Accepted on 1/4/2024

PRINTED: 01/04/2024 FORM APPROVED OMB NO. 0938-0391

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER:  A. BUILDING		(X3) DATE SURVEY COMPLETED				
		055818	B. WING	;		12/	13/2023
	PROVIDER OR SUPPLIER  GARDENS HEALTHCA	ARE		2	STREET ADDRESS, CITY, STATE, ZIP CODE 2339 W. VALLEY BLVD. ALHAMBRA, CA 91803		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT 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 APPROVIDENCY)	D BE	(X5) COMPLETION DATE
E 000	Initial Comments  The following reflecalifornia Department Emergency Prepare The findings are in of Federal Regulati Requirement for Local Representing the Department for Local Resident census: 48 Resident census: 48 Resident census: 48 Resident census: 49 Resident census: 49 Resident census: 40 Resident	cts the findings of the ent of Public Health, during an edness Recertification survey. accordance with Title 42 Code ons (CFR) 483.73, ong Term Care (LTC) Facilities. Department of Public Health:		000	DEFICIENCY)		
LABORATOR	Y DIRECTOR'S OR PROVID	DER/SUPPLIER REPRESENTATIVE'S SIGI	NATURE		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.

#### Accepted on 1/4/2024

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 12/22/2023

FORM APPROVED OMB NO. 0938-0391

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:		E CONSTRUCTION 01 - MAIN BUILDING 01	COMPLETED	
		055818	B. WING		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	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		
K 000		eyed under 42 Code of Part 483.70(a), Life Safety	K 000			
	Code NFPA 101, 201: Existing Health Care applicable codes.	2 Edition, Chapter 19 Occupancies, and other				
	Department of Public Safety Code Survey.	the findings of the California Health during the Life partment of Public Health:				
	Resident census: 41 Bed capacity: 42					
<b>K 300</b> SS=F	Highest scope and se Protection - Other CFR(s): NFPA 101	everity: F	K 300			
	18.3 and 19.3 Protect not addressed by the deficient. This informa applicable Life Safety	section any LSC Section ion requirements that are provided K-tags, but are ation, along with the Code or NFPA standard cluded on Form CMS-2567.				
	by: NFPA 72, National Fi Chapter 14 Inspection 14.4 Testing.	re Alarm Code, 2010 Edition n, Testing, and Maintenance ency. Unless otherwise				
ADODATODY	DIDECTORIS OF PROVIDER	RUDDUJED DEDDESENTATIVE'S SICNATUDE	1	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.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '		(X3) DATE SURVEY COMPLETED		
	055818	B. WING		12/13/2023		
NAME OF PROVIDER OR SUPPLIER  ROYAL GARDENS HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE  2339 W. VALLEY BLVD.  ALHAMBRA, CA 91803			
(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	JLD BE COMPLETION		
permitted by other s shall be performed i schedules in Table 1 required by the auth 14.4.5.3* In other the dwellings, sensitivity single- and multiple-be tested in accordant 14.4.5.3.7. 14.4.5.3.1 Sensitivity year after installation 14.4.5.3.2 Sensitivity alternate year therefore permitted by compliant 14.4.5.3.3 After the stest, if sensitivity test remained within its large (or 4 percent if not marked), the lecalibration tests shat to a maximum of 5 y.  Based on interview affailed to provide dood detectors are routing. This deficient practice that the smoke detected services of a fire emplementally and loss of life of occurrency. The deficient practice of three smoke community and interview with the Assistant Accurrency Superior S	ections of this Code, testing in accordance with the 14.4.5, or more often if ority having jurisdiction. It among the following personal and the station smoke alarms shall ance with 14.4.5.3.1 through the shall be checked within 1 m. It is shall be checked every after unless otherwise ance with 14.4.5.3.3. It is second required calibration the indicate that the device has itsted and marked sensitivity obscuration light gray smoke, and from the permitted to be extended wears.  In the permitted to be extended wears.  In the permitted to be extended wears will not alert emergency the increases the possibility cotors will not alert emergency the end of the permitted to the extended wears of the possibility cotors will not alert emergency the end of the permitted to the extended wears.  In the permitted to be extended wears.	K 30				
	CORRECTION  ROVIDER OR SUPPLIER  SUMMARY S (EACH DEFICIEN REGULATORY OF REGULATORY OF REGULATORY OF REGULATORY)  Continued From page permitted by other s shall be performed it schedules in Table 1 required by the auth 14.4.5.3* In other the dwellings, sensitivity single- and multiple-be tested in accordant 14.4.5.3.7.  14.4.5.3.1 Sensitivity year after installation 14.4.5.3.2 Sensitivity alternate year therefor permitted by compliant 14.4.5.3.3 After the stest, if sensitivity tester test, if sensitivity tester tested by compliant tests shat to a maximum of 5 y.  Based on interview at the tested te	CORRECTION  O55818  ROVIDER OR SUPPLIER  ARDENS HEALTHCARE  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1 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.  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	CORRECTION  O55818  B. WING  ROVIDER OR SUPPLIER  REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 1  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.  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.  14.4.5.3.1 Sensitivity shall be checked within 1 year after installation.  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.  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.  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  This deficient practice increases the possibility that the Assistant Administrator (AADM) and Maintenance Supervisor (MS), a request for written documentation for the most recently conducted "Smoke Detector Sensitivity	CORRECTION    DENTIFICATION NUMBER:   B. WING		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  (X2) MULTIPLE CC A. BUILDING 01 -			AIN BUILDING 01 (X3) DATE SURVEY  COMPLETED				
		055818	B. WING _			12/	13/2023
	ROVIDER OR SUPPLIER  ARDENS HEALTHCARE			2339 W	TADDRESS, CITY, STATE, ZIP CODE  /. VALLEY BLVD.  MBRA, CA 91803		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 300	with a written request	nterview and record review,	КЗ	800			
K 331 SS=D	that the facility did no of the smoke detector ADM and MS were no of the required docum they did not have recoprovided due to the reInterior Wall and Ceili	O PM with MS, it was noted thave documented records r sensitivity calibration. of able to provide evidence nentation, and stated that ords outside of what was ecent changes in staff. ng Finish	Кз	31			
	fixed or movable wall have a flame spread The reduction in class	ng finishes, including such as sees of buildings such as sees, partitions, columns, and rating of Class A or Class B. see of interior finish for a rescribed in 10.2.8.1 is					
	by: Based on observation failed to maintain a C rating finish of walls a penetrations at three compromising the fire of a fire, the separation be achieved because allow smoke and/or finanother.						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION  NG 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
		055818	B. WING _		,	12/13/2023		
	ROVIDER OR SUPPLIER  ARDENS HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP 2339 W. VALLEY BLVD. ALHAMBRA, CA 91803	CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF X (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD BE THE APPROPRIATE	(X5) COMPLETION DATE		
K 331	outlet cover was miss the sink. MS stated r	AM with Maintenance nt Room 107, an electrical sing in the restroom beside naybe a patient who has y accidentally ripped it off, be the cover.	K3	331				
SS=D	CFR(s): NFPA 101  Spinkler System - Ins 2012 EXISTING  Nursing homes, and I construction type, are approved automatic s accordance with NFP Installation of Sprinkle In Type I and II construction in or local regulations point in hospitals, sprinkler closets of patient slee of the closet does not sprinkler coverage corequired by NFPA 13 Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19 19.4.2, 19.3.5.10, 9.7 This REQUIREMENT by:  Based on observation failed to maintain 18-sprinkler head deflect splashes water to inc coverage) in storage  This deficient practice	tallation  nospitals where required by a protected throughout by an sprinkler system in A 13, Standard for the er Systems. The rection alternative protection as pecific areas where state rohibit sprinklers. It is a required in clothes are not required in clothes. The notion is not required in clothes are not required in clothes are not required in clothes.						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>		(X3) DATE SURVEY COMPLETED	
		055818	B. WING	B. WING		12/13/2023	
NAME OF PROVIDER OR SUPPLIER  ROYAL GARDENS HEALTHCARE			2	STREET ADDRESS, CITY, STATE, ZIP CODE 2339 W. VALLEY BLVD. ALHAMBRA, CA 91803	•		
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K 351 K 353 SS=F	discharge water as de emergency, affecting compartments.  During a concurrent of 12/13/2023 at 11:38 A Supervisor (MS) in the three boxes of N95 m swabs were stored 15 head deflector. The M staff did not know aborequirement.  During an observation in the Medical Record medical records were from the sprinkler head Sprinkler System - Ma CFR(s): NFPA 101  Sprinkler System - Ma Automatic sprinkler an inspected, tested, and with NFPA 25, Standar Testing, and Maintain Protection Systems. If maintenance, inspect maintained in a secur available.  a) Date sprinkler system supervised in REMARKS.	ty of the fire sprinklers, to esigned, in the event of a fire one of three smoke  observation and interview on AM with Maintenance e Central Supply room, tasks and two boxes of oral of inches under the sprinkler and the stated that maybe the out the 18 inch clearance on on 12/13/2023 at 11:42 AM as Room, 10 boxes of the being stored 15 inhes away and deflector.  The aintenance and Testing and standpipe systems are and the interpretation, and testing are are location and readily stem last checked astem test oply source.		351			
	any non-required or p	partial automatic sprinkler					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G 01 - MAIN BUILDING 01		(X3) DATE SURVEY COMPLETED		
		055818	B. WING		1	2/13/2023	
	ROVIDER OR SUPPLIER  ARDENS HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 2339 W. VALLEY BLVD. ALHAMBRA, CA 91803	·		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
K 353	by: Based on interview, documentation for its and 5-year Sprinkler testing of the automa water supply is esser problems exist that co effective operation of dispersion of water ac manufacturer's specifi affected three out of t  During an interview o with the Administrator Supervisor (MS), a re documentation for the "Annual Sprinkler Ser Service" was verbally written request.	d NFPA 25 the facility failed to maintain Annual Sprinkler Service Service. The periodic tic sprinkler system and its stial in identifying if any ould affect the activation and the sprinkler heads for the ecording to the fications. This deficiency hree smoke compartments.  In 12/13/2023 at 10:00 AM (ADM) and Maintenance quest for written a most recently conducted vice" and "5-Year Sprinkler requested along with a	K 38	53			
K 712 SS=F	on 12/13/2023 at 2:30 was noted that the far documentation to sho Service and 5-Year S conducted. The ADM provide evidence of the Fire Drills CFR(s): NFPA 101  Fire Drills Fire drills include the signal and simulation conditions. Fire drills	w that an Annual Sprinkler prinkler Service had been I and MS were not able to ne required documentation.	K 7 <sup>-</sup>	12			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	PLE CONSTRUCTION G 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED		
		055818	B. WING			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	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE- (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 712	with procedures and established routine. between 9:00 PM ar announcement may alarms. 19.7.1.4 through 19. This REQUIREMEN by: Based on interview failed to ensure that were trained in fire dunexpected times. For varying conditions woon all shifts, are train tasks and to ensure shifts, are familiar with emergency and disased on interview of the ensure shifts, are familiar with the Administrate Supervisor (MS), and documentation for the requested along with the ADM and Ministrated with the ADM and Ministrated shifts.	is aware that drills are part of Where drills are conducted and 6:00 AM, a coded be used instead of audible 7.1.7  T is not met as evidenced and record review, the facility all personnel, on all shifts, rills by conducting the drills at ire drills conducted under ill ensure that all personnel, and to perform assigned that all personnel, on all the use of the facility's ster plans and procedures.  In 12/13/2023 at 10:00 AM or (ADM) and Maintenance equest for written be Fire Drills was verbally a written request.  I on 12/13/2023 at 2:30 PM S, it was noted that the facility Il documentation for the shift the Shift Shift	K 7	12		