

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

PRINTED: 10/26/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555342	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 10/18/2022
NAME OF PROVIDER OR SUPPLIER SUNNY VIEW MANOR			STREET ADDRESS, CITY, STATE, ZIP CODE 22445 CUPERTINO ROAD CUPERTINO, CA 95014		
(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: 40649 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: 40649 Census: 29 The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities.	E 000			
K 000	INITIAL COMMENTS Surveyor: 40649 K3 BUILDING: 01 K6 PLAN APPROVAL: 7/1/89 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, TYPE V, 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. Representing the California Department of Public Health:	K 000			

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

TITLE

(X6) DATE

Electronically Signed

10/25/2022

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	Continued From page 1 40649 Census: 29 The facility is not in substantial compliance with 42 CFR §483.90 for Long Term Care Facilities.	K 000			
K 291 SS=D	Emergency Lighting CFR(s): NFPA 101 Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Surveyor: 40649 Based on record review and interview, the facility failed to maintain the emergency lighting. This was evidenced by the failure to complete annual battery tests of the emergency lights. This affected 29 of 29 residents and could result in the ineffective operation of the emergency lighting. NFPA 101, Life Safety Code, 2012 Edition 19.2.10.1 Means of egress shall have signs in accordance with Section 7.10, unless otherwise permitted by 19.2.10.1, 19.2.10.3, or 19.2.10.4. 7.9.3 Periodic Testing of Emergency Lighting Equipment. 7.9.3.1 Required emergency lighting systems shall be tested in accordance with one of the three options offered by 7.9.3.1.1, 7.9.3.1.2, or 7.9.3.1.3. 7.9.3.1.1 Testing of required emergency lighting systems shall be permitted to be conducted as follows: (1)Functional testing shall be conducted monthly,	K 291	Sunny View Manor makes every effort to operate in substantial compliance with Federal and State laws and regulations. Nothing in this plan of correction is an admission otherwise. Sunny View Manor is submitting this plan of correction in compliance with its regulatory obligations and does not waive any objections it may have as to the merit or form of any of allegations contained herein. Please note that the facility may contest the merits or form of any of the alleged deficient findings and may take reasonable steps to appeal them. This plan of correction constitutes Sunny View Manor's written credible allegation of compliance for the deficiencies noted. It is the facility's policy and practice to maintain the provision automatically of emergency lighting of at least 1 1/2 hour	10/20/22	

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K 291	<p>Continued From page 2</p> <p>with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds, except as otherwise permitted by 7.9.3.1.1(2).</p> <p>(2)*The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction.</p> <p>(3)Functional testing shall be conducted annually for a minimum of 1 1/2 hours if the emergency lighting system is battery powered.</p> <p>(4)The emergency lighting equipment shall be fully operational for the duration of the tests required by 7.9.3.1.1(1) and (3).</p> <p>(5)Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.</p> <p>Findings:</p> <p>During record review and interview with staff on 10/18/22, the emergency lighting testing records were requested.</p> <p>At 2:40 p.m., the facility failed to provide records indicating the emergency lights were tested annually for 90 minutes. Upon interview, Maintenance Director 1 confirmed the finding and stated they replace the batteries every three years.</p>	K 291	<p>duration in accordance with the requirements and complete annual batter tests of the emergency lights.</p> <p>Corrective Action for Affected Residents:</p> <p>Later on 10/18/2022, the Environmental Services Director (ESD) tested the emergency lighting on battery for 1 1/2 hour duration and it was fully operational.</p> <p>Identification of Other Residents Having the Potential to be Affected and Corrective Action:</p> <p>The test was for all emergency lighting on battery.</p> <p>Measures or Systemic Changes to Prevent a Recurrence:</p> <p>The ESD created a new emergency lighting battery test log and documented the 10/18/22 test. The ESD provided an inservice on 10/20/22 to all maintenance staff about annual testing. All new maintenance employees will be trained on the test and log as part of their orientation.</p> <p>Monitoring of Performance:</p> <p>The ESD or designee will monitor completion of the annual emergency lighting battery testing log and report findings to the Quality Assurance and Performance Improvement (QAPI)</p>		

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K 291	Continued From page 3	K 291	Committee. The QAPI will monitor the set-forth protocol until substantial compliance is achieved.	10/20/22	
K 293 SS=D	<p>Exit Signage CFR(s): NFPA 101</p> <p>Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This REQUIREMENT is not met as evidenced by: Surveyor: 40649 Based on record review and interview, the facility failed to maintain the exit signs. This was evidenced by the failure to complete annual battery tests of the exit signs. This affected 29 of 29 residents and could result in the ineffective operation of the exit signs.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.2.10.1 Means of egress shall have signs in accordance with Section 7.10, unless otherwise permitted by 19.2.10.1, 19.2.10.3, or 19.2.10.4.</p> <p>7.9.3 Periodic Testing of Emergency Lighting Equipment. 7.9.3.1 Required emergency lighting systems shall be tested in accordance with one of the three options offered by 7.9.3.1.1, 7.9.3.1.2, or 7.9.3.1.3. 7.9.3.1.1 Testing of required emergency lighting systems shall be permitted to be conducted as</p>	K 293	<p>Sunny View Manor makes every effort to operate in substantial compliance with Federal and State laws and regulations. Nothing in this plan of correction is an admission otherwise.</p> <p>Sunny View Manor is submitting this plan of correction in compliance with its regulatory obligations and does not waive any objections it may have as to the merit or form of any of allegations contained herein. Please note that the facility may contest the merits or form of any of the alleged deficient findings and may take reasonable steps to appeal them.</p> <p>This plan of correction constitutes Sunny View Manor's written credible allegation of compliance for the deficiencies noted.</p> <p>It is the facility's policy and practice that</p>		

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K 293	<p>Continued From page 4</p> <p>follows:</p> <p>(1)Functional testing shall be conducted monthly, with a minimum of 3 weeks and a maximum of 5 weeks between tests, for not less than 30 seconds, except as otherwise permitted by 7.9.3.1.1(2).</p> <p>(2)*The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction.</p> <p>(3)Functional testing shall be conducted annually for a minimum of 1 1/2 hours if the emergency lighting system is battery powered.</p> <p>(4)The emergency lighting equipment shall be fully operational for the duration of the tests required by 7.9.3.1.1(1) and (3).</p> <p>(5)Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction.</p> <p>7.10.9.1 Inspection. Exit signs shall be visually inspected for operation of the illumination sources at intervals not to exceed 30 days or shall be periodically monitored in accordance with 7.9.3.1.3.</p> <p>Findings:</p> <p>During record review and interview with staff on 10/18/22, the exit sign inspection and testing records were requested.</p> <p>At 2:40 p.m., the facility failed to provide records indicating the battery backup exit signs were tested annually for 90 minutes. Upon interview, Maintenance Director 1 confirmed the finding and stated they replace the batteries every three years.</p>	K 293	<p>exist and directional signs are displayed as required with continuous illumination served by the emergency lighting system and complete annual battery tests of the exit signs.</p> <p>Corrective Action for Affected Residents:</p> <p>Later on 10/18/2022, the Environmental Services Director (ESD) tested the exit and directional signs with emergency lighting on battery for 1 1/2 hour duration and it was fully operational.</p> <p>Identification of Other Residents Having the Potential to be Affected and Corrective Action:</p> <p>The test was for all exit and directional signs with emergency lighting on battery.</p> <p>Measures or Systemic Changes to Prevent a Recurrence:</p> <p>The ESD created a new emergency lighting battery test log and documented the 10/18/22 test. The ESD provided an inservice on 10/20/22 to all maintenance staff about annual testing. All new maintenance employees will be trained on the test and log as part of their orientation.</p> <p>Monitoring of Performance:</p> <p>The ESD or designee will monitor completion of the annual emergency</p>		

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K 293	Continued From page 5	K 293	lighting battery testing log and report findings to the Quality Assurance and Performance Improvement (QAPI) Committee. The QAPI will monitor the set-forth protocol until substantial compliance is achieved.	10/20/22	
K 918 SS=D	<p>Electrical Systems - Essential Electric Syste CFR(s): NFPA 101</p> <p>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.</p> <p>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</p>	K 918			

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K 918	<p>Continued From page 6</p> <p>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:</p> <p>Surveyor: 40649</p> <p>Based on record review and interview, the facility failed to maintain the generator. This was evidenced by the failure to perform visual inspections on the diesel powered generator. This affected 29 of 29 residents and could result in generator failure in the event of an emergency.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 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 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 8.3.3 A written schedule for routine maintenance and operational testing of the EPSS shall be established.</p> <p>8.3.4 A permanent record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained and readily available.</p> <p>8.3.4.1 The permanent record shall include the following:</p> <p>(1) The date of the maintenance report</p> <p>(2) Identification of the servicing personnel</p> <p>(3) Notation of any unsatisfactory condition and the corrective action taken, including parts replaced</p>	K 918	<p>Sunny View Manor makes every effort to operate in substantial compliance with Federal and State laws and regulations. Nothing in this plan of correction is an admission otherwise.</p> <p>Sunny View Manor is submitting this plan of correction in compliance with its regulatory obligations and does not waive any objections it may have as to the merit or form of any of allegations contained herein. Please note that the facility may contest the merits or form of any of the alleged deficient findings and may take reasonable steps to appeal them.</p> <p>This plan of correction constitutes Sunny View Manor's written credible allegation of compliance for the deficiencies noted.</p> <p>It is the facility's policy and practice that the generator and associated equipment is capable of supplying service within 10 seconds, with maintenance and testing of the generator and transfer switches performed as required with written records maintained and readily available. The generator set is 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.</p>		

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K 918	<p>Continued From page 7</p> <p>8.3.8 A fuel quality test shall be performed at least annually using tests approved by ASTM standards.</p> <p>8.4 Operational Inspection and Testing.</p> <p>8.4.1* EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly.</p> <p>8.4.2.3 Diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours.</p> <p>Findings:</p> <p>During record review and interview with staff on 10/18/22, the emergency generator maintenance records were requested and reviewed.</p> <p>At 1:37 p.m., the facility failed to provide weekly inspection records of the diesel-powered generator for the first two weeks in October of 2022. There were no weekly inspection records provided for review during the week of 10/7/2022 and 10/14/22. Upon interview, Maintenance Director 1 confirmed the finding and stated the inspections were performed but they were not transferred over to the binder where the the maintenance records are stored.</p>	K 918	<p>Corrective Action for Affected Residents:</p> <p>The generator maintenance company was contacted to visually inspect the generator with the Environmental Services Director (ESD) on 10/19/2022.</p> <p>Identification of Other Residents Having the Potential to be Affected and Corrective Action:</p> <p>The generator inspection was for the entire facility.</p> <p>Measures or Systemic Changes to Prevent a Recurrence:</p> <p>The ESD updated the emergency generator maintenance records to better reflect weekly visual inspections. The ESD provided an inservice on 10/20/22 to all maintenance staff about documenting weekly visual inspections. All new maintenance employees will be trained on the documentation as part of their orientation.</p> <p>Monitoring of Performance:</p> <p>The ESD or designee will monitor completion of the weekly documentation and report findings to the Quality Assurance and Performance Improvement (QAPI) Committee. The</p>		

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K 918	Continued From page 8	K 918	QAPI will monitor the set-forth protocol until substantial compliance is achieved.		