DEPARTMENT OF HEALTH AND HUMAN SERVICES

Accepted on 10/29/24 By: 48987

PRINTED: 10/16/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	(X3) DAT	E SURVEY PLETED
		555010	B. WING	·		10/	01/2024
	PROVIDER OR SUPPLIER			1	STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WALNUT AVENUE LONG BEACH, CA 90813		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
E 000	California Departme Emergency Prepare The findings are in Federal Regulations for Long Term Care The facility is in sub CFR 483.73, Requi (LTC) Facilities. Census: 62	cts the findings of the ent of Public Health, during an edness recertification survey. accordance with 42 Code s (CFR) 483.73, Requirement e (LTC) Facilities. estantial compliance with 42 rement for Long Term Care		000	TITLE		(X6) DATE

(a) Harris

Adminichator

10/16/24

Any deficiency statement ending will ap 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.

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	l ' '		CONSTRUCTION - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED	
		555010	B. WING			10	/01/2024
İ	PROVIDER OR SUPPLIER			1201	EET ADDRESS, CITY, STATE, ZIP CODE I WALNUT AVENUE NG BEACH, CA 90813	,	10 11202-4
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
K 000	The following reflect Department of Public Life Safety Code refindings are in acconfederal Regulations National Fire Protectife Safety Code, 20 Health Care Facilities The facility is not in	ILDING AL: 5/1/1979 R: HC 2012 EXISTING E: FULLY SPRINKLED Its the findings of the California ic Health during an annual certification survey. The rdance with 42 Code of s (CFR) 483.90(a)(b)(c)(j), etion Association (NFPA) 101 - 012 Edition, and NFPA 99 - es Code, 2012 Edition. substantial compliance with Long Term Care (LTC)	KO	00	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of truth of the facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed because it is required by the provision of Health and Safety Code Section 1250 and 42 C.F.R. 405 7907.		
K 324 SS=D	Census: 62 Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment with NFPA 96, Stand and Fire Protection Operations, unless: * residential cooking appliances such as toasters) are used fooking in accordar * cooking in accordar * cooking facilities of compartments with with the conditions of	is protected in accordance dard for Ventilation Control of Commercial Cooking	К3	24	On 10/2/24 the Maintenance Supervisor installed a new blow off cap onto the end nozzle of the kitchen hood. The Maintenance Supervisor conducted an inspection of the other Kitchen Hood nozzles blow off cap on October 2, 2024, to ensure no other caps are missin None were noted.	ne v	
LABORATORY	DIRECTOR'S OR PROVID	ERISUPPLIER REPRESENTATIVE'S SIGN	ATURE	10	TITLE O		(X8) PATE

Any deficiency statement ending with an afterisk (*) defictes 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: 37D321

Facility ID: CA940000101

If continuation sheet Page 1 of 10

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			PLE CONSTRUCTION G 01 - MAIN BUILDING 01		SURVEY PLETED
		555010	B. WING	·_		10/	01/2024
	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREF	ıx	STREET ADDRESS. CITY, STATE, ZIP CODE 1201 WALNUT AVENUE LONG BEACH, CA 90813 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD	V BE	(XS) COMPLETION DATE
TAG	REGULATORY OR L	SC IDENTIFYING INFORMATION)	TAG	3	CROSS-REFERENCED TO THE APPROPF DEFICIENCY)	RIATE	DATE
K 324	30 or fewer patients 18.3.2.5.4, 19.3.2.5 Cooking facilities pr per 9.2.3 are not re hazardous areas, b corridor.	s comply with conditions under .4. rotected according to NFPA 96 quired to be enclosed as ut shall not be open to the 18.3.2.5.4, 19.3.2.5.1 through	K	324	In-service given to Maintenance Supervisor on October 2, 2024, by the Administrator regarding the facility's policy "General Maintenance".	•	
	by: Based on observal review, the facility for discharge nozzle can blow off, blow open discharge) for the kextinguishing Systems, 2011 Edition, Section Standard for Wet Constand for Wet Consta	ion, interview, and record ailed to maintain one aps (a protection device that or blow out upon agent kitchen's Wet Chemical am in accordance with NFPA antilation Control and Fire nercial Cooking Operations, on 10.2.6 and NFPA 17A, whemical Extinguishing iton, Section 4.3.1.5. This notial for grease buildup rge nozzle which could ration of the Kitchen's am in case of a fire. This ifected one of three smoke sectioning of a building, e spread of smoke and fire).			This plan of correction will be monitored by the Administrator/Designee and Maintenance Supervisor during monthly and random rounds. Findings, as necessary, shall be reported to the Quality Assurance Performance Improvement Committee for further review and recommendation. Corrective completion date: October 2, 2024		
	10/1/24 at 12:27 p.i Supervisor (MS) in	t observation and interview on n. with the Maintenance the Kitchen, one discharge he hood (metal installation			•		

AND DI AN OF CODDECTION I DENTIFICATION NUMBER			l ' '	X2) MULTIPLE CONSTRUCTION L BUILDING 01 - MAIN BUILDING 01			(X3) DATE SURVEY COMPLETED	
		555010	B. WING			10/	01/2024	
	PROVIDER OR SUPPLIER EACH POST ACUTE			12	TREET ADDRESS, CITY, STATE, ZIP CODE 201 WALNUT AVENUE ONG BEACH, CA 90813			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(XS) COMPLETION DATE	
K 351 SS=D	removing grease, h was without a blow The MS stated that have a cap on it to clog the line. During a review of the procedure (P&P) tit last revised January "Maintenance will eservices are provide functional equipmer Sprinkler System - CFR(s): NFPA 101 Spinkler System - In 2012 EXISTING Nursing homes, and construction type, a approved automatic accordance with NF Installation of Sprinkler protection or local regulations In Type I and II commeasures are permisprinkler protection or local regulations In hospitals, sprinkler closets of patient sl of the closet does in sprinkler coverage required by NFPA 1 Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.4.2, 19.3.5.10, 9	ment for the purpose of eat, and odors out of the air) off cap at the end of the line. the discharge nozzles should prevent grease build up and the facility's policy and led, "General Maintenance", y 2017, the P&P indicated insure that inspection and ed to repair and maintain all int." Installation Installation Installation In the facility's policy and led, "General Maintenance", y 2017, the P&P indicated insure that inspection and ed to repair and maintain all int." Installation In the facility's policy and led, "General Maintenance", y 2017, the P&P indicated in and the facility and the f		324	Naintenance Supervisor remove the boxes stored six inches from sprinkler deflector in the Medic Supply Storage cabinet. The Maintenance Supervisor conducted an inspection of all medical supplies' storage on October 1, 2024, to confirm no boxes are stored six inches from sprinkler deflector. None of the were noted. In-service given to Maintenance Supervisor on October 1, 2024, by the Administrator regarding the facility's policy on Sprinkler System on storage rooms.	other n a		

STATEMENT OF DEFICIEN AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			CONSTRUCTION 1 - MAIN BUILDING 01		E SURVEY PLETED
		555010	B. WING			10/	01/2024
NAME OF PROVIDER OR				12	REET ADDRESS, CITY, STATE, ZIP CODE 01 WALNUT AVENUE DNG BEACH, CA 90813		
PREFIX (EACH	DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
18-inch clithe Medica accordance Installation Section 8. obstruct at the sprink reaching a burn, and the fire spone out of Findings: During a continuous at the sprink reaching at revise "Maintena services at functional Sprink reaching sprink reaching sprink reaching re	e facility fearance to all Supply the with Ninger of Springer of S	ailed to ensure and maintain below the sprinkler deflector in Storage cabinet in FPA 13, Standard for the kler Systems, 2010 Edition, This failure had the potential to upt the water discharge from breventing the water from vent wetting materials that will the effective response from This deficient practice affected toke compartments. It observation and interview on m. with the MS at the Medical binet, there was several boxes om the sprinkler deflector. The boxes were six inches from and stated that there should be inch clearance. Ithe facility's policy and ded, "General Maintenance", by 2017, the P&P indicated ensure that inspection and ed to repair and maintain all	К3		This plan of correction will be monitored by the Administrator/Designee, Maintenance Supervisor, during monthly QAPI rounds. Findings, necessary, shall be reported to Quality Assurance Performance Improvement Committee for fureview and recommendation Corrective Completion date: October 2, 2024	as the	

CENTER	13 FOR MEDICARE	& MEDICAID SERVICES				ON DIVIC	<u>. 0938-039</u>
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	•		.E CONSTRUCTION 01 - MAIN BUILDING 01		E SURVEY IPLETED
		555010	8. WING	·		10/	01/2024
NAME OF F	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
LONG BI	EACH POST ACUTE			1	201 WALNUT AVENUE		
			_	L	ONG BEACH, CA 90813		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPRODEFICIENCY)	D BE	(X5) COMPLETION DATE
K 353	Continued From pa	ge 4	K:	353	к 353		
	maintenance, inspe	ection and testing are			On October 2, 2024, the		
	maintained in a sec	cure location and readily			Maintenance Supervisor repla	red	
i	available.	water last also stred			the corroded sprinkler in Tub F		
	a) Date sprinkler s	system last checked			ļ ·	NOOH	
	b) Who provided s	system test			1.		1
					Maintenance Supervisor condi	ucted	
	c) Water system s	upply source			an inspection on Sprinkler in a		
	De it i DEMAN	(0)			Rooms on October 2, 2024, to		
		KS information on coverage for partial automatic sprinkler			confirm no other Sprinklers are	-	
	system.	partial automatic sprinkle			corroded. None were noted.	G	
	9.7.5, 9.7.7, 9.7.8,				corroded. None were noted.		
		NT is not met as evidenced			In-service given to Maintenand	e	
	by:	ion intonious and second			Supervisor on October 1, 2024	,	
		tion, interview, and record ailed to ensure a sprinkler was			by the Administrator regarding	· 【	
		ne gradual deterioration of			the facility's policy "General	•	
(materials) in one of accordance with NI Inspection, Testing,	two Tub Rooms in FPA 25, Standard for the and Maintenance of			Maintenance"- Sprinkler Syste	m.	
		Protection Systems, 2011			This plan of correction will be		
		2.1.1.1 and 5.2.1.1.2. This ntial to result in reduced			monitored by the		
		kler system in properly			Administrator/Designee,		
	activating and disch	narging water as designed in			Maintenance Supervisor, durir	ng	
		mergency. This deficient			monthly QAPI rounds. Findings	_	
	practice affected of compartments.	ne out of three smoke			necessary, shall be reported to	•	j
	comparations.				Quality Assurance Performance		
	Findings:				Improvement Committee for f		1
					review and recommendation	uruici	
		t observation and interview on			Teview and recommendation		
		m. with the MS in Tub Room 1, led sprinkler. The MS stated	•		Corrective Completion date:		
	that the sprinkler w				·		
i	·	į		į	October 2, 2024		}
		he facility's policy and led, "General Maintenance",					

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01				E SURVEY PLETED
		555010	B. WING	·		10/	01/2024
	PROVIDER OR SUPPLIER EACH POST ACUTE			12	REET ADDRESS, CITY, STATE, ZIP CODE 101 WALNUT AVENUE DNG BEACH, CA 90813		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
K 918 SS=F	last revised Januar "Maintenance will e services are provide functional equipme Electrical Systems CFR(s): NFPA 101 Electrical Systems Maintenance and The generator or of and associated equipments within 10 secriterion is not met process shall be procapability for the life Maintenance and to transfer switches a with NFPA 110. Generator sets are under load 30 minuted and intervals, and emonths for 4 continuated cold stantansfer of all EES competent personn stored energy power accordance with NI circuit breakers are program for periodic components is estamanufacturer requimaintenance and to readily available. Electricuits are marked separate from normal control of the services are program for periodic components is estamanufacturer requimaintenance and to readily available. Electricuits are marked separate from normal control of the services are marked separate from normal control of the services are marked separate from normal control of the services are marked separate from normal control of the services are marked separate from normal control of the services are marked separate from normal control of the services are marked separate from normal control of the services are program for periodic components is estamanufacturer requimaintenance and to readily available. Electrical control of the services are program for periodic components in the serv	y 2017, the P&P indicated insure that inspection and ed to repair and maintain all int." - Essential Electric System resting inther alternate power source sipment is capable of supplying econds. If the 10-second during the monthly test, a covided to annually confirm this is safety and critical branches. The esting of the generator and inspected weekly, exercised ites 12 times a year in 20-40 exercised once every 36 equous hours. Scheduled test in sinclude a complete it and automatic or manual loads, and are conducted by itel. Maintenance and testing of er sources (Type 3 EES) are in EPA 111. Main and feeder inspected annually, and a	K	918	K 918 On October 1, 2024, the Maintenance Supervisor tester Generator Battery to confirm are within acceptable range. It is confirmed within the range. No other batteries exist in the generator. In-service given to Maintenant Supervisor on October 1, 2024 by the Administrator regarding the facility's policy "General Maintenance"- Essential Elect System Maintenance and Test This plan of correction will be monitored by the Administrator/Designee and Maintenance Supervisor, during monthly Generator Battery Loreview. Findings, as necessary be reported to the Quality Assurance Performance Improvement Committee for review and recommendation.	ce ting.	

NAME OF PROVIDER OR SUPPLIER LONG BEACH POST ACUTE SUMMARY STATEMENT OF DEFICIENCIES LONG BEACH, CA 90813 SUMMARY STATEMENT OF DEFICIENCIES LONG BEACH, CA 90813 SUMMARY STATEMENT OF DEFICIENCIES LONG BEACH, CA 90813 K 918 Continued From page 6 installations. 6.4.4.6.5.4.6.6.4.6.4.6.7.9.9), NFPA 110, NFPA 111, 700.10 (NFPA 70) This RECUIREMENT is not met as evidenced by: Based on interview, and record review, the facility failed to conduct monthly testing of the temporary emergency generator's lead-acid battery and provide documentation of the battery's electrolyte specific gravity (the state of charge of a battery cell) in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Section 8.3.7.1. This failure had the potential, in the event of a power loss, for the emergency generator to fail or not properly operate as intended, placing 52 of 62 residents, staff, and visitors in jeopardy. Findings: During an interview on 10/1/24 at 10 a.m. with the ADM and MS, the surveyor requested for the generator inspection reports and maintenance logs. During a review of the facility's generator maintenance test logs, from July 2023 to September 2024, the maintenance test logs did not indicate that the generator had a monthly battery test. During an interview on 10/1/24 at 4:14 p.m. with the MS the surveyor requested for a copy of the monthly battery test. The state of the property of the generator modulate was a state of the generator inspection reports and monthly battery test. During an interview on 10/1/24 at 4:14 p.m. with the MS the surveyor requested for a copy of the monthly battery test. The MS stated that the facility does not conduct monthly battery tests for the generator.		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION 01 - MAIN BUILDING 01		E SURVEY PLETED
LONG BEACH POST ACUTE LONG BEACH POST ACUTE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) K 918 Continued From page 6 installations. 6.4.4, 6.5.4, 6.5.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by. 9. 9. 9. Based on interview, and record review, the facility failed to conduct monthly testing of the temporary emergency generator's lead-acid battery and provide documentation of the battery's electrolyte specific gravity (the state of charge of a battery cell) in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Section 8.3.7.1. This failure had the potential, in the event of a power loss, for the emergency generator to fall or not properly operate as intended, placing 62 of 62 residents, staff, and visitors in jeopardy. Findings: During an interview on 10/1/24 at 10 a.m. with the ADM and MS, the surveyor requested for the generator inspection reports and maintenance logs. During a review of the facility's generator maintenance test logs, from July 2023 to September 2024, the maintenance test logs did not indicate that the generator had a monthly battery test. During an interview on 10/1/24 at 4:14 p.m. with the MS the surveyor requested for a copy of the monthly battery test. The MS stated that the facility does not conduct monthly battery tests for the generator.			555010	B. WING			10/	01/2024
REGULATORY OR LSC IDENTIFYING INFORMATION) K 918 Continued From page 6 installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on interview, and record review, the facility failed to conduct monthly testing of the temporary emergency generator's lead-acid battery and provide documentation of the battery's electrolyte specific gravity (the state of charge of a battery cell) in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Section 8.3.7.1. This failure had the potential, in the event of a power loss, for the emergency generator to fail or not properly operate as intended, placing 62 of 62 residents, staff, and visitors in jeopardy. Findings: During an interview on 10/1/24 at 10 a.m. with the ADM and MS, the surveyor requested for the generator inspection reports and maintenance logs. During a review of the facility's generator maintenance test logs, from July 2023 to September 2024, the maintenance test logs did not indicate that the generator had a monthly battery test. During an interview on 10/1/24 at 4:14 p.m. with the MS the surveyor requested for a copy of the monthly battery test. During an interview on 10/1/24 at 4:14 p.m. with the MS the surveyor requested for a copy of the monthly battery test. The MS stated that the generator.				<u> </u>	1:	201 WALNUT AVENUE		0 112024
installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Based on interview, and record review, the facility failed to conduct monthly testing of the temporary emergency generator's lead-acid battery and provide documentation of the battery's electrolyte specific gravity (the state of charge of a battery cell) in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Section 8.3.7.1. This failure had the potential, in the event of a power loss, for the emergency generator to fail or not properly operate as intended, placing 62 of 62 residents, staff, and visitors in jeopardy. Findings: During an interview on 10/1/24 at 10 a.m. with the ADM and MS, the surveyor requested for the generator inspection reports and maintenance logs. During a review of the facility's generator maintenance test logs, from July 2023 to September 2024, the maintenance test logs did not indicate that the generator had a monthly battery test. The MS stated that the facility does not conduct monthly battery tests. The MS stated that the facility does not conduct monthly battery tests for the generator.	PRÉFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI	BE	
During a review of the facility's policy and procedure (P&P) titled, "Generator Policy," last	K 918	installations. 6.4.4, 6.5.4, 6.6.4 (111, 700.10 (NFPA) This REQUIREMEID by: Based on interview facility failed to contemporary emerger battery and provide battery's electrolyte charge of a battery 110, Standard for ESystems, 2010 Edit failure had the poteloss, for the emerge properly operate as residents, staff, and Findings: During an interview ADM and MS, the segenerator inspection logs. During a review of the maintenance test to September 2024, the not indicate that the battery test. During an interview the MS the surveyor monthly battery test facility does not conthe generator. During a review of the generator.	NFPA 99), NFPA 110, NFPA 70) NT is not met as evidenced w, and record review, the duct monthly testing of the ncy generator's lead-acid documentation of the specific gravity (the state of cell) in accordance with NFPA mergency and Standby Power tion, Section 8.3.7.1. This initial, in the event of a power ency generator to fail or not intended, placing 62 of 62 divisitors in jeopardy. Ton 10/1/24 at 10 a.m. with the surveyor requested for the in reports and maintenance the facility's generator to generator had a monthly a generator had a monthly for requested for a copy of the table to the facility's policy and the facility's policy and	κ.	918	·		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		IPLE CONSTRUCTION NG 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
		555010	B. WING_		10/01/2024
	PROVIDER OR SUPPLIER EACH POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WALNUT AVENUE LONG BEACH, CA 90813	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES 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
	revised May 2019, following "Routine Ninspection of the ge regulations. Documbe maintained."	ge 7 the P&P indicated the flaintenance, testing and nerator in accordance with entation of maintenance will ht - Power Cords and Extens	K 91		
55-E	Extension Cords Power strips in a pa used for componen patient-care-related (PCREE) assemble by qualified person 10.2.3.6. Power str may not be used fo electronics), except rooms that do not u PCREE meet UL 13 strips for non-PCRE (outside of vicinity) care rooms, power standards. All power precautions. Exten substitute for fixed v Extension cords us immediately upon c which it was installe 10.2.4. 10.2.3.6 (NFPA 99), (NFPA 70), 590.3(D This REQUIREMEN by: Based on observat review, the facility for devices directly into	at - Power Cords and attent care vicinity are only ts of movable electrical equipment s that have been assembled hel and meet the conditions of ips in the patient care vicinity r non-PCREE (e.g., personal in long-term care resident se PCREE. Power strips for 163A or UL 60601-1. Power tie in the patient care rooms meet UL 1363. In non-patient strips meet other UL er strips are used with general sion cords are not used as a wiring of a structure. The detemporarily are removed completion of the purpose for d and meets the conditions of 10.2.4 (NFPA 99), 400-8) (NFPA 70), TIA 12-5 IT is not met as evidenced tion, interview, and record hailed to connect electrical electrical receptacles without adapter or extension cords (a		On October 1, 2024, the Maintenance Supervisor remaind replaced unapproved exticords and daisy chains in Stati Director of Staff Development and the two extension cords is used in the Administrator's of The Maintenance Supervisor Designee conducted a facility inspection on October 1, 2024 confirm no other unapproved extension cords and/or daisy were in use. None were noted In-service given to Maintenant Supervisor on October 1, 2026 by the Administrator regarding the facility's policy on Electric Equipment- "Power Strip Use Resident Care Areas"	ension ion 1, t office peing ffice. and wide 1, to chains d. ace 4,

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LTIPLE CONSTRUCTION DING 01 - MAIN BUILDING 01	(X	3) DATE SURVEY COMPLETED
		555010	B. WING			10/01/2024
LONG B	PROVIDER OR SUPPLIER EACH POST ACUTE SUMMARY STA	TEMENT OF DEFICIENCIES	ID	STREET ADDRESS, CITY, STATE, Z 1201 WALNUT AVENUE LONG BEACH, CA 90813 PROVIDER'S PLAN OF		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFI TAG	X (EACH CORRECTIVE ACT	TION SHOULD BE THE APPROPRIA	
K 920	device that plugs in outlet into multiple in outlet into multiple in daisy chaining" (or another power strip 70, National Electric Articles 110.12 and potential to create a too much electricity device) and/or possive residents, staff, and deficient practice at compartments. Findings: During a concurren 10/1/24 at 12:18 p.i. Station 1, there were for refrigerator and two-outlet power strip connected to the stated that the use daisy chaining was facility. During a concurren 10/1/24 at 12:41 p.i. of Staff Developme floor, there was an power strip used for stated that the use approved for use in During a concurren 10/1/24 at 1:06 p.m. Administrators (AD extension cord use	ato an outlet and turns the one usable outlets), and without the power strip plugged into o), in accordance with NFPA cal Code, 2011 Edition, 400.8. This failure had the an electrical overload (when or passes through an electrical sible fire, affecting the safety of visitors at the facility. This ffected two out of three smoke of the extension cords used computer, connected to a computer, and there was a power the outlet adapter. The MS of an extension cords and not approved for use in the outlet to a computer of the extension cords and not approved for use in the outlet the MS in the Director of the extension cord connected to a relectrical equipment. The MS of an extension cord was not	K	This plan of correction monitored by the Administrator/Design Maintenance Supervidaily rounds. Findings shall be reported to the Assurance Performant Improvement Comministration Correction Completion October 1, 2024	nee and isor, during s, as necessal the Quality ace ittee for furth endation	

NAME OF PROVIDER OR SUPPLIER LONG BEACH POST ACUTE SITREET ADDRESS, CITY, STATE, ZIP CODE 1201 WALMUT AVERUE LONG BEACH, CA 9013 PROVIDER SPLAN OF GORRECTION (ESCH CORRECTION OR LS (IDENTIFYING INFORMATION)) K 920 Continued From page 9 extension cord was not approved for use in the facility. During a concurrent observation and interview on 10/1/24 at 1:07 p.m. with the MS in the Administrators (ADM) office, there was black extension cord connected to a power strip used for electrical equipment. The MS stated that the use of an extension cord connected to a power Strip used for electrical equipment. The MS stated that the use of an extension cord connected to a power Strip used procedure (P&P) titled, "Power Strip Use in Resident Care Areas", last revised July 2017, the P&P indicated the facility". During a review of the facility solicy and procedure (P&P) titled, "Power Strip Use in Resident Care Areas", last revised July 2017, the P&P indicated the facility will not devices will be used, and the facility will not overload power strips with high load devices."		OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			ECONSTRUCTION 01 - MAIN BUILDING 01		SURVEY PLETED
LONG BEACH POST ACUTE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG (EACH DEFICIENCY) K 920 Continued From page 9 extension cord was not approved for use in the facility. During a concurrent observation and interview on 10/1/24 at 1:07 p.m. with the MS in the Administrators (ADM) office, there was black extension cord connected to a power strip used for electrical equipment. The MS stated that the use of an extension cord was not approved for use in the facility. During a review of the facility's policy and procedure (P&P) titled, "Power Strip Use in Resident Care Areas", last revised July 2017, the P&P indicated the facility "will not 'daisy chain' power strips; power strips that are adequate for the number and types of devices will be used, and the facility will not overload power strips with			555010	B. WING			10/6	01/2024
REFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THEAPPROPRIATE DEFICIENCY) CONFIDENCE DEFICIENCY) K 920 Continued From page 9 (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THEAPPROPRIATE DEFICIENCY) W 920 EXTERNITY OF THE ACTION SHOULD BE CROSS-REFERENCED TO THEAPPROPRIATE DEFICIENCY) K 920 EXTERNITY OF THE ACTION SHOULD BE CROSS-REFERENCED TO THEAPPROPRIATE DEFICIENCY) K 920 EXTERNITY OF THE ACTION SHOULD BE CROSS-REFERENCED TO THEAPPROPRIATE DEFICIENCY) K 920 EXTERNITY OF THE ACTION SHOULD BE CROSS-REFERENCED TO THEAPPROPRIATE DEFICION SHOULD BE CROSS-REFERENCED TO THEAPPROPRIATE DEFICIENCY) K 920 EXTERNITY OF THE ACTION SHOULD BE CROSS-REFERENCED TO THEAPPROPRIATE DEFICION SHOULD BE CROSS-REFERENCED TO THEAPPROPER TO THEAPPROPRIATE DEFICION SHOULD BE CROSS-REFERENCED TO THEAPPROPER TO THEAP					12	01 WALNUT AVENUE		
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	K 920	extension cord was facility. During a concurren 10/1/24 at 1:07 p.m Administrators (ADI extension cord confor electrical equipmuse of an extension use in the facility. During a review of the procedure (P&P) tit Resident Care Area P&P indicated the fower strips; power the number and typand the facility will resident to the facility w	t observation and interview on with the MS in the M) office, there was black nected to a power strip used nent. The MS stated that the cord was not approved for the facility's policy and led, "Power Strip Use in as", last revised July 2017, the facility "will not 'daisy chain' or strips that are adequate for sees of devices will be used,	KS	920			