

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 01/04/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055818	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 12/13/2023
NAME OF PROVIDER OR SUPPLIER ROYAL GARDENS HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2339 W. VALLEY BLVD. ALHAMBRA, CA 91803		
(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	<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 Title 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities.</p> <p>Representing the Department of Public Health: [REDACTED], HFE I</p> <p>Resident census: 41 Bed capacity: 42</p> <p>No deficiencies were noted during the time of the survey. The facility was in substantial compliance.</p>	E 000			

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

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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	INITIAL COMMENTS This facility was surveyed under 42 Code of Federal Regulations, Part 483.70(a), Life Safety Code NFPA 101, 2012 Edition, Chapter 19 Existing Health Care Occupancies, and other applicable codes. The following reflects the findings of the California Department of Public Health during the Life Safety Code Survey. Representing the Department of Public Health: [REDACTED], HFE I Resident census: 41 Bed capacity: 42 Highest scope and severity: F	K 000			
K 300 SS=F	Protection - Other CFR(s): NFPA 101 Protection - Other List in the REMARKS section any LSC Section 18.3 and 19.3 Protection 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. This REQUIREMENT is not met as evidenced by: NFPA 72, National Fire Alarm Code, 2010 Edition Chapter 14 Inspection, Testing, and Maintenance 14.4 Testing. 14.4.5* Testing Frequency. Unless otherwise	K 300			

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K 300	<p>Continued From page 1</p> <p>permitted by other sections of this Code, testing shall be performed in accordance with the schedules in Table 14.4.5, or more often if required by the authority having jurisdiction.</p> <p>14.4.5.3* In other than one- and two-family dwellings, sensitivity of smoke detectors and single- and multiple-station smoke alarms shall be tested in accordance with 14.4.5.3.1 through 14.4.5.3.7.</p> <p>14.4.5.3.1 Sensitivity shall be checked within 1 year after installation.</p> <p>14.4.5.3.2 Sensitivity shall be checked every alternate year thereafter unless otherwise permitted by compliance with 14.4.5.3.3.</p> <p>14.4.5.3.3 After the second required calibration test, if sensitivity tests indicate that the device has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years.</p> <p>Based on interview and record review, the facility failed to provide documentation that their smoke detectors are routinely calibrated for sensitivity. This deficient practice increases the possibility that the smoke detectors will not alert emergency services of a fire emergency in a timely manner, therefore potentially increasing damage, injury, and loss of life of occupants during a fire emergency. The deficient practice affected three of three smoke compartments.</p> <p>During an interview on 12/13/2023 at 11:00 AM with the Assistant Administrator (AADM) and Maintenance Supervisor (MS), a request for written documentation for the most recently conducted "Smoke Detector Sensitivity Calibration Service" was verbally requested along</p>	K 300			

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 3UZ621 Facility ID: CA950000104 If continuation sheet Page 3 of 7

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K 331	Continued From page 3 12/13/2023 at 11:22 AM with Maintenance Supervisor in Resident Room 107, an electrical outlet cover was missing in the restroom beside the sink. MS stated maybe a patient who has problems with mobility accidentally ripped it off, and that he will replace the cover.	K 331			
K 351 SS=D	Sprinkler System - Installation CFR(s): NFPA 101 Sprinkler 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 and interview, the facility failed to maintain 18-inch clearances below the sprinkler head deflectors (a part of a sprinkler that splashes water to increase the range of sprinkler coverage) in storage areas throughout the facility. This deficient practice obstructs areas below the sprinkler deflectors and has the potential to	K 351			

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K 351	Continued From page 4 decrease the effectivity of the fire sprinklers, to discharge water as designed, in the event of a fire emergency, affecting one of three smoke compartments. During a concurrent observation and interview on 12/13/2023 at 11:38 AM with Maintenance Supervisor (MS) in the Central Supply room, three boxes of N95 masks and two boxes of oral swabs were stored 15 inches under the sprinkler head deflector. The MS stated that maybe the staff did not know about the 18 inch clearance requirement.	K 351			
K 353 SS=F	During an observation on 12/13/2023 at 11:42 AM in the Medical Records Room, 10 boxes of medical records were being stored 15 inches away from the sprinkler head deflector. 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, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler	K 353			

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K 353	Continued From page 5 system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on interview, the facility failed to maintain documentation for its Annual Sprinkler Service and 5-year Sprinkler Service. The periodic testing of the automatic sprinkler system and its water supply is essential in identifying if any problems exist that could affect the activation and effective operation of the sprinkler heads for the dispersion of water according to the manufacturer's specifications. This deficiency affected three out of three smoke compartments. During an interview on 12/13/2023 at 10:00 AM with the Administrator (ADM) and Maintenance Supervisor (MS), a request for written documentation for the most recently conducted "Annual Sprinkler Service" and "5-Year Sprinkler Service" was verbally requested along with a written request. During a concurrent interview and record review on 12/13/2023 at 2:30 PM with ADM and MS, it was noted that the facility did not have any documentation to show that an Annual Sprinkler Service and 5-Year Sprinkler Service had been conducted. The ADM and MS were not able to provide evidence of the required documentation.	K 353			
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at	K 712			

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K 712	<p>Continued From page 6</p> <p>least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on interview and record review, the facility failed to ensure that all personnel, on all shifts, were trained in fire drills by conducting the drills at unexpected times. Fire drills conducted under varying conditions will ensure that all personnel, on all shifts, are trained to perform assigned tasks and to ensure that all personnel, on all shifts, are familiar with the use of the facility's emergency and disaster plans and procedures.</p> <p>During an interview on 12/13/2023 at 10:00 AM with the Administrator (ADM) and Maintenance Supervisor (MS), a request for written documentation for the Fire Drills was verbally requested along with a written request.</p> <p>During record review on 12/13/2023 at 2:30 PM with the ADM and MS, it was noted that the facility did not have Fire Drill documentation for the following:</p> <ol style="list-style-type: none"> 1) 1st Quarter, Evening Shift 2) 2nd Quarter, Night Shift 3) 3rd Quarter, Night Shift 4) 4th Quarter, Day Shift 5) 4th Quarter, Night Shift. 	K 712			