>K 051</td>
<td>Continued From page 7</td>
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<td>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.</td>
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<tr>
<td>K 062</td>
<td>NFPA 101 LIFE SAFETY CODE STANDARD</td>
<td>SS=0</td>
<td>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</td>
<td>K 062</td>
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<td>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.</td>
<td>8/15/14</td>
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<td>K062</td>
<td>Continued From page 8 result in the passage of smoke from one smoke compartment to another.</td>
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<td>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.</td>
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<td>Findings During a tour of the facility with staff members on 7/31/14, the sprinkler heads were observed.</td>
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<td>Pavilion Building 1. At 11:47 a.m., on Pavilion 1, in the General Store Storage area, one of three sprinkler heads had less than 18&quot; clearance. There was approximately 10 inch clearance between the sprinkler head and the box on the top shelf.</td>
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<td>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.</td>
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<td>K062</td>
<td>2. The 5 sprinkler heads on Pavilion 2 Kitchen Dock area were cleaned by Facility Services staff.</td>
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<td>External sprinkler heads will be inspected quarterly and cleaned as necessary by Facility Services staff. Director of Facility Services is responsible for monitoring compliance. 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. 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.</td>
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<td>K067</td>
<td>SS=E</td>
<td>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</td>
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<td>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.</td>
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<td>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.</td>
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<td>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.</td>
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<td>Findings: During document review with a staff member on 7/29/14, the documents for the damper inspections were requested.</td>
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<td>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.</td>
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<td>K 067</td>
<td>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. NFPA 101 LIFE SAFETY CODE STANDARD</td>
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<td>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</td>
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<td>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. Generators are inspected weekly and exercised under load for 30 minutes monthly in accordance with NFPA 99. 3.4.4.1</td>
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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.

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. 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.
K 144 Continued From page 11

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.

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 approred 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 EPS load and exercised annually with supplemental loads at 25 percent of nameplate rating for 30 minutes.
**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.

**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. 8/20/14

2. The extension cord on Pavilion Ground room PG123 was removed and the lamp plugged directly into the wall outlet. 8/15/14
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| K 147 | Continued From page 13
Tower, and two of four floors in the Pavilion Building. This could result in the ignition of an electrical fire. 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.
NFPA 70, National Electrical Code, 1999 Edition 400-7 Uses Permitted
(a) Uses. Flexible cords shall be used only for the following:
1) Pendants
2) Wiring of fixtures
3) Connection of portable lamps, portable and mobile signs or appliances
4) Elevator cables
5) Wiring of cranes and hoists
6) Connection of stationary equipment to facilitate their frequent interchange
7) Prevention of the transmission of noise or vibration
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
9) Data processing cables as permitted by Section 645-5
10) Connection of moving parts
11) Temporary wiring as permitted in Sections 305-4 b) & 305-4 c)
400-8. Uses not Permitted. Unless specifically permitted in Section 400-7, flexible cords and |

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| K 147 | 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. 4. Cover plates were installed on the junction boxes located on Pavilion 1 in Conference Room P1218. North Tower: 1. through 4. The vendor service has unlocked the fish tank cabinets on North 5, North 3, North1 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. South Tower: 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. 8/20/14 8/14/14 8/20/14 8/14/14
Continued From page 14
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.

410-56. Rating and Type.
(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.

Findings:
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.

Pavilion Building
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.

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.

3 through 5
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.

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.

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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 ultrasonic 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  Continued From page 16
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
another 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.

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.

South Tower
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.

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.

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
K 147 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.

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.

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.

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.