

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

Accepted on 10/29/24
By: 48987

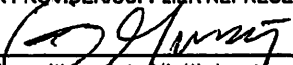
PRINTED: 10/16/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555010	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/01/2024
NAME OF PROVIDER OR SUPPLIER LONG BEACH POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WALNUT AVENUE LONG BEACH, CA 90813		
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E 000	<p>Initial Comments</p> <p>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 Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities.</p> <p>The facility is in substantial compliance with 42 CFR 483.73, Requirement for Long Term Care (LTC) Facilities.</p> <p>Census: 62</p>	E 000			

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

TITLE

(X6) DATE

 Adunichrator 10/16/24

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.

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K 000	<p>INITIAL COMMENTS</p> <p>K3 BUILDING: BUILDING K6 PLAN APPROVAL: 5/1/1979 K7 SURVEY UNDER: HC 2012 EXISTING STRUCTURE TYPE: FULLY SPRINKLED</p> <p>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.</p> <p>The facility is not in substantial compliance with 42 CFR 483.90 for Long Term Care (LTC) Facilities.</p> <p>Resident Certified Beds: 78 Census: 62</p> <p>K 324 SS=D Cooking Facilities CFR(s): NFPA 101</p> <p>Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with</p>	K 000	<p>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.</p> <p>(CR)</p>		
		K 324	<p>K324</p> <p>On 10/2/24 the Maintenance Supervisor installed a new blow off cap onto the end nozzle of the kitchen hood.</p> <p>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 missing. None were noted.</p>		

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K 324	<p>Continued From page 1</p> <p>30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to maintain one discharge nozzle caps (a protection device that blow off, blow open, or blow out upon agent discharge) for the Kitchen's Wet Chemical Extinguishing System in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2011 Edition, Section 10.2.6 and NFPA 17A, Standard for Wet Chemical Extinguishing Systems, 2009 Edition, Section 4.3.1.5. This failure had the potential for grease buildup clogging the discharge nozzle which could prevent proper operation of the Kitchen's Extinguishing System in case of a fire. This deficient practice affected one of three smoke compartments (the sectioning of a building, designed to slow the spread of smoke and fire).</p> <p>Findings:</p> <p>During a concurrent observation and interview on 10/1/24 at 12:27 p.m. with the Maintenance Supervisor (MS) in the Kitchen, one discharge nozzle installed in the hood (metal installation</p>	K 324	<p>In-service given to Maintenance Supervisor on October 2, 2024, by the Administrator regarding the facility's policy "General Maintenance".</p> <p>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.</p> <p>Corrective completion date: October 2, 2024</p>		

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K 324	Continued From page 2 over cooking equipment for the purpose of removing grease, heat, and odors out of the air) was without a blow off cap at the end of the line. The MS stated that the discharge nozzles should have a cap on it to prevent grease build up and clog the line. During a review of the facility's policy and procedure (P&P) titled, "General Maintenance", last revised January 2017, the P&P indicated "Maintenance will ensure that inspection and services are provided to repair and maintain all functional equipment."	K 324			
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Spinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record	K 351	K351 On October 1, 2024, the Maintenance Supervisor removed the boxes stored six inches from the sprinkler deflector in the Medical Supply Storage cabinet. The Maintenance Supervisor conducted an inspection of all medical supplies' storage on October 1, 2024, to confirm no other boxes are stored six inches from a sprinkler deflector. None of them 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.		

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K 351	Continued From page 3 review, the facility failed to ensure and maintain 18-inch clearance below the sprinkler deflector in the Medical Supply Storage cabinet in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 Edition, Section 8.5.5.2.1. This failure had the potential to obstruct and interrupt the water discharge from the sprinklers and preventing the water from reaching a fire, prevent wetting materials that will burn, and decrease the effective response from the fire sprinklers. This deficient practice affected one out of three smoke compartments. Findings: During a concurrent observation and interview on 10/1/24 at 12:06 p.m. with the MS at the Medical Supply Storage cabinet, there was several boxes stored six inches from the sprinkler deflector. The MS confirmed the boxes were six inches from sprinkler deflector and stated that there should be a minimum of 18-inch clearance. During a review of the facility's policy and procedure (P&P) titled, "General Maintenance", last revised January 2017, the P&P indicated "Maintenance will ensure that inspection and services are provided to repair and maintain all functional equipment."	K 351	This plan of correction will be monitored by the Administrator/Designee, Maintenance Supervisor, during monthly QAPI 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		
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design,	K 353			

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K 353	<p>Continued From page 4</p> <p>maintenance, inspection and testing are maintained in a secure location and readily available.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure a sprinkler was free of corrosion (the gradual deterioration of materials) in one of two Tub Rooms in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Sections 5.2.1.1.1 and 5.2.1.1.2. This failure had the potential to result in reduced efficacy of the sprinkler system in properly activating and discharging water as designed in the event of a fire emergency. This deficient practice affected one out of three smoke compartments.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 10/1/24 at 12:05 p.m. with the MS in Tub Room 1, there was a corroded sprinkler. The MS stated that the sprinkler was corroded.</p> <p>During a review of the facility's policy and procedure (P&P) titled, "General Maintenance",</p>	K 353	<p>K 353</p> <p>On October 2, 2024, the Maintenance Supervisor replaced the corroded sprinkler in Tub Room 1.</p> <p>Maintenance Supervisor conducted an inspection on Sprinkler in all Tub Rooms on October 2, 2024, to confirm no other Sprinklers are corroded. None were noted.</p> <p>In-service given to Maintenance Supervisor on October 1, 2024, by the Administrator regarding the facility's policy "General Maintenance" - Sprinkler System.</p> <p>This plan of correction will be monitored by the Administrator/Designee, Maintenance Supervisor, during monthly QAPI rounds. Findings, as necessary, shall be reported to the Quality Assurance Performance Improvement Committee for further review and recommendation</p> <p>Corrective Completion date:</p> <p>October 2, 2024</p>		

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K 353	Continued From page 5 last revised January 2017, the P&P indicated "Maintenance will ensure that inspection and services are provided to repair and maintain all functional equipment."	K 353	K 918 On October 1, 2024, the Maintenance Supervisor tested the Generator Battery to confirm levels are within acceptable range. Battery is confirmed within the range.		
K 918 SS=F	Electrical Systems - Essential Electric Syste 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 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	K 918	No other batteries exist in the generator. In-service given to Maintenance Supervisor on October 1, 2024, by the Administrator regarding the facility's policy "General Maintenance"- Essential Electric System Maintenance and Testing. This plan of correction will be monitored by the Administrator/Designee and Maintenance Supervisor, during monthly Generator Battery Log review. Findings, as necessary, shall be reported to the Quality Assurance Performance Improvement Committee for further review and recommendation		

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K 918	<p>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.</p> <p>Findings:</p> <p>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.</p> <p>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.</p> <p>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.</p> <p>During a review of the facility's policy and procedure (P&P) titled, "Generator Policy," last</p>	K 918	<p>Corrective Completion date: October 1, 2024</p>		

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K 918	Continued From page 7 revised May 2019, the P&P indicated the following "Routine Maintenance, testing and inspection of the generator in accordance with regulations. Documentation of maintenance will be maintained."	K 918			
K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords 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. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to connect electrical devices directly into electrical receptacles without the use of an outlet adapter or extension cords (a	K 920	K920 On October 1, 2024, the Maintenance Supervisor removed and replaced unapproved extension cords and daisy chains in Station 1, Director of Staff Development office and the two extension cords being used in the Administrator's office. The Maintenance Supervisor and Designee conducted a facility wide inspection on October 1, 2024, to confirm no other unapproved extension cords and/or daisy chains were in use. None were noted. In-service given to Maintenance Supervisor on October 1, 2024, by the Administrator regarding the facility's policy on Electrical Equipment- "Power Strip Use in Resident Care Areas"		

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K 920	<p>Continued From page 8</p> <p>device that plugs into an outlet and turns the one outlet into multiple usable outlets), and without "daisy chaining" (one power strip plugged into another power strip), in accordance with NFPA 70, National Electrical Code, 2011 Edition, Articles 110.12 and 400.8. This failure had the potential to create an electrical overload (when too much electricity passes through an electrical device) and/or possible fire, affecting the safety residents, staff, and visitors at the facility. This deficient practice affected two out of three smoke compartments.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 10/1/24 at 12:18 p.m. with the MS at Nurse Station 1, there were two extension cords used for refrigerator and computer, connected to a two-outlet power strip, which was connected to a two-to-six outlet adapter, and there was a power strip connected to the outlet adapter. The MS stated that the use of an extension cords and daisy chaining was not approved for use in the facility.</p> <p>During a concurrent observation and interview on 10/1/24 at 12:41 p.m. with the MS in the Director of Staff Development (DSD) office on the second floor, there was an 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.</p> <p>During a concurrent observation and interview on 10/1/24 at 1:06 p.m. with the MS in the Administrators (ADM) office, there was black extension cord used to power the "Door Mag Power" box. The MS stated that the use of an</p>	K 920	<p>This plan of correction will be monitored by the Administrator/Designee and Maintenance Supervisor, during daily rounds. Findings, as necessary, shall be reported to the Quality Assurance Performance Improvement Committee for further review and recommendation</p> <p>Correction Completion date: October 1, 2024</p>		

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NAME OF PROVIDER OR SUPPLIER LONG BEACH POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 1201 WALNUT AVENUE LONG BEACH, CA 90813		
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K 920	<p>Continued From page 9</p> <p>extension cord was not approved for use in the facility.</p> <p>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.</p> <p>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 high load devices."</p>	K 920			