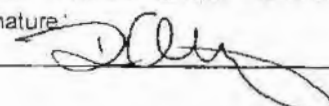


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/17/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056258	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  07/09/2015
NAME OF PROVIDER OR SUPPLIER  WINDSOR REDDING CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2490 COURT STREET REDDING, CA 96001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS  K3 BUILDING: 01 K6 PLAN APPROVAL: 1973 K7 SURVEY UNDER: 2000 EXISTING  STRUCTURE TYPE: ONE STORY, TYPE V CONSTRUCTION, FULLY SPRINKLERED  The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 CFR (Code of Federal Regulations) 483.70 (a) and NFPA (National Fire Protection Association) 101, Life Safety Code 2000 edition, Existing codes  Representing the California Department of Public Health: 29753 32973  The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.  Census: 78	K 000	"Preparation and/or execution of the Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by provisions of Health and Safety Code Section 1280 and 42 CFR 483 et seq." Signature: 		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3	K 018	This has the potential to effect smoke compartments. 1. The Station II Chart Room door has been adjusted to latch when closed. 2. The Door to The DON office has been adjusted to latch when closed. 3. The Activity room door has been adjusted to latched when closed.	7-21-15 7-21-15 7-21-15	

~continued

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that  
or 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.

PRINTED: 07/17/2015  
FORM APPROVED  
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	X1: PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056253	X2: MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____	X3: DATE SURVEY COMPLETED  07/09/2015
NAME OF PROVIDER OR SUPPLIER  WINDSOR REDDING CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2490 COURT STREET REDDING, CA 96001	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

K 016 Continued From page 1

Roller latches are prohibited by CMS regulations  
in all health care facilities.

This STANDARD is not met as evidenced by:  
Based on observation, the facility failed to  
maintain the corridor doors. This was evidenced  
by one door that was obstructed and two that  
failed to latch. This affected one of four smoke  
compartments and could result in the inability to  
contain a fire to a room.

NFPA 101, 2000

19.3.6.3 3" Hold-open devices that release when  
the door is pushed or pulled shall be permitted

Findings:

During a tour of the facility with staff on 7/9/15,  
the corridor doors were observed.

1. At 2:22 p.m., the Station 2 Chart door failed to  
latch when tested.

2. At 3:09 p.m., the self-closing door to the  
Director of Nurses Office failed to latch.

3. At 2:35 p.m., the self-closing door to the  
Activity Room failed to latch when tested.

K 018

4. Therapy Door was inspected and 7-22-15  
Therapy staff was in serviced on door  
closures and not blocking self closing  
doors. This door closed and latched once  
the wheel chair was removed.  
5. Large shower room door was adjusted 7-21-15  
to close and latch when shut.  
Maintenance Director will test doors monthly  
monthly to ensure the doors will close  
and latch as required by regulation.  
Maintenance will bring results to QAPI monthly  
monthly to review for 3 months.

PRINTED: 07/17/2015  
FORM APPROVED  
OMB NO 0938-0391

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

STATEMENT OF DEFICIENCIES OR PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056258	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  07/09/2015
NAME OF PROVIDER OR SUPPLIER  WINDSOR REDDING CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2490 COURT STREET REDDING, CA 96001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
K 018	Continued From page 2  4. At 2:45 p.m., the Therapy Room door was observed. The door was equipped with self-closing and magnetic hold-open devices. The door was obstructed and held open from closing by a wheel chair parked in front of it.  5. At 2:50 p.m., the self-closing door to the Large Shower Room failed to latch when tested.	K 018			
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted 19.3.2.1  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the hazardous areas. This was evidenced by one corridor door to a hazardous area not being equipped with a self-closing device. This affected one of four smoke compartments, and could result in a delay in containing smoke and/or fire to a hazardous area.  NFPA 101, 2000 19.3.2.1 states that any hazardous areas shall have smoke-resisting doors that are self-closing	K 029	This deficiency had the ability to fail to maintain hazardous area.  A self closing device was installed on the door to the Director of Staff Development office. The door was tested and it closed and latched. Self closing door device will be tested monthly for 3 months and reported at monthly QAPI meeting.		7-22-15

PRINTED: 07/17/2015  
FORM APPROVED  
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056253	(X2) MULTIPLE CONSTRUCTION A. BUILDING #1  B. WING #  07/09/2015	(X3) DATE SURVEY COMPLETED
NAME OF PROVIDER OR SUPPLIER  WINDSOR REDDING CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2430 COURT STREET REDDING, CA 96001	
(X4) D PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	D PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
K 029	Continued From page 3 or automatic-closing. Hazardous areas shall include, but shall not be restricted to, the following: (1) Boiler and fuel-fired heater rooms (2) Central/bulk laundries larger than 100 ft <sup>2</sup> (9.3 m <sup>2</sup> ) (3) Paint shops (4) Repair shops (5) Soiled linen rooms (6) Trash collection rooms (7) Rooms or spaces larger than 50 ft <sup>2</sup> (4.6 m <sup>2</sup> ), including repair shops, used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority having jurisdiction (8) Laboratories employing flammable or combustible materials in quantities less than those that would be considered a severe hazard.	K 029	
	Findings:  During a facility tour with staff on 7/9/15, the hazardous areas were observed.  At 2:20 p.m., the corridor door to the Director of Staff Development (DSD) Office was not equipped with a self-closing device. There were multiple combustible items including books on shelves, file cabinets, and various other combustible items. The room was greater than 50 square feet in size. The room was approximately 300 square feet.		
K C47 SS=D	NEPA 101 LIFE SAFETY CODE STANDARD  Exit and directional signs are displayed in accordance with section 7-10 with continuous illumination also served by the emergency lighting system 19.2.10.1	K 047	The exit signs have been tested for 30 seconds and for an additional 90 minutes 7-20-15 as required by regulation. The exit signs have been placed on a monthly testing cycle to be completed monthly during weekly load test on generator

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/17/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES & PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056258	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  07/09/2015
NAME OF PROVIDER OR SUPPLIER  WINDSOR REDDING CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2490 COURT STREET REDDING, CA 96001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 047	Continued From page 4  This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to maintain the exit signs, as evidenced by the absence of the required 30-second monthly tests and the required 90-minute annual tests. This could result in failure of the exit signs in the event of an emergency, and affected four of four smoke compartments.  Findings:  During document review with staff on 7/9/15, the exit sign maintenance records were requested.  At 11:13 a.m., a review of the documents indicated that exit signs were tested monthly, but not annually. When interviewed, the Maintenance Supervisor stated the exit signs were tested monthly, but not for the required 30 seconds. The Maintenance Supervisor further stated the exit signs were not tested annually for the required 90 minutes.			-continued K 047 In addition the four exit signs with "test buttons" will be tested during fire alarm monthly test. Batteries will be replaced as needed.	monthly
K 062 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This STANDARD is not met as evidenced by:			K 062 This deficiency had the ability to impeded the reliable operating condition of the sprinkler system. The locations identified were corrected during the survey. Each location identified has had a line installed to identify 18" of clearance. Laundry and Nursing staff have been educated on the importance of sprinklers being able to operate efficiently in the 18" from the bottom of the sprinkler.	7-24-15

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 07/17/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056258	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  07/09/2015
NAME OF PROVIDER OR SUPPLIER  WINDSOR REDDING CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 2490 COURT STREET REDDING, CA 96001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	

## K 062 Continued From page 5

Based on observation, the facility failed to maintain the automatic fire sprinkler system. This was evidenced by items stored less than 18 inches below a deflector. This affected one of four smoke compartments, and could result in an obstruction to the sprinklers' spray patterns, which could lead to the sprinklers malfunctioning in the event of a fire.

NFPA 101, Life Safety Code, 2000 Edition

4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction.

NFPA 13, Installation of Sprinkler Systems, 1999 Edition

5-5.68 Clearance to Storage. The clearance between the deflector and the top of storage shall be 18 in. (457 mm) or greater.

## Findings:

During a tour of the facility with staff on 7/9/15, the automatic fire sprinkler system was observed.

1. At 12:33 p.m., various clean linen items were stored approximately 11 inches below the deflector in the Laundry Room Clean Linen Closet.

K 062 The Housekeeping and Maintenance Supervisor will conduct weekly rounds to audit the sprinkler system to ensure enough space is allocated for the sprinkler system to operate reliably. Maintenance Supervisor will bring results to monthly QAPI to review. on-going

PRINTED 07/17/2015  
FORM APPROVED  
CMS NO. 0938-C321DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056258	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  07/09/2015
NAME OF PROVIDER OR SUPPLIER  WINDSOR REDDING CARE CENTER		STREET ADDRESS, CITY, STATE AND ZIP CODE 2490 COURT STREET REDDING, CA 96001	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

K 062 Continued From page 5

K 062

2. At 2:22 p.m., in the Station 2 Chart Room, binders were stored approximately 14 inches beneath the sprinkler deflector.

3. At 3:17 p.m., in the Outside Storage Room there was no clearance between the sprinkler deflector and the stored items. Further, foreign material was observed between the spokes of the sprinkler deflector.

K 072 NFPA 101 LIFE SAFETY CODE STANDARD  
SS=D

Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits 7.1.10

This STANDARD is not met as evidenced by Based on observation, the facility failed to maintain the means of egress. This was evidenced by one exit door being obstructed. This affected one of four smoke compartments, and could result in a potential delay in evacuating the facility in the event of an emergency.

NFPA 101 2000

19.2.1 General. Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7.

K 072 This deficiency had the potential to delay evacuating the facility. Staff have been 7-24-15 educated on evacuations and egresses and the importance of keeping them free of obstructions. Maintenance Supervisor and Housekeeping supervisor will check egresses on rounds to ensure that all egresses are free from obstructions. Results will be discussed in morning stand-up meeting and re-education will occur until compliance is reached.

PRINTED: 07/17/2015  
FORM APPROVED  
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES D PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056258	(X2) MULTIPLE CONSTRUCTION: A. BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  07/09/2015
NAME OF PROVIDER OR SUPPLIER  WINDSOR REDDING CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2490 COURT STREET REDDING, CA 96001	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)

K 072 Continued From page 7  
7.1.2 Definitions.  
Means of Egress See 3.3.121

K 072

3.3.121\* Means of Egress. A continuous and unobstructed way of travel from any point in a building or structure to a public way consisting of three separate and distinct parts: (1) the exit access, (2) the exit, and (3) the exit discharge.

3.3.121.1 Means of Egress, Accessible. A path of travel, usable by a person with a severe mobility impairment, that leads to a public way or an area of refuge.

7.1.10 Means of Egress Reliability  
7.1.10.1\* Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.

7.1.10.2 Furnishings and Decorations in Means of Egress.

7.1.10.2.1 No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress therefrom, or visibility thereof.

Findings

During a tour of the facility with staff on 7/9/15 the means of egress was observed.

At 2:40 p.m., the North West exit door by Room 5 was observed. An approximately six foot high by one and one half foot wide rolling stock cart full of various supplies, was left unattended blocking the exit door in the exit discharge.

K 147 NFPA 101 LIFE SAFETY CODE STANDARD

K 147



PRINTED 07/17/2015  
FORM APPROVED  
OMB NO. 0938-0391DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES 2. PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056258	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  07/09/2015
--	---	---	---

NAME OF PROVIDER OR SUPPLIER

WINDSOR REDDING CARE CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

2490 COURT STREET  
REDDING, CA 96001

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------------	--	---------------------	--	----------------------------

K-47 Continued From page 8  
SS=DElectrical wiring and equipment is in accordance  
with NFPA 70, National Electrical Code 312

This STANDARD is not met as evidenced by  
Based on observation, the facility failed to  
maintain the electrical equipment and  
connections. This was evidenced by the use of a  
power strips and an extension cord as a  
substitute for fixed wiring. This affected one of  
four smoke compartments, and could potentially  
result in the ignition of an electrical fire.

NFPA 101, 2000

19.5.1 Utilities. Utilities shall comply with the  
provisions of section 9.1

9.1.2 Electric. Electric wiring and equipment shall  
be in accordance with NFPA 70, National  
Electrical Code, unless existing installations  
which shall be permitted to be continued in  
service, subject to approval by the authority  
having jurisdiction.

NFPA 70, 1999 edition

240-4 Flexible cord, including tinsel cord and  
extension cords, and fixture wires shall be  
protected against overcurrent by either (a) or (b).  
(a) Ampacities. Flexible cord shall be protected  
by an overcurrent device in accordance with its  
ampacity as specified in Tables 400-5(A) and (B).  
Fixture wire shall be protected against  
overcurrent in accordance with its ampacity as  
specified in Table 402-5. Supplementary  
overcurrent protection, as in Section 240-10, shall  
be permitted to be an acceptable means for  
providing this protection.  
400-8 Unless specifically permitted in Section

K 147 This deficiency had the potential to result  
in the ignition of an electrical fire. An audit  
if the facility was conducted by the  
Maintenance Supervisor and no other  
improperly used power strips or extension 7-10-15  
cords were noted. Maintenance  
Supervisor fixed the identified issues 7-09-15  
during survey in Therapy and Room 22.  
The resident in room 14B was educated on  
the use of power strips as he likes to move  
them around himself, and Maintenance will  
help him organize his cords to avoid a  
potential electrical fire in the future.  
Maintenance Supervisor will conduct audits  
weekly to ensure power strips and weekly  
extension cords are used properly  
and safely. Maintenance Supervisor will  
bring audits to monthly QAPI for 3 months monthly  
to discuss progress.

PRINTED: 07/17/2015  
FORM APPROVED  
OMB NO. 0938-0391

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056253	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  07/09/2015
NAME OF PROVIDER OR SUPPLIER  WINDSOR REDDING CARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2490 COURT STREET REDDING, CA 96001		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE		
K 147	Continued From page 9 400-7, flexible cord and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces (5) Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings or floors (6) Where installed in raceways, except as otherwise permitted in this Code. 406.6 Receptacle Faceplates (Cover Plates). Receptacle faceplates shall be installed so as to completely cover the opening and seat against the mounting surface. Receptacle faceplates mounted inside a box having a recess-mounted receptacle shall effectively close the opening and seat against the mounting surface.  Findings:  During a facility tour with staff on 7/9/15, the electrical equipment and connections were observed.  1. At 2:30 p.m., an orange colored extension cord was connected to a power strip that had a medical bed plugged into it in Resident Room 14-B.  2. At 2:42 p.m., a room size fan was plugged into a power strip in the Therapy Room.	K 147				

PRINTED 07/17/2015  
FORM APPROVED  
OMB NO 0938-0331

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  056258	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  07/09/2015
NAME OF PROVIDER OR SUPPLIER  WINDSOR REDDING CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2490 COURT STREET REDDING, CA 96001	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)
			(X5) COMPLETION DATE

K 147 Continued From page 10

K 147

3. At 2:20 p.m. in Room 22, a surge protector was observed beneath Bed C. The bed, a lamp, and a charger were connected to the surge protector.