

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

PRINTED: 01/21/2020
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555772	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED C 12/30/2019
NAME OF PROVIDER OR SUPPLIER DESERT MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 8515 CHOLLA AVE YUCCA VALLEY, CA 92284		
(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
K 000	INITIAL COMMENTS Surveyor: 42003 The following reflects the findings of the California Department of Public Health, Life Safety Code Unit, during an abbreviated survey to investigate a complaint. Complaint Number: CA00668629. The inspection was limited to the complaint investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: 42003 Three Life Safety Code deficiencies were written as a result of complaint CA00668629. Census: 51	K 000			
K 161 SS=D	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	K 161			1/20/20

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

TITLE

(X6) DATE

Electronically Signed

01/20/2020

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.

Approved 01/21/2020 per Jose Gonzalez, SSM I

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K 161	<p>Continued From page 1</p> <p>non-sprinklered Maximum 3 stories</p> <p>sprinklered</p> <p>3 II (000) Not allowed non-sprinklered</p> <p>4 III (211) Maximum 2 stories sprinklered</p> <p>5 IV (2HH)</p> <p>6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story 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: Surveyor: 42003</p> <p>Based on observation and interview, the facility failed to maintain the integrity of the building. This was evidenced by stained roof tiles in the facility corridor. This has the potential to create hazards from slipping, falling ceiling tiles, and reduction in the structural integrity of the building. This affected 1 of 3 smoke compartments.</p> <p>Findings:</p>	K 161	<p>Corrective action taken for residents found to have been affected by this deficiency:</p> <p>The stained roof tiles were located in an office and did not directly affect a resident but on 12/24/2019 ESD removed the stained ceiling tiles and immediately contacted Mike Savage Roofing and construction to begin roofing repairs. Roofers were initially out on 12/24/19 to assess the roof and began repairs on</p>		

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K 161	Continued From page 2 During a tour of the facility on 12/23/19, the corridor near the entrance of the facility was observed. At 3:15 p.m., the ceiling tiles above the entrance to the business office/administrator's office were noted to have brown and yellow stains indicative of water leakage. During a telephone interview with the Administrator on 12/30/19 at 10 a.m., the Administrator stated that this could have been from recent snowfall that melted. The Administrator stated that he was not aware of any reports of leakage from the roof but would investigate.	K 161	12/24/2019. Measures and systematic changes that will be put into place to ensure that this deficiency does not recur: ESD continues to work with Mike Savage Roofing and construction to complete roofing repairs. Roofers were initially out on 12/24/19 to assess the roof and began repairs on 12/24/2019. Mike Savage continues to work with ESD to ensure the roof is repaired and facility maintains the integrity of the building. Measures that will be implemented to monitor the continued effectiveness of the corrective action taken and to ensure that correction is achieved and sustained: ESD will continue to work with Mike Savage to ensure roof repairs are complete and continues to monitor the repairs and has been out on 1/7/2020 and 1/15/2020. ESD will report findings/progress to QA committee monthly.		
K 521 SS=D	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.	K 521		1/20/20	

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K 521	<p>Continued From page 3 18.5.2.1, 19.5.2.1, 9.2</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 building's Heating, Ventilation, and Air Conditioning (HVAC) system. This was evidenced by two HVAC units on the roof that were not operational. This could result in the failure to protect the health and safety of residents in the facility when dangerous drops in temperatures are experienced during the winter season. This affected. 1 of 2 smoke compartments.</p> <p>Findings:</p> <p>During a tour of the facility on 12/23/19, the building's roof mounted HVAC units were observed.</p> <p>At 4 p.m., the Environmental Services Director (ESD) stated that the two HVAC units on the South-East wing were not functioning. The ESD stated that the South-East wing of the building was added to the original construction of the building in the 1980s. The South-East wing is on a separate gas system from the rest of the facilities boiler system. The ESD stated that he did not know what was wrong with the HVAC units and was told it could possibly be the blower motor. The ESD was waiting for a vendor to come back-out to diagnose. The facility's maintenance records indicated that the</p>	K 521	<p>Corrective action taken for residents found to have been affected by this deficiency:</p> <p>On 12/23/2019 DON, ADMINISTRATION AND SSD immediately coordinated temporary transfers for the affected residents to a sister facility to ensure ongoing safety. On 12/23/19 MOCK refrigeration was contacted and began repairs to HVAC units on 12/24/2019.</p> <p>Measures and systematic changes that will be put into place to ensure that this deficiency does not recur:</p> <p>On 12/23/19 MOCK refrigeration was contacted and began repairs to HVAC units on 12/24/2019. As of 1/10/2020 MOCK refrigeration reported HVAC units were fixed, DSD and ESD conducted 72 hour temperature monitoring to ensure temperatures were adequate. ESD will continue with a weekly temperature log.</p> <p>Measures that will be implemented to monitor the continued effectiveness of the corrective action taken and to ensure that correction is achieved and sustained:</p> <p>ESD will continue to conduct weekly</p>		

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K 521	Continued From page 4 South-East wing's HVAC heating system was not working on 10/31/19. The ESD was asked why the HVAC system had not been repaired. The ESD stated that they were working a solution that did not overload the already maxed-out breakers, and that would be the most cost effective. The ESD stated that it mostly came down to cost of repairs. The ESD stated that he had no formal quotes from vendors regarding cost and estimated time of any needed repairs.	K 521	temperature monitoring and document in weekly log, ESD will also report findings to IDT weekly to ensure HVAC system is maintaining appropriate temperatures.		
K 781 SS=F	Portable Space Heaters CFR(s): NFPA 101 Portable Space Heaters Portable space heating devices shall be prohibited in all health care occupancies, except, unless used in nonsleeping staff and employee areas where the heating elements do not exceed 212 degrees Fahrenheit (100 degrees Celsius). 18.7.8, 19.7.8 This REQUIREMENT is not met as evidenced by: Surveyor: 42003 Based on observation and interview, the facility failed to protect residents from fire hazards. This was evidenced by the facility using space heaters in resident sleeping rooms. This could result in an increased risk of fire hazards and injury to residents. This affected 11 of 51 residents. Findings: During a tour of the facility and interview with the Environmental Services Director (ESD) on 12/23/19, the resident rooms were observed. At 2:23 p.m., portable space heaters were	K 781	Corrective action taken for residents found to have been affected by this deficiency: On 12/23/19 the ESD immediately removed the portable space heaters from the affected rooms 100, 102, 103, 112, 116, and 122. On 12/23/19 9 residents were temporarily moved to a sister facility until the heating could be fixed to ensure residents ongoing safety. Measures and systematic changes that will be put into place to ensure that this deficiency does not recur:	1/20/20	

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K 781	Continued From page 5 observed in resident Rooms 100, 102, 103, 112, 116, and 122. The space heater in Room 112 was located near a combustible wooden desk with stuffed animals on top of the desk. The ESD stated that he bought the space heaters about a month ago to mitigate the cold temperatures until he could get the HVAC heating units repaired. The ESD was informed that space heaters are not permitted in resident sleeping areas.	K 781	On 12.23.19 the administrator and ESD contacted MOCK refrigeration to begin fixing the HVAC units. On 01/10/2020 MOCK refrigeration reported the HVAC units were repaired. 72 hour monitoring was completed by ESD and DSD to affected rooms on 1/12/19 and weekly temperature log will be done by ESD. Measures that will be implemented to monitor the continued effectiveness of the corrective action taken and to ensure that correction is achieved and sustained: Once HVAC units were repaired which occurred on 01/10/2020, ESD and DSD monitored temperatures to affected rooms x 72 hours and logged temperatures. ESD will continue to conduct weekly temperature checks and maintain a weekly log of all room temperatures to ensure HVAC units continue to maintain adequate heat. ESD will report log to IDT weekly.		