

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

PRINTED: 10/29/2009
FORM APPROVED
OMB NO. 0938-0391

| | | | | |
|---|---|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 552617 | (X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____ | (X3) DATE SURVEY COMPLETED 04/29/2009 |
| NAME OF PROVIDER OR SUPPLIER MAGNOLIA WEST AT HOME | | | STREET ADDRESS, CITY, STATE, ZIP CODE 11161 MAGNOLIA AVENUE, SUITE B RIVERSIDE, CA 92505 | |
| (X4) ID PREFIX TAG | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) | ID PREFIX TAG | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE |
| V 000 | <p>INITIAL COMMENTS</p> <p>Surveyor: 18928 The following reflects the findings of the California Department of Public Health during an Initial Certification visit conducted on 4/17/09.</p> <p>Representing the Department: Karen A. Eggleston, HFEN Octavio E. Relopez, HFEN Lourdes Singh, HFEN</p> <p>All regulations met for Initial Certification, recommend Certification effective April 29, 2009.</p> <p>Surveyor: 26387 The following represents the findings of the Department of Public Health, Life Safety Code Unit, during an Initial Certification Life Safety Code Survey of the facility, utilizing the NFPA "National Fire Protection Association", 101, 2000 Edition (existing) of the Life Safety Code. The facility was surveyed under 42 CFR (Code of Federal Regulations) 416.44 (b) for Ambulatory Surgery Centers.</p> <p>K3 BUILDING: 01 K6 PLAN APPROVAL: 2006 K7 SURVEY UNDER: 2000 NEW</p> <p>STRUCTURE TYPE: One Story Building, Type V (III), Fully Sprinklered, free standing building.</p> <p>The facility is not in compliance with 42 CFR 416.44 (b) for Ambulatory Surgery Centers.</p> <p>Representing the California Department of Public Health, Life Safety Code Unit: Jerry Leggett, HFE 1</p> | V 000 | | |
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | | TITLE | | (X6) DATE |

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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| V 000 | Continued From page 1 | V 000 | | | |
| V 417 | <p>Census: 30</p> <p>494.60(e)(1) FIRE SAFETY</p> <p>Except as provided in paragraph (e)(2) of this section, by February 9, 2009. The dialysis facility must comply with applicable provisions of the 2000 edition of the Life Safety Code of the National Fire Protection Association (which is incorporated by reference at §403.744(a)(1)(i) of this chapter).</p> <p>This STANDARD is not met as evidenced by: Surveyor: 26387 K012 NFPA 101 LIFE SAFETY CODE STANDARD Buildings two or more stories in height and of Type 11(000), 111 (200) V (000) construction are equipped throughout with a supervised approved automatic sprinkler system in accordance with section 9.7. 20.1.6.3., 21.1.6.3</p> <p>This Standard is not met as evidenced by: Based on observation, the facility failed to maintain the integrity of the building construction, and the automatic sprinkler system to ensure the safety of the patients as evidenced by unsealed penetrations in the ceiling and impeded sprinkler heads (refer to K012). This would prevent the water from covering a potential fire and cause potential harm to patients and staff in the event of a fire emergency. This affected 30 patients and staff. NFPA 13 1999 Edition 5-5.6 Clearance to Storage. The clearance</p> | V 417 | | | |

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| V 417 | <p>Continued From page 2</p> <p>between the deflector and the top of storage shall be 18 inches or greater.</p> <p>Findings:</p> <p>During the facility tour with facility staff on April 29, 2009, the building construction and sprinkler system was examined.</p> <p>At 11:57 a.m., there were approximately thirty 1/16 inch unsealed penetrations in the ceiling on the Main Storage room.</p> <p>At 11:58 a.m., there were 3 of 4 sprinkler heads that were impeded with ventilation ducting that was mounted under the sprinklers in the Main Storage Room. The ducting was approximately 6 inches from the sprinkler heads.</p> <p>This Standard is not met as evidenced by: K017 Based on observation the facility failed to maintain corridor doors by failing to provide door hardware suitable to keep doors closed as evidenced by failing to keep impediments from obstructing the immediate closure of corridor doors and doors that failed to positive latch. This would allow for smoke and fire to travel and possible harm to patients and staff in the event of a fire emergency. This affected 30 patients and staff.</p> <p>Findings:</p> <p>During a tour of the facility with facility staff on April 29, 2009, the corridor doors were observed.</p> <p>At 11:45 a.m., there was a wheelchair that impeded the door to the linen storage room from</p> | V 417 | | | |

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| V 417 | <p>Continued From page 3 closing.</p> <p>At 12:23 p.m., there was a box that impeded the door to the FACP room from closing.</p> <p>K064 NFPA 10 Standard for Portable Fire Extinguishers, 1998 Edition 1-6.3 Fire extinguishers shall be conspicuously located where they will be readily accessible and immediately available in the event of fire. Preferably they shall be located along normal paths of travel, including exits from areas. Based on observation the facility failed to ensure fire extinguishers are provided and maintained per NFPA 10 as evidenced by limited accessibility to 3 of 8 fire extinguishers (refer to K064). This would delay access to the fire extinguishers during an emergency and cause potential harm to patients and staff. This affected 30 patients and staff.</p> <p>Findings: During a tour of the facility with facility staff on April 29, 2009, the construction, fire extinguishers were observed.</p> <p>At 10:40 a.m., there was a portable fire extinguisher near the main entrance to the treatment area and near the weighting scale that was impeded from access with a wheelchair that was in front of the extinguisher.</p> <p>At 11:29 a.m., there was a portable fire extinguisher near station 22 that was impeded from access with a hemo-dialysis Machine. The machine was approximately 5 inches from the fire extinguisher cabinet door.</p> | V 417 | | | |

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| V 417 | <p>Continued From page 4</p> <p>At 11:38 a.m., there was a portable fire extinguisher near station 10 that was impeded from access with a hemo-dialysis Machine. The machine was approximately 9 inches from the fire extinguisher cabinet door.</p> <p>K141 Non-smoking and no smoking signs in areas where oxygen is used or stored shall be accordance with NFPA 99 1999 Edition 8.6.4. This Standard is not met as evidenced by: Based on observation, the facility failed to ensure no smoking signs were posted in areas where oxygen is used or stored as evidenced by no signs in an area where oxygen was kept for use. This could cause harm to patients and staff in the event of a fire emergency. This affected 30 patients and staff.</p> <p>Findings:</p> <p>During a tour of the facility with facility staff on April 29, 2009, the oxygen in use areas were examined.</p> <p>At 11:51 a.m., there was no sign in front or near the door to the linen storage room/oxygen in use room. There were 4 E cylinders in a rack in the room.</p> | V 417 | | | |