PRINTED: 08/06/2021 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED C	
		055906	B. WING _			1	/ <b>03/2021</b>
	ROVIDER OR SUPPLIER	ITAL		16	REET ADDRESS, CITY, STATE, ZIP CODE 553 RINALDI ST RANADA HILLS, CA 91344	1 00	03/2021
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	×	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROPR DEFICIENCY)	BE	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	S	F	000			
	_	ts the findings of the nt of Public Health during an mplaint.					
	Complaint Number:	CA00736158					
	Representing the Ca Health:	alifornia Department of Public					
	Surveyor 39550, He	alth Facilities Evaluator I alth Facilities Evaluator Nurse alth Facilities Evaluator I					
	•	limited to the specific not represent the findings of e facility.					
	Four deficiencies we Complaint Number 0	ere written as a result of CA00736158.					
	Highest Severity and	d Scope: K					
	Jeopardy was called provider's non-comp requirements of part likely to cause seriou death of a resident) Administrator (ADM) and Environmental Swere notified of the fit temperatures in residuater temperatures and shower rooms, imalfunctioning fauce	n, Director of Nursing (DON), Services Supervisor (EVSS), Findings regarding high water dent restroom sinks, low in resident restroom sinks malfunctioning valves, and et fixture.					
		rements not met were:					
<b>ABORATORY</b>	DIRECTOR'S OR PROVIDER	SUPPLIER REPRESENTATIVE'S SIGNATUR	DE .		TITI F		(X6) DATE

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

(X6) DATE

06/24/2021

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.

Facility ID: CA920000088

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
		055906	B. WING			C	
NAME OF P	ROVIDER OR SUPPLIER	033900	B. WING		STREET ADDRESS, CITY, STATE, ZIP CODE	06/	03/2021
RINALDI CONVALESCENT HOSPITAL				6553 RINALDI ST GRANADA HILLS, CA 91344			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 000	a safe operating conditions of the same of	a.m., the ADM provided an action (POA) that included the diactions:  Intify affected resident thower rooms to be out of 20°F).  In resident restrooms and vice daily during water  It assessment, installed acach faucet exceeding for Room 1 mixing valve, and valve in Boiler Room.  In Room 105/107 restroom  Its performed for all residents is were affected by high  It contacts informed of hot ing contents of letter, titled,  Informed of hot water issues  Informed to all staff regarding in hot water issue.  In resident restrooms and valve in Boiler Room.  In Room 105/107 restroom  Its performed for all residents is were affected by high  It contacts informed of hot may contents of letter, titled,  Informed of hot water issues  In resident in Survices (EVS) staff in the facility water temperature in toring. On-going training	F	000			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LE CONSTRUCTION	COMPLETED		
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	ROVIDER OR SUPPLIER	ITAL		STREET ADDRESS, CITY, STATE, ZIP CODE  16553 RINALDI ST  GRANADA HILLS, CA 91344	1 00/03/2021	
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	plan of essential plui (boilers/water heater thermostatic or press fixtures for EVS staff include annual servicinspections, and wed 12. New water tempto include twice daily temperatures by ADI findings to be record section.  13. Quality Assuran Improvement (QAPI) Cause Analysis (RC. Performance Improvement and present any negative monthly, including quality including quality including quality including satisfactory facility's immediate of POA, the Immediate presence of the ADI Regional Consultant Free of Accident Haz CFR(s): 483.25(d) (1) Section 12 (1) Section 13 (1) The reas free of accident has section 13 (1) Section 14 (1) Section 14 (1) Section 15 (1) Section 16 (1) Section 17 (1) Section 17 (1) Section 18 (1) S	inspection and maintenance imbing equipment is and faucet fixtures) and sure valves on hot water if. New log was established to ce, monthly mechanical ekly visual inspections. Derature log was established or readings and verification of it is more in the "comments" in the "comments" in the "comments" in the "comments" in the implementation of the corrective actions within the implementation of the corrective actions within the in Jeopardy was lifted in the in Jeopardy was lifted in the interest in the int	F 68			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		055906	B. WING		c	C 6/ <b>03/2021</b>
	ROVIDER OR SUPPLIER	TAL	•	STREET ADDRESS, CITY, STATE, ZIP CODE  16553 RINALDI ST  GRANADA HILLS, CA 91344	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y 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
F 689	Continued From page	e 3 on, interview, and record	F 68	9		
	review, the facility fail environment for the re as indicated in the fac procedures by failing	led to provide safe esidents, staff, and visitors, cility's policies and to:				
	121 degrees Fahrenh in 12 of 12 resident re 220 to 237) in Station restroom hand sinks 110/112, 114, 117, 11	•				
	(105°F-120°F) in 18 of sinks and three of fou Room 1, Shower Roo	range water temperatures of 22 resident restroom hand ur shower rooms (Shower om 2, and Shower Room 4). eratures in rooms and				
	water temperature log 5/11/2021.	idents and maintain record of gs for 5/10/2021 and device providing a hot-water				
	water with cold water temperatures) in safe of two boiler rooms.	valve (valve that blends hot to ensure constant and safe operating conditions in one				
	temperature in the sh condition.	control water flow and nower) were in good working				
	restroom hand sinks good working condition. 7. Ensure regulating temperature of a room water to the radiator) valve used to control	fixture in one of 22 resident (Room 105/107) was in on. thermostatic (controls on by changing the flow of hot or pressure valves (safety or limit the pressure in a ted monthly and records				
	retained in the facility	<u> </u>				

AND DIAN OF CORRECTION IDENTIFICATION NUMBER			LE CONSTRUCTION	COMPLETED	
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F 689	residents, staff, and viscalding (injury from uncomfortable water)  On 5/15/2021 at 12:5 Jeopardy was called provider's non-compliately to cause serious death of a resident) and Environmental Signature of the fit temperatures in residual shower notified of the fit temperatures in residual shower rooms, night made and shower rooms and shower rooms and shower rooms following summarized.  1. Immediately idented the restroom sinks and sight restroom sight res	ices had the potential for visitors to sustain burns, hot liquid or steam), and temperatures.  3 p.m., an Immediate (IJ-a situation in which the iance with one or more cipation has caused or is injury, harm, impairment or and the facility. The Director of Nursing (DON), ervices Supervisor (EVSS), indings regarding high water lent restroom sinks, low in resident restroom sinks, low in resident restroom sinks inalfunctioning valves, and it fixture.  a.m., the ADM provided an intion (POA) that included the diactions:	F 68	9	

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F 689	"Memo: Hot Water".  7. Residents were in the facility.  8. In-services performs a large of the facility.  9. In-services performs a large of the facility.  9. In-services performs a large of the facility.  9. In-services performs a large of the facility.  10. Complete Environ competencies related maintenance and moschedule with EVS states and the facility.  11. Developed an inplan of essential plunders/water heaters thermostatic or pressifixtures for EVS staff include annual service inspections, and weed service in the facility to the findings to be recorded section.  13. Quality Assurance Improvement (QAPI) Cause Analysis (RCA Performance Improvement any negative monthly, including quality is immediate of POA, the Immediate	informed of hot water issues  formed to all staff regarding to hot water issue.  formed to all staff regarding to hot water issue.  formed to all staff regarding to maintenance issues.  It binder kept in Nursing  formental Services (EVS) staff to facility water temperature entoring. On-going training taff.  It is spection and maintenance hobing equipment to and faucet fixtures) and ture valves on hot water  I New log was established to the, monthly mechanical kly visual inspections.  I we are terminated in the "comments"  The and Performance to and Performance to and Performance to and Performance to and developed to and to any to an	F 68			

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F 689	Continued From pa	ge 6	F 689			
	5/12/2021, the EVS: temperatures by turn fixture in resident replacing a probe ther water. The following a. At 3:26 p.m., in with Room 231, a w 125°F was observed for less than one mithe finding. b. At 3:27 p.m., in temperature reading after having the wat EVSS confirmed the c. At 3:37 p.m., in temperature reading having the water rar confirmed the findin	ning on the hot water faucet stroom hand sinks and mometer through the running were observed: Room 233, shared restroom ater temperature reading of d after having the water ran nute. The EVSS confirmed  Room 226, a water of 124.5°F was observed er ran for two minutes. The finding. Room 221, a water of 135°F was observed after of one minute. The EVSS				
	5/12/2021, at 3:57 ptemperature gauge tank was observed to boiler room. The EV heater storage tank rooms and showers not know which boile parts of the facility. It temperature dial cor located for the boile equipment was old at the boiler had one.	i.m., with the EVSS, a for a water heater storage registering at 142°F in the SS stated that the water serves water to the resident's EVSS stated that he does for and tanks serves which when asked where the fitted or thermostat was res, the EVSS answered, the find that he does not know if for 5/12/2021, at 4:39 p.m., DM stated that 135°F water				

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	ROVIDER OR SUPPLIER	PITAL	16	REET ADDRESS, CITY, STATE, ZIP CODE S553 RINALDI ST RANADA HILLS, CA 91344	1 00/05/2021	
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F 689	too hot and that it could added, he must figure were allocated to will have the plumber vius adjustments as their the temperature.  During an interview with Certified Nursing 5 stated that for maissues with water the seen plumbers in the in some rooms, when	dent restroom hand sink was an burn someone. The ADM are out which water heaters hich rooms and showers, to sit the facility, and make are was a big discrepancy in on 5/14/2021, at 10:17 a.m., and Assistant 5 (CNA 5), CNA any years the facility had amperature and that he had are facility. CNA 5 also stated, en hot water was left running a water would continue to get	F 689			
	with the EVSS, the minimum water tem and showers was 11 temperature was 12 that water checks who proper temperature accidental burning a temperatures.  Upon further investitour with the EVSS measured water terhot water faucet fixt sinks and placing a the running water. Ta. At 12:36 p.m., i with Room 235, a w 127°F was observe for two minutes. The b. At 12:38 p.m., i	on 5/14/2021, at 10:56 a.m., EVSS stated that the required perature for resident rooms 05°F and the maximum water 20°F. The EVSS explained were conducted to ensure as for residents as to prevent and uncomfortable bath gation and during a facility on 5/14/2021, the EVSS explained ure in resident restroom hand probe thermometer through the following were observed: in Room 237, shared restroom water temperature reading of dafter having the water range EVSS confirmed finding. In Room 236, shared restroom water temperature reading of the restroom water temperature reading of				

AND DIAN OF CORRECTION IN IMPER		1 ` ′	PLE CONSTRUCTION  G	COMPLETED		
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F 689	for three minutes. Th c. At 12:42 p.m., in with Room 231, a wa 134.6°F was observe for less than one min finding. d. At 12:44 p.m., in with Room 230, a wa 127.9°F was observe for five minutes. The e. At 12:50 p.m., in temperature reading having the water ran confirmed finding. f. At 12:52 p.m., in with Room 227, a wa 131.7°F was observe for five minutes. The g. At 12:57 p.m., in temperature reading after having the wate EVSS confirmed find h. At 1:01 p.m., in f with Room 224, a wa 135°F was observed for two minutes. The i. At 1:10 p.m., in f temperature reading after having the wate EVSS confirmed find j. At 1:11 p.m., in f temperature reading after having the wate EVSS confirmed find	ed after having the water ran e EVSS confirmed finding. Room 233, shared restroom ter temperature reading of ed after having the water ran ute. The EVSS confirmed  Room 232, shared restroom ter temperature reading of ed after having the water ran EVSS confirmed finding. Room 229, a water of 135°F was observed after for one minute. The EVSS  Room 228, shared restroom ter temperature reading of ed after having the water ran EVSS confirmed finding. Room 226, a water of 134.2°F was observed ran for four minutes. The ing. Room 225, shared restroom ter temperature reading of after having the water ran EVSS confirmed finding. Room 225, shared restroom ter temperature reading of after having the water ran EVSS confirmed finding. Room 222, a water of 139.5°F was observed r ran for one minute. The ing. Room 221, a water of 136.4°F was observed r ran for two minutes. The	F 68	39		
	temperature reading	of 138.7°F was observed r ran for one minute. The				

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F 689	Continued From pa	ge 9	F 68	9		
	with the ADM, when residents or staff wh more than 120°F, th "Depending on the t and "At the minimur During the daily more	emperature, it could burn" n it could be discomfort". nitoring with the EVSS on				
	fixture in resident re placing a probe ther water. The following a. At 10:01 a.m., i temperature reading	ning on the hot water faucet stroom hand sinks and mometer through the running were observed: n Room 229, a water g of 127.6°F was observed				
	EVSS confirmed find b. At 10:06 a.m., i temperature reading after having the wat confirmed finding.	n Room 222, a water g of 142.9°F was observed er ran for one minute. EVSS				
	temperature reading having the water rar confirmed finding. d. At 10:13 a.m., i	n Room 221, a water g of 142°F was observed after n for one minute. The EVSS n Room 220, a water				
	after having the wat minute. During a co- stated, that the wate					
	after having the wat EVSS confirmed fine f. At 2:34 p.m., in with Room 228, a w	Room 223, a water g of 129.6°F was observed er ran for five minutes. The				

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F 689	During a concurrent of 5/15/2021, at 10:16 at temperature gauges serving resident roor observed registering 130°F in the boiler rohe does not know an temperature other the valve. The EVSS adoplumber.  During a concurrent of 5/16/2021, at 3:15 p. temperature control of heater tanks was obsome The EVSS took off the EVSS took off the gistered temperature was possible for the temperature setting, comfortable doing the might cause somethin system.  A review of the "Mair Daily/Weekly Water hot water temperature 139°F for ten of 22 resident reserving Rooms 220 to 228, 2 morning check.	bbservation and interview on a.m., with the EVSS, for two water heater tanks and showers were (measuring) at 140°F and form. The EVSS stated that other way to lower the water an adjusting the mixing ded, he's not a professional observation and interview on m., with the EVSS, a dial for one of the water served in the boiler room. The edial cover and revealed are of 145°F. When asked if it dial to be adjusted to a lower the EVSS stated, he was not at as he was worried he mg to go wrong with the stenance Test Log Temperature Log" indicated the ranging from 125°F to stroom hand sinks (in 131 to 237) on 5/16/2021	F 68		
	During the daily mon 5/17/2021, the EVSS	itoring with the EVSS on measured water			

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F 689	fixture in resident resplacing a probe therm water. The following a. At 3:25 p.m., in fwith Room 236, a wa 124.5°F was observe for four minutes. The b. At 3:30 p.m., in fwith Room 233, a wa 128.5°F was observe for two minutes. The c. At 3:35 p.m., in fwith Room 232, a wa 123.3°F was observe for four minutes. The During the daily monity for four minutes. The During the following a. At 10:54 a.m., in with Room 119, a wa 127.6°F was observe for two minutes. The b. At 10:58 a.m., in temperature reading after having the wate EVSS confirmed findings. d. At 1:45 p.m., in fwith Room 107, hot with Room 1	ing on the hot water faucet troom hand sinks and nometer through the running were observed: Room 234, shared restroom ter temperature reading of a dafter having the water ran EVSS confirmed finding. Room 231, shared restroom ter temperature reading of a dafter having the water ran EVSS confirmed finding. Room 230, shared restroom ter temperature reading of a dafter having the water ran EVSS confirmed finding. Room 230, shared restroom ter temperature reading of a dafter having the water ran EVSS confirmed finding.  Itoring with the EVSS on measured water ing on the hot water faucet troom hand sinks and nometer through the running were observed: Room 118, shared restroom ter temperature reading of a dafter having the water ran EVSS confirmed findings. Room 117, a water of 124.5°F was observed ran for three minutes. The	F 68		

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NAME OF PROVIDER OR SUPPLIER  RINALDI CONVALESCENT HOSPITAL			1	STREET ADDRESS, CITY, STATE, ZIP CODE 6553 RINALDI ST GRANADA HILLS, CA 91344	1 00/	03/2021	
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F 689	faucet fixture was loo be turned on as the h During an interview o with the ADM, the AD restroom hand sinks 5/19/2021 (Rooms 10 114, 117 and 118/119	iew, the EVSS stated, the se, and the hot water cannot andle was "stuck". n 5/20/2021, at 12:12 p.m., M stated, six resident were out of range on 05/107, 109/111, 110/112,	F	689			
	with an effective date daily water temperaturesidents (e.g. bathroincluding: a. Periodic check of "hot water used by real 115°F (or applicable in b. Set thermostats heaters to obtain the	f different rooms to ensure sidents is heating to 105-requirement)." on boilers or hot water required temperature.					
	) document titled, "No Among Adults Aged ? 2001-2006" dated 9/1 indicated that an estil emergency departme 65 years or older for occurred during 2001 8,620 visits per year. annual numbers of El to the arm/hand and	ers for Disease Control (CDC onfatal Scald-Related Burns 265 Years United States, 8/2009, the document mated 51,700 initial visits to nts (EDs) by persons aged nonfatal scald burns to 2006, for an average of The highest estimated D visits were for scald burns eg/foot, and the highest vere for scald burns caused					

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(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 689	document titled, "Sca Resources", dated 8/following:  a. While the proportinjuries in older adults greater than 16 years complications (a mark with a disease]) and result in loss of indep b. It only takes 3 set water to cause a burn surgery  A review of the Ameri document titled, "Sca Educator's Guide" (ur following:  a. Although scald be young children, older disabilities are the modinjuries.  b. Older adults have cause deeper burns with the certain medical condimay not realize water occurred. Because the microcirculation (circ smallest blood vessel burned tissue rather stadults.  c. Individuals who remotional challenges assistance from cares.	can Burn Association (ABA) ald Statistics and Data 13/2018, indicated the stionate rate of scald burn is is comparable to all others old, the risk of ear of morbidity [dealing mortality increases. Scald ears and older frequently endence. Inconds of exposure to 140°F in serious enough to require can Burn Association (ABA) ald Injury Prevention endated), indicated the curns can happen to anyone, adults, and people with lost likely to incur such the ethinner skin so hot liquids with even brief exposure. The exposure is too hot until injury has ey have poor	F	689			

AND DIAM OF CODDECTION		(2) MULTIPLE CONSTRUCTION BUILDING		(X3) DATE SURVEY COMPLETED			
						С	
		055906	B. WING			06/	03/2021
	NAME OF PROVIDER OR SUPPLIER  RINALDI CONVALESCENT HOSPITAL			1	TREET ADDRESS, CITY, STATE, ZIP CODE 6553 RINALDI ST GRANADA HILLS, CA 91344		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 689	especially to the hand may not realize if som in a person's intellect judgment, or awarene ability to recognize a respond appropriately danger.  d. Scald injuries resprolonged treatment, and even death. e. Time and Tempe Severe Burns: i. Water temperatu second for a third degii. Water temperatu seconds for a third degii. Water temperatu seconds for a third degiv. Water temperatu seconds for a third degiv. Water temperatu minute for a third degiv. Water temperatu minutes for a third degii. Water temperatu minutes for a third degiii.	alt in decreased sensation, als and feet, so the person mething is "too hot." Changes a perception, memory, less may hinder the person's dangerous situation or a to remove themselves from sult in considerable pain, possible lifelong scarring, arature Relationship to the first two may present as deep of the	F	689			

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		055906	B. WING		C 06/03/2021		
	NAME OF PROVIDER OR SUPPLIER  RINALDI CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344	, 00.00.2021		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION		
F 689	thickness of the skin tissue. These preser painless (pain may be and second-degree I third-degree burns), may appear charred white, brown, or black.  2. During an interview with Resident 1, Resident 1, Resident 1, Showers in Shower Find water is cold. When staff about the water answered, "Everybook buring an interview of with Resident 2, Resident 2, Resident 4, Resident 2, Resident 4, Resident 3, and stated, the water is conditional control of the condition of the skin time of the skin	rns penetrate the entire and permanently destroy at as loss of skin layers, often e caused by patches of first-burns surrounding and dry, leathery skin. Skin or have patches that appear k.  w on 5/12/2021, at 3 p.m., sident 1 stated, she takes from 4 and "Sometimes the asked if she had told facility being too cold, Resident 1 dry knows".  on 5/12/2021, at 3:05 p.m., ident 2 stated, "The water rouble getting hot sometimes I Nursing Assistant (CNA)  on 5/12/2021, at 3:11 p.m., Resident 4, Resident 4 old in the morning when the n using the water from the Resident 3 added, the staff er issue and explained, to fix it, but they don't do	F 68	9			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		055906	B. WING _				03/2021
	ROVIDER OR SUPPLIER	TAL	1	STREET ADDRESS, CITY, STATE, ZIP CO 16553 RINALDI ST GRANADA HILLS, CA 91344	ODE		
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI) TAG	PROVIDER'S PLAN OF ( (EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO TIVE DEFICIENCY	ON SHOULD BE HE APPROPRIA		(X5) COMPLETION DATE
F 689	water temperature by faucet fixture in the read placing a probe to running water. A water 93.4°F was observed for five minutes. The During a facility tour water the EVSS measured shower rooms by turn the hottest setting and thermometer through following were observed. At 3:30 p.m., in Stemperature reading after having the water concurrent interview, temperature fluctuate of low water temperature flow water temperature reading observed after having minutes. In a concurrent stated, that the water that confirmed the finitemperature.  During an interview of with Certified Nursing stated, some of the rewater being too cold of CNA 1 also stated that minutes after turning showers before the water the day.  During an interview of the day.	atturning on the hot water resident restroom hand sink thermometer through the er temperature reading of after having the water ran EVSS confirmed the finding.  With the EVSS on 5/12/2021, water temperatures in hing the shower handle to diplacing a probe the running water. The wed:  Shower Room 2, a water of 102.5°F was observed or ran for six minutes. In a the EVSS stated, the water is and confirmed the finding ture.  Shower Room 1, a water of 88°F to 93°F was in the EVSS temperature fluctuates and	F	589			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		055906	B. WING			1	03/2021
	ROVIDER OR SUPPLIER	TAL		165	REET ADDRESS, CITY, STATE, ZIP CODE 553 RINALDI ST RANADA HILLS, CA 91344	1 00/	00/2021
(X4) ID PREFIX TAG			ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
F 689	Continued From pag	e 17	F	689			
	Stated, resident restroom hand sink in Rooms 117 and 119 takes time to get warm and that the week prior, Rooms 101 to 105 resident restroom hand sinks were also taking a while to get warm.  During an interview on 5/12/2021, at 4:26 p.m., with Certified Nursing Assistant 3 (CNA 3), CNA 3 stated, residents had complained of water being too cold and that they must wait ten minutes for the water to get warm.  During an interview on 5/14/2021, at 9:56 a.m., with Certified Nursing Assistant 4 (CNA 4), CNA 4 stated, when giving resident showers in Shower Room 2, the water gets cold. CNA 4 added that the issue could be from the remodeling of the showers. CNA 4 added that the facility had fixed Shower Room 4 which was previously not working.						
	with Certified Nursing stated, the water tem Shower Room 2, it go cold, and that he had charge nurse and the During an interview of with the EVSS, the Eminimum water tempand showers was 10 temperature was 120 that water temperature proper tempe prevent accidental but bath temperatures.	on 5/14/2021, at 10:56 a.m., VSS stated that the required erature for resident rooms 5°F and the maximum water 1°F. The EVSS explained re checks were conducted to eratures for residents as to urning and uncomfortable					
	that water temperatu ensure proper tempe prevent accidental bu bath temperatures.	re checks were conducted to ratures for residents as to urning and uncomfortable					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		055906	B. WING		C 06/03/2021		
	NAME OF PROVIDER OR SUPPLIER  RINALDI CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344	1 33/33/2021		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION		
F 689	Temperature Log" w Maintenance Test Lo water temperatures 4/11/2021 to 5/9/202 temperatures stayed 1, and that it had alv EVSS stated that wh required range, he w from the mixing valv previously informed  During an interview with Certified Nursin stated, restroom sink warm water. She sta 118 prefers bed bath warm water from the Upon further investig tour with the EVSS of measured water tem hot water faucet fixtu sinks and placing a place the running water. T a. At 1:16 p.m., in with Room 119, a wa 74.7°F was observe for two minutes. In a EVSS stated, that the increasing. b. At 1:45 p.m., in with Room 107, the fixture was not funct reading of 65.5°F wa cold water. In a cond stated, the faucet fix	og Daily/Weekly Water as reviewed. The og indicated 98°F to 99°F for Shower Room 1 from 1. The EVSS stated, water 1 the same in Shower Room ways been around 99°F. Then temperatures were not in would adjust the water flow 1. The EVSS stated, water 1. Th	F 689				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	LE CONSTRUCTION	1, ,	(X3) DATE SURVEY COMPLETED		
		055906	B. WING			C <b>06/03/2021</b>	
	NAME OF PROVIDER OR SUPPLIER  RINALDI CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344	•		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
F 689	Continued From pag	ge 19	F 68	9			
	5/14/2021, the EVS3 temperatures in sho shower handle to the probe thermometer. The following were a. At 1:04 p.m., in temperature reading 101°F was observed for five minutes. The low water temperature b. At 1:23 p.m., in temperature reading after having the water	wer rooms by turning the e hottest setting and placing a through the running water. observed: Shower Room 2, a water of 104°F and a quick drop to after having the water ran EVSS confirmed finding of re. Shower Room 1, a water of 95.4°F was observed er ran for three minutes. In a , the EVSS stated, that the					
	5/15/2021, the EVS3 temperatures by turn fixture in resident replacing a probe ther water. The following a. At 2:07 p.m., in with Room 230, a w. 97.5°F was observe for four minutes. Ob Out of Service" sign b. At 2:44 p.m., in with Room 110, a w. 87.4°F was observe for four minutes. In a	ning on the hot water faucet stroom hand sinks and mometer through the running					
	5/15/2021, the EVS	nitoring with the EVSS on S measured water wer rooms by turning the					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		055906	B. WING		C 06/03/2021		
NAME OF PROVIDER OR SUPPLIER  RINALDI CONVALESCENT HOSPITAL			10	TREET ADDRESS, CITY, STATE, ZIP CODE 6553 RINALDI ST FRANADA HILLS, CA 91344	•		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION		
F 689	probe thermometer The following were a. At 1:46 p.m., in temperature reading after having the wat concurrent interview water temperature reading after having the wat During a concurrent that the water temperature reading after having the wat During a concurrent that the water temperature reading and the valve in the problem. c. At 2:57 p.m., in temperature reading having the water rar concurrent interview water temperature very with Plumber 2, he is changing the valves low water temperature in 5/18/2021, at 12: "Maintenance Test Let water temperature Log" water temperatures 6/23/2020 to 5/14/26 EVSS oversee the water 1/2020 to 5/1	through the running water. bbserved: Shower Room 2, a water of 84.4°F was observed er ran for two minutes. In a of the EVSS stated that the was stable at 84°F. Shower Room 4, a water of 89 to 90°F was observed er ran for three minutes. interview, the EVSS stated erature was not consistent boiler room was causing the  Shower Room 1, a water of 79°F was observed after of three minutes. In a of three minutes. Of three minutes	F 689				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE A. BUILDING _	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		055906	B. WING		C 06/03/2021	
	NAME OF PROVIDER OR SUPPLIER  RINALDI CONVALESCENT HOSPITAL			TREET ADDRESS, CITY, STATE, ZIP CODE 6553 RINALDI ST GRANADA HILLS, CA 91344	1 00/00/202	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE COMPLETION	
F 689	Continued From pag	e 21	F 689			
	with CNA 7, CNA 7 s resident restroom ha was not working abo order sign was posted.  During an interview of with the DON, the DOD previously mentioned showers during standardility's Department.  During an observation in Shower Room 2, the shower handle to the probe thermometer the water temperature reafter having the water	on 5/19/2021, at 8:52 a.m., ON stated, the EVSS had d water being too cold in the d-up meetings attended by heads including the ADM. on on 5/19/2021, at 9:29 a.m., he EVSS turned on the hottest setting and placed a hrough the running water. A rading of 97°F was observed er ran for five minutes. During w, the EVSS stated that the				
	with the ADM, the AD	on 5/19/2021, at 9:52 a.m., DM stated, the plumbers were the valves in Shower Room				
	a.m., in Room 230, s 232, the EVSS turne fixture in the residen placed a probe thern water. A water tempe	on on 5/19/2021, at 10:36 shared restroom with Room d on the hot water faucet t restroom hand sink and nometer through the running erature reading of 93.6°F was g the water ran for five confirmed finding.				
	Domestic Hot-Water	ifornia Plumbing Code, Distribution Systems for Clinic s, indicated that				

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		055906	B. WING _			C 06/03/2021		
	ROVIDER OR SUPPLIER	ITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344	•	30,30,202		
(X4) ID PREFIX TAG			ID PREFIX TAG	PROVIDER'S PLAN OF COF ( (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE		
F 689	automatically regulat water delivered to plu patients to a range o [C-unit of measure]) maximum. High temp (52°C) shall be provi	valves shall be provided to e the temperature of hot umbing fixtures used by f 105°F (41 degree Celsius minimum to 120°F (49°C) perature alarm set at 125°F	F	589				
	"The Maintenance D maintaining the build in a safe and operab document also indica maintenance person building in compliance and local laws, regul maintain the building hazards, maintaining	epartment is responsible for ing, grounds, and equipment le manner at all times. The ated, "Functions of nel include, maintaining the e with current federal, state, ations, and guidelines, in good repair and free from the heat/cooling system, d wiring in good working routinely scheduled						
	a.m., with the EVSS, he was on vacation, overseeing water ten facility. EVSS stated 5/10/2021 and 5/11/2 checks were not con A review of the "Mair Daily/Weekly Water no water temperatur for resident restroom laundry, and kitchen During a review of the "During a review of the "SSS, he was a supplementation of the "Mair Daily/Weekly Water no water temperatur for resident restroom laundry, and kitchen During a review of the "SSSS, he was a supplementation of the was an accordance of the was a supplementation of the was	w on 5/14/2021, at 10:56 the EVSS stated that while Maintenance 1 (M1) was reperature checks in the that M1 called off work on 2021 and water temperature ducted during those days.  Intenance Test Log Temperature Log" revealed be measurements were noted hand sinks, shower rooms, for 5/10/2021 and 5/11/2021.  The facility's "Maintenance ed on 12/2009, the policy						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		055906	B. WING		C 06/03/2021	
	PROVIDER OR SUPPLIER	ITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344	, 00:00:202	
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION	
F 689	indicated, the Mainteresponsible for main building inspection, waintenance schedulindicated that record Maintenance Directors.  4. During an intervier p.m., with the EVSS plumber was in the fiplumber attempted to from the mixing valvoursuccessful. He standoes not work, and to replacement parts.  During an interview of with the ADM, the AI in the facility on 5/13 him that the hot and properly and that the ADM stated that who water temperature, to temperature or by call the EVSS, the ENA installed regulating restroom hand sinks temperatures. EVSS plumbers did not have the boiler and was sofollowing day.  A review of the facility policy, revised on 12 "The Maintenance Directors and mainte	chance Director is taining records/reports of work order requests, and alles. The document also is shall be maintained in the r's office.  Who on 5/14/2021, at 12:33 the EVSS stated that the facility the day before. The coadjust water temperature in the boiler room but was atted that the mixing valve that the plumber had ordered for 5/14/2021, at 3:15 p.m., and stated, the plumber was alled water were not mixing a valves will be replaced. The content of the facility had issues with the EVSS fixed the sting the water heater	F 68			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  G	COMF	E SURVEY PLETED
		055906	B. WING		ı	C / <b>03/2021</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344	1 00	103/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPF DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
F 689	document also indica maintenance personal building in compliance and local laws, regular maintain the building hazards, maintaining plumbing fixtures, an order, and providing maintenance service.  The Maintenance promonthly check of regular pressure valves on hused by residents incompared as a Repair if valve is b. Take extreme can water pressure and to the service of facility's Its 5/13/2021, indicated ordered mixing valve Monday, 5/17/2021, A review of 2019 Call Domestic Hot -Water Health Facilities and temperature control of automatically regulat water delivered to plu patients to a range or maximum. High temps shall be provided and high temperature ala continuously occupies.	the manner at all times. The sted, "Functions of the include, maintaining the e with current federal, state, ations, and guidelines, in good repair and free from the heat/cooling system, d wiring in good working routinely scheduled to all areas."  Incedures also indicated ulating thermostatic or of water fixtures in rooms cluding: a defective. The total that the company had with a scheduled return for for repair.  Infornia Plumbing Code, to Distribution Systems for Clinics, indicated that valves shall be provided to the temperature of hot sumbing fixtures used by a function.  In 105°F minimum to 120°F the temperature alarm set at 125°F and adolocation.	F 6	89		
	the EVSS, the follow	ns in Shower Room 1 with ing was observed: t 3:50 p.m., a water				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ` ′		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
			A. BOILDI			، ا	c
		055906	B. WING				03/2021
NAME OF P	ROVIDER OR SUPPLIER	•		STF	REET ADDRESS, CITY, STATE, ZIP CODE		
DIMAL DI	CONVAL FOOENT HOOF	OLTA I		165	553 RINALDI ST		
RINALDI	CONVALESCENT HOSF	TIAL		GR	RANADA HILLS, CA 91344		
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 689	observed after having minutes. In a concurstated that the wate confirmed the low with the confirmed the low with the confirmed the low with the concurrent interview water temperature reading having the water remperature reading having the water remperature water temperature water temperature via temperature reading and the concurrent interview water temperature reading after having the water temperature reading after having the water temperature fluctual they're never like the b. On 5/14/2021, attemperature reading 101°F was observed for five minutes. The c. On 5/15/2021, attemperature reading after having the water temperature reading after having the water temperature water temperature water temperature via	g of 88°F to 93°F was ng the water ran for four rrent interview, the EVSS r temperature fluctuates and vater temperature. at 1:23 p.m., a water g of 95.4°F was observed ter ran for three minutes. In a v, the EVSS stated that the vas not increasing. at 2:57 p.m., a water g of 79°F was observed after in for three minutes. In a v, the EVSS stated that the vas not increasing.  s in Shower Room 2 with the vas not increasing.  s in Shower Room 2 with the vas observed: at 3:30 p.m., a water g of 102.5°F was observed er ran for six minutes. In a v, the EVSS stated, the water tes and that "It's taking long, at." at 1:04 p.m., a water g of 104°F and a quick drop to d after having the water ran e EVSS confirmed finding. at 1:46 p.m., a water g of 84.4°F was observed er ran for two minutes. In a v, the EVSS stated that the vas stable at 84°F.  interview and record review s 66 a.m., with the EVSS, Log Daily/Weekly Water	F	689			

	OF DEFICIENCIES  CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	PLE CONSTRUCTION  G	COM	E SURVEY PLETED
		055906	B. WING _		l	C / <b>03/2021</b>
	ROVIDER OR SUPPLIER	TAL		STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344	1 00	700/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 689	4/11/2021 to 5/9/202 temperatures stayed 1, it had always been that when temperatur range, he would adju mixing valve, but the had previously inform During an interview o with Plumber 2, he st changing the valves i low water temperatur neighboring restroom and cold water mixing During an interview o with the ADM, the AD working on changing 2.  A review of the facility policy, revised on 12/ "The Maintenance Demaintaining the buildi in a safe and operabl document also indica maintenance personr building in compliance and local laws, regula maintain the building hazards, maintaining plumbing fixtures, and order, and providing maintenance service  A review of the 2019	or Shower Room 1 from 1. The EVSS stated, water the same in Shower Room around 99°F. EVSS stated res were not in required st the water flow from the valve was not working, and red the ADM.  In 5/18/2021, at 11:06 a.m., ated that they were In Shower Room 1 and that res to the shower room and In hand sinks were due to hot right in the pipes.  In 5/19/2021, at 9:52 a.m., In M stated, the plumbers were the valves in Shower Room  It is "Maintenance Service" 2009, the policy indicated, repartment is responsible for ing, grounds, and equipment re manner at all times. The ted, "Functions of inel include, maintaining the re with current federal, state, ations, and guidelines, in good repair and free from the heat/cooling system, d wiring in good working routinely scheduled to all areas."  International Plumbing code	F6	89		
		ual shower and tub-shower hall be balanced-pressure,				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		l ` '	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		055906	B. WING				03/2021
	ROVIDER OR SUPPLIER	L		STREET ADDRESS, CITY, STATE, ZIP CODE  16553 RINALDI ST  GRANADA HILLS, CA 91344		1 00/	03/2021
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 689	be installed at the poi tub-shower combinat equipped with a mean	ination ermostatic valves and shall nt of use. Shower and on valves shall be ns to limit the maximum 120°F (49°C), which shall ecordance with the	F	689			
	with the EVSS on 5/1 Room 105, shared re EVSS attempted to to handle in the resident EVSS stated, the fauthe hot faucet handle  During an interview o with Resident 6, Resi	n 5/18/2021, at 1:30 p.m., dent 6 stated, the restroom 05 started having problems					
	with Certified Nurse A stated, the hot faucet	n 5/18/2021, at 3:44 p.m., assistant 7 (CNA 7), CNA 7 fixture in resident restroom 7 had not been working for					
	policy, revised on 12/ "The Maintenance Demaintaining the buildi in a safe and operabl document also indica	r's "Maintenance Service" 2009, the policy indicated, epartment is responsible for ng, grounds, and equipment e manner at all times. The ted, "Functions of nel include, maintaining the					

I ' '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		055906	B. WING _				C <b>03/2021</b>
	ROVIDER OR SUPPLIER	ΓAL	STREET ADDRESS, CITY, STATE, ZIP CODE  16553 RINALDI ST  GRANADA HILLS, CA 91344				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPE DEFICIENCY)			(X5) COMPLETION DATE	
F 689 F 812 SS=F	and local laws, regular maintain the building hazards, maintaining plumbing fixtures, and order, and providing maintenance service  7. During an interview p.m., with the ADM, the were no records of maintenance service of that there were also receks of thermostatificality's policies and further stated that the being conducted, and after consulting with the service policy, revise indicated, the Mainten responsible for maintabuilding inspection, waintenance schedul indicated that records Maintenance Director of the facility with an effective date monthly check of regular pressure valves on housed by residents income a. Repair if valve is b. Take extreme call water pressure and termosticism.	e with current federal, state, ations, and guidelines, in good repair and free from the heat/cooling system, d wiring in good working routinely scheduled to all areas."  If on 5/18/2021, at 12:13 the ADM stated that there are aintenance schedule or boiler room equipment, and to records of monthly cor pressure valves per procedures. The ADM see inspections were not at that he will create a plan the plumber  If facility's "Maintenance and on 12/2009, the policy than the plumber or shall be maintained in the seed on 12/2009, the policy than the document also as shall be maintained in the seed of 4/2018, indicated allating thermostatic or of water fixtures in rooms luding: defective.  The procedures of the procedures of the policy of the		812			
F 812	building in compliance and local laws, regular maintain the building hazards, maintaining plumbing fixtures, and order, and providing maintenance service  7. During an interview p.m., with the ADM, the were no records for that there were also rechecks of thermostatifacility's policies and further stated that the being conducted, and after consulting with the service" policy, revise indicated, the Mainten responsible for maintabuilding inspection, waintenance schedul indicated that records Maintenance Director  A review of the facility with an effective date monthly check of reguressure valves on housed by residents income, a. Repair if valve is b. Take extreme ca water pressure and te Food Procurement, St	e with current federal, state, ations, and guidelines, in good repair and free from the heat/cooling system, d wiring in good working routinely scheduled to all areas."  If on 5/18/2021, at 12:13 the ADM stated that there are aintenance schedule or boiler room equipment, and to records of monthly cor pressure valves per procedures. The ADM see inspections were not at that he will create a plan the plumber  If facility's "Maintenance and on 12/2009, the policy than the plumber or shall be maintained in the seed on 12/2009, the policy than the document also as shall be maintained in the seed of 4/2018, indicated allating thermostatic or of water fixtures in rooms luding: defective.  The procedures of the procedures of the policy of the					

PRINTED: 08/06/2021 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED	
		055906	B. WING			1	
NAME OF PE	ROVIDER OR SUPPLIER	055306	B. WING		STREET ADDRESS, CITY, STATE, ZIP CODE	06/	03/2021
					6553 RINALDI ST		
RINALDI	CONVALESCENT HOSPI	TAL		(	GRANADA HILLS, CA 91344		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 812	2 Continued From page 29  §483.60(i) Food safety requirements. The facility must -		F	812			
	= ''						
	safety food below 41 [F-unit of measure]) o	e/temperature control for degrees Fahrenheit (°F or above 135°F. etary staff (Dietary Aide 2)					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		055906	B. WING		06/03/2021
	ROVIDER OR SUPPLIER	PITAL		STREET ADDRESS, CITY, STATE, ZIP CODE  16553 RINALDI ST  GRANADA HILLS, CA 91344	1 00/00/2021
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE COMPLETION
F 812	cantaloupe) separate 5. One of seven dependent of the seven deficient practices of the seven dependent of the seve	ady-to-eat foods (cut te from raw chicken. ietary staff (DSS) failed to of washed and sanitized res. ietary staff (Dietary Aide 4) zing solution (chemical stroy microorganisms) away on area. ietary staff (Dietary Service o ensure walls, floors, and ned clean and in good  ietary staff (Dietary Service o monitor labeling of "use by" d in walk-in refrigeration unit. ietary staff (Dietary Service o ensure food storage and were maintained clean. ietary staff (Dietary Service o ensure food containers were on name of the food. ietary staff (Dietary Aide 5) welry wore while preparing  ctices had the potential to llness (illness caused by the inated food or beverages) and spreading infection for 81 out	F 81		

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING		(X3) DATE SURVEY COMPLETED	
		055906	B. WING				03/2021
	ROVIDER OR SUPPLIER	L		1	TREET ADDRESS, CITY, STATE, ZIP CODE 6553 RINALDI ST GRANADA HILLS, CA 91344	1 00/	03/2021
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTIO PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROPI DEFICIENCY)			(X5) COMPLETION DATE
F 812	submerged. DA 1 sta frozen chicken and exprocess for thawing, was meats one day be cooler or under running same day.  During an interview of with the Dietary Service DSS stated, the facility includes boiling, microrunning water. DSS at under running water where the depth of the was a review of the facility. Preparation and Servindicated that "food in shall prepare and servindicated that "food in shall prepare and servindicated that "food in a. Thawing in the recontainer;  b. Submerging the (70°F);  c. Thawing in a microoking and serving in d. Thawing as a particular process.  2. During a concurrer on 5/12/2021, at 11:3 cooked meat in a particular that the stove. DA 1 stated the stove. DA 1 stated the	tub and were not fully ted that she was thawing explained the facility's which was to thaw frozen efore inside the walk in any water to be used the sty's process for thawing owaving, or thawing under edded, frozen foods thawing were stored in a container, water was irrelevant.  It's policy titled "Food ice", revised on 10/2017 utrition services employees we food in a manner that od handling practices." The ted procedures for thawing clude: efrigerator in a drip-proof item in cold running water	F	812			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			IPLE CONSTRUCTION	C	(X3) DATE SURVEY COMPLETED		
		055906	B. WING _			C <b>06/03/2021</b>	
	ROVIDER OR SUPPLIER	TAL		STREET ADDRESS, CITY, STATE 16553 RINALDI ST GRANADA HILLS, CA 9134		33/33/2321	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	( (EACH CORRECTIV CROSS-REFERENCE	AN OF CORRECTION /E ACTION SHOULD BE D TO THE APPROPRIATI ICIENCY)	(X5) COMPLETION DATE	
F 812	Continued From page	e 32	F 8	12			
	the DSS stated that e	on 5/12/2021, at 11:42 a.m., employee foods were not d on the stove with resident					
	During a concurrent observation and interview on 5/12/2021, at 1:52 p.m., with the DSS, observed bags of bread inside a rice cooker next to the stove in the kitchen. The DSS stated that both bags of bread and rice cooker were his. DSS explained that he tries to separate employee personal items, but employees do not have a designated area to store them.						
	5/12/2021, at 1:56 p. an employee bag and next to canned foods belongings should no	bbservation and interview on m., with the DSS, observed d a hat hanging on a shelf . The DSS stated, employee of be stored next to resident oved the hat and the bag.					
	the DSS stated that t policy on storage of e	on 5/12/2021, at 11:11 a.m., he facility does not have a employee personal items and tice was to leave them in the					
	or other suitable facil orderly storage of em	Code indicated that lockers ities shall be provided for the aployees' clothing and other er indicated that "Street I belongings can bed equipment, and					
		nt observation and interview 9 a.m., with DA 1, observed					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIP	LE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED		
		055906	B. WING			C 06/03/2021
	ROVIDER OR SUPPLIER	TAL		STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344	- '	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 812	shelf above the stove no labels or time man shelf. DA 1 confirmed measured the temper inserting a probe the temperature of 85°F. the cook for the kitch bacon were cooked stored on the shelf foleft over bacon were for more and were us 1 stated, she would of the DSS stated that the supposed to be kept discarded.  A review of the facility Temperatures policy indicated that "all hot to appropriate internations are at a temperation foods items may not cooking, unless it is a cooled to 41°F and reprior to serving. The food preparation and holding foods in the to (41°F to 140°F).  During a review of the Preparation and Serve policy indicated that the temperature range the pathogenic microorge.	on wrapped in foil stored on a in the kitchen. There were kings on the foil or on the difference of the observation and rature of cooked bacon by remometer and revealed a DA 1 stated that she was en and that the strips of semi-soft and had been or two hours. DA 1 explained, kept in case residents ask sually kept for four hours. DA	F 81			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		055906	B. WING		C 06/03/2021	
	ROVIDER OR SUPPLIER	ITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344	1 00/00/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPROFICIENCY)	D BE COMPLETION	
F 812	on 5/12/2021, at 11:5 (DA 2), partially peels on a cutting board or drain board. Frozen thawing in the food pshe was preparing the cantaloupe should not raw meats.  During an interview of the DSS stated that a preparing fruits were than 30 minutes and preparation. The DSS fruits should not be preparation of raw for the DSS explained to preparation of raw for the DSS explained to preparation and Sempolicy indicated that employees shall preparation and Sempolicy indicated that employees shall preparations. The docu "potentially hazardoumeats which might of the food preparation specified areas using prevent cross contains."  5. During a concurre on 5/12/2021, at 12:10 observed three spood on trays in a cart insistated, for the first specond spoon, food	nt observation and interview 50 a.m., with Dietary Aide 2 ed cantaloupe was observed a food preparation sink bags of raw chicken were reparation sink. DA 2 stated, we cantaloupe and that cut of the prepared near thawing on 5/14/2021, at 11:11 a.m., the facility's process when to cut and prepare no longer to date and label after also stated that the cut prepared next to thawing a for cross contamination. The will ensure separate ods from ready-to-eat foods.  To food nutrition services of a service of the food handling ment also indicated that as foods (PHF), including raw ontaminate other foods or area, will be prepared in gappropriate measured to	F 81:			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		055906	B. WING			C 06/03/2021		
	ROVIDER OR SUPPLIER	I		STREET ADDRESS, CITY, STATE, ZIP CODE  16553 RINALDI ST  GRANADA HILLS, CA 91344			03/2021	
(X4) ID PREFIX TAG			ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
F 812	had dried up.  During a concurrent of 5/12/2021, at 2:08 p. 3), observed blue bor back wall at the end area. DA 3 stated that clean. DA 3 inspecter slime and/or food rest at least ten bowls. The inspected the bowls of dish washing board to the DSS stated that the cleaning and sanitizing and dishes and sanitizing and the utens conduct a proper the stated that he will enswill monitor daily.  A review of the facility revised on 10/2008, in counters, shelves and clean, maintained in from breaks, corrosic chipped areas that me cleaning and that a surfaces and utensits or completely loosen mechanical means in hot water and/or cheil	observation and interview, on m., with Dietary Aide 3 (DA was stored on shelves on the of the kitchen's dish washing it the bowls were stored as did the bowls and revealed idue inside and/or outside of the DSS was informed, he and returned them to the obe washed.  In 5/14/2021, at 11:11 a.m., the facility's process on the gwere to wash the utensils are through the dish lishwasher's responsibility to and dishes and air dry. The the dishwasher must have sails and bowls and did not through check. The DSS also source proper cleanliness and was proper cleanliness and any affect their use or proper I equipment, food contact a shall be washed to remove soils by using manual or eccessary and sanitized using mical sanitizing solutions."	F	312				
		y's policy titled "Preventing food Handling", revised on						

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	PLE CONSTRUCTION  G	(X3) DATE SURVEY COMPLETED	
		055906	B. WING		C 06/03/2021	
	ROVIDER OR SUPPLIER	PITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344	00/03/2021	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLETIC	
F 812	prepared, handled, foodborne illness is also indicated that is contaminated equip implicated in foodborne.  6. During an observe 5/12/2021, at 1:13 properties of the properti	and served so that the risk for minimized. The document the facility recognizes of ment as one of critical factors orne illness.  Tation of the kitchen on one, with DA 1, observed 4) moving the sanitizing a preparation sink drain board or chicken.  To be a preparation and interview on one, DA 1 removed the of the food preparation sink ted, it was not supposed to be on the food indicated that materials (substances that are destion including cleaners and stored so they cannot equipment, utensils, and linens in food poisonous and toxic food or adjacent to food could clion of food from spillage.  To be a preparation of the kitchen on a.m., observed deteriorated preparation sink, missing small holes under the	F 81	2		
	the DSS confirmed	deteriorated wall under the hk, missing base cove tiles				

` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:				(X3) DATE COMP	SURVEY LETED
		055906	B. WING			06/	03/2021
	ROVIDER OR SUPPLIER	TAL	- <b>I</b>	10	TREET ADDRESS, CITY, STATE, ZIP CODE 6553 RINALDI ST GRANADA HILLS, CA 91344	1 00/1	03/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 812	washing sink. The DS not noticed the deteri preparation sink beformation sink beformation and stated that cleaning and the wall buring a concurrent of 5/12/2021, at 1:55 p.i grease and debris ac platform under food pstove in the kitchen. and stated that the colleaning the area.  During a concurrent of 5/12/2021, at 1:55 p.i grease and debris ac platform under food pstove in the kitchen. and stated that the colleaning the area.  During a concurrent of 5/12/2021, at 1:55 p.i dusty wall inside a store The DSS stated that disposable cups and accumulation on the store During a concurrent of 5/12/2021, at 2:02 p.i deteriorated wall and wall under and aroun in the kitchen. The DS assigned to clean the not aware of the issue During an interview of DA 3 stated that part	the two-compartment dish as also stated that he had orated wall under the food re.  Observation and interview on m., with DA 1, observed floor occumulation, ceiling with did wooden wall with mold like ditchen's walk-in refrigeration the floor and ceiling needed may need to be changed.  Observation and interview on m., with the DSS, observed cumulation on the floor oreparation tables next to the The DSS confirmed findings poks were responsible for observation and interview on m., with the DSS, observed orage room in the kitchen. The room was used to store utensils and confirmed dust wall.  Observation and interview on m., with the DSS, observed debris accumulation on the did the dish washing machine SS stated, kitchen staff were edish washing area and was	F	812			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE SURVEY COMPLETED		
		055906	B. WING _	· · · · · · · · · · · · · · · · · · ·	_	C 06/03/2021	
	ROVIDER OR SUPPLIER	TAL		STREET ADDRESS, CITY, STATE, ZIP CODE  16553 RINALDI ST  GRANADA HILLS, CA 91344		, 33.33.22	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	( (EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CCTIVE ACTION SHOULD B NCED TO THE APPROPRIA DEFICIENCY)	DATE.	
F 812	DA 3 explained that a machine were hard to that he had clean the reirrigation unit but he with encrusted debris.  During an interview of DA 1 stated that part for residents and clear also stated that she of platform next to the control of the Environment (EVSS), the EVSS states and states are indicated that he kitchen structure to eceiling were in good responsibility of the Environment (EVSS), the EVSS stated that he kitchen starting from the DSS stated that he kitchen starting from the post of the facility revised on 10/2008, food service area shad and sanitary manner indicated that "All kitchen starting areas shall be and rubbish and protifies and other insect."	walls around the dish or reach. DA 3 also stated a floors inside the walk-in ad also seen floor corners is.  on 5/12/2021, at 2:42 p.m., of her job duties was to cook an the cooking area. DA 1 does not know when the oven was last cleaned.  on 5/14/2021, at 10:56 a.m., tal Services Supervisor rated that inspection of the ensure floor, walls, and condition was the DSS and that the DSS will let is something to be repaired.  on 5/14/2021, at 11:11 a.m., he conducts daily rounds in form the beginning of his shift is explained that ensuring structure (including floors, as the responsibility of the conducts daily rounds in the beginning of his shift is explained that ensuring structure (including floors, as the responsibility of the conducts daily rounds in the policy indicated that the last the policy indicated that the last the council of the conducts and the policy indicated that the last the policy indicated that the last the council of the conducts and last the last the policy indicated that the last the last the policy indicated that the last the last the last the policy indicated that the last	F	112			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		L IDENTIFICATION NUMBER:		LE CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		055906	B. WING			C 06/03/2021	
	ROVIDER OR SUPPLIER	TAL		STREET ADDRESS, CITY, STATE, ZIP CO 16553 RINALDI ST GRANADA HILLS, CA 91344		3073072021	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	ON SHOULD BE IE APPROPRIATE	(X5) COMPLETION DATE	
F 812	designated staff, will areas at all times." The that dishware and nate designated "dry stora"  8. During a concurrer on 5/12/2021, at 1:20 packages of apple juit the walk-in refrigeration have a "used by" date opened apple juice do "used by" or "opened apple juice indicated, when used within 14 DA 1 stated that the uan "opened date" on days "use by" date. It delivery was received apple juice was thaw 1 confirmed no date of box of thawed apple.  During a review of the Receiving and Storage indicated that foods sin a manner that compractices. The documfoods stored in the recovered, labeled, and During a review of the "Refrigerators and From the policy indicated the appropriately dated to expiration dates. "Re	food services, or other maintain clean food storage ne document also indicated pkins will be stored in a ge" unit that are kept clean.  In observation and interview of p.m., with DA 1, observed ce stored on a tray inside on unit. The tray did not be label and the box of id not have a "received by", date" label. The box of "Keep Frozen" and "Best days of thawing initiation." usual practice was to write the box to indicate the 14 DA 1 explained, the last food if on 5/6/2021 and that the led "maybe a week" ago. DA was written on the tray or the inice.  The facility's policy titled "Food ge", revised on 7/2014, shall be received and stored plies with safe food handling ment also indicated that all frigerator or freezer will be it dated with "use by" date.  The facility's policy titled eezers", revised on 12/2014, and all foods shall be on ensure proper rotation by decived" dates (dates of ed on cases an on individual	F 81	2			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED C		
		055906	B. WING		06/03/2021	
	ROVIDER OR SUPPLIER	PITAL	,	STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344	, 33.35.25.	
(X4) ID PREFIX TAG	(EACH DEFICIEN	STATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
F 812	9. During a concurred on 5/12/2021, at 1:2 mold like formation plastic shelf, and ruinside the kitchen's confirmed the findin needed cleaning.  During a concurrent 5/12/2021, at 1:29 pa wooden board attaunder a food prepar Observed gaps between the platform wit wood used to level of the DSS confirmed both wooden board the platform even bein the facility.  During a concurrent 5/12/2021, at 1:45 padebris accumulation kitchen's preparatio top of food contained area will be cleaned.	ent observation and interview 20 p.m., with DA 1, observed on plastic shelves, cracked st formation on metal shelves walk-in refrigeration unit. DA 1 gs and stated, the shelves  observation and interview on observation and interview on observation and interview on observation and interview on observation table in the kitchen. We ent the wooden board and the additional two blocks of the food preparation table. In findings and stated that the and blocks were attached to be fore he had started working  observation and interview on one of the observed debris on or of the DSS stated that the	F 812			
	him of the issues in and that he had pur replace rusty shelve.  A review of the facili revised on 10/2008, service area shall be sanitary manner. The "All utensils, counter shall be kept clean,	SS stated that DA 1 informed the walk-in refrigeration unit chased new shelves to es.  Ity's policy titled "Sanitization", indicated that the food a maintained in a clean and lee document also indicated, ers, shelves and equipment maintained in good repair and reaks, corrosions, open				

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ` '	LE CONSTRUCTION	COMPLETED		
		055906	B. WING		C 06/03/2021	
	NAME OF PROVIDER OR SUPPLIER  RINALDI CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE  16553 RINALDI ST  GRANADA HILLS, CA 91344	00/03/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROFIDEFICIENCY)	D BE COMPLETION	
F 812	their use or proper cl	hipped areas that may affect eaning." ent observation and interview	F 81	2		
	without indicating na kitchen. The DSS sta thickener and the ba	nite powder dated 5/5/2021 me stored on a shelf in the ated, the bag was storing g should have a name label.				
	except for containers readily and unmistak pasta, working conta ingredients that are r	Proof and Drug Food Code indicated that sholding food that can be ably recognized such as dry iners holding food or food emoved from their original entified with the common				
	observed Dietary Aid colored and a gold co preparing open beve	on 5/18/2021, at 11:45 a.m., e 5 (DA 5) wearing a red				
	"Preventing Foodbor Hygiene and Sanitar 10/2017, the policy in nutrition services em appropriate hygiene prevent the spread o document also indicato to a minimum and ha	and sanitary procedures to f foodborne illness. The ated that jewelry shall be kept and jewelry (rings) will be oves during food handling.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING			(X3) DATE COMP	SURVEY LETED
		055906	B. WING				03/2021
	ROVIDER OR SUPPLIER	L	<u> </u>	10	TREET ADDRESS, CITY, STATE, ZIP CODE 6553 RINALDI ST GRANADA HILLS, CA 91344	1 00/	03/2021
(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 BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 812	indicated that "the we earrings or badge but	rsonal Hygiene" (undated), earing of jewelry, dangling tons is prohibited."	F	812			
F 908 SS=K	Essential Equipment, CFR(s): 483.90(d)(2)  §483.90(d)(2) Mainta and patient care equi condition. This REQUIREMENT by: Based on observatio review, the facility fail device providing a hoshower room, and resequipment were in go provides safe environ and visitors, as indicated and procedures by father than the facility fail device providing a hoshower room, and resequipment were in go provides safe environ and visitors, as indicated and procedures by father than the facility constant and safe tentoperating conditions in the facility and the facility system) were inspect retained in the facility and the facility system were inspect retained in the facility and facility are resident research than the facility and facility are resident research than the facility and facility are facility and facility are facility and facility are facility and facility are facility and facility and facility are facility and facility are facility and facility are facility and facility and facility are facility and facility and facility are facility and facility and facility are facility and facility and facility and facility are facility and f	in all mechanical, electrical, pment in safe operating  is not met as evidenced  in, interview, and record ed to ensure the boiler (a t-water supply) room, sident room plumbing od working condition that ment for the residents, staff, ated in the facility's policies illing to:  com mixing valve (valve that cold water to ensure inperatures) in safe in one of two boiler rooms. In the the facility of the flow of hot or pressure valves (safety or limit the pressure in a ed monthly and records  er temperatures of less than leit (°F [F-unit of measure]) estroom hand sinks (Rooms 2 and six of ten resident (Rooms 105/107, 109/111, 8/119) in Station 1.  ur shower room valves were	F	908			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		055906	B. WING		C 06/03/2021	
	ROVIDER OR SUPPLIER	PITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344	1 33/33/2021	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE COMPLETION	
F 908	restroom hand sinks rooms (Shower Room 4). 6. Ensure hot fauce restroom hand sinks good working condit 7. Check water ter showers used by reswater temperature left 5/11/2021.  These deficient prace residents, staff, and scalding (injury from and uncomfortable was called provider's non-comprequirements of part likely to cause serious death of a resident).	ed range of water F-120°F) in 18 of 22 resident and three of four shower m 1, Shower Room 2, and eet fixture in one of 22 resident a (Room 105/107) was in ion. Imperatures in rooms and sidents and maintain record of logs for 5/10/2021 and etices had the potential for visitors to sustain burns, very hot liquid or steam), vater temperatures.  53 p.m., an Immediate I (IJ-a situation in which the eliance with one or more icipation has caused or is us injury, harm, impairment or	F 908	3		
	and Environmental S were notified of the fitemperatures in resistant shower rooms, malfunctioning fauce On 5/19/2021 at 9:1 acceptable plan of a following summarized.  Immediately ide	Services Supervisor (EVSS), findings regarding high water dent restroom sinks, low in resident restroom sinks malfunctioning valves, and et fixture.  1 a.m., the ADM provided an ction (POA) that included the ed actions:				

AND DIAN OF CORRECTION IDENTIFICATION NUMBER		1 ' '	PLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		055906	B. WING		C 06/03/2021
	ROVIDER OR SUPPLIER	TAL		STREET ADDRESS, CITY, STATE, ZIP CODE  16553 RINALDI ST  GRANADA HILLS, CA 91344	1 00/03/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROFICIENCY)	D BE COMPLETION
F 908	monitoring of signs to temperature checks.  3. Plumber made so local mixing valves at 120°F, replace Show replace main mixing 4. Replaced faucet sink.  5. Skin assessment to ensure no resident water temperatures.  6. Resident's primary water issues by sharing "Memo: Hot Water".  7. Residents were in the facility.  8. In-services performediate reporting of Maintenance request Station 1 and 2.  10. Complete Environ competencies related maintenance and moschedule with EVS staff. Developed an in plan of essential plun (boilers/water heaters thermostatic or press fixtures for EVS staff. include annual service inspections, and ween 12. New water temp to include twice daily	in resident restrooms and vice daily during water  ite assessment, installed the each faucet exceeding er Room 1 mixing valve, and valve in Boiler Room.  in Room 105/107 restroom  Its performed for all residents its were affected by high error and contents of letter, titled, informed of hot water issues formed to all staff regarding of maintenance issues.  In mental Services (EVS) staff it to facility water temperature initoring. On-going training the factor and maintenance is and faucet fixtures) and sure valves on hot water.  New log was established to be, monthly mechanical kly visual inspections.  erature log was established readings and verification of M or designee. Negative	F 90		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		055906	B. WING		C 06/03/2021	
NAME OF PROVIDER OR SUPPLIER RINALDI CONVALESCENT HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE  16553 RINALDI ST  GRANADA HILLS, CA 91344	1 06/03/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	O BE COMPLETION	
F 908	Cause Analysis (RCA Performance Improve present any negative monthly, including querical On 5/20/2021 at 5:24 verifying satisfactory facility's immediate or POA, the Immediate presence of the ADM Regional Consultant.  Findings:  1. During a facility too Services Supervisor EVSS measured wat on the hot water fauce restroom hand sinks thermometer through following were observation. At 3:26 p.m., in I with Room 231, a wat 125°F was observed for less than one minfinding.  b. At 3:27 p.m., in I temperature reading after having the water confirmed the finding c. At 3:37 p.m., in I temperature reading having the water ran confirmed the finding d. At 3:39 p.m., in I with Room 119, a water	ce and Performance committee performed Root A) and developed ement Plan (PIP). ADM to findings to QAPI Committee earterly QAPI meetings.  4 p.m., while onsite and after implementation of the orrective actions within the Jeopardy was lifted in the I, DON, EVSS and facility's  Lur with the Environmental (EVSS) on 5/12/2021, the er temperatures by turning set fixture in resident and placing a probe the running water. The ved: Room 233, shared restroom ter temperature reading of after having the water ran ute. EVSS confirmed the  Room 226, a water of 124.5°F was observed r ran for two minutes. EVSS . Room 221, a water of 135°F was observed after for one minute. EVSS	F 903			

AND DIAN OF CORRECTION IDENTIFICATION NUMBER:		, ,	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		055906	B. WING		C 06/03/2021	
NAME OF PROVIDER OR SUPPLIER  RINALDI CONVALESCENT HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE  16553 RINALDI ST  GRANADA HILLS, CA 91344	00/03/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	O BE COMPLETION	
F 908	stated, the hot water slowly going up."  During a facility tour Services Supervisor EVSS measured wat shower rooms by tur the hottest setting and thermometer through following were observed a. At 3:30 p.m., in temperature reading after having it ran for interview, the EVSS temperature fluctuate water temperature. There are two boilers water for the residen rooms.  b. At 3:50 p.m., in temperature reading observed after having concurrent interview, water temperature fluctuate water temperature fluctuated water f	with the Environmental (EVSS) on 5/12/2021, the ter temperatures in the ming the shower handle to ad placing a probe on the running water. The eved:  Shower Room 2, a water of 102.5°F was observed is six minutes. In a concurrent estated, the water es and confirmed the low the EVSS explained that designated to provide hot to rooms and the shower  Shower Room 1, a water of 88°F to 93°F was go it ran for four minutes. In a the EVSS stated, that the actuates and confirmed the re.	F 90	8		
	in resident rooms an also stated that a 13 resident restroom ha it can burn someone figure out which water which rooms and should be facility the following and should be facility the following and should be	be in between 105°F to 115°F d in the showers. The ADM 5°F water temperature in a and sink was too hot and that and the ADM added, he must be rheaters were allocated to bowers, have the plumber visiting day, and have the attents as there was a big atter temperatures.				

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		1 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		055906	B. WING		C 06/03/2021	
	ROVIDER OR SUPPLIER	ITAL		STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344	1 00/00/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
F 908	Continued From pag	e 47	F 90	В		
	with the EVSS, the E was in the facility the attempted to adjust with mixing valve in the bunsuccessful. He stadoes not work, and to replacement parts.  During an interview of with the ADM, the AD in the facility on 5/13 him that the hot and	on 5/14/2021, at 12:33 p.m., EVSS stated that the plumber eday before. The plumber water temperature from the oiler room but was sted that the mixing valve that the plumber had ordered on 5/14/2021, at 3:15 p.m., DM stated, the plumber was /2021 and had explained to cold water were not mixing evalves needed to be				
	with the EVSS, the E had installed regulation restroom hand sinks temperatures. EVSS plumbers did not have	on 5/17/2021, at 2:55 p.m., EVSS stated, the plumbers ing valves in resident affected by hot water stated that however, the we the replacement valve for cheduled to return the				
	policy, revised on 12 "The Maintenance D maintaining the build in a safe and operab document also indica maintenance person building in compliand and local laws, regul maintain the building hazards, maintaining	nel include, maintaining the ce with current federal, state, ations, and guidelines, in good repair and free from the heat/cooling system, id wiring in good working				

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` ′	LE CONSTRUCTION		ATE SURVEY OMPLETED
		055906	B. WING			C <b>06/03/2021</b>
	ROVIDER OR SUPPLIER	ITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344		1 00/03/2021	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL : LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 908	monthly check of rec pressure valves on h used by residents in a. Repair if valve i b. Take extreme of water pressure and A review of facility's 5/13/2021, indicated ordered mixing valve Monday, 5/17/2021, A review of 2019 Ca Domestic Hot-Water Health Facilities and temperature control automatically regula water delivered to pl patients to a range of maximum. High tem shall be provided an high temperature also continuously occupied. 2. During an intervied p.m., with the ADM, were no records of reinspection records of that there were also checks of thermostal facility's policies and further stated that the being conducted, an after consulting with	ce to all areas."  cocedures also indicated gulating thermostatic or not water fixtures in rooms cluding: sidefective.  caution to ensure that hot temperature remain constant.  Maintenance Invoice dated that the company had ewith a scheduled return for for repair.  Ilifornia Plumbing Code, Distribution Systems for Clinics, indicated that valves shall be provided to the temperature of hot the temperature of hot the temperature alarm set at 125°F distribution and device for the farm shall annunciate at a fed location.  When on 5/18/2021, at 12:13 the ADM stated that there maintenance schedule or or boiler room equipment, and no records of monthly tic or pressure valves per larocedures. The ADM ese inspections were not did that he will create a plan the plumber	F 90	8		
	During a review of the	ne facility's "Maintenance				

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		055906	B. WING		C 06/03/2021
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE  16553 RINALDI ST  GRANADA HILLS, CA 91344	1 00/03/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF	D BE COMPLETION
F 908	Service" policy, revisindicated, the Mainteresponsible for maint building inspection, was maintenance schedulindicated that records Maintenance Director A review of the facility with an effective date monthly check of regpressure valves on hused by residents inca. Repair if valve is b. Take extreme cawater pressure and to 5/12/2021, the EVSS temperatures by turn fixture in resident resplacing a probe therm water. The following a. At 3:26 p.m., in with Room 231, a was 125°F was observed for less than one min the finding. b. At 3:27 p.m., in the finding after having the wate EVSS confirmed the c. At 3:37 p.m., in the temperature reading having the water ran confirmed the finding.	nance Director is aining records/reports of york order requests, and les. The document also is shall be maintained in the r's office.  Y's Maintenance procedures is of 4/2018, indicated ulating thermostatic or ot water fixtures in rooms cluding: is defective. Intion to ensure that hot emperature remain constant.  For with the EVSS on it measured water ing on the hot water faucet troom hand sinks and mometer through the running were observed:  Room 233, shared restroom the temperature reading of after having the water ran ute. The EVSS confirmed  Room 226, a water of 124.5°F was observed after for one minute. The EVSS	F 90	8	

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	CONSTRUCTION	(X3) DATE SURVEY COMPLETED C	
		055906	B. WING		06/03/2021	
	ROVIDER OR SUPPLIER	PITAL	STREET ADDRESS, CITY, STATE, ZIP CODE  16553 RINALDI ST  GRANADA HILLS, CA 91344		, 30.05.202.	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROF DEFICIENCY)	O BE COMPLETION	
F 908	temperature gauge tank was observed in boiler room. The EV heater storage tank rooms and showers not know which boile parts of the facility. It temperature dial cor located for the boile equipment was old at the boiler had one.  During an interview with the ADM, the A temperature in resid (Room 221) was too someone. The ADM which water heaters rooms and showers facility, and make addiscrepancy in the temperature with Certified Nursin 5 stated that for mai issues with water temperature was 10 temperature was 10 temperature was 12 that water checks with water checks	for a water heater storage registering at 142°F in the SS stated that the water serves water to the resident's EVSS stated that he does er and tanks serves which When asked where the artrol or thermostat was rs, the EVSS answered, the and that he does not know if the state of the treatment of the state of the treatment of the t	F 908			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		055906	B. WING		06/03/2021	
	ROVIDER OR SUPPLIER	l		STREET ADDRESS, CITY, STATE, ZIP CODE  16553 RINALDI ST  GRANADA HILLS, CA 91344	00/03/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE COMPLET	TION
F 908	temperatures.  Upon further investig tour with the EVSS o measured water temphot water faucet fixtu sinks and placing a pthe running water. The a. At 12:36 p.m., in with Room 235, a wa 127°F was observed for two minutes. The b. At 12:38 p.m., in with Room 234, a wa 131.2°F was observed for three minutes. The c. At 12:42 p.m., in with Room 231, a wa 134.6°F was observed for less than one min finding.  d. At 12:44 p.m., in with Room 230, a wa 127.9°F was observed for five minutes. The e. At 12:50 p.m., in temperature reading having the water ran confirmed finding.  f. At 12:52 p.m., in with Room 227, a wa 131.7°F was observed for five minutes. The g. At 12:57 p.m., in temperature reading after having the water EVSS confirmed finding.	ation and during a facility in 5/14/2021, the EVSS peratures by turning on the re in resident restroom hand probe thermometer through the following were observed: Room 237, shared restroom ter temperature reading of after having the water ran EVSS confirmed finding. Room 236, shared restroom ter temperature reading of after having the water ran ter temperature reading of after having the water ran ter temperature reading of after having the water ran ter temperature reading of after having the water ran ter temperature reading of after having the water ran ter temperature reading of after having the water ran EVSS confirmed finding. Room 232, shared restroom ter temperature reading of after having the water ran EVSS confirmed finding. Room 229, a water of 135°F was observed after for one minute. The EVSS Room 228, shared restroom ter temperature reading of after having the water ran EVSS confirmed finding. Room 226, a water of 134.2°F was observed ran for four minutes. The	F 90	8		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII		(X3) DATE SURVEY COMPLETED		
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		055906	B. WING _			06	/03/2021
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		
DINAL DI C	CONVALESCENT HOSPI	TAI		165	53 RINALDI ST		
KINALDI	CONVALESCENT HOSFI	IAL		GR.	ANADA HILLS, CA 91344		
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F 908	Continued From page with Room 224, a wa 135°F was observed for two minutes. The i. At 1:10 p.m., in F temperature reading after having the water EVSS confirmed finding an interview of with the ADM, when a residents or staff whemore than 120°F, the "Depending on the teand "At the minimum During the daily monitor 5/15/2021, the EVSS temperatures by turnifixture in resident resiplacing a probe therm water. The following water in the substantial state of the substantial	ter temperature reading of after having the water ran EVSS confirmed finding. Room 222, a water of 139.5°F was observed or ran for one minute. The rang. Room 221, a water of 136.4°F was observed or ran for two minutes. The rang. Room 220, a water of 138.7°F was observed or ran for one minute. The rang. Room 220, a water of 138.7°F was observed or ran for one minute. The rang.  In 5/14/2021, at 3:15 p.m., asked what can happen to ran water temperature was ADM answered, it could burn" it could be discomfort".  Itoring with the EVSS on measured water rang on the hot water faucet troom hand sinks and nometer through the running were observed:		908		ATE	DATE
	after having the water EVSS confirmed finding. At 10:06 a.m., in temperature reading after having the water confirmed finding. c. At 10:08 a.m., in	of 127.6°F was observed r ran for three minutes. The ng.					

	DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	IPLE CONSTRUCTION			LETED
		055906	B. WING _				03/2021
	ROVIDER OR SUPPLIER	ΓAL	STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344		ST	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI: TAG	(EAC	PROVIDER'S PLAN OF CORRECTION CH CORRECTIVE ACTION SHOULD BI S-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 908	Continued From page	÷ 53	F 9	008			
	having the water ran confirmed finding. d. At 10:13 a.m., in temperature reading after having the water minute. During a conditated, that the water temperature level quite. At 1:49 p.m., in Ftemperature reading after having the water EVSS confirmed finding f. At 2:34 p.m., in Fwith Room 228, a wan 128.8°F was observe for four minutes. The During a concurrent of 5/15/2021, at 10:16 at temperature gauges for serving resident room observed registering aboiler room. The EVS know another way to other than adjusting the added, he's not a profit buring a concurrent of 5/16/2021, at 3:15 p.r. temperature control of heater tanks was obsorthe EVSS took off the registered temperature was possible for the confortable doing the	Room 220, a water of 142.2°F was observed or ran for less than one current interview, the EVSS reached a high ckly. Room 223, a water of 129.6°F was observed or ran for five minutes. The ng. Room 227, shared restroom the temperature reading of differ having the water ran EVSS confirmed finding.  Robservation and interview on the individual of the extension of t					

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER	TAL		STREET ADDRESS, CITY, STATE, ZIP CODE  16553 RINALDI ST  GRANADA HILLS, CA 91344	1 00/03/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
F 908	hot water temperatur 139°F for ten of 22 re (in Rooms 220 to 228 morning check.  During the daily mon 5/17/2021, the EVSS temperatures by turn fixture in resident resplacing a probe therm water. The following a. At 3:25 p.m., in fwith Room 236, a wa 124.5°F was observe for four minutes. The b. At 3:30 p.m., in fwith Room 233, a wa 128.5°F was observe for two minutes. The c. At 3:35 p.m., in fwith Room 232, a wa 123.3°F was observe for four minutes. The During the daily mon 5/19/2021, the EVSS temperatures by turn fixture in resident resplacing a probe therm water. The following a. At 10:54 a.m., in with Room 119, a wa 127.6°F was observe for two minutes. The a concurrent interview	Temperature Log" indicated es ranging from 125°F to esident restroom hand sinks 3, 231 to 237) on 5/16/2021  Itoring with the EVSS on measured water ing on the hot water faucet troom hand sinks and mometer through the running were observed: Room 234, shared restroom ter temperature reading of ed after having the water ran EVSS confirmed finding. Room 231, shared restroom ter temperature reading of ed after having the water ran EVSS confirmed finding. Room 230, shared restroom ter temperature reading of ed after having the water ran EVSS confirmed finding. Room 230, shared restroom ter temperature reading of ed after having the water ran EVSS confirmed finding. Itoring with the EVSS on measured water ing on the hot water faucet troom hand sinks and mometer through the running	F 90	8	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	IPLE CONSTRUCTION		X3) DATE SURVEY COMPLETED
		055906	B. WING			C <b>06/03/2021</b>
	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE 16553 RINALDI ST GRANADA HILLS, CA 913		06/03/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	(EACH CORRECTI) CROSS-REFERENCE	AN OF CORRECTION VE ACTION SHOULD BE ED TO THE APPROPRIAT FICIENCY)	(X5) COMPLETION DATE
F 908	b. At 10:58 a.m., in temperature reading after having the wate EVSS confirmed findic. At 11:37 a.m., in temperature reading having the water ran confirmed findings. d. At 1:45 p.m., in Fwith Room 107, hot with Room 107, hot with G5.5°F was observed In a concurrent interviaucet fixture was loo be turned on as the hDuring an interview owith the ADM, the AD restroom hand sinks 5/19/2021 (Rooms 10:114, 117 and 118/119) temperatures ranging.  A review of the facility with an effective date daily water temperaturesidents (e.g. bathroincluding: a. Periodic check on "hot water used by real 15°F (or applicable in b. Set thermostats heaters to obtain the c. Check pilot lights temperature drops. d. Re-light the boile instructions.  A review of the Center of the content of	Room 117, a water of 124.5°F was observed or ran for three minutes. The ngs. Room 114, a water of 122°F was observed after for eight minutes. The EVSS Room 105, shared restroom vater faucet handle was not emperature reading of after running the cold water. iew, the EVSS stated, the se, and the hot water cannot andle was "stuck".  In 5/20/2021, at 12:12 p.m., M stated, six resident were out of range on 15/107, 109/111, 110/112, with high water from 121°F to 124°F.  It's Maintenance procedures of 4/2018, indicated for the checks in rooms used by oms, showers, etc.)  If different rooms to ensure sidents is heating to 105-requirement)."  In boilers or hot water required temperature.	F	908		

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING		COM	COMPLETED		
		055906	B. WING			C / <b>03/2021</b>
	ROVIDER OR SUPPLIER	ITAL		STREET ADDRESS, CITY, STATE, ZIP CODE  16553 RINALDI ST  GRANADA HILLS, CA 91344	1 00	703/2021
(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 CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
F 908	States, 2001-2006" of document indicated initial visits to emerg persons aged 65 years burns occurred during average of 8,620 visestimated annual nusual during to the arrivation of Ecaused by hot food,  A review of the Amerdocument titled, "Scaresources", dated 8 following:  a. While the proposinjuries in older adult greater than 16 year complications (a mainortality increases. It only takes 3 swater to cause a bur surgery  A review of the Amerdocument titled, "Scared Educator's Guide" (utility following:  a. Although scald I young children, olded disabilities are the minjuries.  b. Older adults have cause deeper burns Their ability to feel here.	Aged ?65 Years United dated 9/18/2009, the that an estimated 51,700 ency departments (EDs) by ars or older for nonfatal scald g 2001 to 2006, for an its per year. The highest mbers of ED visits were for m/hand and leg/foot, and the D visits were for scald burns hot water, or steam.  Tican Burn Association (ABA) and Statistics and Data /13/2018, indicated the rtionate rate of scald burn as is comparable to all others is old, the risk of the of morbidity) and Scald burns to adults 60 uently result in loss of econds of exposure to 140°F in serious enough to require	F 90			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED	
						С		
		055906	B. WING			06/	03/2021	
NAME OF PI	ROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE			
RINALDI (	CONVALESCENT HOSPI	TAL			16553 RINALDI ST GRANADA HILLS, CA 91344			
(VA) ID	SLIMMADV ST.	ATEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5)	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE	
F 908	Continued From page	e 57	F	908				
		is too hot until injury has						
	occurred. Because th							
		is removed from burned						
		ompared to younger adults.						
	_	may have physical, mental, or						
	emotional challenges	or require some type of						
	-	givers are at high risk for all						
		including scalds. Sensory						
	•	ılt in decreased sensation,						
		ds and feet, so the person						
		nething is "too hot." Changes						
		, perception, memory, ess may hinder the person's						
		dangerous situation or						
	_	to remove themselves from						
	danger.	, to remove themselves hem						
		sult in considerable pain,						
	_	possible lifelong scarring,						
	and even death.							
	e. Time and Tempe	rature Relationship to						
	Severe Burns:							
	T	re of 155°F takes one						
	second for a third deg							
		re of 148°F takes two						
	seconds for a third de					ſ		
	·	re of 140°F takes five						
	seconds for a third de	-						
	<ul><li>iv. Water temperatu seconds for a third de</li></ul>							
		re of 127°F takes one						
	minute for a third deg							
	_	re of 124°F takes three				ĺ		
	minutes for a third de					ſ		
		re of 120°F takes five				ſ		
	minutes for a third de							
		ers for Disease Control						
	(CDC) document titled indicated the following							

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING			
		055906	B. WING			C 6/03/2021	
	ROVIDER OR SUPPLIER	ITAL		STREET ADDRESS, CITY, STATE, ZIP CO 16553 RINALDI ST GRANADA HILLS, CA 91344			
(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 ( (EACH CORRECTIVE ACTIVE) CROSS-REFERENCED TO THE DEFICIENCY	ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE	
F 908	a. First-degree bur skin. Sunburn is a fir present as red and p will show mild swellin b. Second-degree layers of skin. These reddening of the skin appearance from lead of some skin.  c. Third-degree but thickness of the skin tissue. These preser painless (pain may be and second-degree burns), may appear charred white, brown, or black third-degree burns), may appear charred white, brown, or black the EVSS, the follow a. On 5/12/2021, at temperature reading observed after having minutes. In a concurstated that the water confirmed the low was b. On 5/14/2021, at temperature reading after having the water temperature we c. On 5/15/2021, at temperature reading having the water ran concurrent interview water temperature water t	rns involve the top layer of st-degree burn. These may painful to touch, and the skin ng. burns involve the first two may present as deep n, pain, blisters, glossy sking fluid, and possible loss that appears and permanently destroy at as loss of skin layers, often be caused by patches of first-burns surrounding and dry, leathery skin. Skin or have patches that appear sk.  In sin Shower Room 1 with ring was observed:  It 3:50 p.m., a water of 88°F to 93°F was g the water ran for four rent interview, the EVSS temperature fluctuates and after temperature.  It 1:23 p.m., a water of 95.4°F was observed er ran for three minutes. In a the EVSS stated that the ras not increasing.  It 2:57 p.m., a water of 79°F was observed after for three minutes. In a the EVSS stated that the ras not increasing.  In Shower Room 2 with the	F 90	8			

	DF DEFICIENCIES CORRECTION	IDENTIFICATION NUMBER			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		055906	B. WING			C	
NAME OF P	ROVIDER OR SUPPLIER	033900	D. WING	Ş	STREET ADDRESS, CITY, STATE, ZIP CODE	06/	03/2021
	CONVALESCENT HOSPI	TAL		1	6553 RINALDI ST GRANADA HILLS, CA 91344		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 908	after having the water concurrent interview, temperature fluctuate they're never like that b. On 5/14/2021, at temperature reading 101°F was observed for five minutes. The c. On 5/15/2021, at temperature reading after having the water concurrent interview, water temperature was During a concurrent in on 5/14/2021, at 10:5 "Maintenance Test Log water temperatures for 4/11/2021 to 5/9/2021 temperatures stayed 1, it had always been that when temperatur range, he would adjust mixing valve, but the had informed the ADN A review of the facility policy, revised on 12/ "The Maintenance Demaintaining the buildi in a safe and operable document also indica maintenance personr building in compliance	a 3:30 p.m., a water of 102.5°F was observed or ran for six minutes. In a the EVSS stated, the water is and that "It's taking long,"  a 1:04 p.m., a water of 104°F and a quick drop to after having the water ran EVSS confirmed finding.  a 1:46 p.m., a water of 84.4°F was observed or ran for two minutes. In a the EVSS stated that the eas stable at 84°F.  Interview and record review 6 a.m., with the EVSS, og Daily/Weekly Water is reviewed. The grindicated 98°F to 99°F or Shower Room 1 from 1. The EVSS stated, water the same in Shower Room around 99°F. EVSS stated es were not in required st the water flow from the valve was not working, and M.  It's "Maintenance Service" 2009, the policy indicated, epartment is responsible for ng, grounds, and equipment e manner at all times. The	F	908			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		055906	B. WING		C 06/03/2021
NAME OF PROVIDER OR SUPPLIER  RINALDI CONVALESCENT HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344	1 00/00/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION
F 908	hazards, maintaining plumbing fixtures, an order, and providing maintenance service  A review of the 2019 indicated that individe combination valves a thermostatic or comb balanced-pressure/th be installed at the potub-shower combination with a means to limit valve to 120°F (49°C adjusted in accordant instructions.  5. During an interviet p.m., with the EVSS, temperature in reside should be 110°F to 1  During a concurrent of 5/12/2021, At 3:39 p. restroom with Room water temperature by faucet fixture in the reand placing a probe frunning water. A water some some service for five minutes. The During a facility tour the EVSS measured shower rooms by turn the hottest setting and provided the service of th	in good repair and free from the heat/cooling system, d wiring in good working routinely scheduled to all areas."  International Plumbing code that shower and tub-shower hall be balanced-pressure, sination the internation are mostatic valves and shall int of use. Shower and ion valves shall be equipped the maximum setting of the hy, which shall be field ce with the manufacturer's  w on 5/12/2021, at 3:17 EVSS stated, water ent rooms and in the showers 12°F on average.  bbservation and interview on m., in Room 118, shared 119, the EVSS measured of turning on the hot water esident restroom hand sink thermometer through the er temperature reading of a after having the water ran EVSS confirmed the finding.  with the EVSS on 5/12/2021, water temperatures in hing the shower handle to d placing a probe of the running water. The	F 903	3	

AND DIAN OF CORRECTION IDENTIFICATION NUMBER			LE CONSTRUCTION	(X3	(X3) DATE SURVEY COMPLETED		
		055906	B. WING			C <b>06/03/2021</b>	
	ROVIDER OR SUPPLIER	TAL		STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344	<u> </u>	00/03/2021	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRI (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
F 908	a. At 3:30 p.m., in Stemperature reading after having the water concurrent interview, temperature fluctuate of low water temperature reading observed after having minutes. In a concurrent intemperature.  During an interview owith the EVSS, the Eminimum water temperature was 105 temperature was 105 temperature was 120 that water temperature was 120 that water temperature proper temper prevent accidental bubath temperatures.  During a concurrent in on 5/14/2021, at 10:5 "Maintenance Test Log water temperature St 4/11/2021 to 5/9/2021 temperatures stayed 1, and that it had alwater temperatures stayed 1, and that it had alwater temperature stayed 1, and that it had alwater temperatures for the mixing valve informed the ADM.	Shower Room 2, a water of 102.5°F was observed or ran for six minutes. In a the EVSS stated, the water is and confirmed the finding ture. Shower Room 1, a water of 88°F to 93°F was go the water ran for four ent interview, the EVSS temperature fluctuates and ding of low water  In 5/14/2021, at 10:56 a.m., VSS stated that the required erature for resident rooms 5°F and the maximum water of F. The EVSS explained the checks were conducted to the ratures for residents as to be urning and uncomfortable of a.m., with the EVSS, og Daily/Weekly Water	F 90	8			

	OF DEFICIENCIES  CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	LE CONSTRUCTION  G	COMPLETED
		055906	B. WING		C 06/03/2021
NAME OF PROVIDER OR SUPPLIER  RINALDI CONVALESCENT HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE  16553 RINALDI ST  GRANADA HILLS, CA 91344	1 00/03/2021
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRICIENCY)	D BE COMPLETION
F 908	measured water tem hot water faucet fixtu sinks and placing a puthe running water. The a. At 1:16 p.m., in with Room 119, a wa 74.7°F was observed for two minutes. In a EVSS stated, that the increasing. b. At 1:45 p.m., in with Room 107, the lefixture was not functi reading of 65.5°F was cold water. In a conditated, the faucet fixt water cannot be turn "stuck".  During the daily mon 5/14/2021, the EVSS temperatures in shows shower handle to the probe thermometer to The following were of a. At 1:04 p.m., in stemperature reading 101°F was observed for five minutes. The low water temperature with temperature reading after having the water concurrent interview, water temperature with the daily money the daily mon	peratures by turning on the re in resident restroom hand probe thermometer through the following were observed: Room 118, shared restroom ter temperature reading of a after having the water ran concurrent interview, the e water temperature was not concurrent interview, the e water temperature was not coning. A water temperature in the coning. A water temperature is observed after running the current interview, the EVSS are was loose, and the hot end on as the knob was ditoring with the EVSS on the measured water were rooms by turning the end that setting and placing a chrough the running water. Shower Room 2, a water of 104°F and a quick drop to after having the water ran EVSS confirmed finding of the confirmed finding of the confirmed finding of the confirmed finding of the EVSS stated, that the as not increasing.	F 90		
	During the daily mon 5/15/2021, the EVSS				

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		E CONSTRUCTION	(X3) DATE COMP	SURVEY
	055906 B. WING				С		
NAME OF P	ROVIDER OR SUPPLIER	00000		_	STREET ADDRESS, CITY, STATE, ZIP CODE	1 06/	03/2021
DINAL DI C	ONVALECCENT LICEDI	TA 1		1	6553 RINALDI ST		
RINALDI CONVALESCENT HOSPITAL			(	GRANADA HILLS, CA 91344			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 908	fixture in resident resiplacing a probe therm water. The following va. At 2:07 p.m., in Fix with Room 230, a way 97.5°F was observed for four minutes. Obsout of Service" sign, b. At 2:44 p.m., in Fix with Room 110, a way 87.4°F was observed for four minutes. In a EVSS stated, that the increasing.  During the daily monity 5/15/2021, the EVSS temperatures in show shower handle to the probe thermometer that following were of a. At 1:46 p.m., in Stemperature reading after having the water concurrent interview, water temperature was b. At 2:22 p.m., in Stemperature reading after having the water During a concurrent in that the water temperature and the valve in the broblem.	ang on the hot water faucet troom hand sinks and hometer through the running were observed: Room 232, shared restroom ter temperature reading of after having the water ran erved a posted "Temporary the EVSS confirmed finding. Room 112, shared restroom ter temperature readingof after having the water ran concurrent interview, the exater temperature was not toring with the EVSS on measured water ver rooms by turning the hottest setting and placing a brough the running water. Shower Room 2, a water of 84.4°F was observed or ran for two minutes. In a the EVSS stated that the last stable at 84°F. Shower Room 4, a water of 89 to 90°F was observed or ran for three minutes. In the truning water of 89 to 90°F was observed or ran for three minutes. In the truning water of 89 to 90°F was observed or ran for three minutes. In the truning water of 89 to 90°F was observed or ran for three minutes. In the truning water of 89 to 90°F was observed or ran for three minutes. In the truning water of 89 to 90°F was observed or ran for three minutes. In the truning water of 89 to 90°F was observed or ran for three minutes. In the truning water of 89 to 90°F was observed or ran for three minutes. In the truning water of 89 to 90°F was observed or ran for three minutes. In the truning water of 89 to 90°F was observed or ran for three minutes.	F	908			
	temperature reading of having the water ran	Shower Room 1, a water of 79°F was observed after for three minutes. In a the EVSS stated, that the as not increasing.					

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG	, ,	OATE SURVEY OMPLETED
		055906	B. WING _			C <b>06/03/2021</b>
NAME OF PROVIDER OR SUPPLIER  RINALDI CONVALESCENT HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 16553 RINALDI ST GRANADA HILLS, CA 91344		30,730,2321
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
F 908	Continued From pag	ge 64	F 9	08		
	on 5/18/2021, at 12: "Maintenance Test L Temperature Log" w Maintenance Test Lo water temperatures 6/23/2020 to 5/14/20 EVSS oversee the w he monitors every m was not checking if w within range.  During an observation in Shower Room 2, shower handle to the probe thermometer water temperature re after having the water	og indicated 98°F to 102°F for Shower Room 1 from 021. The ADM stated, the vater temperature log which nonth. ADM stated that he written temperatures were on on 5/19/2021, at 9:29 a.m., the EVSS turned on the e hottest setting and placed a through the running water. A reading of 97°F was observed er ran for five minutes. During the ev, the EVSS stated that the				
	a.m., in Room 230, s 232, the EVSS turner fixture in the resident placed a probe therr water. A water temp observed after having minutes. The EVSS A review of 2019 Cat Domestic Hot-Water Health Facilities and temperature control automatically regular water delivered to platients to a range of	on on 5/19/2021, at 10:36 shared restroom with Room ed on the hot water faucet at restroom hand sink and mometer through the running erature reading of 93.6°F was ag the water ran for five confirmed finding.  Ilifornia Plumbing Code, Distribution Systems for I Clinics, indicated that valves shall be provided to te the temperature of hot umbing fixtures used by 105°F (41 degree Celsius minimum to 120°F (49°C)				

NAME OF PROVIDER OR SUPPLIER  RINALDI CONVALESCENT HOSPITAL   (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET)  PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLET)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055906		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
RINALDI CONVALESCENT HOSPITAL  (X4) ID PREFIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 908  Continued From page 65 maximum. High temperature alarm set at 125°F (52°C) shall be provided.  A review of the facility's "Maintenance Service" policy, revised on 12/2009, the policy indicated, "The Maintenance Department is responsible for maintaining the building, grounds, and equipment in a safe and operable manner at all times. The document also indicated, "Functions of maintenance personnel include, maintaining the building in good repair and free from hazards, maintain the building in good working order, and providing routinely scheduled maintenance service to all areas."  6. During a concurrent observation and interview with the EVSS on 5/14/2021, at 1:45 p.m., in Room 105, shared restroom with Room 107, the EVSS attempted to turn the hot water faucet			B. WING _		0	C 6/03/2021	
F 908  Continued From page 65 maximum. High temperature alarm set at 125°F (52°C) shall be provided.  A review of the facility's "Maintenance Service" policy, revised on 12/2009, the policy indicated, "The Maintenance Department is responsible for maintaining the building, grounds, and equipment in a safe and operable manner at all times. The document also indicated, "Functions of maintenance personnel include, maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines, maintain the building in good repair and free from hazards, maintaining the heat/cooling system, plumbing fixtures, and wiring in good working order, and providing routinely scheduled maintenance service to all areas."  6. During a concurrent observation and interview with the EVSS on 5/14/2021, at 1:45 p.m., in Room 105, shared restroom with Room 107, the EVSS attempted to turn the hot water faucet	NAME OF PROVIDER OR SUPPLIER				16553 RINALDI ST		0/00/2021
maximum. High temperature alarm set at 125°F (52°C) shall be provided.  A review of the facility's "Maintenance Service" policy, revised on 12/2009, the policy indicated, "The Maintenance Department is responsible for maintaining the building, grounds, and equipment in a safe and operable manner at all times. The document also indicated, "Functions of maintenance personnel include, maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines, maintain the building in good repair and free from hazards, maintaining the heat/cooling system, plumbing fixtures, and wiring in good working order, and providing routinely scheduled maintenance service to all areas."  6. During a concurrent observation and interview with the EVSS on 5/14/2021, at 1:45 p.m., in Room 105, shared restroom with Room 107, the EVSS attempted to turn the hot water faucet	PRÉFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE	SHOULD BE	(X5) COMPLETION DATE
EVSS stated, the faucet fixture was loose, and the hot faucet handle was "stuck". The EVSS added, he was not aware of this issue.  During an interview on 5/18/2021, at 1:30 p.m., with Resident 6, Resident 6 stated, the restroom hand sink in Room 105 started having problems about a week or so ago.  During an interview on 5/18/2021, at 3:44 p.m., with Certified Nurse Assistant 7 (CNA 7), CNA 7 stated, the hot faucet fixture in resident restroom sink in Room 105/107 had not been working for about one week.  A review of the facility's "Maintenance Service"	F 908	maximum. High tem (52°C) shall be proved the facility policy, revised on 12 "The Maintenance Emaintaining the building a safe and operal document also indice maintenance person building in complian and local laws, regularized, maintain the building hazards, maintaining plumbing fixtures, a order, and providing maintenance serviced. During a concurred with the EVSS on 5. Room 105, shared in EVSS attempted to handle in the reside EVSS stated, the fathe hot faucet handle added, he was not a concurred with Resident 6, Rehand sink in Room about a week or so buring an interview with Certified Nurse stated, the hot fauces sink in Room 105/10 about one week.	right and the second service of the second sec	FS	008		

RINALDI CONVALESCENT HOSPITAL    (X4)   D   (SAMMARY STATEMENT OF DEFICIENCIES)   STANADA HILLS, CA 91344     (X4)   D   (SAMMARY STATEMENT OF DEFICIENCIES)   (SAMMARY STATEMENT OF DEFICIENCIES)   (SAMMARY STATEMENT OF DEFICIENCIES)   (SAMMARY STATEMENT OF DEFICIENCIES)   (SAMMARY STATEMENT OF DEFICIENCY)   (SAMMARY STATEMENT OF SAMMARY STATEMENT OF DEFICIENCY STATEMENT OF DEFICIENCY STATEMENT OF SAMMARY STATEMENT OF DEFICIENCY STATEMENT OF SAMMARY STATEMENT		DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	FIPLE CONSTRUCTION  NG		(X3) DATE SURVEY COMPLETED	
RINALDI CONVALESCENT HOSPITAL    (X4)   D   (SAMMARY STATEMENT OF DEFICIENCIES)   STANADA HILLS, CA 91344     (X4)   D   (SAMMARY STATEMENT OF DEFICIENCIES)   (SAMMARY STATEMENT OF DEFICIENCIES)   (SAMMARY STATEMENT OF DEFICIENCIES)   (SAMMARY STATEMENT OF DEFICIENCIES)   (SAMMARY STATEMENT OF DEFICIENCY)   (SAMMARY STATEMENT OF SAMMARY STATEMENT OF DEFICIENCY STATEMENT OF DEFICIENCY STATEMENT OF SAMMARY STATEMENT OF DEFICIENCY STATEMENT OF SAMMARY STATEMENT			055906	B. WING _			C 06/03/2021	
FREEIX TAG  (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  F 908  Continued From page 66 policy, revised on 12/2009, the policy indicated, "The Maintenance Department is responsible for maintaining the building, grounds, and equipment in a safe and operable manner at all times. The document also indicated, "Functions of maintenance personnel include, maintaining the building in compliance with current federal, state, and local laws, regulations, and guidelines, maintain the building in good repair and free from hazards, maintaining the heat/cooling system, plumbing fixtures, and wirring in good working order, and providing routinely scheduled maintenance service to all areas."  7. During an interview on 5/14/2021, at 10:56 a.m., with the EVSS, the EVSS stated that while he was on vacation, Maintenance 1 (M1) was overseeing water temperature checks in the facility. EVSS stated that M1 called off work on 5/10/2021 and 5/11/2021 and water temperature checks were not conducted during those days.  A review of the "Maintenance Test Log Daily/Weekly Water Temperature Log" revealed no water temperature measurements were noted for resident restroom hand sinks, shower rooms, laundry, and kitchen for 5/10/2021 and 5/11/2021.  During a review of the facility's "Maintenance Service" policy, revised on 12/2009, the policy indicated, the Maintenance Director is responsible for maintaining records/reports of					16553 RINALDI ST	CODE	,	
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building inspection, work order requests, and maintenance schedules. The document also indicated that records shall be maintained in the Maintenance Director's office.  F 921 Safe/Functional/Sanitary/Comfortable Environ F 921 CFR(s): 483.90(i)	F 921	policy, revised on 12/ "The Maintenance De maintaining the buildi in a safe and operabl document also indica maintenance personr building in compliance and local laws, regula maintain the building hazards, maintaining plumbing fixtures, and order, and providing maintenance service  7. During an interview a.m., with the EVSS, he was on vacation, I overseeing water tem facility. EVSS stated 5/10/2021 and 5/11/2 checks were not conducted. A review of the "Main Daily/Weekly Water Tono water temperature for resident restroom laundry, and kitchen in During a review of the Service" policy, revise indicated, the Mainter responsible for maint building inspection, waintenance schedul indicated that records Maintenance Director Safe/Functional/Sanit	2009, the policy indicated, epartment is responsible for ng, grounds, and equipment e manner at all times. The ted, "Functions of nel include, maintaining the e with current federal, state, ations, and guidelines, in good repair and free from the heat/cooling system, d wiring in good working routinely scheduled to all areas."  If you have the even of the total and water temperature checks in the that M1 called off work on 1021 and water temperature ducted during those days.  It tenance Test Log temperature Log" revealed to measurements were noted hand sinks, shower rooms, for 5/10/2021 and 5/11/2021.  If facility's "Maintenance and on 12/2009, the policy mance Director is aining records/reports of tork order requests, and tes. The document also is shall be maintained in the director is office.					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED		
055906			B. WING	B. WING			03/2021
NAME OF PROVIDER OR SUPPLIER  RINALDI CONVALESCENT HOSPITAL				1	STREET ADDRESS, CITY, STATE, ZIP CODE 6553 RINALDI ST GRANADA HILLS, CA 91344		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
F 921	The facility must provisanitary, and comfort residents, staff and the This REQUIREMENT by:  Based on observation review, the facility fail functional plumbing eresident restroom har leaking pipe and bland 221. This deficiency fresidents and staff to Findings:  During a concurrent of 5/15/2021, at 10:08 and Services Supervisor (the water from the resident reside	ironmental Conditions ide a safe, functional, able environment for the public.  The public is not met as evidenced  In, interview, and record ed to maintain safe and quipment for one of 22 and sinks, as evidenced by kets on the floor in Room and the potential for be placed at risk for injury.  In the Environmental EVSS, the EVSS turned on stroom hand sink in Room atter leaking from a pipe stroom hand sink. Observed under the leaking pipe. The not noticed the pipe leaking promeone might have hit the threw a blanket underneath  The inent is responsible for ng, grounds, and equipment e manner at all times. The	F	921			

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	PLE CONSTRUCTION  G	(X3) DATE	E SURVEY PLETED	
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NAME OF PROVIDER OR SUPPLIER     B. WING			06	/03/2021			
				16553 RINALDI ST			
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POC ACCEPTED 6/29/2/ 38601, SENION 117EN/2/mm

**This Plan of Action** is prepared and submitted as required by law. By submitting this Plan of Correction, Rinaldi Convalescent Hospital does not admit that any deficiency listed on this form exists, nor does the center admit to any statements, finding, fact, or conclusions that form the regulatory or administrative proceedings any deficiency, statements, facts, and conclusions that form the bases for a deficiency.

#### F689 (K)

#### **ACTION**

On 5/12/2021, Environmental Services Supervisor (ESS) checked water temps in Resident restroom faucets and Shower Rooms 1, 2 and 4; to confirm which ones were out of proper range (105-120 degrees). Focus Rooms w/high temps (ranging from 121 to 139 deg) were in Station 2, including: 220, 221, 222, 224/225, 226, 227/228, 229, 231/233, 234/236, 235/237. Low temps had been found in Station 1 Resident restroom faucets 101/102, 103/104, 105/107, 106/108, 109/111, 110/112, 114, 115/116, 117, 118/119, and Shower Rooms 1 and 2, ranging from 87 to 104 deg. [See Exhibit 1: Temps]

On 5/12, at approx. 2pm ESS called plumber to make on-site assessment of issues related to water not maintaining proper temps in Resident restroom faucets and Shower Rooms 1, 2 & 4. Plumber committed to be onsite by 7am the following morning. [See Exhibit 2: Plumber]

On 5/13, Plumber arrived at 7am and assessed plumbing issue determining the best course of action was to install mixing valves locally at each faucet that was exceeding 120 degrees to regulate the water temp back to proper range, then to replace Shower Room 1's mixing valves and the main mixing valve in the Boiler Room in order to regulate the remaining temps. Plumber then scheduled a return on Monday, 5/17, after they were to receive the necessary parts that were ordered – mixing valves – with priority to correct the hot water issue.

On 5/15, between approx. 1-2pm, Admin attempted to contact alternative plumbers and was unsuccessful securing a better alternative to the current Plumber, relative to handling the scope of work and availability. Admin continued to pursue alternative sources through available networks and resources for parts and services, in case the secured plumber was unsuccessful with securing proper repair parts/supplies to do work, or if repairs failed and resolution was not progressing. As of 5/17, plumber delivered on commitment to prioritize and repair the hot water issue with a promise to return the following morning (5/18) to continue repairs related to low water temperatures.

This Plan of Action is prepared and submitted as required by law. By submitting this Plan of Correction, Rinaldi Convalescent Hospital does not admit that any deficiency listed on this form exists, nor does the center admit to any statements, finding, fact, or conclusions that form the regulatory or administrative proceedings any deficiency, statements, facts, and conclusions that form the bases for a deficiency.

F908 (II)

#### **ACTION**

On 5/12/2021, Environmental Services Supervisor (ESS) checked water temps in **Resident restroom faucets** and **Shower Rooms 1, 2 and 4**; to confirm which ones were out of range (105-120 degrees). Focus Rooms w/high temps (ranging from 121 to 139 deg) are in Station 2, including: 220, 221, 222, 224/225, 226, 227/228, 229, 231/233, 234/236, 235/237. **Low temps** have been found in Station 1 **Resident restroom faucets** 101/102, 103/104, 105/107, 106/108, 109/111, 110/112, 114, 115/116, 117, 118/119, and Shower Rooms 1 and 2, ranging from 87 to 104 deg) See "Exhibit 1: Temps" for readings in each room.

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On 5/16, Admin contacted Plumber to reinforce urgency of repairs and confirm Monday commitment. Plumber assured Admin that they would do repairs on Monday and confirmed he would call the warehouse by 8am Monday morning (5/17) to pick up as early as possible.

On 5/17, **Plumber installed mixing valves** to regulate water temperature, locally, on affected **Resident restroom faucets** (Rooms 220-237), resulting in temperatures returning to proper ranges (105-120) as illustrated in temperature log taken by ESS and Admin after work was completed at 7:30pm. See "Exhibit 1: Temps" for readings in each room.

On 5/18, Plumber arrived at approx. 5:45am and installed mixing valves in Shower Room 1. At 4:45pm, Plumber completed installation of new mixing valve in Boiler.

On 5/12, ESS posted signs at all **Resident restroom faucets** in Station 2 (Rooms 220-237) indicating they are "Out of Order". On 5/15, ESS posted revised red signs at Station 2 Resident restroom faucets indicating they are "Out of Order: Please ask for assistance." [See Exhibit 3: Signs]

On 5/15, ESS secured a **new faucet to replace Resident restroom faucet serving rooms 105/107** and made replacement on 5/16.

On 5/15, Community Liaison and Admissions Director called all Residents' primary contacts to inform them and share contents of the letter, titled, "Memo: Hot Water", with a verbal explanation and to address any potential questions regarding the matter. [Unredacted log is available by request]

On 5/15, DON and designees (2 LVNs) performed **skin assessments for Residents in Station 2** (Rooms 220-237) to ensure no residents at higher risk were affected by the high water temperature issue. On 5/18, DON and designees (2 LVNs) to perform **skin assessments for Residents in Station 1** (Rooms 101-119) to ensure no residents at lower risk were affected by the high water temperature issue. Skin assessments revealed that no residents in either Station 1 or 2 exhibited adverse skin issues from exposure to hot water temps. [See Exhibit 10: Skin]

#### AFFECTING OTHERS

As of 5/17, all **Resident restroom faucets in Station 2** (Rooms 220-237) had exhibited temps surpassing 120 degrees at least one day since 5/12. No other rooms have exceeded 120 degrees.

As of 5/18, all **Resident restroom faucets in Station 1** (Rooms 101-119) and **Shower Rooms 1,2 & 4** had exhibited temps lower than 105 degrees. See "Exhibit 1: Temps" for readings in each room. No other Resident restroom faucets have shown temps below 105 degrees.

On 5/16 and 5/17, ESS checked **Resident room faucets** for functionality during water temp monitoring. All faucets functioned properly (Resident rooms 101-237).

From 5/12 to 5/17, **Shower Rooms 1, 2 & 4** exhibited inconsistency in **temps** ranging from 97 to 110 degrees, potentially effecting Residents in rooms 101-237. On 5/18, **Plumber installed mixing valves in Shower Room 1, then completed** installation of new mixing valve in Boiler Room, which resulted in verified Shower Room temps ranging from 106-110 degrees. See "Exhibit 1: Temps" for readings in each room.

#### SYSTEMS/MEASURES

On 5/12, Administrator and Director of Staff Development (DSD) informed Staff of water temp issue and instructed Nursing staff on duty (Licensed Nurses/CNAs) to check temperatures in restrooms before allowing residents to use faucets and to use an alternative faucet, if necessary. [See Exhibit 4: Action Staff]

On 5/14, Infection Preventionist (IP) and Restorative Nurse Assistant (RNA) distributed letter to Residents in Station 2, titled, "Memo: Hot Water", which explained to Residents which rooms may have hot temperature issues (Rooms 220-237) and to not use any faucet without assistance from CNA or Nurse until further notice. [See Exhibit 5: Memo] On 5/15, Case Manager (CM) redistributed letter to Residents in Station 2, along with a verbal explanation and to address any potential questions regarding the matter. Then on 5/15, Charge Nurses (CNs) distributed letter to Residents in Station 1 (Rooms 101-119), along with verbal explanation and to address any potential questions regarding the matter. [See Exhibit 8: Resident Log... names redacted]

On 5/16, Admin sent email to all Responsible Parties who have provided emails, informing them of the plumbing issue and expected resolution. [See Exhibit 6: Email]

Beginning 5/15, Administrator and/or DON or designee to provide in-service to Nursing staff, titled, "Hot Water Safety", regarding resident safety during hot water issue. In-service to be provided to Staff on all shifts until hot temperature issue is resolved. [See Exhibit 7: In-Service]

On 5/17, Admin completed EVS staff competencies with ESS and Maintenance staff related to facility water temperature maintenance and monitoring. [See Exhibit 9: EVS Staff]

Beginning 5/18, and with assistance of Professional Plumbers and in accordance to manufacturer guidelines, ESS and Admin developed a comprehensive inspection and maintenance plan for **essential plumbing equipment (boilers/water-heaters and faucet fixtures) and thermostatic or pressure valves on hot water fixtures.** Inspection and maintenance plan to consist of annual service on boilers/water heaters, monthly mechanical inspections (operate handles/open-close levers), and weekly visual inspections (**significant fluctuation in temps**, corrosion, leaking). Inspections to be recorded on newly designed logs by ESS or trained designee. [See Exhibit 12: Log]

Beginning 5/18, ESS to initiate ongoing training schedule with EVS staff to ensure competency on relevant topics and updates. [See Exhibit 7: In-Service]

Beginning 5/18, Admin or designee to provide in-service to Staff, titled, "Reporting Maintenance Issues: What, When, How, Why?", to ensure Staff identifies and immediately reports maintenance issues (which may include **temperature or plumbing equipment-related issues**) using Maintenance Binder available at each Nurse Station (1 & 2), and to help Staff understand how important maintenance reporting is to Resident safety.

#### **MONITORING**

On 5/12 and 5/15, ESS posted signs at all **Resident restroom faucets** in Station 2 (Rooms 220-237) indicating they are "Out of Order". Monitoring of signs is done by ESS or designee while taking twice-daily Resident restroom faucet water temps. Any negative findings may be recorded in "Comments" portion of "Hot Water Safety: Water Temperature Log." Sign education is also provided to CNAs during "Hot Water Safety" in-services provided by Admin and/or DON or designee.

On 5/17, Admin created new "Hot Water Safety: Water Temperature Log" to include twice daily readings (AM/PM) and verification of temps by Admin or designee (must be manager other than ESS). Admin or designee to verify temps once daily to ensure accurate readings, and as needed. Log includes temps for all Resident restroom faucets (105-120 deg), Kitchen double-sink and dishwashing machine (140-160 for double-sink and 120-140 for dishwashing machine), Laundry machines (160-180), and Shower Rooms 1, 2 & 4 (105-120 deg). Daily log use by EVS will initiate 5/18, AM. Logs to be maintained in "Temperature Logs" binder and stored in ESS Office.

Beginning 5/15, ESS or designee to record water temperature during each Environmental Services shift (targeting between 7:30-8:30am and 3-4pm). Once water temps in **Resident restroom faucets and Shower Rooms 1, 2 & 4** remain within proper range (105-120) for at least 30 days (or an additional 15-day extension resulting from negative findings – i.e. out of range temps), frequency of logging temps will adjust to once daily, at alternating times (AM one day, PM the next day, continuing to target between 7:30-8:30am and 3-4pm). Negative findings will be shared with Administrator to assess if any new/unknown temperature

issues arise that may require additional measures. Also, Admin or designee (must be manager other than ESS) to verify temp readings on logs by accompanying staff while taking temps once daily (Mon-Fri) until temps are controlled for 30 days, then ongoing weekly. See "Exhibit 1: Temps" for readings in each room... Note: ESS or designee will use Comments section of Water Temperature Log to note any **dysfunctional faucets** identified during daily temp checks.

Beginning 5/18, Admin to verify monthly that inspection and maintenance plan for essential plumbing equipment (boilers, faucet fixtures, etc.) and thermostatic or pressure valves on hot water fixtures is executed. Inspection and maintenance plan to consist of annual service on **boilers/water heaters**, monthly **mechanical** inspections (operate handles/open-close levers), and weekly visual inspections (significant **fluctuation in temps**, corrosion, leaking). Inspections to be recorded on newly designed logs and verified by Admin. [See Exhibit 12: Log]

On 5/17, QAPI Committee performed Root Cause Analysis (RCA) and developed Performance Improvement Plan (PIP) to ensure ongoing oversight of proper inspection and maintenance of essential plumbing equipment (boilers/water-heaters, faucet fixtures) and thermostatic or pressure valves on hot water fixtures, including verifiable monitoring to avoid future occurrence of water temperature issues. [See Exhibit 11: QAPI]

Admin to present summary trend analysis indicating any negative findings to QAPI Committee for further recommendations monthly, including quarterly QAPI meeting(s), or until substantial compliance is achieved (no less than 90 days).

**POA COMPLIANCE:** 5/19/2021

F689 (IJ)

#### **ACTION**

On 5/12/2021, Environmental Services Supervisor (ESS) checked water temps in **Resident restroom faucets** and **Shower Rooms 1, 2 and 4**; to confirm which ones were out of range (105-120 degrees). Focus Rooms w/high temps (ranging from 121 to 139 deg) are in Station 2, including: 220, 221, 222, 224/225, 226, 227/228, 229, 231/233, 234/236, 235/237. **Low temps** have been found in Station 1 **Resident restroom faucets** 101/102, 103/104, 105/107, 106/108, 109/111, 110/112, 114, 115/116, 117, 118/119, and Shower Rooms 1 and 2, ranging from 87 to 104 deg) See "Exhibit 1: Temps" for readings in each room.

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16553 MINALDI STREET GRANADA HILLS, CA 91344 TEL: 818-360-1003 FAX: 818-363-8913 On 5/15, DON and designees (2 LVNs) performed **skin assessments for Residents in Station 2** (Rooms 220-237) to ensure no residents at higher risk were affected by the high water temperature issue. On 5/18, DON and designees (2 LVNs) to perform **skin assessments for Residents in Station 1** (Rooms 101-119) to ensure no residents at lower risk were affected by the high water temperature issue. Skin assessments revealed that no residents in either Station 1 or 2 exhibited adverse skin issues from exposure to hot water temps. [See Exhibit 10: Skin]

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On 5/17, Admin created new "Hot Water Safety: Water Temperature Log" to include twice daily readings (AM/PM) and verification of temps by Admin or designee (must be manager other than ESS). Admin or designee to verify temps once daily to ensure accurate readings, and as needed. Log includes temps for all Resident restroom faucets (105-120 deg), Kitchen double-sink and dishwashing machine (140-160 for

double-sink and 120-140 for dishwashing machine), Laundry machines (160-180), and Shower Rooms 1, 2 & 4 (105-120 deg). Daily log use by EVS will initiate 5/18, AM.

Beginning 5/15, ESS or designee to record water temperature during each Environmental Services shift (targeting between 7:30-8:30am and 3-4pm) until issue is resolved. Once water temps in **Resident restroom faucets and Shower Rooms 1, 2 & 4** remain within proper range (105-120) for at least 30 days, frequency of logging temps will adjust to once daily, at alternating times (AM one day, PM the next day, continuing to target between 7:30-8:30am and 3-4pm). Negative findings will be shared with Administrator to assess if any new/unknown temperature issues arise that may require additional measures. Also, Admin or designee (must be manager other than ESS) to verify temp readings on logs by accompanying staff while taking temps once daily (Mon-Fri) until temps are controlled for 30 days, then ongoing weekly. See "Exhibit 1: Temps" for readings in each room... Note: ESS or designee will use Comments section of Water Temperature Log to note any **dysfunctional faucets** identified during daily temp checks.

Beginning 5/18, Admin to verify monthly that inspection and maintenance plan for essential plumbing equipment (boilers, faucet fixtures, etc.) and thermostatic or pressure valves on hot water fixtures is executed. Inspection and maintenance plan to consist of annual service on **boilers/water heaters**, monthly **mechanical** inspections (operate handles/open-close levers), and weekly visual inspections (significant **fluctuation in temps**, corrosion, leaking). Inspections to be recorded on newly designed logs and verified by Admin. [See Exhibit 12: Log]

On 5/17, QAPI Committee performed Root Cause Analysis (RCA) and developed Performance Improvement Plan (PIP) to ensure ongoing oversight of proper inspection and maintenance of essential plumbing equipment (boilers/water-heaters, faucet fixtures) and thermostatic or pressure valves on hot water fixtures, including verifiable monitoring to avoid future occurrence of water temperature issues. [See Exhibit 11: QAPI]

Admin to present summary trend analysis indicating any negative findings to QAPI Committee for further recommendations monthly, or until substantial compliance is achieved.

**POA COMPLIANCE:** 5/19/2021