

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

PRINTED: 05/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555792	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER SUNNYVALE POST-ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1291 S BERNARDO AVENUE SUNNYVALE, CA 94087		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments Surveyor: 31201 The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities. Representing the California Department of Public Health: 31201 The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities.	E 000			
K 000	Census: 96 INITIAL COMMENTS Surveyor: 31201 K3 BUILDING: 02 K6 PLAN APPROVAL: 1964 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) §483.90(a)(b)(c)(j), National Fire Protection Association (NFPA) 101 - Life Safety Code, 2012 Edition, and NFPA 99 - Health Care Facilities Code, 2012 Edition.	K 000			

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

TITLE

(X6) DATE

Electronically Signed

05/08/2023

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.

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

PRINTED: 05/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555792	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER SUNNYVALE POST-ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1291 S BERNARDO AVENUE SUNNYVALE, CA 94087		
(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	Continued From page 1 Representing the California Department of Public Health: 31201 The facility is not in substantial compliance with 42 CFR §483.90 for Long Term Care Facilities.	K 000			
K 161 SS=D	Census = 96 Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story	K 161		5/11/23	

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

PRINTED: 05/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555792	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER SUNNYVALE POST-ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1291 S BERNARDO AVENUE SUNNYVALE, CA 94087		
(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 161	<p>Continued From page 2</p> <p>sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Surveyor: 31201</p> <p>Based on observation and interview, the facility failed to maintain the integrity of the building construction. This was evidenced by unsealed penetrations in the walls and ceiling. This could result in the spread of smoke or fire to other areas of the facility. This affected one of four smoke compartments and 16 of 96 residents.</p> <p>Findings:</p> <p>During a tour of the facility and interview with the Maintenance Staff on 4/12/23, the ceilings and walls were observed.</p> <p>At 1:41 p.m., there were three wall penetrations and a ceiling penetration observed in the Nurse Station 1, Medication room. The three wall penetrations measured approximately between 1/4 inches to 3/4 inches around a pipe and the ceiling penetration measure approximately 1/4 inch in diameter. Upon interview, the Maintenance Staff confirmed the penetrations in the Medication room.</p>	K 161	<p>K161 The facility immediately fixed the penetrations on the walls in the Med room. No residents were affected by the identified practice and no negative outcomes were observed. All residents have the potential to be affected by the identified practice. Upon observation, no residents were affected. The Director of Staff Development (DSD) or Administrator will in-service the Maintenance Director about on ensuring that any penetrations are identified and fixed immediately. The Maintenance Director will check the building for any penetration that results in the spread of smoke or fire to other areas during his daily rounds and will report any findings during stand-up meeting. The Maintenance Director or designee will report to the QA committee the results of findings for necessary recommendations and resolutions as indicated quarterly for 6 months. Completion date: 05/11/2023.</p>		

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

PRINTED: 05/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555792	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER SUNNYVALE POST-ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1291 S BERNARDO AVENUE SUNNYVALE, CA 94087		
(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 355 SS=D	<p>Portable Fire Extinguishers CFR(s): NFPA 101</p> <p>Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Surveyor: 31201</p> <p>Based on observation and interview, the facility failed to maintain the fire extinguishers. This was evidenced by the failure to post a warning sign near the Class K Fire Extinguisher to direct staff to use it as a secondary back-up to the kitchen hood suppression system. This could result in the spread of fire in the event of a kitchen fire. This affected one of four smoke compartments and 16 of 96 residents.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.3.2.5 Cooking Facilities. 19.3.2.5.1 Cooking facilities shall be protected in accordance with 9.2.3, unless otherwise permitted by 19.3.2.5.2, 19.3.2.5.3, or 19.3.2.5.4. 9.2.3 Commercial Cooking Equipment. Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 96, Standard for Ventilation Control and Fire Protecting of Commercial Cooking Operations, 2011 Edition</p>	K 355	<p>K355</p> <p>No residents were affected by the identified practice and no negative outcomes were observed. All residents have the potential to be affected by the identified practice. Upon observation, no residents were affected. The facility corrected immediately during survey by posting the placard Class K on each fire extinguisher to direct the staff to activate the kitchen hood extinguishing system prior to using Class K fire extinguisher by the party room. The Maintenance Director or designee will in-service the kitchen staff about the Placard Class K on each fire extinguisher before activating the kitchen hood. The Maintenance Director or designee will report to the QA committee the results of findings for necessary recommendations and resolutions as indicated quarterly for 6 months. Completion date: 05/11/2023.</p>	5/11/23	

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

PRINTED: 05/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555792	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER SUNNYVALE POST-ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1291 S BERNARDO AVENUE SUNNYVALE, CA 94087		
(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 355	Continued From page 4 10.2 Types of Equipment. 10.2.1 Fire-extinguishing equipment shall include both automatic fire-extinguishing systems as primary protection and portable fire extinguishers as secondary backup. 10.2.2* A placard shall be conspicuously placed near each extinguisher that states that the fire protection system shall be activated prior to using the fire extinguisher. Findings: During a tour of the facility and interview with the Maintenance Staff on 4/12/23, the fire extinguisher was observed, and the staff was interviewed. At 1:55 p.m., the facility failed to post a sign above the Class K fire extinguisher that directed staff to activate the kitchen hood extinguishing system prior to using the Class K fire extinguisher in the Kitchen. Upon interview, the Maintenance Staff stated that there was no signpost above the Class K fire extinguisher by the panty room.	K 355			
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller	K 363		5/11/23	

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

PRINTED: 05/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555792	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER SUNNYVALE POST-ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1291 S BERNARDO AVENUE SUNNYVALE, CA 94087		
(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 363	<p>Continued From page 5</p> <p>latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 31201</p> <p>Based on observation and interview, the facility failed to maintain the corridor doors. This was evidenced by corridor doors that were not maintained. This could result in the spread of smoke and fire in the event of a fire emergency. This affected one of four smoke compartments and 16 of 96 residents.</p>	K 363	<p>K363</p> <p>The corridor in the kitchen removed the plastic crates immediately.</p> <p>No residents were affected by the identified practice and no negative outcomes were observed.</p> <p>All residents have the potential to be affected by the identified practice. Upon observation, no residents were affected. The Maintenance director corrected immediately by fixing the door on the Dirty</p>		

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

PRINTED: 05/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555792	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER SUNNYVALE POST-ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1291 S BERNARDO AVENUE SUNNYVALE, CA 94087		
(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 363	Continued From page 6 Findings: During a tour of the facility and interview with the Maintenance Staff on 4/12/23, the facility's corridor doors were observed, and staff was interviewed. 1. At 1:49 p.m., the corridor door to the Dirty Laundry room was observed. The door was equipped with a self-closing device and failed to fully close and latch when allowed to self-close. The door was tested three times and failed. Upon interview, the Maintenance Staff stated that he will check the hinges on the door. 2. At 1:58 p.m., the corridor door to the Kitchen was obstructed by three plastic crates. Upon interview, the Maintenance Staff confirmed the finding.	K 363	Laundry room; the laundry door fixed by fully equipped with a self-closing device to fully close and latch when allowed to self-close. The Maintenance Director or designee will in-service staff regarding the Corridor-Doors that door should be fully equipped with a self-closing device. The Maintenance Director or designee will report to the QA committee the results of findings for necessary recommendations and resolutions as indicated quarterly for 6 months. Completion date: 05/11/2023.		
K 918 SS=E	Electrical Systems - Essential Electric System CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete	K 918		5/11/23	

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

PRINTED: 05/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555792	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER SUNNYVALE POST-ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1291 S BERNARDO AVENUE SUNNYVALE, CA 94087		
(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 918	<p>Continued From page 7</p> <p>simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 31201</p> <p>Based on document review and interview, the facility failed to maintain the emergency power supply (EPS). This was evidenced by the failure to provide maintenance documentation. This could result in the ineffective operation of the generator in the event of an emergency. This affected four of four smoke compartments and 96 of 96 residents.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.5.1 Utilities, Utilities shall comply with the provisions of section 9.1 19.5.1.1 Utilities shall comply with the provisions of section 9.1</p> <p>9.1.3.1 Emergency Generators and standby power systems shall be installed, tested, and</p>	K 918	<p>K918</p> <p>The Maintenance Director contacted the vendor to perform the generator testing done on 4/28/2023 for 4-hour load test. No residents were affected by the identified practice and no negative outcomes were observed.</p> <p>All residents have the potential to be affected by the identified practice. Upon observation, no residents were affected. The Maintenance director will ensure that Main and the feeder circuit breakers are inspected annually, and a program for periodically exercising and conducted every 36 months (about 3 years) for 4 hours continuously.</p> <p>The Maintenance Director or designee will report to the QA committee the results of findings for necessary recommendations</p>		

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

PRINTED: 05/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555792	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER SUNNYVALE POST-ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1291 S BERNARDO AVENUE SUNNYVALE, CA 94087		
(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 918	<p>Continued From page 8</p> <p>maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems.</p> <p>9.1.3 Emergency Generators and Standby Power Systems. Where required for compliance with this Code, emergency generators and standby power systems shall comply with 9.1.3.1 and 9.1.3.2.</p> <p>9.1.3.1 Emergency generators and standby power systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems.</p> <p>NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition</p> <p>8.4.9* Level 1 EPSS shall be tested at least once within every 36 months.</p> <p>8.4.9.1 Level 1 EPSS shall be tested continuously for the duration of its assigned class (see Section 4.2).</p> <p>8.4.9.2 Where the assigned class is greater than 4 hours, it shall be permitted to terminate the test after 4 continuous hours.</p> <p>Findings:</p> <p>During document review and interview with the Maintenance Staff on 4/13/23, the EPS record was requested and reviewed.</p> <p>At 8:48 a.m., the facility failed to provide records for the 30-Kw diesel powered generator to be exercised once every 36 months for 4 continuous hours. The previous 4-hour load bank test was unknown. Upon interview, the Maintenance Staff stated that load bank had not been conducted and will reach out to their vendor.</p>	K 918	<p>and resolutions as indicated quarterly for 6 months.</p> <p>Completion date: 05/11/2023.</p>		
K 919 SS=D	Electrical Equipment - Other	K 919			5/11/23

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

PRINTED: 05/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555792	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER SUNNYVALE POST-ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1291 S BERNARDO AVENUE SUNNYVALE, CA 94087		
(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 919	<p>Continued From page 9 CFR(s): NFPA 101</p> <p>Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K- Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Surveyor: 31201</p> <p>Based on observation and interview, the facility failed to maintain the electrical system and its components. This was evidenced by an obstructed electrical panel. This could result in an increased risk of an electrical fire. This affected one of four smoke compartments and 16 of 96 residents.</p> <p>NFPA 101 Life Safety Code, 2012 Edition 19.5.1 Utilities. Utilities shall comply with the provisions of section 9.1 9.1.2 Electrical Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 70 National Electrical Code, 2011 Edition 110.26 Spaces About Electrical Equipment. Access and working space shall be provided and maintained about all electrical equipment to permit ready and safe operation and maintenance of such equipment. (A) Working Space. Working space for equipment operating at 600 volts, nominal, or less</p>	K 919	<p>K919 The facility immediately removed the tall fan in front of electrical panel. No residents were affected by the identified practice and no negative outcomes were observed. All residents have the potential to be affected by the identified practice. Upon observation, no residents were affected. The Maintenance Director/DSD or designee will Inservice staff on properly maintaining Electrical Equipment. The interdisciplinary team (IDT) will include on their observation checklist any electrical that obstructs the Panel; any finding will be reported during standup meeting. The Maintenance Director or designee will report to the QA committee the results of findings for necessary recommendations and resolutions as indicated quarterly for 6 months. Completion date: 05/11/2023.</p>		

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

PRINTED: 05/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555792	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER SUNNYVALE POST-ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1291 S BERNARDO AVENUE SUNNYVALE, CA 94087		
(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 919	Continued From page 10 to ground and likely to require examination, adjustment, servicing, or maintenance while energized shall comply with the dimensions of 110.26(A)(1), (A)(2), and (A)(3) or as required or permitted elsewhere in this Code. (1) Depth of Working Space. The depth of the working space in the direction of live parts shall not be less than that specified in Table 110.26(A) (1) unless the requirements of 110.26(A)(1)(a), (A)(1)(b), or (A)(1)(c) are met. Distances shall be measured from the exposed live parts or from the enclosure or opening if the live parts are enclosed. (2) Width of Working Space. The width of the working space in front of the electrical equipment shall be the width of the equipment or 762 mm (30 in.), whichever is greater. In all cases, the workspace shall permit at least a 90 degree opening of equipment doors or hinged panels. Findings: During a tour of the facility and interview with the Maintenance Staff on 4/12/23, the electrical system and its components were observed. At 1:47 p.m., the electrical panel in the Clean Laundry room was observed. The electrical panel, labeled "Panel EM1 Central Branch" was obstructed by a tall fan. Upon interview, the Maintenance Staff stated that he was cleaning the back of the dryers and temporary placed the fan in front of the electrical panel.	K 919			
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords	K 920		5/11/23	

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

PRINTED: 05/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555792	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER SUNNYVALE POST-ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1291 S BERNARDO AVENUE SUNNYVALE, CA 94087		
(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 920	<p>Continued From page 11</p> <p>Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 31201</p> <p>Based on observation and interview, the facility failed to maintain electrical safety. This was evidenced by the failure to prohibit the use of a power strip and an extension cord as substitutes for permanent fixed wiring. This could result in an increased risk of an electrical fire and or electrical shock. This affected two of four smoke compartments and 73 or 96 residents.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.5.1 Utilities. 19.5.1.1 Utilities shall comply with the provisions of Section 9.1.</p>	K 920	<p>K920</p> <p>The facility immediately removed the extension cords and plugged device straight to wall outlet. Portable AC plugged directly to the wall and red extension cord (emergency cords) placed in emergency supply.</p> <p>No residents were affected by the identified practice and no negative outcomes were observed.</p> <p>All residents have the potential to be affected by the identified practice. Upon observation, no residents were affected. The Maintenance Director/DSD or designee will in-service staff on ensuring</p>		

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

PRINTED: 05/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555792	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER SUNNYVALE POST-ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1291 S BERNARDO AVENUE SUNNYVALE, CA 94087		
(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 920	<p>Continued From page 12</p> <p>9.1.2 Electric Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 70, National Electrical Code, 2011 Edition 400.8 Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following:</p> <p>(1) As a substitute for the fixed wiring of a structure</p> <p>(2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors</p> <p>(3) Where run through doorways, windows, or similar openings</p> <p>(4) Where attached to building surfaces</p> <p>Exception to (4): Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of 368.56(B)</p> <p>(5) Where concealed by walls, floors, or ceilings or located above suspended or dropped ceilings</p> <p>(6) Where installed in raceways, except as otherwise permitted in this Code</p> <p>(7) Where subject to physical damage</p> <p>Findings:</p> <p>During a tour of the facility and interview with the Maintenance Staff on 4/12/23, the electrical equipment was observed.</p> <p>1. At 2:13 p.m., the electrical wiring in Resident room 7 was observed. There was a power strip that was used to power an oxygen concentrator, breathing machine, medical bed, feeding</p>	K 920	<p>that equipment/extension cords are not used and all electrical equipment should be directed to the wall outlet.</p> <p>The IDT will check during daily room rounds that extension cords are not used and all electrical equipment are directed to the wall.</p> <p>The Maintenance Director or designee will report to the QA committee the results of findings for necessary recommendations and resolutions as indicated quarterly for 6 months.</p> <p>Completion date: 05/11/2023.</p>		

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

PRINTED: 05/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555792	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER SUNNYVALE POST-ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1291 S BERNARDO AVENUE SUNNYVALE, CA 94087		
(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 920	Continued From page 13 machine and air-bed mattress. Upon interview, the Maintenance Staff stated the medical equipment was plugged into a power strip. 2. At 2:28 p.m., the electrical wiring in the Director of Staff Development (DSD) Office was observed. There was a portable air-conditioner plugged into a red extension cord. Upon interview, the Maintenance Staff stated that he was not aware of the red extension cord in the office.	K 920			
K 921 SS=E	Electrical Equipment - Testing and Maintenance 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	K 921		5/11/23	

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

PRINTED: 05/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555792	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER SUNNYVALE POST-ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1291 S BERNARDO AVENUE SUNNYVALE, CA 94087		
(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 921	Continued From page 14 accordance with the facility's policy. Personnel responsible for the testing, maintenance and use of electrical appliances receive continuous training. 10.3, 10.5.2.1, 10.5.2.1.2, 10.5.2.5, 10.5.3, 10.5.6, 10.5.8 This REQUIREMENT is not met as evidenced by: Surveyor: 31201 Based on observation, document review and interview, the facility failed to maintain and test their patient care related electrical equipment (PCREE). This was evidenced by no documentation of testing and inspecting the PCREE. This could result in PCREE malfunctioning. This affected four of four smoke compartments and 96 of 96 residents. Findings: During a tour of the facility, document review, and interview with the Maintenance Staff on 4/13/23, the patient care electrical equipment was observed, and the maintenance records were requested. At 8:22 a.m., the facility failed to provide documentation for the testing of the fixed and portable PCREE. During the facility tour, oxygen concentrators, feeding machines, breathing machines, medical beds and an Air-Lal mattress were observed. Upon interview, the Maintenance Staff stated the testing of the fixed and portable PCREE was not conducted.	K 921	K921 The facility made immediate corrective interventions: the Maintenance director performs portable patient-care related electrical equipment (PCREE) as required in testing intervals; all PCREE used in patient care rooms were tested with corresponding serial number, existing PCREE testing prior to use. No residents were affected by the identified practice and no negative outcomes were observed. All residents have the potential to be affected by the identified practice. Upon observation, no residents were affected. The Maintenance Director or designee will perform testing of all PCREE prior to use and will keep logs accordingly. The Maintenance Director or designee will report to the QA committee the results of findings for necessary recommendations and resolutions as indicated quarterly for 6 months. Completion date: 05/11/2023.		
K 923 SS=D	Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101	K 923		5/11/23	

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

PRINTED: 05/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555792	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER SUNNYVALE POST-ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1291 S BERNARDO AVENUE SUNNYVALE, CA 94087		
(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 923	Continued From page 15 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by:	K 923			

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

PRINTED: 05/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555792	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER SUNNYVALE POST-ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1291 S BERNARDO AVENUE SUNNYVALE, CA 94087		
(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 923	<p>Continued From page 16 Surveyor: 31201</p> <p>Based on observation and interview, the facility failed to maintain their medical gas storage. This was evidenced by oxygen cylinders that were unsecured. This could result in cylinder damage and malfunction. This affected one of four smoke compartments and 57 of 96 residents.</p> <p>NFPA 99, Health Care Facilities Code, 2012 Edition 11.6.2.3 Cylinders shall be protected from damage by means of the following specific procedures: (9) Even if they are considered to be empty, cylinders shall not be used as rollers, supports, or for any purpose other than that for which the supplier intended them. (11) Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart.</p> <p>Findings:</p> <p>During a tour of the facility and interview with the Maintenance Staff on 4/12/23, the oxygen cylinders were observed.</p> <p>1. At 2:19 p.m., the Full Oxygen Storage closet was observed. There was an empty E-tank sitting unsecured in the middle of the floor. Upon interview, the Maintenance Staff stated that the E-tank should have been stored in the Empty Oxygen Storage closet.</p> <p>2. At 2:36 p.m., there was an unsecured oxygen cylinder sitting on the floor by the bathroom in Resident room 46. Upon interview, the Maintenance Staff stated that the oxygen cylinder</p>	K 923	<p>K923</p> <p>The facility has the system of separating the empty 02 from the full tank. The Maintenance Director fixed the finding immediately by putting the 02 tank to the empty storage room.</p> <p>No residents were affected by the identified practice and no negative outcomes were observed.</p> <p>All residents have the potential to be affected by the identified practice. Upon observation, no residents were affected. The DSD or Maintenance Director will in-service the staff regarding proper 02 usage and 02 storage.</p> <p>The Maintenance Director or designee will report to the QA committee the results of findings for necessary recommendations and resolutions as indicated quarterly for 6 months.</p> <p>Completion date: 05/11/2023.</p>		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555792	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 04/13/2023
NAME OF PROVIDER OR SUPPLIER SUNNYVALE POST-ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1291 S BERNARDO AVENUE SUNNYVALE, CA 94087		
(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 923	Continued From page 17 was empty.	K 923			