Statement of Deficiencies	**(X1) Provider/Supplier/CLIA Identification Number**	**(X3) Date Survey Completed**
	55C0001076	07/10/2019
Name of Provider or Supplier	**Street Address, City, State**	
Plastic Surg Assoc Of Orange County	1310 Stewart Drive, Suite 610, Orange, 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)
K0521	HVAC CFR(s): NFPA 101 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 20.5.2.1, 21.5.2.1, 9.2 This STANDARD is not met as evidenced by: Based on record review and interview, the facility failed to maintain their fire/smoke dampers. This was evidenced by no record of fire/smoke damper inspection and testing. This affected the facility and could result in the failure of the fire damper to close, and cause possible harm to patients and staff in the event of a fire. NFPA 101, Life Safety Code, 2012 Edition 21.5.2.1 Heating, ventilating, and air-conditioning shall comply with the provisions of Section 9.2 and shall be in accordance with the manufacturer's specifications, unless otherwise modified by 21.5.2.2. 9.2.1 Air-Conditioning, Heating, Ventilating Ductwork, and Related Equipment. Air-conditioning, heating, ventilating ductwork, and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, or

NFPA 90B, Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, as applicable, unless such installations are approved existing installations, which shall be permitted to be continued in service.

NFPA 90A Standard for the Installation of Air-Conditioning and Ventilating Systems 2012 Edition

5.4.8.1 Fire dampers and ceiling dampers shall be maintained in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives.

5.4.8.2 Smoke dampers shall be maintained in accordance with NFPA 105, Standard for Smoke Door Assemblies and Other Opening Protectives.

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

19.3.4 Documentation. All inspections and testing shall be documented, indicating the location of the fire damper, date(s) of inspection, name of inspector, and deficiencies discovered. The documentation shall have a space to indicate when and how the deficiencies were corrected.

19.4* Periodic Inspection and Testing.

19.4.1 Each damper shall be tested and inspected 1 year after installation.

19.4.1.1 The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years.

19.4.2 All tests shall be completed in a safe manner by personnel wearing personal protective equipment.

19.4.3 Full unobstructed access to the fire or combination fire smoke damper shall be verified and corrected as required.

19.4.4 If the damper is equipped with a fusible link, the link shall be removed for testing to ensure full closure and lock-in-place if so equipped.

Findings:

During record review with the Medical Assistance on 7/10/19, the fire damper maintenance records and architectural plans were requested.

At 11:25 a.m., there were no record of fire/smoke damper inspection and testing

	completed within the last 4 yours. At 11:26 a.m., during an interview with the Building Maintenance Staff, he believed the facility was equipped with fire/smoke damper and it was the facility responsibility to conduct the maintenance and testing of the fire/smoke dampers. At 11:26 a.m., during an interview with the Nursing Administrator she stated that she was not sure if the facility was equipped with fire/smoke dampers and she could not locate the architectural plan for the facility.