

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

PRINTED: 09/17/2021
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555896	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 08/19/2021
NAME OF PROVIDER OR SUPPLIER ARROWHEAD HEALTHCARE CENTER, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 4343 N. SIERRA WAY SAN BERNARDINO, CA 92407		
(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	
E 000	Initial Comments Surveyor: 42003 The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities. Representing the California Department of Public Health: 42003 The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities.	E 000			
K 000	Census = 47 INITIAL COMMENTS Surveyor: 42003 K3 BUILDING: 01 K6 PLAN APPROVAL: 1962 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED. 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 Code of Federal Regulations (CFR) §483.90(a)(b)(c)(j), National Fire Protection Association (NFPA) 101 - Life Safety Code, 2012 Edition, and NFPA 99 - Health Care Facilities Code, 2012 Edition.	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Electronically Signed

09/07/2021

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.

9/13/21: POC approved by Jose Gonzalez

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K 000	Continued From page 1 Representing the California Department of Public Health: 42003 The facility is not in substantial compliance with 42 CFR §483.90 for Long Term Care Facilities. Census = 47	K 000			
K 161 SS=F	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story	K 161		9/7/21	

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K 161	<p>Continued From page 2</p> <p>sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 42003</p> <p>Based on observation and interview, the facility failed to maintain the building's construction. This was evidenced by various penetrations in walls and ceilings throughout the building. This could result in the passage of smoke and toxic gases from area of the building to another. This affected two of two smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition.</p> <p>8.1.1 Application. The features of fire protection set forth in this chapter shall apply to both new construction and existing buildings.</p> <p>8.3.5 Penetrations. The provisions of 8.3.5 shall govern the materials and methods of construction used to protect through-penetrations and membrane penetrations in fire walls, fire barrier walls, and fire resistance-rated horizontal assemblies. The provisions of 8.3.5 shall not apply to approved existing materials and methods of construction used to protect existing through-penetrations and existing membrane penetrations in fire walls, fire barrier walls, or fire resistance-rated horizontal assemblies, unless otherwise required by Chapters 11 through 43</p>	K 161	<p>Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provision of Health and Safety Code Section 1280 & 42 CFR 483 et seq.</p> <p>K161 Building Construction Type and Height CFR(s): NFPA101</p> <p>The building will ensure that the facility integrity is maintained.</p> <p>1)The openings in the ceilings in Rooms 111, 112, 113, 114, 115, and 119 were covered on 08/20/2021.</p> <p>The penetrations in Fire Alarm Control Panel room were repaired on 08/20/2021.</p> <p>2) The Maintenance Supervisor has inspected the ceilings to ensure that no</p>		

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K 161	<p>Continued From page 3</p> <p>Findings:</p> <p>During a tour of the facility with the Director of Maintenance (DOM) on 8/19/21, the building's construction was observed.</p> <p>1. At 11:16 a.m., a 2"x 4" opening was observed in the ceiling of Room 111. Upon interview, the DOM indicated that these openings were going to be used for television installations, but the cables and cover plates had not been installed yet.</p> <p>2. At 11:18 a.m., a 2"x 4" opening was observed in the ceiling of Room 113. Upon interview, the DOM indicated that these openings were going to be used for television installations, but the cables and cover plates had not been installed yet.</p> <p>3. At 11:20 a.m., four 2"x 4" openings were observed in the ceiling of Room 112 over each of the resident's beds. Upon interview, the DOM indicated that these openings were going to be used for television installations, but the cables and cover plates had not been installed yet.</p> <p>4. At 11:21 a.m., two 2"x 4" holes were observed in the ceiling in Room 115. Upon interview, the DOM indicated that these openings were going to be used for television installations, but the cables and cover plates had not been installed yet.</p> <p>5. At 11:22 a.m., two 2"x 4" holes were observed in the ceiling in Room 114. Upon interview, the DOM indicated that these openings were going to be used for television installations, but the cables and cover plates had not been installed yet.</p> <p>6. At 11:03 a.m., three unsealed penetrations</p>	K 161	<p>openings or penetrations are present. No further concerns at this time.</p> <p>3)Maintenance Supervisor will randomly review the facility whenever work is done to the building to ensure no openings or penetrations are present. Should openings or penetrations be identified the Maintenance Supervisor will immediately address the concern and notify the facility Administrator or her designee of any corrective action taken to address the concern.</p> <p>4)The Administrator or her designee will inform the Quality Assurance Committee at least quarterly, of any identified openings and penetrations as well as the corrective action taken. The Committee minutes will include the identified concerns, any corrective action taken as well as any suggestions from Committee to ensure compliance with this regulation.</p> <p>5)Corrective action will be completed by 09/18/2021.</p>		

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K 161	Continued From page 4 were observed in the Fire Alarm Control Panel Room. These penetrations had Ethernet and phone cables coming through the ceiling and were not sealed with fire stop or caulking. Two of these penetrations measured three inches in diameter, and the other measured two and one-half inches in diameter. 7. At 11:26 a.m., two "2 x 4" holes were observed in the ceiling in Room 119. Upon interview, the DOM indicated that these openings were going to be used for television installations, but the cables and cover plates had not been installed yet.	K 161			
K 324 SS=E	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2	K 324		9/7/21	

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K 324	<p>Continued From page 5</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 42003</p> <p>Based on observation, document review, and interview, the facility failed to maintain the cooking equipment. This was evidenced by staff that was not familiar with fire extinguishing procedures, and missing maintenance and inspection records. This could result in a malfunction of the commercial cooking equipment and an inability to extinguish a fire. This affected one of two smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition. 19.3.2.5 Cooking Facilities. 19.3.2.5.3* Within a smoke compartment, where residential or commercial cooking equipment is used to prepare meals for 30 or fewer persons, one cooking facility shall be permitted to be open to the corridor, provided that all of the following conditions are met: (10) Procedures for the use, inspection, testing, and maintenance of the cooking equipment are in accordance with Chapter 11 of NFPA 96 and the manufacturer's instructions and are followed. 19.7.1.8 Employees of health care occupancies shall be instructed in life safety procedures and devices.</p> <p>NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. 10.2.6 Automatic fire-extinguishing systems shall be installed in accordance with the terms of their</p>	K 324	<p>K324 Cooking Facilities CFR(s): NFPA101</p> <p>Facility will ensure that all dietary staff are educated on the use of fire extinguishing procedures in kitchen. Maintenance Supervisor will ensure inspection records are up to date.</p> <p>1) The kitchen staff and managers were inserviced on 08/20/21 by the Certified Dietary Manager on the use of appropriate fire extinguisher for specific type of fire and location on ANSUL pull station.</p> <p>2) Maintenance Supervisor will randomly inspect the stove. Certified Dietary Manager will report any issues with the stove promptly to Maintenance Supervisor as needed.</p> <p>Maintenance Supervisor and Assistant Administrator notified San Bernardino and Riverside Fire immediately, fire suppression test was conducted on 08/24/2021 and will be conducted semiannually thereafter.</p> <p>3) Maintenance Supervisor will randomly inspect the stove; ensure suppression test are completed and documentation is maintained.</p>		

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K 324	<p>Continued From page 6</p> <p>listing, the manufacturer's instructions, and the following standards where applicable:</p> <p>(1) NFPA 12 (2) NFPA 13 (3) NFPA 17 (4) NFPA 17A 11.7 Cooking Equipment Maintenance. 11.7.1 Inspection and servicing of the cooking equipment shall be made at least annually by properly trained and qualified persons.</p> <p>NFPA 17A: Standard for Wet Chemical Extinguishing Systems, 2013 Edition 7.3.3 * At least semiannually and after any system activation, maintenance shall be conducted in accordance with the manufacturer's design, installation, and maintenance manual. 7.3.3.6 The maintenance report, including any recommendations, shall be filed with the owner or with the owner's representative. 7.3.3.6.1 The owner or owner's representative shall retain all maintenance reports for a period of 1 year after the next maintenance of that type required by the standard</p> <p>Findings:</p> <p>During a tour of the facility with the Director of Maintenance (DOM) on 8/19/21, the cooking equipment was observed.</p> <p>1. At 11:11 a.m., two kitchen staff were interviewed on how they would extinguish a fire in the kitchen if one were to break out on the griddle. Both KS1 and KS2 indicated that they would use the dry chemical ABC extinguisher on the stove top for a grease fire. Both KS1 and KS2 were not aware of the ANSUL pull station. The DOM was present during this interview.</p>	K 324	<p>The Maintenance Supervisor will immediately address any concerns with the stove and notify the facility Administrator or her designee of any corrective action taken to address the concern.</p> <p>4)The Administrator or her designee will inform the Quality Assurance Committee at least quarterly, of any identified concerns as well as the corrective action taken. The Committee minutes will include the identified concerns, any corrective action taken as well as any suggestions from Committee to ensure compliance with this regulation.</p> <p>5)Corrective action completed by 09/07/2021.</p>		

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K 324	Continued From page 7 2. At 1:28 p.m., there was no record of an annual cooking equipment inspection for the fuel fired cooking equipment. Upon interview, the DOM stated that this inspection was not conducted and he did not know it was a requirement. 3. At 1:38 p.m., there were no current semiannual maintenance record to the kitchen suppression system. The last report for service on the ANSUL/Pyrochem system was in January 2020. Upon interview, the DOM stated that the report from January 2020 was all he had.	K 324			
K 325 SS=D	Alcohol Based Hand Rub Dispenser (ABHR) CFR(s): NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: * Corridor is at least 6 feet wide * Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols * Dispensers shall have a minimum of 4-foot horizontal spacing * Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room * Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 * Dispensers are not installed within 1 inch of an ignition source * Dispensers over carpeted floors are in sprinklered smoke compartments * ABHR does not exceed 95 percent alcohol * Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11)	K 325		9/7/21	

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K 325	<p>Continued From page 8</p> <p>* ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 42003</p> <p>Based on observation and interview, the facility failed to maintain the Alcohol Based Hand Rub Dispensers (ABHR). This was evidenced by an ABHR that was installed near an ignition source. This could result in fire hazards from alcohol coming into contact with electricity. This affected one of two smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition Chapter 19, Existing Health Care Facilities. 19.3.2.6* Alcohol-Based Hand-Rub Dispensers. Alcohol-based hand-rub dispensers shall be protected in accordance with 8.7.3.1, unless all of the following conditions are met: (8) Dispensers shall not be installed in the following locations: (a) Above an ignition source within a 1 in. (25 mm) horizontal distance from each side of the ignition source. (b) To the side of an ignition source within a 1 in. (25mm) horizontal distance from the ignition source. (c) Beneath an ignition source within a 1 in. (25 mm) vertical distance from the ignition source.</p> <p>Findings:</p> <p>During a tour of the facility with the Director of Maintenance (DOM) on 8/19/21, the ABHR installations were observed.</p> <p>At 11:01 a.m., an ABHR was observed to be</p>	K 325	<p>K325 Alcohol Based Hand Rub Dispenser (ABHR) CFR(s): NFPA 101</p> <p>Facility will ensure that Alcohol Based Hand Rub Dispensers are installed in appropriate areas.</p> <p>1) The Alcohol Based Hand Rub Dispenser was moved on 08/20/2021.</p> <p>2) The Maintenance Supervisor has inspected all Alcohol Based Hand Rub Dispensers to ensure they are installed in appropriate locations. No other issues identified.</p> <p>3) Maintenance Supervisor will randomly inspect placement of all Alcohol Based Hand Rub Dispensers to ensure placed correctly; should any Alcohol Based Hand Rub Dispensers be installed inappropriately, Maintenance Supervisor will immediately address the issue and notify facility Administrator or her designee.</p> <p>4) The Administrator or her designee will inform the Quality Assurance Committee at least quarterly, of any identified concerns as well as the corrective action taken. The Committee minutes will include the identified concerns, any corrective action taken as well as any suggestions from Committee to ensure</p>		

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K 353	<p>Continued From page 10</p> <p>could result in a malfunction of the fire suppression system. This affected two of two smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition. 19.3.5 Extinguishment Requirements. 19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5. 9.7.1 Automatic Sprinklers. 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. 9.7.8 Record Keeping. Testing and maintenance records required by NFPA25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, shall be maintained at an approved, secured location.</p> <p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition. Chapter 3, Definitions. 3.3.19 Inspection, Testing, and Maintenance Service. A service program provided by a qualified contractor or qualified property owner's representative in which all components unique to the property's systems are inspected and tested at the required times and necessary maintenance is provided. This program includes logging and retention of relevant records. Chapter 5, Sprinkler Systems. 5.2* Inspection. 5.2.1 Sprinklers.</p>	K 353	<p>were cleaned immediately.</p> <p>The signage on sprinkler riser was replaced on 08/21/2021.</p> <p>The wrench in the spare sprinkler box was replaced on 08/20/2021.</p> <p>The Maintenance Supervisor and Assistant Administrator received the five year report on 08/19/2021.</p> <p>The sprinkler bell was replaced on 09/07/2021.</p> <p>2) The Maintenance Supervisor made rounds to check sprinkler heads with no further issues identified.</p> <p>3) Maintenance Supervisor will make rounds randomly to ensure sprinkler heads are clean and will ensure signage is legible at all times.</p> <p>The Maintenance Supervisor will immediately address any concerns and notify the facility Administrator or her designee of any corrective action taken to address the concern.</p> <p>4)The Administrator or her designee will inform the Quality Assurance Committee at least quarterly, of any concerns as well as the corrective action taken. The Committee minutes will include the identified concerns, any corrective action taken as well as any suggestions from Committee to ensure compliance with this regulation.</p>		

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NAME OF PROVIDER OR SUPPLIER ARROWHEAD HEALTHCARE CENTER, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 4343 N. SIERRA WAY SAN BERNARDINO, CA 92407		
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K 353	<p>Continued From page 11</p> <p>5.2.1.1* Sprinklers shall be inspected from the floor level annually.</p> <p>5.2.1.1.1* Sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, pain, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall).</p> <p>5.2.1.1.2 Any sprinkler that shows signs of any of the following shall be replaced:</p> <p>(5) *Loading</p> <p>5.2.1.4 The supply of spare sprinklers shall be inspected annually for the following:</p> <p>(2) A sprinkler wrench for each type of sprinkler as required by 5.4.1.6</p> <p>5.2.8 * Information Sign. The information sign shall be inspected annually to verify that it is securely attached and is legible.</p> <p>Findings:</p> <p>During a tour of the facility with the Director of Maintenance (DOM) on 8/19/21, the sprinkler system was observed.</p> <p>1. At 11:15 a.m., the sprinkler heads in the Sierra Room were observed to be loaded with dust. These were the sprinklers in the northwest, northeast, and southeast sides of the room. The DOM observed this finding during the tour.</p> <p>2. At 11:53 a.m., the signage on the sprinkler riser for the main drain and auxiliary drain were faded and barely legible. The DOM observed the signs and indicated he would have them replaced.</p> <p>3. At 11:57 a.m., the spare sprinkler head box was observed and missing a wrench for replacing the sprinkler heads. Upon interview, the DOM stated that if the tool was not in the box then he</p>	K 353	5)Corrective action will be completed by 09/07/2021.		

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K 353	Continued From page 12 did not have one. 4. At 1:20 p.m., there was no 5-Year sprinkler report available for review. The sticker on the sprinkler riser indicated that the 5-Year inspection and testing took place in March of 2017. The DOM attempted to locate the report in his files but was unsuccessful. 5. At 12:48 p.m., a Semi-Annual Fire Alarm System/Sprinkler Report dated 6/9/20 stated that the sprinkler bell was not working when tested. Upon interview, the DOM stated that was not sure of the bell had been repaired.	K 353			
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or	K 363		9/7/21	

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K 363	<p>Continued From page 13</p> <p>pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 42003</p> <p>Based on observation and interview, the facility failed to maintain the corridor doors. This was evidenced by doors that were wedged open, closed with difficulty, or had gaps that would allow the passage of smoke. This could result in an inability to prevent smoke and fire from entering the corridor. This affected two of two smoke compartments.</p> <p>NFPA 101: Life Safety Code, 2012 Edition. 19.3.6.3.5* Doors shall be provided with a means for keeping the door closed that is acceptable to the authority having jurisdiction, and the following requirements also shall apply: 1. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door. 19.3.6.3.10* Doors shall not be held open by devices other than those that release when the</p>	K 363	<p>K363 Corridor-Doors CFR(s): NFPA 101</p> <p>Facility will maintain the corridor doors.</p> <p>1) The door to Room 101 was repaired on 08/20/2021.</p> <p>The door latch to Room 107 was replaced on 08/20/2021.</p> <p>The trash cans in Rooms 114 and 124 were removed from obstructing the doors immediately and doors were repaired on 08/20/2021.</p> <p>The end table in Room 117 was placed away from door immediately.</p> <p>The door handle to Room 119 was repaired on 08/20/2021.</p>		

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K 363	<p>Continued From page 14 door is pushed or pulled.</p> <p>Findings:</p> <p>During a tour of the facility with the Director of Maintenance (DOM) on 8/19/21, the corridor doors were observed.</p> <p>1. At 10:47 a.m., the door to Room 101 did not latch. When closed, the door could be pushed open without turning the door knob. The DOM observed this finding during the tour.</p> <p>2. At 10:57 a.m., the door to Room 107 was missing a latch plate. This created a one inch gap between the astragal plate and the door when closed. The DOM observed this finding during the tour.</p> <p>3. At 11:22 a.m., a trash can was observed wedging the door open to Room 114. The DOM observed this finding during the tour.</p> <p>4. At 11:25 a.m., an end table was seen obstructing the door to Room 117, preventing it from closing. The DOM observed this finding during the tour.</p> <p>5. At 11:25 a.m., the handle to Room 119 was observed to be loose and coming off the door. The DOM observed this finding during the tour.</p> <p>6. At 11:30 a.m., a trash can was seen wedging open the door to Room 124. The DOM observed this finding.</p> <p>7. At 11:35 a.m., the door to Room 127 was sagging and would not shut. A half-inch gap was observed from the top of the door to the top of the</p>	K 363	<p>The door to Room 127 was repaired on 08/20/2021.</p> <p>2) Maintenance Supervisor made rounds to check all room doors, handles and latches with no further findings.</p> <p>3) Maintenance Supervisor will randomly and at least monthly make rounds to ensure room doors are in good repair. The Maintenance Supervisor will immediately address any concern and notify the facility Administrator or her designee of any corrective action taken to address the concern.</p> <p>4)The Administrator or her designee will inform the Quality Assurance Committee at least quarterly, of any identified concerns as well as the corrective action taken. The Committee minutes will include the identified concerns, any corrective action taken as well as any suggestions from Committee to ensure compliance with this regulation.</p> <p>5)Corrective action will be completed by 09/07/2021.</p>		

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K 363	Continued From page 15 doorframe. The DOM observed this finding during the tour.	K 363			
K 914 SS=C	Electrical Systems - Maintenance and Testing CFR(s): NFPA 101 Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Surveyor: 42003 Based on document review and interview, the facility failed to maintain the electrical systems. This was evidenced by missing documentation on receptacle testing. This could result in a malfunction of the electrical equipment. This affected two of two smoke compartments.	K 914	K 914 Electrical Systems -Maintenance and Testing CFR(s): NFPA 101 Facility will ensure to maintain electrical systems. 1) The Maintenance Supervisor will inspect receptacle randomly and at least monthly and maintain a receptacle log.		9/7/21

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K 914	Continued From page 16 NFPA 99 Health Care Facilities Code, 2012 Edition 6.3.3.2.3 Correct polarity of the hot and neutral connections in each electrical receptacle shall be confirmed. Findings: During a review of documents with the Director of Maintenance (DOM) on 8/19/21, the maintenance records for the receptacles was requested. At 1:30 p.m., documentation for polarity and tension testing for the resident bedside receptacles was not available for review. Upon interview, the DOM stated that he was not testing any of the electrical receptacles in the building.	K 914	2) The Maintenance Supervisor has inspected all receptacle with no further concerns identified. 3) The Maintenance Supervisor will inspect and maintain a log of receptacles checked. The Maintenance Supervisor will immediately address the concern and notify the facility Administrator or her designee of any corrective action taken to address the concern. 4) The Administrator or her designee will inform the Quality Assurance Committee at least quarterly, of any identified concerns as well as the corrective action taken. The Committee minutes will include the identified concerns, any corrective action taken as well as any suggestions from Committee to ensure compliance with this regulation. 5) Corrective action will be completed by 09/07/2021.		
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches.	K 918		9/13/21	

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K 918	<p>Continued From page 17</p> <p>Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 42003</p> <p>Based on observation, document review and interview, the facility failed to maintain the essential electric systems (EES). This was evidenced by missing maintenance documentation and proof of repairs. This could result in a malfunction emergency backup power. This affected two of two smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition.</p>	K 918	<p>K918 Electrical Systems-Essential Electric System CFR(s): NFPA 101</p> <p>Facility will ensure to maintain the essential electric systems.</p> <p>1) The Maintenance Supervisor has performed battery testing on generator on 08/21/2021.</p> <p>Maintenance Supervisor did contact</p>		

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K 918	<p>Continued From page 18</p> <p>19.5 Building Services.</p> <p>19.5.1 Utilities.</p> <p>19.5.1.1 Utilities shall comply with the provisions of Section 9.1.</p> <p>9.1.3.1 Emergency generators and standby power systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems.</p> <p>NFPA 99, Health Care Facilities Code, 2012 Edition</p> <p>6.3.2.2.10 Essential Electrical Systems (EES)</p> <p>6.3.2.2.10.2 General care rooms (Category 2 Room) Shall be served by a Type I or Type II EES.</p> <p>6.4.1.1.6 General. Generator sets installed as an alternate source of power for essential electrical systems shall be designed to meet the requirements of such a device.</p> <p>6.4.1.1.6.1 Type 1 and Type 2 essential electrical system power sources shall be classified as Type 10, Class X, Level 1 generator sets per NFPA 110, Standard for Emergency and Standby Power Systems.</p> <p>6.4.4.1.1.3 Maintenance shall be performed in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Chapter 8.</p> <p>6.4.4.2 Record Keeping. A written record of inspection, performance, exercise period, and repairs shall be regularly maintained and available for inspection by the authority having jurisdiction.</p> <p>6.5.1 Sources (Type 2 EES). This requirement for sources for Type 2 essential electrical systems shall conform to those listed in 6.4.1.</p> <p>NFPA 110, Standard for Emergency and Standby</p>	K 918	<p>Global Power and the testing had been tested on 06/14/2021, copy of test was received and filed on 08/20/21 in the maintenance logs.</p> <p>The generator's fuel pressure regulator and throttle actuator were replaced on 11/30/20.</p> <p>2) The Maintenance Supervisor will perform battery test on generator monthly. The Maintenance Supervisor will maintain generator logs monthly. The Maintenance Supervisor will conduct a four hour run test on generator every 36 months and maintain log.</p> <p>3)The Maintenance Supervisor will immediately address any concern; will also ensure that all required testing is completed and notify the facility Administrator or her designee of any corrective action taken to address the concern.</p> <p>4)The Administrator or her designee will inform the Quality Assurance Committee at least quarterly, of any identified concerns as well as the corrective action taken. The Committee minutes will include the identified concerns, any corrective action taken as well as any suggestions from Committee to ensure compliance with this regulation.</p> <p>5)Corrective action will be performed by 09/13/2021.</p>		

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K 918	Continued From page 19 Power Systems, 2010 edition. 8.1* General. 8.1.1 The routine maintenance and operational testing program shall be based on all of the following: (1) Manufacturer's recommendations (2) Instruction manuals (3) Minimum requirements of this chapter (4) The authority having jurisdiction 8.3 Maintenance and Operational Testing. 8.3.1* The EPSS shall be maintained to ensure to a reasonable degree that the system is capable of supplying service within the time specified for the type and for the time duration specified for the class. Table A8.3.1(a) 8.3.4 A permanent record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained and readily available. 8.3.7* Storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. 8.3.7.1 Maintenance of lead-acid batteries shall include the monthly testing and recording of electrolyte specific gravity. Battery conductance testing shall be permitted in lieu of the testing of specific gravity when applicable or warranted. 8.4.1 EPSSs, including appurtenant components, shall be inspected weekly and exercised under load at least monthly. 8.4.9 Level 1 EPSS shall be tested at least once within every 36 months. 8.4.9.1 Level 1 EPSS shall be tested continuously for the duration of its assigned class (see Section 4.2). 8.4.9.2 Where the assigned class is greater than 4 hours, it shall be permitted to terminate the test	K 918			

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K 918	Continued From page 20 after 4 continuous hours. Findings: During a tour of the facility and review of records with the Director of Maintenance (DOM) on 8/19/21, the backup generator and associated maintenance records were reviewed. 1. At 11:50 a.m., the lead acid generator batteries were observed in their enclosure. The DOM was asked if he was performing any electrolyte testing on the battery cells. The DOM stated that he was not testing the generator batteries. 2. At 12:25 p.m., log entries for the monthly 30-minute load test, weekly generator visual inspection, and weekly generator battery inspection were missing for the months of December 2020 and January through April 2021. The DOM was interviewed and he stated that he could not find the missing generator logs. 3. At 12:25 p.m., a report of a four hour run test on the propane generator was not available for review. Upon interview, the DOM stated that he did not have any records of a four hour run test and did not know this was a requirement. 4. At 12:26 p.m., a report from Global Power dated 11/12/20 indicated that the fuel pressure regulator and throttle actuator was not working on the generator and needed to be replaced. The DOM stated that he was not sure if these repairs had been completed.	K 918			
K 920 SS=F	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101	K 920		9/7/21	

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K 920	<p>Continued From page 21</p> <p>Electrical Equipment - Power Cords and Extension Cords</p> <p>Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 42003</p> <p>Based on observation and interview, the facility failed to maintain the electric equipment. This was evidenced by the use of flexible cords as permanent wiring. This could result in electrical shocks or damaged to the flexible wiring. This affected two of two smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition. 19.5 Building Services. 19.5.1 Utilities. 19.5.1.1 Utilities shall comply with the provisions</p>	K 920	<p>K920 Electrical Equipment-Power Cords and Extension Cords CFR(s): NFPA 101</p> <p>The facility will maintain the electric equipment.</p> <p>1) All extension cords were removed on 08/21/2021.</p> <p>2) The surveyor examined every room within the facility and no additional extension cords were identified.</p>		

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K 920	<p>Continued From page 22 of Section 9.1. 9.1.2 Electrical Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 70, National Electrical Code, 2011 Edition 400.8 Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following:</p> <p>(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 to (4): Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of 368.56(B) (5) Where concealed by walls, floors, or ceilings or located above suspended or dropped ceilings. (6) Where installed in raceways, except as otherwise permitted in this Code. (7) Where subject to physical damage 590.3 Time Constraints. (A) During the Period of Construction. Temporary electric power and lighting installations shall be permitted during the period of construction, remodeling, maintenance, repair, or demolition of buildings, structures, equipment, or similar activities. (B) 90 Days. Temporary electric power and lighting installations shall be permitted for a period not to exceed 90 days for holiday decorative lighting and similar purposes.</p>	K 920	<p>3) The Maintenance Supervisor performed rounds to ensure all extension cords were removed. No further concerns were identified. The Maintenance Supervisor will immediately remove any identified extension cords and assess the resident's individual needs to include power for non medical equipment. The Maintenance Supervisor will notify the facility Administrator or her designee of any concerns and corrective action taken to address the concern.</p> <p>4)The Administrator or her designee will inform the Quality Assurance Committee at least quarterly, of any identified extension cords as well as the corrective action taken. The Committee minutes will include the identified concerns, any corrective action taken as well as any suggestions from Committee to ensure compliance with this regulation.</p> <p>5) Corrective action will be completed by 09/07/2021.</p>		

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K 920	<p>Continued From page 23</p> <p>(C) Emergencies and Tests. Temporary electric power and lighting installations shall be permitted during emergencies and for tests, experiments, and developmental work.</p> <p>(D) Removal. Temporary wiring shall be removed immediately upon completion of construction or purpose for which the wiring was installed.</p> <p>NFPA 99, Health Facilities Code, 2012 Edition Chapter 10: Electrical Equipment 10.2.3 Power Cords. 10.2.4 Adapters and Extension Cords. 10.2.4.1 Three-prong to two-prong adapters shall not be permitted.</p> <p>Findings:</p> <p>During a tour of the facility with the Director of Maintenance (DOM) on 8/19/21, the electrical equipment was observed.</p> <p>1. At 11:20 a.m., an extension cord was observed over Bed D and was anchored to the wall with clips. Upon interview, the DOM stated that these extension cords were used to power the televisions over the resident's beds.</p> <p>2. At 11:22 a.m., an extension cord was observed in Room 114 and was anchored to a wall with clips, traveled across the ceiling via clips, and was powering a television on the other side of the room. The DOM observed this extension cord during the tour.</p> <p>3. At 11:26 a.m., an extension cord was observed over Bed A in Room 119 and was anchored to the wall with clips and was powering a television. The DOM observed this extension cord during the tour.</p>	K 920			

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K 920	Continued From page 24 4. At 11:30 a.m., an extension cord was observed in Room 118 and was anchored to a wall with clips, traveled across the ceiling via clips, and was powering a television on the other side of the room. The DOM observed this extension cord during the tour. 5. At 11:31 a.m., an extension cord was observed in Room 120 and was anchored to a wall with clips, traveled across the ceiling via clips, and was powering a television on the other side of the room. The DOM observed this extension cord during the tour. 6. At 11:32 a.m., an extension cord was observed in Room 123 and was anchored to a wall with clips, traveled across the ceiling via clips, and was powering a television on the other side of the room. The DOM observed this extension cord during the tour. 7. At 11:33 a.m., an extension cord was observed in Room 122 and was anchored to a wall with clips, traveled across the ceiling via clips, and was powering a television on the other side of the room. The DOM observed this extension cord during the tour. 8. At 11:33 p.m., an extension cord was observed in Room 125 and was anchored to a wall with clips, traveled across the ceiling via clips, and was powering a television on the other side of the room. The DOM observed this extension cord during the tour. 9. At 11:34 a.m., an extension cord was observed in Room 127 and was anchored to a wall with clips, traveled across the ceiling via clips, and	K 920			

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K 920	Continued From page 25 was powering a television on the other side of the room. The DOM observed this extension cord during the tour. 10. At 11:34 a.m., an extension cord was observed in Room 124 and was anchored to a wall with clips, traveled across the ceiling via clips, and was powering a television on the other side of the room. The DOM observed this extension cord during the tour. 11. At 11:34 a.m., an extension cord was observed in Room 127 and was anchored to a wall with clips, traveled outside of the room through the door and into the corridor where it was plugged into a wall mounted fan. The DOM observed this extension cord during the tour. The Assistant Administrator was interviewed regarding these extension cords and she estimated that they had been in place for a couple of months. The DOM could not give an exact date for how long these extension cords had been in place.	K 920			
K 923 SS=D	Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are	K 923		9/7/21	

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K 923	<p>Continued From page 26</p> <p>separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating.</p> <p>Less than or equal to 300 cubic feet</p> <p>In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING."</p> <p>Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather.</p> <p>11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 42003</p> <p>Based on observation and interview, the facility failed to maintain the gas equipment. This was evidenced by full and empty oxygen cylinders that were not segregated. This could result in the mishandling of oxygen tanks. This affected one of two smoke compartments.</p> <p>NFPA 99: Health Care Facilities Code, 2012 Edition. Chapter 11: Gas Equipment</p>	K 923	<p>K923 Gas Equipment-Cylinder and Container Storage CFR(s): NFPA 101</p> <p>Facility will maintain gas equipment; segregating full and empty oxygen cylinders.</p> <p>1) The Maintenance Supervisor and Assistant Administrator separated full and empty oxygen cylinders immediately; informal in-service provided to all nursing staff by Assistant Administrator;</p>		

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K 923	<p>Continued From page 27</p> <p>11.6.5.2 If empty and full cylinders are stored within the same enclosure, empty cylinders shall be segregated from full cylinders.</p> <p>11.6.5.3 Empty Cylinders shall be marked to avoid confusion and delay if a full cylinder is needed in a rapid manner.</p> <p>Findings:</p> <p>During a tour of the facility with the Director of Maintenance (DOM) on 8/19/21, the gas equipment was observed.</p> <p>At 10:53 a.m., the Shower Room across from Room 107 had oxygen cylinder e-tanks that were stored in one crate. The DOM was asked which cylinders were full and which were empty. The DOM stated that they were all mixed together.</p>	K 923	<p>Maintenance Supervisor marked oxygen holder to designate full from empty immediately. No other issues identified.</p> <p>2) The Director of Nurses and Maintenance Supervisor will randomly check to ensure oxygen cylinders are segregated empty from full at least monthly.</p> <p>3) Director of Nurses will address any identified concerns immediately and notify facility Administrator or her designee of corrective action taken.</p> <p>4) The Administrator or her designee will inform the Quality Assurance Committee at least quarterly, of any identified concerns as well as the corrective action taken. The Committee minutes will include the identified concerns, any corrective action taken as well as any suggestions from Committee to ensure compliance with this regulation.</p> <p>5) Corrective action will be completed by 09/07/2021.</p>		