PRINTED: 08/08/2024 FORM APPROVED OMB NO. 0938-0391

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION 02	(X3) DATE SURVEY COMPLETED
		555323	B. WING		07/10/2024
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 944 REGAL ROAD ENCINITAS, CA 92024	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
E 000	Initial Comments		E 000		
E 004 SS=F	Emergency Prepared The findings are in acceptable for Long Term Care (In Representing the Cal Health: 49495 The facility is not in such that the facility is not in	at of Public Health, during an Iness recertification survey. Ecordance with 42 Code of (CFR) 483.73, Requirement LTC) Facilities. If ornia Department of Public ubstantial compliance with Long Term Care Facilities. It wiew and Update Annually It (a), §418.113(a), [4(a), §482.15(a), §483.73(a), [25(a), §485.727(a), [485.727(a),	E 004		7/23/24
	develop establish and emergency prepared requirements of this s	ements. The [facility] must d maintain a comprehensive ness program that meets the section. The emergency m must include, but not be			
	and maintain an eme	The [facility] must develop rgency preparedness plan ed], and updated at least lan must do all of the			
ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE	(X6) DATE

Electronically Signed

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.

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 2BLO21

Facility ID: CA080000077

07/29/2024

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		· '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED	
		555323	B. WING		07	/10/2024
	ROVIDER OR SUPPLIER EALTHCARE CENTER		•	STREET ADDRESS, CITY, STATE, ZIP COI 944 REGAL ROAD ENCINITAS, CA 92024		
(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 CO (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO THI DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
E 004	CAH] must comply w State, and local emer requirements. The [h develop and maintain emergency prepared requirements of this sall-hazards approach * [For LTC Facilities a Plan. The LTC facility an emergency prepareviewed, and update * [For ESRD Facilities Plan. The ESRD facil maintain an emergen must be [evaluated], years. This REQUIREMENT by:	a2.15 and CAHs at ency Plan. The [hospital or ith all applicable Federal, gency preparedness a comprehensive ness program that meets the section, utilizing an at §483.73(a):] Emergency must develop and maintain redness plan that must be ad at least annually. at §494.62(a):] Emergency ity must develop and cy preparedness plan that and updated at least every 2	E 00		wa ar will ba	
	failed to review and uprocedures (P&P) in Plan (EOP) manual. facilities review date current within the past disorganized emerge	iew and interview, the facility pdate their policies and their Emergency Operations This was evidenced by the of the EOP that was not st year. This could cause a ncy response in the case of esult in injury to visitors, residents.		What corrective action(s) ha put in place to ensure Emerg meets requirements outlined by the California Department Emergency Operations Plan updated within the last 7 day and signed by key department Included along with this POC names and signatures of the reviewed this plan, as well as screenshot of the table of co	ency Plan as described t of Health? has been s, reviewed nt heads. c are the se who have	
	On 7/10/24, during a	record review with the				

	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED				
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(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 004 E 030 SS=F	Administrator, the em was reviewed. At 10:44 a.m., the fact an updated review dainterview, the Administration from up EOP. The Maintenance Direfinding at the exit con Names and Contact If CFR(s): 483.73(c)(1) §403.748(c)(1), §460. §483.73(c)(1), §485.68(c)(1), §485.727(c)(1), §485.7	ergency preparedness plan ility's EOP failed to include te by staff. During an strator stated the staff was updating the EOP manual. prevented the odating and reviewing the ector acknowledged the ference. information 54(c)(1), §418.113(c)(1), 84(c)(1), §482.15(c)(1), 75(c)(1), §484.102(c)(1), 42(c)(1), §485.625(c)(1), 920(c)(1), §486.360(c)(1), 12(c)(1). develop and maintain an ness communication plan deral, State and local laws d and updated at least every LTC facilities]. The nust include all of the et information for the		004	Subsequent plans will be reviewed during Q2 of each following calendar year. A meeting notice has already been set up for Q2 2025 to revise and update this EOP Plan next year. Individual responsible: Administrator Date when corrective action will be completed: July 23, 2024		7/23/24

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	ROVIDER OR SUPPLIER EALTHCARE CENTER			9	STREET ADDRESS, CITY, STATE, ZIP CODE 144 REGAL ROAD ENCINITAS, CA 92024		
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E 030	include all of the following: (i) Staff. (ii) Entities providing since (iii) Patients' physician (iv) Other [hospitals and (v) Volunteers. *[For RNHCIs at §403 communication plan of following: (i) Names and contain following: (ii) Entities providing since (iii) Next of kin, guard (iv) Other RNHCIs. (v) Volunteers. *[For ASCs at §416.4 plan must include all of (1) Names and contain following: (ii) Staff.	32.15(c) and CAHs at annunication plan must wing: et information for the services under arrangement. Instant instant include all of the extrictions and CAHs]. 3.748(c):] The must include all of the extriction of the services under arrangement. ian, or custodian. 5(c):] The communication of the following: et information for the services under arrangement. Instantions. 8.113(c):] The must include all of the must include all of the	E	030			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		ONSTRUCTION	(X3) DATE SURVEY COMPLETED		
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E 030	(iii) Patients' physicial (iv) Other hospices. *[For HHAs at §484.] plan must include all (1) Names and conta following: (i) Staff. (ii) Entities providing (iii) Patients' physicial (iv) Volunteers. *[For OPOs at §486.] plan must include all (2) Names and conta following: (i) Staff. (ii) Entities providing (iii) Volunteers. (iv) Other OPOs. (v) Transplant and do Donation Service Are This REQUIREMENT by: Based on record revisible failed to maintain the evidenced by the lact and contact information. The lack of mainteer plan. The lack of mainteer plan. The lack of mainteer plan can response plan can response during an elinjury to visitors, staff. Findings: During record review.	es. services under arrangement. ins. 102(c):] The communication of the following: act information for the services under arrangement. ins. 360(c):] The communication of the following: act information for the services under arrangement.	E		What corrective action(s) have or put in place to ensure Emergency meets requirements outlined as deby the California Department of He Emergency Operations Plan has bupdated within the last 7 days, to incontact information with latest staff physicians, and other entities proviservices. Included with submission of those contacts.	Plan scribed ealth? een nclude ; ding are list	

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	ROVIDER OR SUPPLIER			94	TREET ADDRESS, CITY, STATE, ZIP CODE 44 REGAL ROAD NCINITAS, CA 92024		
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E 030	lacked evidence of de communication proce contact information for under arrangement. L Administrator stated r prevented the administrequirement. The Maintenance Direfinding at the exit con Emergency Officials (CFR(s): 483.73(c)(2) §403.748(c)(2), §416. §441.184(c)(2), §460. §483.73(c)(2), §485.5 §485.727(c)(2), §485.5 §491.12(c)(2), §494.6 [(c) The [facility] must emergency preparedr that complies with Feand must be reviewed 2 years [annually for I communication plan r following: (2) Contact information (i) Federal, State, tribute emergency preparedr (ii) Other sources of a supplementation of the communication process of the commun	ergency preparedness plan evelopment of the dures with the names and or entities providing services. Upon interview, the eccent staff turnover stration from completing this ector acknowledged the ference. Contact Information 54(c)(2), §418.113(c)(2), 84(c)(2), §482.15(c)(2), 942(c)(2), §484.102(c)(2), 920(c)(2), §486.360(c)(2), 920(c)(2), §486.360(c)(2), 920(c)(2). Indevelop and maintain an eness communication plan deral, State and local laws of and updated at least every LTC facilities]. The must include all of the energy and the properties of the following: all, regional, and local eless staff. essistance.		030	Q2 of each following calendar year. A meeting notice has already been set up for Q2 2025 to revise and update this EOP Plan next year. Individual responsible: Administrator Date when corrective action will be completed: July 23, 2024		7/23/24

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E 031	emergency prepared (ii) The State Licensin (iii) The Office of the Ombudsman. (iv) Other sources of *[For ICF/IIDs at §48; information for the fol (i) Federal, State, trib emergency prepared (ii) Other sources of a (iii) The State Licensi (iv) The State Protect This REQUIREMENT by: Based on record rev maintain their emerge evidenced by the lack contact information. The emergency response disorganized response result in injury to visit residents. Findings: During record review Administrator on 07/1 was reviewed. At 12:50 p.m., the emergency officials. It Administrator stated in the company of the	al, regional, and local ness staff. ng and Certification Agency. State Long-Term Care assistance. 3.475(c):] (2) Contact lowing: al, regional, and local ness staff. assistance. ng and Certification Agency. ion and Advocacy Agency. is not met as evidenced aew, the facility failed to ency plan. This was a of emergency officials he lack of maintaining an plan can result in an are during an emergency and fors, staff, and 114 of 114 and interview with the 0/2024, the emergency plan are gency preparedness plan evelopment of the dures with the names and or federal, state, and local Jpon interview, the	E 03	What corrective action(s) har put in place to ensure Emerg meets requirements outlined by the California Department Emergency Operations Plan updated within the last 7 days contact information for emerging personnel, including: • Federal, State, tribal, reglocal emergency preparednes. • The State Licensing and Agency. • The Office of the State License Ombudsman. Included with submission are contacts. Subsequent plans will be revious of each following calendal meeting notice has already be	ency Plan as described of Health? has been s, to include gency gional, and ss staff. Certification ong-Term list of those iewed during r year. A	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED		
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AVIARA H	ROVIDER OR SUPPLIER EALTHCARE CENTER			94	TREET ADDRESS, CITY, STATE, ZIP CODE 14 REGAL ROAD NCINITAS, CA 92024		
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E 031	Continued From page The Maintenance Dire finding at the exit con	ector acknowledged the	E	031	for Q2 2025 to revise and update this EOP Plan next year. Individual responsible: Administrator Date when corrective action will be completed: July 23, 2024		
E 036 SS=F	§483.475(d), §484.10 §485.542(d), §485.62 §485.920(d), §486.36 §494.62(d). *[For RNCHIs at §403 Hospice at §418.113, at §460.84, Hospitals §484.102, CORFs at CAHs at §486.625, "C 485.727, CMHCs at § §486.360, and RHC/F Training and testing, and maintain an emer training and testing premergency plan set for section, risk assessmenthis section, policies at (b) of this section, and paragraph (c) of this section.	(d), §418.113(d), (d), §482.15(d), §483.73(d), 2(d), §485.68(d), 5(d), §485.727(d), 0(d), §491.12(d), 3.748, ASCs at §416.54, PRTFs at §441.184, PACE at §482.15, HHAs at §485.68, REHs at §485.542, Organizations" under 4485.920, OPOs at FHQs at §491.12:] (d) The [facility] must develop	E	036	odly 20, 2024		7/23/24

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E 036	E 036 Continued From page 8		E0	36		
	and testing. The LTC maintain an emerger and testing program emergency plan set if section, risk assessment is section, policies (b) of this section, an paragraph (c) of this testing program must least annually. *[For ICF/IIDs at §48 testing. The ICF/IID ran emergency prepa program that is baseforth in paragraph (a) assessment at paragraph (c) of this testing program must least every 2 years. Trequirements for eva §483.470(i). *[For ESRD Facilities testing, and orientation program temergency plan set if section, risk assessment is section, and paragraph (c) of this	forth in paragraph (a) of this ment at paragraph (a)(1) of and procedures at paragraph d the communication plan at section. The training and to be reviewed and updated at 3.475(d):] Training and must develop and maintain redness training and testing d on the emergency plan set of this section, risk traph (a)(1) of this section, res at paragraph (b) of this munication plan at section. The training and to be reviewed and updated at The ICF/IID must meet the cuation drills and training at an emergency g, testing and patient				

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		,	944 REGAL ROAD		
(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG			
updated at every 2 yer This REQUIREMENT by: Based on record revifailed to maintain their and procedure (P&P) lack of development of program. The lack of response plan can review program. The lack of response during an entipity to visitors, staff. Findings: During record review Administrator on 07/1 was reviewed. At 12:31 p.m., the emplacked P&P for develor a training and testing and hazards identified program. Upon interview Administrator was una requested P&P. The extension of the maintenance Direction of the maintenance Directi	is not met as evidenced ew and interview, the facility r emergency plan's policy . This was evidenced by the of a training and testing maintaining an emergency sult in an disorganized mergency and result in and 114 of 114 residents. and interview with the 0/2024, the emergency plan ergency response plan opment and maintenance of program reflecting the risks if within the facility's ew and record review, the able to present the Administrator stated recent ed the administration from ement		What corrective action(s) have or will be put in place to ensure Emergency Plan meets requirements outlined as describe by the California Department of Health? Emergency Operations Plan has been updated within the last 7 days, and includes Policies and Procedures for review with new hires and annually for common threats. Included with submission is section 3.1 of EOP manual for Training and Testing along with log of drills and exercises to tracked moving forward, and AAR form document progress and those drills and exercises. Subsequent EOP plans will be reviewed during Q2 of each following calendar year A meeting notice has already been set for Q2 2025 to revise and update this EOP Plan next year. Individual responsible: Administrator Date when corrective action will be completed: July 23, 2024	ped O be to I dear.	
CFR(s): 483.73(d)(1)					
	Continued From page updated at every 2 ye This REQUIREMENT by: Based on record revifailed to maintain their and procedure (P&P). lack of development of program. The lack of response plan can response during an elinjury to visitors, staff, Findings: During record review Administrator on 07/1 was reviewed. At 12:31 p.m., the emlacked P&P for develor a training and testing and hazards identified program. Upon intervifadministrator was una requested P&P. The Astaff turnover preventic completing the require	ROVIDER OR SUPPLIER EALTHCARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 updated at every 2 years. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to maintain their emergency plan's policy and procedure (P&P). This was evidenced by the lack of development of a training and testing program. The lack of maintaining an emergency response plan can result in an disorganized response during an emergency and result in injury to visitors, staff, and 114 of 114 residents. Findings: During record review and interview with the Administrator on 07/10/2024, the emergency plan was reviewed. At 12:31 p.m., the emergency response plan lacked P&P for development and maintenance of a training and testing program reflecting the risks and hazards identified within the facility's program. Upon interview and record review, the Administrator was unable to present the requested P&P. The Administrator stated recent staff turnover prevented the administration from completing the requirement The Maintenance Director acknowledged the finding at the exit conference.	CORRECTION STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9	ROUIDER OR SUPPLIER EALTHCARE CENTER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 9 updated at every 2 years. This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to maintain their emergency plan's policy and procedure (P&P). This was evidenced by the lack of development of a training an emergency and result in injury to visitors, staff, and 114 of 114 residents. During record review and interview with the Administrator on 07/10/2024, the emergency plan was reviewed. At 12:31 p.m., the emergency response plan lacked P&P for development and maintenance of a training and testing program. The development and maintenance of a training and testing program reflecting the risks and hazards identified within the facility's groopram. Upon Interview and record review, the Administrator was unable to present the requested P&P. The Administrator stated recent staff turnover prevented the administration from completing the requirement The Maintenance Director acknowledged the finding at the exit conference. PREFIX PROVIDERS CLITY, STATE, ZIP CODE 944 RECAL ROAD ENCINTAS, CA 92024 PROVIDERS PLAN OF CORRECTION (EACH CORDETIVE ACTION SHOULD BE PREFIX TAGE PREFIX TAGE PREFIX TAGE PROVIDERS PLAN OF CORRECTION (EACH CORDETIVE ACTION SHOULD BE PREFIX TAGE PREFIX TAGE PREFIX TAGE PROVIDERS PLAN OF CORRECTION (EACH CORDETIVE ACTION SHOULD BE PREFIX TAGE PREFIX TAGE PREFIX TAGE PROVIDERS PLAN OF CORRECTION (EACH CORDETIVE ACTION SHOULD BE PREFIX TAGE PREFIX TAGE PREFIX TAGE PREFIX TAGE PROVIDERS PLAN OF CORRECTION (EACH CORDETIVE ACTION SHOULD BE PREFIX TAGE PREFIX TAGE PREFIX TAGE PROVIDERS PLAN OF CORRECTION (EACH CORDETIVE ACTION SHOULD BE PREFIX TAGE PREFIX TAGE PREFIX TAGE PREFIX TAGE PREFIX TAGE PROVIDERS PLAN OF CORRECTION (EACH CORDETION SHOULD BE PREFIX TAGE PREFIX TAGE PREFIX TAGE PREFIX TAGE PREFIX TAGE PREFIX TAGE PROVIDERS PLAN OF CORRECTION (EACH	

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E 037	§441.184(d)(1), §460 §483.73(d)(1), §483. §485.68(d)(1), §485 §485.727(d)(1), §485 §491.12(d)(1). *[For RNCHIs at §40 Hospitals at §482.15 at §484.102, REHs aunder §485.727, OPRHC/FQHCs at §49 (1) Training program the following: (i) Initial training in elepolicies and procedustaff, individuals provarrangement, and voexpected roles. (ii) Provide emergence least every 2 years. (iii) Maintain docume preparedness trainin (iv) Demonstrate starprocedures. (v) If the emergency procedures are signimust conduct training procedures. *[For Hospices at §4 hospice must do all of (i) Initial training in elepolicies and procedures, services under arrane expected roles.	6.54(d)(1), §418.113(d)(1), 6.84(d)(1), §482.15(d)(1), 475(d)(1), §484.102(d)(1), 5.42(d)(1), §485.625(d)(1), 6.920(d)(1), §486.360(d)(1), 6.920(d)(1), §486.360(E 03	37			

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E 037	least every 2 years. (iv) Periodically revie emergency prepared employees (including special emphasis pla procedures necessar others. (v) Maintain documer preparedness training (vi) If the emergency procedures are signifi must conduct training procedures. *[For PRTFs at §441 program. The PRTF (i) Initial training in er policies and procedu staff, individuals prov arrangement, and vo expected roles. (ii) After initial training preparedness training (iii) Demonstrate staf procedures. (iv) Maintain docume preparedness training (v) If the emergency procedures are signifi must conduct training procedures. *[For PACE at §460.8 organization must do (i) Initial training in er	w and rehearse its ness plan with hospice nonemployee staff), with need on carrying out the ry to protect patients and nation of all emergency g. preparedness policies and ficantly updated, the hospice g on the updated policies and 184(d):] (1) Training must do all of the following: mergency preparedness res to all new and existing riding services under lunteers, consistent with their g, provide emergency g every 2 years. If knowledge of emergency entation of all emergency g. preparedness policies and ficantly updated, the PRTF g on the updated policies and	EO	37		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 (X3) DATE SURVE COMPLETED			
		555323	B. WING _			07/10/2024
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 944 REGAL ROAD ENCINITAS, CA 92024	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
E 037	arrangement, contract volunteers, consister (ii) Provide emergence least every 2 years. (iii) Demonstrate staff procedures, including what to do, where to case of an emergence (iv) Maintain docume (v) If the emergency procedures are signiful must conduct training procedures. *[For LTC Facilities at Program. The LTC fat following: (i) Initial training in empolicies and procedustaff, individuals provarrangement, and volume expected role. (ii) Provide emergence least annually. (iii) Maintain docume preparedness training (iv) Demonstrate staff procedures. *[For CORFs at §488 CORF must do all of (i) Provide initial train preparedness policies and existing staff, includer arrangement, with their expected research in their expected research in their expected research with their expected research in the res	riding on-site services under ctors, participants, and at with their expected roles. Cry preparedness training at a services under growing informing participants of go, and whom to contact in cry. Intation of all training. In preparedness policies and ficantly updated, the PACE go on the updated policies and contact in cry. In the services under growing at the services under growing services under growing services under growing services under growing at the services under growing. In the services under growing services under growing at growing at growing at growing at growing at growing at growing growing. In the following: In the following services and procedures to all new dividuals providing services and volunteers, consistent	EO	37		

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E 037	procedures. All new pand assigned specific the CORF's emergentheir first workday. Thinclude instruction in alarm systems and si equipment. (v) If the emergency procedures are signifimust conduct training procedures. *[For CAHs at §485.6 The CAH must do all (i) Initial training in empolicies and procedur reporting and extinguand where necessary personnel, and guest: cooperation with firefiauthorities, to all new individuals providing and volunteers, consiroles. (ii) Provide emergence least every 2 years. (iii) Maintain documer (iv) Demonstrate staff procedures. (v) If the emergency procedures are signifimust conduct training procedures.	ntation of the training. knowledge of emergency tersonnel must be oriented tresponsibilities regarding the location and use of training program must the location and use of tresponsibilities and tresponsibilities and training program. Training prog	E 03	37		

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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
E 037	preparedness policies and existing staff, ind under arrangement, a with their expected rodocumentation of the demonstrate staff knot procedures. Thereaft emergency prepared years. This REQUIREMENT by: Based on record revialled to maintain their evidenced by the lack annual training of start an emergency respondisorganized responsive residents. Findings: During record review Administrator on 07/1 was reviewed. At 12:31 p.m., the fact that would have show annually on the emergency responsive training new employers stated that he did not the emergency responsecent staff turnover administration from control of the control of the emergency responsecent staff turnover administration from control of the emergency response and the emergency response administration from control of the emergency response administration from control of the emergency response administration from control of the emergency response and the emergency response administration from control of the emergency response and the emergency response and the emergency response administration from control of the emergency response and the emergency response administration from control of the emergency response and the emergency response administration from control of the emergency response and the emergency resp	nitial training in emergency and procedures to all new ividuals providing services and volunteers, consistent les, and maintain training. The CMHC must evidedge of emergency feer, the CMHC must provide mess training at least every 2 is not met as evidenced ew and interview, the facility or emergency plan. This was a of documentation for the eff. The lack of maintaining mase plan can result in an eduring an emergency and fors, staff, and 114 of 114 and interview with the 0/2024, the emergency plan illity lacked documentation for that staff were trained gency preparedness plan. It is sented documentation for the hires. The Administrator have the annual training on the plan completed by staff. In prevented the completing the requirement.	E 03	What corrective action(s) will be accomplished for the deficiencie identified? Emergency Operations Plan has updated within the last 7 days, a includes Policies and Procedure review with new hires and annual common threats. Included with submission is sect of EOP manual for Training and along with log of drills and exercitracked moving forward, and AA document progress and those dexercises. We've also included an attachm signatures as evidence that EOF took place with staff on 08/02/20. What measures will be put into pwhat systemic changes the facil make to ensure that the deficient does not recur? Subsequent EOP plans will be resulted.	es been and es for ally for tion 3.10 Testing, sises to be a R form to rills and ent with P training 024.	

NAME OF PROVIDER OR SUPPLIER AVIARA HEALTHCARE CENTER STREET ADDRESS, CITY, STATE, ZIP CODE 944 REGAL ROAD ENCINITAS, CA 92024 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLE				(X3) DATE SURVEY COMPLETED		
AVIARA HEALTHCARE CENTER 944 REGAL ROAD ENCINITAS, CA 92024			555323	B. WING _		07/10/2024
PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) E 037 Continued From page 15 E 037 E 037 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)					944 REGAL ROAD	
2 501	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	D BE COMPLÉTION
A meeting notice has already been set up for Q2 2025 to revise and update this EOP Plan next year. How the facility plans to monitor its performance to make sure that solutions are sustained? Administrator or designee to review the log quarterly during scheduled QA meetings. Any negative findings to be reported to the QA committee to ensure facility compliance. Date when corrective action will be completed: July 25th.	E 039	EP Testing Requiremed CFR(s): 483.73(d)(2) §416.54(d)(2), §418.1 §460.84(d)(2), §482.1 §483.475(d)(2), §485 §485.542(d)(2), §491 *[For ASCs at §416.5 at §485.542, OPO, "C §485.727, CMHCs at §491.12, and ESRD F (2) Testing. The [facility to test the emergency must do all of the following the statement of the statement of the following the statement of the statement of the statement of the statement of the following the statement of the statement	ents 113(d)(2), §441.184(d)(2), 15(d)(2), §483.73(d)(2), .102(d)(2), §485.68(d)(2), .625(d)(2), §485.727(d)(2), .12(d)(2), §494.62(d)(2). 4, CORFs at §485.68, REHs organizations" under §485.920, RHCs/FQHCs at Facilities at §494.62]: ity] must conduct exercises or plan annually. The [facility] owing: -scale exercise that is		during Q2 of each following calendar A meeting notice has already been s for Q2 2025 to revise and update this EOP Plan next year. How the facility plans to monitor its performance to make sure that solut are sustained? Administrator or designee to review to log quarterly during scheduled QA meetings. Any negative findings to b reported to the QA committee to ens facility compliance. Date when corrective action will be completed: July 25th.	et up s ions the

PRINTED: 08/08/2024 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
		555323	B. WING			07/	10/2024
	ROVIDER OR SUPPLIER			9	STREET ADDRESS, CITY, STATE, ZIP CODE 144 REGAL ROAD ENCINITAS, CA 92024		
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E 039	exercise every 2 year (B) If the [facility] natural or man-made activation of the emer exempt from engagin community-based or functional exercise fo actual event. (ii) Conduct an addition years, opposite the years, opposite the years, opposite the years, opposite the follor (A) A second full-scal community-based or functional exercise; or (B) A mock disaster of (C) A tabletop exercise a facilitator and include a narrated, clinically-r scenario, and a set of directed messages, or designed to challenge (iii) Analyze the [facili maintain documentati exercises, and emerg [facility's] emergency *[For Hospices at 418 (2) Testing for hospic patient's home. The le exercises to test the exanually. The hospic (i) Participate in a ful community based eve (A) When a community	a facility-based functional res; or experiences an actual emergency that requires regency plan, the [facility] is g in its next required individual, facility-based flowing the onset of the conal exercise at least every 2 fear the full-scale or inder paragraph (d)(2)(i) of ted, that may include, but is wing: In exercise that is individual, facility-based or in the following the or workshop that is led by the sa group discussion using relevant emergency of problem statements, or prepared questions ean emergency plan. The following is estimated to and the plan, as needed. In the following: In the facility-based or in the following: In the facility-based or in the following: In the following: In the facility-based or in the following: In the following: In the facility-based or in the following: In the following: In the facility-based or in the facility-based or in the facility or in t	E	039			

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E 039	the emergency plan, engaging in its next recommunity-based exertion facility-based function onset of the emergen (ii) Conduct an additiopposite the year the exercise under paragis conducted, that mate to the following: (A) A second full-scar community-based or exercise; or (B) A mock disaster of (C) A tabletop exercise a facilitator and include a narrated, clinically-scenario, and a set of directed messages, of designed to challenge (3) Testing for hospical care directly. The hose exercises to test the exercises.	very 2 years; or eriences a natural or by that requires activation of the hospital is exempt from equired full scale ercise or individual hal exercise following the cy event. onal exercise every 2 years, full-scale or functional raph (d)(2)(i) of this section y include, but is not limited he exercise that is a facility based functional drill; or see or workshop that is led by the a group discussion using relevant emergency for problem statements, or prepared questions eran emergency plan. The est that provide inpatient spice must conduct emergency plan twice per cust do the following: nnual full-scale exercise that or ty-based exercise is not an annual individual hal exercise; or eriences a natural or by that requires activation of the hospice is exempt from equired full-scale community	E	039			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION 6 02	(X3) DATE SURVEY COMPLETED	
		555323	B. WING		07/10/2024
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E 039	(ii) Conduct an additimay include, but is not (A) A second full-scat community-based or exercise; or (B) A mock disaster (C) A tabletop exercifacilitator that include narrated, clinically-reland a set of problem messages, or prepare challenge an emerge (iii) Analyze the hosp maintain documentat	the emergency event. onal annual exercise that of limited to the following: le exercise that is a facility based functional drill; or se or workshop led by a s a group discussion using a evant emergency scenario, statements, directed ed questions designed to ncy plan. sice's response to and on of all drills, tabletop lency events and revise the	E 03	9	
	conduct exercises to twice per year. The [do the following: (i) Participate in an a is community-based; (A) When a community accessible, conduct a facility-based function (B) If the [PRTF, Hos actual natural or man requires activation of [facility] is exempt fro required full-scale confacility-based function onset of the emergen	§485.625(d):] F, Hospital, CAH] must test the emergency plan PRTF, Hospital, CAH] must nnual full-scale exercise that or ty-based exercise is not an annual individual, hal exercise; or pital, CAH] experiences an -made emergency that the emergency plan, the m engaging in its next mmunity based or individual, hal exercise following the			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED				
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E 039		e 19 , but is not limited to the	E	039			
	(A) A second full-scal community-based or functional exercise; of (B) A mock of (C) A tabletop existed by a facilitator and discussion, using a nemergency scenario, statements, directed questions designed to plan. (iii) Analyze the [maintain documentate exercises, and emerge [facility's] emergency *[For PACE at §460.8 (2) Testing. The PAC exercises to test the eannually. The PACE of following: (i) Participate in an assisted in an assisted community-based; (A) When a community accessible, conduct a facility-based function (B) If the PACE experimentation (C) If the PACE experimentation (B) If the PACE experimentation (C) If the PACE experimentation (B) If the PACE experimentation (C) If the PACE experimentation (B) If the PACE experimentation (C) If the PACE experimentation (B) If the PACE experimentation (C) If the	individual, a facility-based r disaster drill; or sercise or workshop that is d includes a group arrated, clinically-relevant and a set of problem messages, or prepared or challenge an emergency facility's] response to and ion of all drills, tabletop gency events and revise the plan, as needed. 84(d):] E organization must conduct emergency plan at least organization must do the annual full-scale exercise that or ty-based exercise is not an annual individual,					

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E 039	is conducted that may the following: (A) A second full-sca community-based or if functional exercise; of (B) A mock disaster of (C) A tabletop exercise a facilitator and includusing a narrated, cliniscenario, and a set of directed messages, of designed to challenge (iii) Analyze the PACI maintain documentatic exercises, and emerge PACE's emergency plincluding unannounce emergency procedures (CF/IID] must do the formation of the community-based; (A) When a community accessible, conduct a facility-based function (B) If the [LTC facility] actual natural or manarequires activation of LTC facility is exempt required a full-scale conduct an additional conduct and conduct an additional conduct and conduct a	le exercise that is individual, a facility based of drill; or see or workshop that is led by les a group discussion, cally-relevant emergency is problem statements, or prepared questions an emergency plan. E's response to and on of all drills, tabletop ency events and revise the lan, as needed. §483.73(d):] must conduct exercises to an at least twice per year, and staff drills using the less. The [LTC facility, collowing: mual full-scale exercise that for the land individual, and exercise. facility experiences and emergency that the emergency plan, the from engaging its next community-based or led functional exercise that the emergency event. onal annual exercise that the limited to the following:	EO			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
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E 039	community-based or functional exercise; of (B) A mock disaster (C) A tabletop exercial a facilitator includes a narrated, clinically-reland a set of problem messages, or preparchallenge an emerge (iii) Analyze the [LTC and maintain docume exercises, and emerge [LTC facility] facility's *[For ICF/IIDs at §48: (2) Testing. The ICF/IID must do (i) Participate in an ais community-based; (A) When a community-based function (B) If the ICF/IID expressible, conduct a facility-based function (B) If the ICF/IID expressible, conduct a facility-based function (B) If the ICF/IID expressible, conduct a facility-based function (B) If the ICF/IID expressible, conduct a facility-based or functional exercise for emergency event. (ii) Conduct an additional exercise for emergency event. (iii) Conduct an additional exercise for emergency event. (iii) Conduct an additional exercise for emergency event. (iii) Conduct an additional exercise; of (B) A mock disaster of (C) A tabletop exercise.	an individual, facility based or drill; or se or workshop that is led by a group discussion, using a levant emergency scenario, statements, directed ed questions designed to ncy plan. C facility] facility's response to entation of all drills, tabletop gency events, and revise the emergency plan, as needed. 3.475(d)]: IID must conduct exercises y plan at least twice per year. the following: nnual full-scale exercise that or ty-based exercise is not an annual individual, nal exercise; or. eriences an actual natural or by that requires activation of the ICF/IID is exempt from equired full-scale individual, facility-based llowing the onset of the conal annual exercise that ot limited to the following: le exercise that is an individual, facility-based or	E	039				

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E 039	scenario, and a set of directed messages, of designed to challenge (iii) Analyze the ICF/I maintain documentate exercises, and emerging ICF/IID's emergency *[For HHAs at §484.1 (d)(2) Testing. The HI to test the emergency least annually. The HI (i) Participate in a full community-based; or (A) When a community-based function or. (B) If the HHA e or man-made emergency platengaging in its next recommunity-based or functional exercise for emergency event. (ii) Conduct an addition opposite the year the exercise under paraging is conducted, that limited to the following (A) A second full community-based or functional exercise; of (B) A mock disast (C) A tabletop extend by a facilitator and contend to the following community-based or functional exercise; of (B) A mock disast (C) A tabletop extend by a facilitator and contend to the following community-based or functional exercise; of (B) A mock disast (C) A tabletop extend to the following community-based or functional exercise; of (B) A mock disast (C) A tabletop extend to the following community-based or functional exercise; of (B) A mock disast (C) A tabletop extend to the following community-based or functional exercise; of (B) A mock disast (C) A tabletop extend to the following community-based or functional exercise; of (B) A mock disast (C) A tabletop extend to the following community-based or functional exercise; of (B) A mock disast (C) A tabletop extend to the following community-based or functional exercise; of (B) A mock disast (C) A tabletop extend to the following community-based or functional exercise; of (B) A mock disast (C) A tabletop extend to the following community-based or functional exercise; of (B) A mock disast (C) A tabletop extend to the following community-based or functional exercise; of (B) A mock disast (C) A tabletop extend to the following community commu	f problem statements, or prepared questions e an emergency plan. ID's response to and ion of all drills, tabletop pency events, and revise the plan, as needed. O2] HA must conduct exercises or plan at HA must do the following: -scale exercise that is munity-based exercise is not an annual individual, nal exercise every 2 years; experiences an actual natural ency that requires activation in, the HHA is exempt from equired full-scale individual, facility based illowing the onset of the enal exercise every 2 years, full-scale or functional raph (d)(2)(i) of this section t may include, but is not g: -scale exercise that is an individual, facility-based or exercise or workshop that is	E 0	39	

	MENT OF DEFICIENCIES LAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED			
		555323	B. WING _			07/	10/2024
	ROVIDER OR SUPPLIER EALTHCARE CENTER		•	9	STREET ADDRESS, CITY, STATE, ZIP CODE 944 REGAL ROAD ENCINITAS, CA 92024	•	
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E 039	questions designed to plan. (iii) Analyze the HHA' documentation of all demergency events, a emergency plan, as referred to test the emergency following: (i) Conduct a paper-by workshop at least and led by a facilitator and discussion, using a nemergency scenario, statements, directed questions designed to plan. If the OPO experimental emergency plan, engaging in its next refollowing the onset of (ii) Analyze the OPO' documentation of all the emergency events, a OPO's] emergency plan. *[RNCHIs at §403.74 (d)(2) Testing. The Reference to test the emust do the following (i) Conduct a paper-bleast annually. A table discussion led by a facilitation of led by a fac	and a set of problem messages, or prepared o challenge an emergency s response to and maintain drills, tabletop exercises, and nd revise the HHA's needed. 360] PO must conduct exercises or plan. The OPO must do the ased, tabletop exercise or nually. A tabletop exercise is d includes a group arrated, clinically relevant and a set of problem messages, or prepared or challenge an emergency eriences an actual natural or ery that requires activation of the OPO is exempt from equired testing exercise the emergency event. s response to and maintain tabletop exercises, and and revise the [RNHCI's and ann, as needed. 48]: NHCI must conduct emergency plan. The RNHCI	E	039			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
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E 039	prepared questions demergency plan. (ii) Analyze the RNHO maintain documentation and emergency eveniemergency plan, as in This REQUIREMENT by: Based on record revifailed to maintain their evidenced by the lack in-house tabletop exedir. The lack of main response plan can reresponse during an einjury to visitors, staff. Findings: During record review Administrator on 07/1 was reviewed. At 10:57 a.m., the emalacked documentation preparedness testing interview, the Administrator on the documentation of the document would send the document of the day. The oreceived.	s, directed messages, or esigned to challenge an Cl's response to and ion of all tabletop exercises, its, and revise the RNHCl's needed. Tis not met as evidenced iew and interview, the facility or emergency plan. This was a of documentation for an ercise and community-based taining an emergency sult in an disorganized mergency and result in and 114 of 114 residents. and interview with the 0/2024, the emergency plan in for two of two emergency requirements. Upon estrator stated recent staffine administration from ement. The Administrator station was found, they mentation via email by the documentation was not ector acknowledged the	E	039	What corrective action(s) will be accomplished for the deficiencies identified? Emergency Operations Plan has been updated within the last 7 days and includes Policies and Procedures for review with new hires and annually for common threats. Included with submission is section 3.1 of EOP manual for Training and Testing Log of drills included to be tracked mor forward (though fire drills already track previously, just not disaster or tabletop drills) Aviara also completed a tabletop drill activity on 08/02 and attached documentation to prove evidence of dr We will conduct another community-based drill within the next 6 months (prior to end of 2024) What measures will be put into place of what systemic changes the facility will make to ensure that the deficient pract does not recur?	g. ying ed ill. r	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION 2	(X3) DATE COMP	SURVEY PLETED
		555323	B. WING			07/	10/2024
AVIARA H		ATEMENT OF DEFICIENCIES	ID	94 El	REET ADDRESS, CITY, STATE, ZIP CODE 14 REGAL ROAD NCINITAS, CA 92024 PROVIDER'S PLAN OF CORRECTION (FACH CORRECTIVE ACTION SHOULD BE		(X5) COMPLETION
PREFIX TAG	,	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG	X	(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		DATE
E 039 E 041 SS=F	Continued From page Hospital CAH and LTC CFR(s): 483.73(e) §482.15(e) Condition	C Emergency Power		039	during Q2 of each following calendar years A meeting notice has already been set for Q2 2025 to revise and update this EOP Plan next year. How the facility plans to monitor its performance to make sure that solution are sustained? Administrator or designee to review the log quarterly during scheduled QA meetings. Any negative findings to be reported to the QA committee to ensure facility compliance. Date when corrective action will be completed: July 25th.	up ns	7/26/24
	(e) Emergency and standard hospital must implem power systems based forth in paragraph (a) policies and procedur paragraphs (b)(1)(i) a §483.73(e), §485.625(e) Emergency and standard emergency and standard emergency plan standard the emergency plan standard the emergency plan standard section.	andby power systems. The ent emergency and standby I on the emergency plan set of this section and in the es plan set forth in nd (ii) of this section.					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		DNSTRUCTION	(X3) DATE COMF	SURVEY PLETED
		555323	B. WING _			07/	10/2024
	ROVIDER OR SUPPLIER			944	EET ADDRESS, CITY, STATE, ZIP CODE REGAL ROAD CINITAS, CA 92024		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE.	(X5) COMPLETION DATE
E 041	requirements found in Code (NFPA 99 and Amendments TIA 12-12-5, and TIA 12-6), I and Tentative Interim 12-2, TIA 12-3, and T when a new structure structure or building i 482.15(e)(2), §483.73 §485.542(e)(2) Emergency generato [hospital, CAH and L the emergency powe and [maintenance] re Health Care Facilities Safety Code. 482.15(e)(3), §483.73 (3),§485.542(e)(2) Emergency generato LTC facilities] that mato power emergency for how it will keep er operational during the evacuates. *[For hospitals at §48 REHs at §485.542(g) §485.625(g):] The standards incorpsection are approved reference by the Dire Federal Register in a 552(a) and 1 CFR paramaterial from the sour	the cordance with the location of the Health Care Facilities Tentative Interim 2, TIA 12-3, TIA 12-4, TIA Life Safety Code (NFPA 101 Amendments TIA 12-1, TIA TIA 12-4), and NFPA 110, TIA 12-4), and TIA 12-1, TIA TIA 12-4, TIA	E	041			

			(X3) DATE SURVEY COMPLETED		
		555323	B. WING		07/10/2024
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 944 REGAL ROAD ENCINITAS, CA 92024	,
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION
E 041	or at the National Arc Administration (NAR availability of this ma 202-741-6030, or go http://www.archives.gederal_regulations If any changes in this incorporated by refedocument in the Fed the changes. (1) National Fire Pro Batterymarch Park, Quincy, MA 02169, vol.617.770.3000. (i) NFPA 99, Health Gedition, issued Augu (ii) Technical interim NFPA 99, issued Augu (iii) TIA 12-3 to NFPA (vi) TIA 12-4 to NFPA (vi) TIA 12-6 to NFPA (vii) NFPA 101, Life Sissued August 11, 20 (viii) TIA 12-1 to NFPA 2011. (ix) TIA 12-2 to NFPA 2011. (ix) TIA 12-3 to NFPA 2013. (xi) TIA 12-4 to NFPA 2013. (xii) NFPA 110, Standstandby Power Syst TIAs to chapter 7, is: This REQUIREMEN by:	cy Boulevard, Baltimore, MD chives and Records A). For information on the iterial at NARA, call to: gov/federal_register/code_of //ibr_locations.html. s edition of the Code are rence, CMS will publish a eral Register to announce tection Association, 1 www.nfpa.org, Care Facilities Code, 2012 st 11, 2011. amendment (TIA) 12-2 to gust 11, 2011. A 99, issued August 9, 2012. A 99, issued March 7, 2013. A 99, issued March 3, 2014. Safety Code, 2012 edition,	E 04	What corrective action(s) will be	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION 02	(X3) DATE SURVEY COMPLETED
		555323	B. WING		07/10/2024
	ROVIDER OR SUPPLIER		9	STREET ADDRESS, CITY, STATE, ZIP CODE 944 REGAL ROAD ENCINITAS, CA 92024	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE COMPLETION
E 041	(P&P) in the emerger evidenced by the lack emergency plan that available emergency cause confusion durir in an emergency, and staff, and 114 of 115 of 116 o	policies and procedures acy plan. This was a information in their was not current with the power source. This could ag the loss of normal power I result in injury to visitors, residents. A record review with the (MD), the emergency as reviewed. A regency power system. The with a 17.5 kilowatt (kW)	E 041	accomplished for the deficiencies identified? Emergency Operations Plan has been updated within the last 7 days, and includes Policies and Procedures related to alternate sources of fuel. Included in this POC is pg. 69 of our EOP Plan withose details. The P&P has also been updated and states the following: It is a Kohler fueled by Diesel with a tathat holds 50 hours worth of fuel. This generator powers the following systems in our facility: Emergency Lighting Every other light in hallways Red outlets in hallways Fridge and Freezer What measures will be put into place of what systemic changes the facility will make to ensure that the deficient practices not recur? Policies and Procedures will be update annually based on the calendar invite has already been set up (starting in the 2025 calendar year) How the facility plans to monitor its performance to make sure that solutionare sustained? Administrator or designee to review the P&P with IDT team in Q4 of each	ted in th ink or tice ed that e

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION 02	(X3) DATE COMP	SURVEY LETED
		555323	B. WING		07/	10/2024
NAME OF PE	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
AVIARA H	EALTHCARE CENTER			944 REGAL ROAD ENCINITAS, CA 92024		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
E 041	Continued From page	÷ 29	E 04	calendar year, during QA meeting. An negative findings to be reported to the committee to ensure facility compliance. Date when corrective action will be completed: July 26th.	QA	
K 000	INITIAL COMMENTS		K 00			
	Type V(000), Fully Sp The following reflects Department of Public Life Safety Code rece findings are in accord Federal Regulations (National Fire Protection Life Safety Code, 201 Health Care Facilities	construction or the findings of the California Health, during an annual or tification survey. The ance with 42 Code of CFR) §483.90(a)(b)(c)(j), on Association (NFPA) 101 - 2 Edition, and NFPA 99 -				
K 223 SS=D	The facility is not in su 42 CFR §483.90. Doors with Self-Closin CFR(s): NFPA 101		K 22	3		7/23/24
	or horizontal exit, smo	ng Devices ageway, stairway enclosure, oke barrier, or hazardous elf-closing and kept in the				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	PLE CONSTRUCTION IG 02		E SURVEY PLETED
		555323	B. WING _		07	//10/2024
	ROVIDER OR SUPPLIER	•		STREET ADDRESS, CITY, STATE, ZIP CO 944 REGAL ROAD ENCINITAS, CA 92024	•	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE
K 223	device complying wi closes all such doors compartment or entil * Required manual f * Local smoke detection system and the smoke passing throus smoke detection system and the system and the system, and the system, and the system, and the system an	is sheld open by a release th 7.2.1.8.2 that automatically is throughout the smoke re facility upon activation of: are alarm system; and stors designed to detect up the opening or a required stem; and resystem, if installed; and as 19.2.2.2.7, 19.2.2.2.8 This not met as evidenced on and interview, the facility of an are strong devices. This was of that did not fully close and this affected facility staff in compartments. The lack of sing devices could result in an exit passageway, norizontal exit, smoke barrier, inclosure shall be permitted to an automatic release device 2.1.8.2. The automatic revoided, and the fire alarm stems required by 7.2.1.8.2, initiate the closing action of ghout the smoke ughout the entire facility. For sin a stair enclosure are comatic release device as 1.7, initiation of a door-closing shall cause all doors at all	K 2	What corrective action(s) waccomplished for the deficie identified? The door to the boiler room, laundry room, has been adjitfully latches properly. (screw but has since been replaced.) What measures will be put it what systemic changes the make to ensure that the deficient does not recur? There will be a log signed make to ensure that the deficient of Maintenance to eself-closing devices are chein regular basis. How the facility plans to mother performance to make sure that are sustained? Administrator or designee to log quarterly during schedul meetings. Any negative find	encies I located in the usted and now was missing d). Into place or facility will icient practice I conthly by ensure that ecked on a Initor its chat solutions I review the led QA	

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	E CONSTRUCTION 02	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 944 REGAL ROAD ENCINITAS, CA 92024	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE
K 223	Maintenance Director openings were observed at 1:48 p.m., the door in the laundry room, vor fully nor latch properly self-closing mechanist detached. The MD into the door to self-close. The MD acknowledge conference. Exit Signage CFR(s): NFPA 101 Exit Signage 2012 EXISTING Exit and directional si accordance with 7.10 also served by the em 19.2.10.1 (Indicate N/A in one-swith less than 30 occutravel is obvious.) This REQUIREMENT	icility and interview with the (MD) on 07/10/24, the door yed. It to the boiler room, located was tested and did not close y. The arm to the m was observed to be dicated they will be adjusting and the findings in the exit	K 223	reported to the QA committee to ensur facility compliance. Date when corrective action will be completed: July 25th.	7/25/24
	failed to maintain thei evidenced by the lack and the lack of testing testing of the exit sign staff, and 114 of 114 r smoke compartments	of 90-minute annual testing for the 30-second monthly is. This affected visitors, residents in seven of seven. The lack of maintaining isult in a delayed emergency		What corrective action(s) will be accomplished for the deficiencies identified? Alarm Company (James Gollner) arrive on July 25th to do annual 90-minute inspection. They will continue to come annually moving forward. Included is documentation that test has been	ed

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		CONSTRUCTION 2	(X3) DATE COMP	SURVEY LETED
		555323	B. WING _			07/	10/2024
	ROVIDER OR SUPPLIER EALTHCARE CENTER		·	94	TREET ADDRESS, CITY, STATE, ZIP CODE 44 REGAL ROAD NCINITAS, CA 92024		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 293	accordance with Sec permitted by 19.2.10.7.10.9.2 Testing. Exit provided with, a batter illumination source, with the second shall be tested and mith 7.9.3.7.9.3.1.1 Testing of resystems shall be permited by the second systems shall be permited by the second systems of the second syste	y Code, 2012 Edition gress shall have signs in tion 7.10, unless otherwise 2, 19.2.10.3, or 19.2.10.4. signs connected to, or ery-operated emergency where required in 7.10.4, naintained in accordance equired emergency lighting mitted to be conducted as shall be conducted monthly, weeks and a maximum of 5 , for not less than 30 therwise permitted by shall be permitted to be days with the approval of the diction. shall be conducted annually 2 hours if the emergency tery powered. ghting equipment shall be ne duration of the tests (1) and (3). I visual inspections and tests owner for inspection by the diction. record review with the r (MD), the exit signage	K	293	completed. (Pages 20-22 of file - additional supporting documentation) MD reviewed all Exit signs for 30-sec to confirm all 28 units functioning proper (see Attachment3 with signed log). More forward there is a monthly log that MD fill out to confirm exit lights work proper. What measures will be put into place of what systemic changes the facility will make to ensure that the deficient practic does not recur? Records will be signed by both Director Maintenance and Administrator once annual 90-minute and monthly 30-second tests are completed. How the facility plans to monitor its performance to make sure that solution are sustained? Administrator or designee to review confirmed tests annually during schedul QA meeting in Q2 each year. Any negative findings to be reported to the committee to ensure facility compliance. Date when corrective action will be completed: July 25th.	erly ving will rly. r ice r of ond as	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL [*] A. BUILDI		CONSTRUCTION 2	(X3) DATE COMP	SURVEY
		555323	B. WING			07/	10/2024
	ROVIDER OR SUPPLIER		•	9	TREET ADDRESS, CITY, STATE, ZIP CODE 44 REGAL ROAD ENCINITAS, CA 92024	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 293	stated the annual 90- the exit signs could not 2. At 9:50 a.m., there exit signs for 30-seco that staff does not tes 30-seconds.	minute testing document for	K	293			
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is with NFPA 96, Standa and Fire Protection of Operations, unless: * residential cooking e appliances such as m toasters) are used for cooking in accordance * cooking facilities ope compartments with 30 with the conditions un or * cooking facilities in s 30 or fewer patients of 18.3.2.5.4, 19.3.2.5.4 Cooking facilities prot per 9.2.3 are not requ hazardous areas, but corridor.	icrowaves, hot plates, food warming or limited e with 18.3.2.5.2, 19.3.2.5.2 en to the corridor in smoke or fewer patients comply der 18.3.2.5.3, 19.3.2.5.3, smoke compartments with omply with conditions under ected according to NFPA 96 ired to be enclosed as shall not be open to the	K	324			7/26/24

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION G 02		TE SURVEY
		555323	B. WING	· · · · · · · · · · · · · · · · · · ·		07/10/2024
	ROVIDER OR SUPPLIER EALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 944 REGAL ROAD ENCINITAS, CA 92024	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC 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 324	Continued From page	e 34	K 32	4		
	by: Based on observation failed to maintain their evidenced by the lack semi-annual kitchen I maintenance and mist cooking equipment in facility staff in one of compartments. The lacooking facility can reextinguishing a stove NFPA 101: Life Safet 19.3.2.5 Cooking Fact 19.3.2.5 Cooking Fact 19.3.2.5.1 Cooking fact accordance with 9.2.3 permitted by 19.3.2.5 19.3.2.5.4.9.2.3 Com 9.2.3 Commercial cooking installations are appropriately appropriately service. NFPA 96, Standard for Fire Protection of Cooking installations are appropriately service. NFPA 96, Standard for Fire Protection of Cooking installations are appropriately service.	anood fire suppression asing the annual kitchen spection. This affected seven smoke ack of maintaining the scult in a delay with top fire. By Code, 2012 Edition cilities. Cilities shall be protected in a unless otherwise. Carlo Cooking Equipment. Cooking equipment shall be in the A 96, Standard for a unless such coved existing installations, atted to be continued in the Cooking ion. Cor Ventilation Control and mamercial Cooking ion.		What corrective action(s) will be accomplished for the deficiencies identified? Included is documentation for que company that will begin doing cleaning/inspection of kitchen equ (Pages 2-3 of file - additional sup documentation) Included is documentation on insporting of fire hood suppression system (8-11 of file - additional supporting documentation) What measures will be put into ply what systemic changes the facility make to ensure that the deficient does not recur? Records will be signed by both District Maintenance semi-annually as instake place, and logged. This will be reviewed by Administrator to confitaking place. How the facility plans to monitor in performance to make sure that so are sustained? Administrator or designee to review confirmed tests semi-annually dure scheduled QA meeting in Q1 and each year. Any negative findings reported to the QA committee to efacility compliance.	ote on uipment. porting pection Pages ace or y will practice irector of spections be irem it's ts blutions ew ring Q3 of to be	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
		555323	B. WING			07/	10/2024
	ROVIDER OR SUPPLIER EALTHCARE CENTER			94	TREET ADDRESS, CITY, STATE, ZIP CODE 44 REGAL ROAD NCINITAS, CA 92024		
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K 324	grease buildup by a pand certified person (shaving jurisdiction and 11.4. 11.5 Inspection, Testi Listed Hoods Contain Spray, or Ultraviolet Econtaining mechanical internal washing commechanically operate and tested by properlicertified persons ever frequencies recomment in accordance with the 11.7 Cooking Equipment 11.7.1 Inspection and equipment shall be many properly trained and of Findings: During a record reviet facility Maintenance Extended the cooking facility was 1. At 3:20 p.m., there cooking equipment in 2. At 3:20 p.m., there kitchen hood fire supplication in the cooking equipment in 2. At 3:20 p.m., there kitchen hood fire supplication in the cooking equipment in 2. At 3:20 p.m., there kitchen hood fire supplication in the cooking equipment in 2. At 3:20 p.m., there kitchen hood fire supplication in the cooking equipment in 2. At 3:20 p.m., there kitchen hood fire supplication in the cooking equipment in 2. At 3:20 p.m., there kitchen hood fire supplication in the cooking equipment in 2. At 3:20 p.m., there kitchen hood fire supplication in the cooking equipment in 2. At 3:20 p.m., there kitchen hood fire supplication in the cooking equipment in 2. At 3:20 p.m., there kitchen hood fire supplication in the cooking equipment in 2. At 3:20 p.m., there kitchen hood fire supplication in the cooking equipment in 2. At 3:20 p.m., there kitchen hood fire supplication in the cooking equipment in 2. At 3:20 p.m., there kitchen hood fire supplication in the cooking equipment in 3. At 3:20 p.m., there kitchen hood fire supplication in the cooking equipment in 3. At 3:20 p.m., there kitchen hood fire supplication in the cooking equipment in 3. At 3:20 p.m., there kitchen hood fire supplication in the cooking equipment in 3. At 3:20 p.m., there kitchen hood fire supplication in the cooking equipment in 3. At 3:20 p.m., there kitchen hood fire supplication in the cooking equipment in 3. At 3:20 p.m., there kitchen hood fire supplication in the cooking equipment in 3. At 3:20 p.m., there kitchen hood fire supplica	Grease Buildup. Instem shall be inspected for properly trained, qualified, and acceptable to the authority of in accordance with Table or ing Mechanical, Water Devices. Listed hoods all or fire-actuated dampers, ponents, or other did devices shall be inspected by trained, qualified, and reduced by the manufacturer eir listings. The manufacturer eir listings of the cooking and at least annually by qualified persons. The wand interview with the Director (MD) on 07/10/24, as observed. The was one of two semi-annual pression system missing. The semi-annual	K	324	Date when corrective action will be completed: July 25th.		

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			SURVEY PLETED
		555323	B. WING _			07/	10/2024
	ROVIDER OR SUPPLIER EALTHCARE CENTER		'	94	TREET ADDRESS, CITY, STATE, ZIP CODE 14 REGAL ROAD NCINITAS, CA 92024	•	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PREFIX (EACH CORRECTIVE ACTIO		N SHOULD BE E APPROPRIATE	
K 324	Continued From page conference.	36	КЗ	324			
K 345 SS=F	· ·	esting and Maintenance	K 3	345			7/26/24
	A fire alarm system is accordance with an a with the requirements Electric Code, and NI and Signaling Code. I acceptance, maintena available. 9.6.1.3, 9.6.1.5, NFP/This REQUIREMENT by: Based on document facility failed to maintath is evidenced by semi-annual fire alarm and a missing semi-a record. This could cale emergency response emergency, and resuland 114 of 114 resides moke compartments NFPA 101- Life Safet 9.6.1.3 A fire alarm systall be installed, test accordance with the answer of the National Fire Alarm and is an approved existing permitted to be conting 9.6.1.5 * To ensure of alarm system shall has maintenance and test answer of the system shall has maintenance and test answer of the system shall has maintenance and test answer of the system shall has maintenance and test answer of the system shall has maintenance and test answer of the system shall has maintenance and test answer of the system shall has maintenance and test answer of the system shall has maintenance and test and system shall has maintenance and test answer of the system shall has maintenance and test and system shall has maintenance and test answer of the system shall has maintenance and test answer of the system shall has maintenance and test answer of the system shall has maintenance and test answer of the system shall has maintenance and test answer of the system shall has maintenance and test answer of the system shall has maintenance and test answer of the system shall has maintenance and test answer of the system shall has maintenance and test answer of the system shall has maintenance and test answer of the system shall has maintenance and test answer of the system shall has maintenance and test answer of the system shall has maintenance and test answer of the system shall has maintenance and test answer of the system shall have t	ance and testing are readily A 70, NFPA 72 is not met as evidenced review and interview, the ain the fire alarm system. missing annual and in inspection/testing records, innual load voltage testing use a disorganized in the case of an lit in injury to visitors, staff, ints in seven of seven is y Code, 2012 Edition yetem required for life safety and maintained in applicable requirements of ectrical Code, and NFPA 72, and Signaling Code, unless it ing installation, which shall be inued in use. Decrational integrity, the fire			What corrective action(s) will be accomplished for the deficiencies identified? 1. Included is documentation from Alam Company - James Gollner - with proof inspection. (Pages 12-19 of file addition supporting documentation) 2. Included is documentation from Alam Company - James Gollner - with proof inspection. (Pages 12-19 of file addition supporting documentation) 3. Alarm Company (James Gollner) test the smoke detector the following day at confirmed that the detector activated properly. 4. Included is documentation from Alam Company - James Gollner - with proof inspection on load-voltage testing. (Page 12-19 of file additional supporting documentation) What measures will be put into place of	of nal n of nal ited nd	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			SURVEY
		555323	B. WING _			07/	10/2024
NAME OF P	ROVIDER OR SUPPLIER		•	ST	TREET ADDRESS, CITY, STATE, ZIP CODE		
AV/IADA II	EALTHOADE CENTED			94	4 REGAL ROAD		
AVIAKA H	EALTHCARE CENTER			EI	NCINITAS, CA 92024		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 345	1 0	NFPA 72, National Fire	К 3	345	what systemic changes the facility will make to ensure that the deficient pract	ice	
	NFPA 72- National Fit Code, 2010 Edition 14.3 Inspection. 14.3.1 * Unless otherwisual inspections sha accordance with the smore often if required jurisdiction. Table 14.3.1 (9) Initiat Subsection (e) Manual Initial/Reacceptance, Table 14.3.1 (13) Alar DevicesSupervised-Semiannually 14.4.5 * Testing Frequenties otherwise per this Code, testing sha accordance with the smore often if required jurisdiction. Table 14.4.5 (15) Initiation Subsection (f) Manual Initial/Reacceptance, Table 14.4.5 (20) Alar Subsection (a) Audible Initial/Reacceptance, Subsection (b) Audible Initial/Reacceptance, Subsection (c) Visible Initial/Reacceptance, 14.6.2.1 Records sha test and for 1 year the 14.6.2.3 The records will survive the retentielectronic media shall	wise permitted by 14.3.2 all be performed in schedules in Table 14.3.1 or by the authority having sing Devices al Fire Alarm Devices-Semiannually m Notification Initial/Reacceptance, wiency. mitted by other sections of all be performed in schedules in Table 14.4.5, or by the authority having settion Devices* I Fire Alarm Boxes-Annually m notification appliances be Devices-Annually e Textual Notification septance, Annually be Devices-Annually setting setting and setting s			Records will be signed by Director of Maintenance semi-annually/annually a inspections take place, and logged. The will be reviewed by Administrator to confirm its taking place. How will the facility plan to monitor its performance to make sure that solution are sustained? Administrator or designee to review confirmed tests semi-annually during scheduled QA meeting in Q1 and Q3 of each year. Any negative findings to be reported to the QA committee to ensure facility compliance. Date when corrective action will be completed: July 25th.	is ns	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	PLE CONSTRUCTION G 02	(X3) DATE SURVEY COMPLETED			
		555323	B. WING		,	07/10/2024	
	ROVIDER OR SUPPLIER	1		STREET ADDRESS, CITY, STATE, ZIP CODE 944 REGAL ROAD ENCINITAS, CA 92024			
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
K 345	following information applicable information 14.6.2.4: (1) Date (2) Test frequency (3) Name of property (4) Address (5) Name of person maintenance, tests, affiliation, business a number (6) Name, address, approving agency(ie (7) Designation of th (8) Functional test of (9) * Functional test of (10) Check of all smooth smoo	e provided that includes the regarding tests and all the on requested in Figure performing inspection, or combination thereof, and address, and telephone and representative of s) e detectors of required sequence of oke detectors for all fixed-temperature, ors of mass notification system of signal transmission to stems of ability of mass notification e alarm notification bility of mass notification equired by the equipment shed instructions equired by the authority ester and approved authority roblems identified during test notified, problem	K 34	45			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION 02	, ,	TE SURVEY MPLETED
		555323	B. WING		0	7/10/2024
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 944 REGAL ROAD ENCINITAS, CA 92024		
(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 C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE
K 345	Maintenance Directo alarm system inspect requested and review 1. At 11:31 a.m., the system inspection realarm box, duct detect smoke detectors were the documentation with the documentation with the documentation viday. The requested received. 2. At 11:31 a.m., the inspection records for duct detectors, heat of detectors were missiful documentation was for documentation was for documentation via error the requested documentation via error the re	eview and interview with the r (MD) on 07/10/24, the fire tion/testing records were ved. semiannual fire alarm cords for the manual fire ctors, heat detectors, and e missing. The MD stated if as found, they would send a email by the end of the documentation was not annual fire alarm system r the manual fire alarm box, detectors, and smoke ng. The MD stated if the ound, they would send the mail by the end of the day. The MD stated if the ound, they would send the mail by the end of the day. The MD stated if the ound, they would send the mail by the end of the day. The MD stated vendor would test the alarm fix the detector as soon as	K 34!			
	The MD acknowledge	ed the finding at the exit				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED	
		555323	B. WING		07/10)/2024
	ROVIDER OR SUPPLIER EALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 944 REGAL ROAD ENCINITAS, CA 92024		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COF (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
K 353 SS=F	CFR(s): NFPA 101 Sprinkler System - M Automatic sprinkler a inspected, tested, and with NFPA 25, Standa Testing, and Maintain Protection Systems. I maintenance, inspect maintained in a secur available. a) Date sprinkler system b) Who provided system c) Water system sup Provide in REMARKS any non-required or p system. 9.7.5, 9.7.7, 9.7.8, an This REQUIREMENT by: Based on observation failed to maintain the evidenced by the coal buildup on a sprinkler orientation of a sprinkler orientation of a sprinkler inspection test record staff, and 114 of 114 smoke compartments sprinkler system coul the sprinkler discharge NFPA 101-Life Safety 9.7.5 Maintenance ar All automatic sprinkler required by this Code	ing of Water-based Fire Records of system design, ion and testing are re location and readily stem last checked stem test sply source sinformation on coverage for partial automatic sprinkler d NFPA 25 is not met as evidenced in, and interview, the facility sprinkler system. This was ting of dust and debris head, misplacement of the ster head, and missing so This affected visitors, residents in seven of seven in the lack of maintaining a diresult in the malfunction of ing and extinguishing a fire.	K 38	What corrective action(s) will accomplished for the deficience identified? 1. In the Biohazard Closet, to one unconcealed sprinkler heat appeared to be covered in dust debris: the MD has cleaned the debris from the sprinkler heat 2. Sprinkler in kitchen that we with the ceiling: The MD has sprinkler head and ensured the with the ceiling as required. 3. Five-year annual sprinkle test record has been included attachment called: Attachmen	be cies there was ad that st and le dust and le dust and le dust and le dust and le it is flush adjusted the at it is flush r inspection , sent as	/26/24

OL: TILIT	C . C. C. III. EDIO/ II CE G	WEDIO/ ND CEITWICEC				<u> </u>	7. 0000 000 1
	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		CONSTRUCTION 2	(X3) DATE COMP	SURVEY
		555323	B. WING			07/	10/2024
NAME OF P	ROVIDER OR SUPPLIER		-	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
				94	44 REGAL ROAD		
AVIARA H	EALTHCARE CENTER			F	NCINITAS, CA 92024		
				_			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 353	Standard for the Insp Maintenance of Wate Systems. NFPA 25-Standard for and Maintenance of Waters, 2011 Edition 5.2.1 Sprinklers. 5.2.1.1 * Sprinklers standard for an annually. 5.2.1.1.1 * Sprinklers standard for level annually. 5.2.1.1.1 * Sprinklers standard for level annually. 5.2.1.1.2 * Any sprinkler standard for level annually. 5.2.1.1.2 * Any sprinkler standard for level annually. 5.2.1.1.2 * Sprinklers leakage. (2) * Corrosion (3) * Physical damage. (4) * Loss of fluid in the element. (5) * Loading * (6) * Painting unless paranufacturer. Findings: Upon observation and Maintenance Director sprinkler system was. 1. At 11:59 a.m., in the was one unconcealed.	ection, Testing, and r-Based Fire Protection If the Inspection, Testing, Water-Based Fire Protection in the Inspected from the shall not show signs of a of corrosion, foreign physical damage; and shall rect orientation (e.g., idewall). If that shows signs of any of replaced: If glass bulb heat responsive the sprinkler in the sprinkler head that the sprinkler head that the sprinkler in dust and debris. The	K	353	4. Visual inspection has been done for all sprinklers, gaugers, control valves, at tamper switches. A log has been created to manage and monitor these moving forward. What measures will be put into place of what systemic changes the facility will make to ensure that the deficient pract does not recur? A log has been created to monitor the sprinkler system as listed in requireme. This log will be filled out by the MD and reviewed by Administrator on a quarter basis in QA review. How the facility plans to monitor its performance to make sure that solution are sustained? Administrator or designee to review the signed logs during QA meetings. Any negative findings to be reported to the committee to ensure facility compliance. Date when corrective action will be completed: July 26th.	and ed r ice nts. d ly	
		kitchen, a sprinkler head an and the ceiling around the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION G 02	(X3) DATE SURVEY COMPLETED	
		555323	B. WING		07/10/2024	
	ROVIDER OR SUPPLIER EALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 944 REGAL ROAD ENCINITAS, CA 92024		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	DATE.	
K 353 K 355 SS=F	The MD stated the properties the kitchen walls most open which pushed the causing it to be impromisplaced. 3. At 10:27 a.m., therefive-year annual spring The MD stated the spring maintained by the vertical state. At 11:26 a.m., therefore monthly visual inspection to the control valves, tamped.	ed. This caused the shed to the ceiling properly. essure in the pipes inside t likely caused the ceiling to be sprinkler outwards perly secured and e was no evidence of a kler inspection test record. rinkler system had not been nodor. The was no evidence of tion records of gauges, or switches, and valves. The details the details are the details and the sindings at the exit shers.	K 38		7/23/24	
	Portable fire extinguisinspected, and mainta NFPA 10, Standard for Extinguishers. 18.3.5.12, 19.3.5.12, This REQUIREMENT by: Based on record revifailed to maintain their This was evidenced by not been visually insperior months. This affected 114 residents, and secompartments. The last secompartments are contact to the secompartments of the secompartments and maintain their this was evidenced by the secompartments of the secompartments.	chers are selected, installed, ained in accordance with a Portable Fire NFPA 10 is not met as evidenced ew and interview, the facility of portable fire extinguishers. By fire extinguisher that had ected for the last twelve visitors, staff, and 114 of even of seven smoke		What corrective action(s) will be accomplished for the deficiencies identified? Fire extinguishers have been inspecte monthly, however were not tracked on log. Included in this POC is a template a log that will be used moving forward	а	

STATEMENT OF DEFICIENCIES (X AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
		555323	B. WING			07/10/2024	
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	•		
AVIARA H	EALTHCARE CENTER			944 REGAL ROAD			
				ENCINITAS, CA 92024			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
K 355	inability to extinguish in NFPA 101, Life Safety 9.7.4 Manual Extingui 9.7.4.1 Where require another section of this extinguishers shall be inspected, and mainta NFPA 10, Standard for Extinguishers. NFPA 10, Standard for Extinguishers, 2010 E 7.2 Inspection. 7.2.1 Frequency. 7.2.1.1 * Fire extinguinspected when initial 7.2.1.2 * Fire extinguieither manually or by monitoring device/sysintervals.	an active fire. Code, 2012 Edition shing Equipment. ed by the provisions of Code, portable fire selected, installed, hined in accordance with r Portable Fire r Portable Fire dition	K 35	,	tor of tions take eviewed aking titor its solutions		
	at the time of hydrostal indicated by an inspect notification. Findings: On 7/10/24, during read Maintenance Director extinguishers were obtained at 10:00 a.m., the port not been visually inspurpon record review, to extinguishers are not the indicated by the second review.	cord review with the (MD), the portable fire served. table fire extinguisher had ected for twelve months.		Date when corrective action will completed: July 25th.	be		

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL ⁻ A. BUILDI		E CONSTRUCTION 02	(X3) DATE COMP	SURVEY LETED
		555323	B. WING			07/	10/2024
	ROVIDER OR SUPPLIER EALTHCARE CENTER			9	STREET ADDRESS, CITY, STATE, ZIP CODE 944 REGAL ROAD ENCINITAS, CA 92024		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 355 K 363 SS=D	the exit conference. Corridor - Doors CFR(s): NFPA 101 Corridor - Doors	ed the finding at the end of		355 363			7/25/24
	required enclosures of hazardous areas resist and are made of 1 3/4 wood or other materia at least 20 minutes. It is smoke compartments the passage of smoke to rooms containing fl materials have positive latches are prohibited requirements do not a do not contain flamma Clearance between be covering is not exceed complying with 7.2.1. With a device capable when a force of 5 lbf is impediment to the cload devices that release of pulled are permitted. Of unlimited height are meeting 19.3.6.3.6 are shall be labeled and materials in compliant smoke compartment window assemblies a sprinklered compartment restrictions in area or frames in window assembles as	ce with 8.3, unless the s sprinklered. Fixed fire re allowed per 8.3. In lents there are no fire resistance of glass or					

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
		555323	B. WING			07/	10/2024	
NAME OF P	ROVIDER OR SUPPLIER		•	S	TREET ADDRESS, CITY, STATE, ZIP CODE			
				94	44 REGAL ROAD			
AVIARA H	EALTHCARE CENTER			Е	NCINITAS, CA 92024			
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
PREFIX TAG	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFI TAG		(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE	
K 363	Continued From page and 485 Show in REMARKS of	K	363					
	protection ratings, au etc. This REQUIREMENT	tomatics closing devices,						
	by: Based on observatio maintain the corridor by a door that did not This affected two of 1			What corrective action(s) will be accomplished for the deficiencies identified?				
		s. The lack of maintaining			Corridor doors have been adjusted/fixe			
		uld result in the inability to			so that they now latch properly when	u,		
	I .	oxic gases from entering the			tested. For room in 500 hall, the latch v	vas		
	corridor during an act				replaced and is not working/closing properly. Included is a picture of the fix			
	NFPA 101: Life Safety 19.3.6.3.5* Doors sha	y Code, 2012 Edition all be provided with a means			door.			
		closed that is acceptable to			What measures will be put into place o	r		
		urisdiction, and the following			what systemic changes the facility will			
	requirements also sha				make to ensure that the deficient practi	ce		
	I .	hall be capable of keeping f a force of 5 lbf (22 N) is			does not recur?			
	applied at the latch ed				There will be a log signed monthly by			
		nall not be held open by			Director of Maintenance to ensure that			
		ose that release when the			both self-closing devices, and doors are	е		
	door is pushed or pul	led.			checked on a regular basis.			
	Findings:				How the facility plans to monitor its performance to make sure that solution	ne		
	During a tour of the fa	acility with the Maintenance			are sustained?			
	_	10/24, the door openings						
	were observed.	, F9-			Administrator or designee to review the	,		
					log quarterly during scheduled QA			
	At 11:54 p.m., in hally	vay 500, the door did not			meetings. Any negative findings to be			
	latch fully and the late	ch appeared to be stuck			reported to the QA committee to ensure	e		
	inside the door.				facility compliance.			
	The MD acknowledge conference.	ed the findings in the exit			Date when corrective action will be completed: July 25th.			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING	LE CONSTRUCTION 02	(X3) DATE SURVEY COMPLETED	
		555323	B. WING		07/10/2024
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 944 REGAL ROAD ENCINITAS, CA 92024	
(X4) ID PREFIX TAG	(EACH DEFICIENC	SUMMARY STATEMENT OF DEFICIENCIES ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)	
K 511 SS=D	Utilities - Gas and El Equipment using gas complies with NFPA electrical wiring and NFPA 70, National E	ectric s or related gas piping 54, National Fuel Gas Code, equipment complies with lectric Code. Existing tinue in service provided no	K 51	1	7/25/24
	This REQUIREMENT is not met as evidenced by: Based on observation, record review, and interview, the facility failed to maintain their electrical system. This was evidenced through a broken electrical outlet, which affected two of 114 residents in one of seven smoke compartments. There was also a missing receptacle wall plate which affected one of seven compartments. The lack of maintaining the electrical system components could result in an electrical fire. NFPA 101, Life Safety Code, 2012 9.1 Utilities 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. NFPA 70, Life Safety Code, 2011 406.5 Receptacle Mounting. Receptacles shall be mounted in boxes or assemblies designed for the purpose, and such			What corrective action(s) will be accomplished for the deficiencies identified? 1. Outlet cover in room 100, bed A w replaced/repaired appropriately. Pictur included in submitted material 2. In DSD office, wall receptacle replaced so that no wires protruding frough the wall. Picture included in submitted material What measures will be put into place of what systemic changes the facility will make to ensure that the deficient practic does not recur? There will be a log signed monthly by Director of Maintenance to ensure outle and wall plates are in good working condition. How the facility plans to monitor its performance to make sure that solution	e om or ice ets

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
		555323	B. WING _			07/	10/2024
NAME OF PR	ROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
AVIARA H	EALTHCARE CENTER		944 REGAL ROAD ENCINITAS, CA 92024				
(X4) ID	SUMMARY ST	ATEMENT OF DEFICIENCIES	ID	_	PROVIDER'S PLAN OF CORRECTION		(X5)
PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG	X	(EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
K 511	Continued From page	e 47	K	511			
	place unless otherwis	e permitted elsewhere in			are sustained?		
	406.5(C) Receptacles	Mounted on Covers.			Administrator or designee to review the)	
		to and supported by a			log quarterly during scheduled QA		
	more than one screw	gidly against the cover by or shall be a device			meetings. Any negative findings to be reported to the QA committee to ensure	Э	
	•	er listed and identified for			facility compliance.		
	securing by a single s 406.6 Receptacle Fac	crew. ceplates (Cover Plates).			Date when corrective action will be		
	Receptacle faceplates	s shall be installed so as to			completed: July 25th.		
		opening and seat against . Receptacle faceplates					
	mounted inside a box	having a recess-mounted					
	receptacle shall effect seat against the mour	tively close the opening and nting surface.					
	Findings:						
		ecord review, and interview					
	with the Maintenance 07/10/2024, the electrons	Director (MD) on rical outlet was observed.					
	1. At 2:01 p.m., in roo outlet's cover plate wa	om 100, bedroom A, the as broken.					
	missing receptacle wa	DSD office, there was a all plate. There was several the wall. Upon interview,					
	the MD stated they we wires to cut in a safe	ere still figuring out which manner.					
	The MD acknowledge conference.	ed the finding at the exit					
K 761 SS=F	Maintenance, Inspect CFR(s): NFPA 101	ion & Testing - Doors	K	761			7/25/24
	Maintenance, Inspect Fire doors assemblies	ion & Testing - Doors s are inspected and tested					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	PLE CONSTRUCTION G 02	(X3) DATE SURVEY COMPLETED				
		555323	B. WING		07/10/2024			
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 944 REGAL ROAD ENCINITAS, CA 92024				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION			
K 761	for Fire Doors and On Non-rated doors, incl patient rooms and so routinely inspected at maintenance program Individuals performin testing possess know that demonstrates ab Written records of insimalination and are a 19.7.6, 8.3.3.1 (LSC) 5.2, 5.2.3 (2010 NFP). This REQUIREMENT by: Based on observation failed to maintain the evidenced by the lack inspection. This affect 114 of residents. The doors annually could the doors during an an NFPA 80: Standard for Opening Protectives, 5.2 * Inspections. 5.2.1 * Fire door assess and tested not less the record of the inspection by the annual for inspection annual for inspection to the formation of the inspection to the formation of the inspection to the formation of the inspection of the inspection to the formation of the inspection of the inspection of the inspection annual for inspection and for inspection annual formation and for inspection and formation and	ce with NFPA 80, Standard her Opening Protectives. uding corridor doors to noke barrier doors, are is part of the facility in. If the door inspections and reledge, training or experience ility. If pection and testing are vailable for review. A 80) It is not met as evidenced in, and interview, the facility is rire doors. This was a of the annual fire door ted visitors, staff, and 114 of lack of maintaining the fire result in the malfunction of ctive fire. If it is not met as evidenced in an annually, and a written on shall be signed and kept AHJ.	K 76	What corrective action(s) will be accomplished for the deficiencies identified? Fire doors have been routinely insphowever, were not tracked on a log annually. Included in this POC is a template for a log that will be used forward. What measures will be put into place what systemic changes the facility make to ensure that the deficient process doors are in good working condition. How the facility plans to monitor its performance to make sure that solutions are sustained? Administrator or designee to review.	moving ce or will ractice by fire n.			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED		
		555323	B. WING			07/10/2024	
NAME OF PROVIDER OR SUPPLIER AVIARA HEALTHCARE CENTER			•	94	TREET ADDRESS, CITY, STATE, ZIP CODE 14 REGAL ROAD NCINITAS, CA 92024		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 761	records are not comp The MD acknowledge conference.	aintenance and testing leted annually. ed the finding at the exit		761	log quarterly during scheduled QA meetings. Any negative findings to be reported to the QA committee to ensure facility compliance. Date when corrective action will be completed: July 25th.	9	
K 918 SS=F	CFR(s): NFPA 101 Electrical Systems - E Maintenance and Tes The generator or othe and associated equip service within 10 secc criterion is not met du process shall be prov capability for the life s Maintenance and test transfer switches are with NFPA 110. Generator sets are in under load 30 minute day intervals, and exe months for 4 continuo under load conditions simulated cold start a transfer of all EES loa competent personnel stored energy power: accordance with NFP circuit breakers are in program for periodica components is establi manufacturer requirer maintenance and test readily available. EES	er alternate power source ment is capable of supplying onds. If the 10-second ring the monthly test, a ided to annually confirm this eafety and critical branches. ing of the generator and performed in accordance spected weekly, exercised as 12 times a year in 20-40 ercised once every 36 eus hours. Scheduled test include a complete and automatic or manual eds, and are conducted by Maintenance and testing of sources (Type 3 EES) are in A 111. Main and feeder spected annually, and a lly exercising the	K!	918			7/25/24

AND PLAN OF CORRECTION IDENT	IFICATION NUMBER:	A. BUILDING	G 02	(X3) DATE SURVEY COMPLETED		
	B. WING		07/10/2024			
NAME OF PROVIDER OR SUPPLIER AVIARA HEALTHCARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 944 REGAL ROAD ENCINITAS, CA 92024			
PREFIX (EACH DEFICIENCY MUST BE I	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	BE COMPLETION		
separate from normal power ci the possibility of damage of the source is a design consideration installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), N 111, 700.10 (NFPA 70) This REQUIREMENT is not m by: Based on record review and ir failed to maintain their electrical evidenced by the facility's lack of conductance testing for the e incomplete visual inspection re generator, and the lack of the f for diesel engines. This affecte and 114 of 114 of residents and seven smoke compartments. T maintaining an electrical system the improper function of the ge NFPA 101, Life Safety Code, 2 19.5 Building Services. 19.5.1.1 Utilities. 19.5.1.1 Utilities shall comply v of Section 9.1. 9.1.2 Electrical Systems. Elect equipment shall be in accordar National Electrical Code, unles are approved existing installation permitted to be continued in se 9.1.3.1 Emergency generators power systems shall be installed maintained in accordance with Standard for Emergency and S Systems. NFPA 99, Health Care Facilitie Edition 6.3.2.2.10 Essential Electrical	emergency power in for new NFPA 110, NFPA et as evidenced sterview, the facility il system. This was of documentation generator battery, cords for the our-hour load test divisitors, staff, il seven out of he lack of in could result in inerator system. O12 Edition. with the provisions rical wiring and ince with NFPA 70, is such installations ons, which shall be rivice. and standby id, tested, and NFPA 110, tandby Power is Code, 2012	K 91	What corrective action(s) will be accomplished for the deficiencies identified? 1. As noted, generator has been visinspected and logged since our curre MD started working at Aviara in July 2 This will continue to be logged moving forward. 2. Global Power Group has since cout and visited Aviara and provided backup documentation on required generator testing. (Page 8 of file: additional supporting documentation) 3. MD purchased a Mobile Battery Tester (Model TOPDON BT20) and confirmed conductance testing meets requirements. While this testing had rependence been done previously, Aviara now halog to track moving forward What measures will be put into place what systemic changes the facility will make to ensure that the deficient practices not recur? In-house logs will be signed by MD, a external testing records will be submit Administrator will review both on a quarterly basis to ensure testing and inspections are taking place according	nt 2023. g come not s a cor l ctice		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED	
		555323	B. WING _			07	/10/2024
NAME OF PI	ROVIDER OR SUPPLIER		,	5	STREET ADDRESS, CITY, STATE, ZIP CODE		
AVIARA H	EALTHCARE CENTER				944 REGAL ROAD		
AVIARA HEALINGARE CENTER			E	ENCINITAS, CA 92024			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 918	Continued From page	÷ 51	K	918	3		
	6.3.2.2.10.2 General	care room (Category 2			requirements.		
	Room) Shall be serve EES. 6.4.1.1.6 General. Gealternate source of posystems shall be des requirements of such 6.4.4.1.1.3 Maintenar accordance with NFF Emergency and Stan Chapter 8. 6.4.4.2 Record Keepi inspection, performar repairs shall be regulavailable for inspectio jurisdiction. 6.5.1 Sources (Type 2 eshall conform to those 6.5.4 Administration (6.5.4.1 Maintenance Electrical System. 6.5.4.1.1 Maintenance Power Source and Tr 6.5.4.1.1.1 Maintenance Source. The generate power source and as including all appurten	enerator sets installed as an ower for essential electrical igned to meet the a device. Ince shall be performed in the A 110, Standard for dby Power Systems, Ing. A written record of ince, exercise period, and ignitial electrical systems are listed in 6.4.1. Type 2 EES). In and Testing of Alternate in and Testing of Alternate ince of Alternate Power or set or other alternate			requirements. How the facility plans to monitor its performance to make sure that solution are sustained? Administrator or designee to review confirmed tests annually during schedured QA meetings. Any negative findings to reported to the QA committee to ensur facility compliance. Date when corrective action will be completed: July 25th.	ıled be	
	10-second interval sp	ne practicable and within the ecified in 6.4.1.1.7 and					
		n and Testing. Generator ed and tested in accordance					
	NFPA 110, Standard Power Systems, 2010 8.1* General.	for Emergency and Standby) edition.					

PRINTED: 08/08/2024 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

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	ROVIDER OR SUPPLIER EALTHCARE CENTER			94	TREET ADDRESS, CITY, STATE, ZIP CODE 14 REGAL ROAD NCINITAS, CA 92024		
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K 918	testing program shall following: (1) Manufacturer's red (2) Instruction manual (3) Minimum requiren (4) The authority havi 8.3 Maintenance and 8.3.1* The EPSS shall a reasonable degree of supplying service with the type and for the ticlass. Table A8.3.1(a) Findings: On 07/10/24, during a review with the Maintegenerator was observed. 1. At 9:37 a.m., there visual inspection test There appeared to be inspection test record MD did not complete inspections but would inspections moving for the four-here records for the four-here regine generators. The could not be located, would send them to the	ntenance and operational be based on all of the commendations is nents of this chapter ng jurisdiction Operational Testing. Il be maintained to ensure to that the system is capable within the time specified for me duration specified for the dealer of the dealer of the system is capable within the time specified for the system is capable within the time specified for the duration specified for the dealer of the system is capable within the time specified for the duration specified for the system of the duration specified for the dealer of the system of the generator. System of the generator. System of the generator of the weekly visual a start completing the weekly orward. Was no maintenance testing our load test for diesel our load t	KS	918			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER AVIARA HEALTHCARE CENTER		,	STREET ADDRESS 944 REGAL ROA ENCINITAS, CA				
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K 918	for the conductance to generator. The MD st unaware of the require the requirement movi	was no inspection records esting for the battery for the atted the facility was ement and would complete ng forward.	K	918			
K 921 SS=F	the requirement moving forward. The MD the finding at the exit conference. Electrical Equipment - Testing and Maintenanc CFR(s): NFPA 101 Electrical Equipment - Testing and Maintenance Requirements The physical integrity, resistance, leakage current, and touch current tests for fixed and portable patient-care related electrical equipment (PCREE) is performed as required in 10.3. Testing intervals are established with policies and protocols. All PCREE used in patient care rooms is tested in accordance with 10.3.5.4 or 10.3.6 before being put into service and after any repair or modification. Any system consisting of several electrical appliances demonstrates compliance with NFPA 99 as a complete system. Service manuals, instructions, and procedures provided by the manufacturer include information as required by 10.5.3.1.1 and are considered in the development of a program for electrical equipment maintenance. Electrical equipment instructions and maintenance manuals are readily available, and safety labels and condensed operating instructions on the appliance are legible. A record of electrical equipment tests, repairs, and modifications is maintained for a period of time to demonstrate compliance in accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous		K	021			7/26/24

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	LE CONSTRUCTION 02	(X3) DATE SURVEY COMPLETED		
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	ROVIDER OR SUPPLIER	-		STREET ADDRESS, CITY, STATE, ZIP CODE 944 REGAL ROAD ENCINITAS, CA 92024		
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K 921	10.5.6, 10.5.8 This REQUIREMEN by: Based on record revialled to maintain an related electrical equivalenced by incomplesting of PCREE arground fault circuit in affected seven of set This could cause stamalfunctioning equipicause a fire, which cand staff. NFPA 99, Health Canded to be used monitoring purposes 3.3.137 Patient-Care Equipment. Electrical intended to be used monitoring purposes 3.3.139 Patient Callocation intended for treatment of patients beyond the normal letable, treadmill, or of patient during examil extending vertically the floor. (MED) 10.3.1* Physical Introf the power cord, attachming verdically the power cord, attachming treatment of patients of the power cord, attachming verdically the power cord as power cord, attachming verdically the power cord, attachming v	2.1.2, 10.5.2.5, 10.5.3, T is not met as evidenced view and interview, the facility dest their patient care sipment (PCREE). This was polete documentation of destination of the bed, chair, ther device that supports the nation and treatment and destination of the physical integrity sembly composed of the ent plug, and cord-strain	K 92	What corrective action(s) will be accomplished for the deficiencies identified? Maintenance Director is now aware understands requirements for both PCREE testing as well as testing for GFCI. Included with this POC is a lo shows tracking for both at appropria intervals. What measures will be put into place what systemic changes the facility we make to ensure that the deficient pradoes not recur? There will be a log signed monthly of annually (as defined by regulations) Director of Maintenance to ensure PCREE and GFCI testing done appropriately. How the facility plans to monitor its performance to make sure that solution are sustained? Administrator or designee to review log quarterly during scheduled QA meetings. Any negative findings to be	g that te e or vill actice r by	
	10.4.2.1 Non-patien equipment, including appliances that are uvicinity and will, in no	ned by visual inspection. t care related electrical facility or patient owned used in the patient care ormal use, contact patients, ected by the patient's care		reported to the QA committee to ens facility compliance. Date when corrective action will be completed: July 26th.	sure	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ´	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
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K 921	protocols for type of the for patient care-related 10.5.2.1.2 All patient equipment used in patested in accordance before being put into after any repair or me compromised electrica 10.5.6.1.1 A permar maintenance manual accessible. 10.5.6.1.2 The file of custody of the engine the maintenance of the 10.5.6.2.1 A record stests required by this repairs or documenta 10.5.6.2.2 At a minimal of the following: (1) Date (2) Unique identification (3) Indication of which failed to meet the per 10.5.6.2 Findings: On 07/10/24, during a Maintenance Director related electrical equipment and the maintenance reconstruction are receptacle tension are receptacles at patient and the patient of the pat	nel. by shall establish polices and dest and intervals of testing and electrical equipment. It care-related electrical attent care rooms shall be with 10.3.5.4 or 10.3.6 service for the first time and edication that might have cal safety. In ent file of instruction and is shall be maintained and be of manuals shall be in the enering group responsible for the appliance. In the chapter and associated atton's. In mum, the record shall contain the equipment tested the items have met or have formance requirements of the items have met or have formance requirements of the items have met or have formance requirements of the items have met or have formance requirements of the items have met or have formance requirements of the facility with the responsible to provide of for the electrical	K	921				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
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(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BI ED TO THE APPROPRIA ICIENCY)		(X5) COMPLETION DATE	
K 921	complete documents	ment. Moving forward I complete the testing facility failed to provide	KS	021				