Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	55C0001061	07/28/2025
Name of Provider or Supplier	**Street Address, City, State**	
Pacific Eye Institute	555 N 13th Avenue, Upland, CA	

For information on the provider's plan to correct this deficiency, please contact the provider or the state survey agency.

(X4) ID Prefix Tag	**Summary Statement of Deficiencies** (Each deficiency should be preceded by full regulatory or LSC identifying information)
K0761	Maintenance, Inspection & Testing - Doors CFR(s): NFPA 101 Maintenance, Inspection & Testing - Doors Fire doors assemblies are inspected and tested annually in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives. Non-rated doors, including corridor doors to patient rooms and smoke barrier doors, are routinely inspected as part of the facility maintenance program. Individuals performing the door inspections and testing possess knowledge, training or experience that demonstrates ability. Written records of inspection and testing are maintained and are available for review. 21.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFPA 80) This STANDARD is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain the fire rated doors. This was evidenced by missing annual inspection and testing of the fire door assemblies, fire rated doors having gaps that were greater than 1/8 of an inch, and fire rated doors that failed to self-close and latch. This could result in the spread of smoke and fire to other areas during an emergency. This affected two of two patients, staff members, and visitors in two of two smoke compartments. NFPA 101, Life Safety Code, Edition 2012 21.3.7 Subdivision of Building Space. 21.3.7.1 Ambulatory health care facilities shall be separated from other tenants and occupancies and shall meet all of the following requirements: (1) Walls shall have not less than a 1-hour fire resistance rating and shall extend from the floor slab below to the floor or roof slab above.

(2) Doors shall be constructed of not less than 13?4 in.(44 mm) thick, solid-bonded wood core or the equivalent and shall be equipped with positive latches.
(3) Doors shall be self-closing and shall be kept in the closedposition, except when in use.
(4) Any windows in the barriers shall be of fixed fire window assemblies in accordance with Section 8.3.

8.3.3.1 Openings required to have a fire protection rating by Table 8.3.4.2 shall be protected by approved, listed, labeled fire door assemblies and fire window assemblies and their accompanying hardware, including all frames, closing devices, anchorage, and sills in accordance with the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives, except as otherwise specified in this Code.

NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2010 Edition

5.2 * Inspections.

5.2.1 * Fire door assemblies shall be inspected and tested not less than annually, and a written record of the inspection shall be signed and kept for inspection by the AHJ.

5.2.2 * A record of all inspections and testing shall be signed by the inspector and kept for inspection by the AHJ.

5.2.3 Functional Testing.

5.2.3.1 Functional testing of fire door and window assemblies shall be performed by individuals with knowledge and understanding of the operating components of the type of door being subject to testing.

5.2.3.2 Before testing, a visual inspection shall be performed to identify any damaged or missing parts that can create a hazard during testing or affect operation or resetting.

5.2.4 Swinging Doors with Builders Hardware or Fire Door Hardware.

5.2.4.1 Fire door assemblies shall be visually inspected from both sides to assess the overall condition of door assembly.

5.2.4.2 As a minimum, the following items shall be verified:

(1)No open holes or breaks exist in surfaces of either the door or frame.

(2)Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped.

(3)The door, frame, hinges, hardware, and noncombustible threshold are secured, aligned, and in working order with no visible signs of damage.

(4)No parts are missing or broken.

(5)Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7.

(6)The self-closing device is operational; that is, the active door completely closes when operated from the full open position.

(7)If a coordinator is installed, the inactive leaf closes before the active leaf.

(8)Latching hardware operates and secures the door when it is in the closed position.

(9) Auxiliary hardware items that interfere or prohibit operation are not installed on the door or frame.

(10)No field modifications to the door assembly have been performed that void the label.

(11)Gasketing and edge seals, where required, are inspected to verify their presence and integrity.

6.3.1.7* Clearances.

6.3.1.7.1 The clearances between the top and vertical edges of the door and the frame, and the meeting edges of doors swinging in pairs, shall be 1/8 inch +/- for steel doors and shall not exceed 1/8 inch +/- for wood doors.

Findings:

During a tour of the facility, record review, and interview with the Office Manager 2, Office Manager 3, and Facilities Manager (FM) on 7/28/25, the fire rated doors were observed, and records were requested and reviewed.

1. At 2:56 p.m., the fire rated door that open into Operating Room 2 was observed. The door failed to close and self-latch after two attempts. The latching mechanism did not engage with the striker plate. During an interview, the FM stated that he was not aware of it. During the previous Life Safety Code survey on 4/20/17, the facility was cited for doors in the operating rooms that failed to self-latch.

2. At 2:57 p.m., the facility failed to provide the annual inspection and testing records of the fire rated door assemblies.During an interview, the FM stated thatAll-In-One Facility Managment may have the last inspection.

3. At 2:58 p.m., the fire rated doors that open into Operating Rooms 1 and 2 were observed. The clearance between the top and vertical edges of the doors exceeded the allowable 1/8-inch gap. When the doors were closed, a visible gap measuring approximately 1/2-inch was observed. During a concurrent interview, the Office

	Manager 2, Office Manager 3, and FM confirmed the finding.