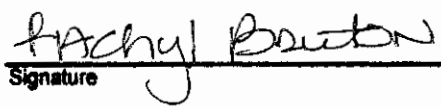
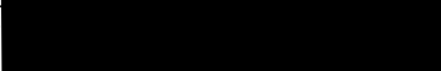


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/27/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555060	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/19/2016
NAME OF PROVIDER OR SUPPLIER WINDSOR THE RIDGE REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 350 IRIS DRIVE SALINAS, CA 93906	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 3/28/1977 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: ONE STORY; CONSTRUCTION TYPE V (111), FULLY SPRINKLERED. The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 CFR (Code of Federal Regulations) 483.70 (a) and NFPA (National Fire Protection Association) 101, Life Safety Code 2000 edition, Existing codes. Representing the California Department of Public Health: 31201 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.	K 000	"Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusions set forth on the Statement of Deficiencies. This plan of Correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 CFR 483 et seq."  Signature CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JUL 16 2016 LIFE SAFETY CODE UNIT SAN BERNARDINO K-012 <u>CORRECTIVE ACTION:</u> All Penetrations were filled by Maintenance Supervisor on 7/20/16.	
K 012 SS=D	CENSUS: 98 NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following: 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the integrity of the building construction as evidenced by unsealed penetrations in the wall. This affected one of five smoke compartments, which could result in the passage of smoke or fire to other locations in the	K 012		7/20/16

LABORATORY REPRESENTATIVE'S SIGNATURE  TITLE Administrator 8/14/16 REVISEE

Any deficiency noted on this form indicates 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.

KPOC accepted 8/22/16 per Joannette Harrell

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K 012	<p>Continued From page 1 event of a fire.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 19.1.6.2 Health care occupancies shall be limited to the types of building construction shown in Table 19.1.6.2. (See 8.2.1.) Exception:* Any building of Type I(443), Type I(332), Type II(222), or Type II(111) construction shall be permitted to include roofing systems involving combustible supports, decking, or roofing, provided that the following criteria are met: (a) The roof covering meets Class C requirements in accordance with NFPA 256, Standard Methods of Fire Tests of Roof Coverings. (b) The roof is separated from all occupied portions of the building by a noncombustible floor assembly that includes not less than 2 1/2 in. (6.4 cm) of concrete or gypsum fill. (c) The attic or other space is either unoccupied or protected throughout by an approved automatic sprinkler system. 8.2.1* Construction. Buildings or structures occupied or used in accordance with the individual occupancy chapters (Chapters 12 through 42) shall meet the minimum construction requirements of those chapters. NFPA 220, Standard on Types of Building Construction, shall be used to determine the requirements for the construction classification. Where the building or facility includes additions or connected structures of different construction types, the rating and classification of the structure shall be based on either of the following: (1) Separate buildings if a 2-hour or greater vertically-aligned fire barrier wall in accordance with NFPA 221, Standard for Fire Walls and Fire Barrier Walls, exists between the portions of the</p>	K 012	<p><u>IDENTIFICATION:</u></p> <p>MS shall inspect facility weekly for any penetrations by walking rounds.</p> <p><u>MEASURES TO PREVENT REOCCURANCE:</u></p> <p>MS in-serviced all staff to notify Maintenance Department of any penetrations in walls and ceiling on 8/4/16.</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>	8/4/16

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: 5G9621 Facility ID: CA070000042 If continuation sheet Page 3 of 12

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K 012	Continued From page 3 on 7/19/16, the walls were observed.	K 012			
K 062 SS=D	At 10:06 a.m., there were two penetrations, one measuring approximately three inches in diameter, and one measuring approximately four inches by four inches around a pipe, in Heater Room 2. When interviewed, the Administrator confirmed the findings and stated that they would inform the maintenance supervisor. NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on document review and interview, the facility failed to maintain the automatic sprinkler system. This was evidenced by the failure to provide documentation for one of four quarterly tests and inspections of the automatic sprinkler system. This could lead to the sprinklers malfunctioning in the event of a fire, and affected five of five smoke compartments. NFPA 101 Life Safety Code, 2000 Edition 19.7.6 Maintenance and Testing. (See 4.6.12.) 4.6.12 Maintenance and Testing. 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction.	K 062	K-062 <u>CORRECTIVE ACTION:</u> Checked log books and TELS (The paperless facility computer Building Maintenance Program) to make sure all certifications and testing were done. Tri-County completed 1 st Quarter sprinkler test in April 2016 They also completed the annual at the same time on 4/4/16. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM APR 16 2016 LIFE SAFETY CODE UNIT SAN BERNARDINO <u>IDENTIFICATION:</u> No other testing was found out of compliance	4-4-16	

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NAME OF PROVIDER OR SUPPLIER

WINDSOR THE RIDGE REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

350 IRIS DRIVE
SALINAS, CA 93906

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K 062	<p>Continued From page 4</p> <p>9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this CODE shall be inspected, tested and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems., 1998 Edition.</p> <p>1-8.1 Records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date.</p> <p>1-8.2 Records shall be maintained by the owner. Original records shall be retained for the life of the system. Subsequent records shall be retained for a period of one year after the next inspection, test, or maintenance required by the standard.</p> <p>Findings:</p> <p>During document review with the Administrator on 7/19/16, the documents for the quarterly flow tests were requested.</p> <p>At 9:15 a.m., the facility failed to provide one of four quarterly testing and inspection documents for the automatic sprinkler system. The facility was missing the first quarter (Jan/Feb/Mar) 2016. When interviewed, the Administrator stated that she called their vendor and was informed that the first quarter was not conducted. The Administrator was informed by their vendor that they wanted to do the quarterly with the annual which was in the second quarter. Two quarterly testing and inspections were conducted in the second quarter. One on 4/4/16 and the other on</p>	K 062	<p><u>MEASURES TO PREVENT REOCCURANCE:</u></p> <p>First Alarm was contacted as a secondary vendor to perform service if necessary. 8/4/16.</p> <p><u>MONITORING AND INCORPORATION INTO THE QA&A SYSTEM:</u></p> <p>Maintenance Supervisor shall review logs every Monday and Friday and monitor the preventative maintenance programs for upcoming certification that need to be completed. All certifications completed shall be brought to monthly CQI meeting for review.</p> <p><u>COMPLETION:</u></p> <p>8/4/16 by Maintenance Supervisor</p>	8/4/16

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K 062	Continued From page 5 6/28/16.	K 062		
K 064 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Portable fire extinguishers shall be installed, inspected, and maintained in all health care occupancies in accordance with 9.7.4.1, NFPA 10, 18.3.5.6, 19.3.5.6</p> <p>This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain their portable fire extinguishers. This was evidenced by a fire extinguisher that was obstructed, and a fire extinguisher that was mounted higher than the 60 inch regulated height. This could result in a delay in accessing the fire extinguisher and affected two of five smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 19.3.5.6 Portable fire extinguishers shall be provided in all health care occupancies in accordance with 9.7.4.1</p> <p>9.7.4 Manual Extinguishing Equipment. 9.7.4.1* Where required by the provisions of another section of this Code, portable fire extinguishers shall be installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.</p> <p>NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition 1-6.10 Fire extinguishers having a gross weight not exceeding 40 lb (18.14 kg) shall be installed so that the top of the fire extinguisher is not more than 5 ft (1.53 m) above the floor. Fire extinguishers having a gross weight greater than 40 lb (18.14 kg) (except wheeled types) shall be</p>	K 064	<p>K-064</p> <p><u>CORRECTIVE ACTION</u></p> <p>Extinguisher in laundry was relocated 7/21/16.</p> <p>Fire extinguisher across from Business office was lowered 4" to comply with the 60" rule.</p> <p><u>IDENTIFICATION:</u></p> <p>Maintenance Supervisor did rounds to insure all extinguishers were compliant with the 60" rule. No other obstructions were found.</p> <p><u>MEASURES TO PREVENT REOCCURANCE:</u> All staff in-serviced by Maintenance Supervisor regarding not block fire extinguishers.</p>	7/21/16

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

LICENSING & CERTIFICATION PROGRAM

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K 064	<p>Continued From page 6</p> <p>so installed that the top of the fire extinguisher is not more than 3 ½ ft (1.07 m) above the floor. In no case shall the clearance between the bottom of the fire extinguisher and the floor be less than 4 in. (10.2 cm).</p> <p>Chapter 4 Inspection, Maintenance and Recharging 4-3.2* Procedures. Periodic inspection of fire extinguishers shall include a check of a least the following items: (a) Location in designated Place (b) No obstruction to access or visibility (c) Operating instructions on nameplate legible and facing outward (d) *Safety seals and tamper indicators not broken or missing (e) Fullness determined by weighing or "hefting" (f) Examination for obvious physical damage, corrosion, leakage, or clogged nozzle (g) Pressure gauge reading or indicator in the operable range or position (h) Condition of tires, wheels, carriage, hose, and nozzle checked (for wheeled units) (i) HMIS label in place</p> <p>4-3.4 Inspection Recordkeeping. 4-3.4.1 Personnel making inspections shall keep records of all fire extinguishers inspected, including those found to require corrective action. 4-3.4.2 At least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. 4-3.4.3 Records shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or in an electronic system (e.g., bar coding) that provides a permanent record. 4-4 Maintenance.</p>	K 064	<p><u>MONITORING AND INCORPORATION INTO THE QA&A SYSTEM</u></p> <p>Maintenance Supervisor shall report to monthly CQI meeting how many times that fire extinguishers with carts. He will request further recommendations if needed.</p> <p><u>CORRECTIVE ACTION:</u></p> <p>Maintenance Supervisor completed 8/4/16.</p>	8/4/16

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K 144	<p>Continued From page 8</p> <p>presence of a rented temporary generator being used to supply emergency power. This could potentially result in a malfunction of the generator in an emergency. This affected five of five smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition</p> <p>9.1.3 Emergency Generators. Emergency generators, where required for compliance with this Code, shall be tested and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems.</p> <p>NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition</p> <p>2-2.4.2 Level 2 defines equipment performance requirements for applications where failure of the EPSS to perform is less critical to human life and safety and where it is expected that the authority having jurisdiction will exercise its option to allow a higher degree of flexibility than provided by Level 1. All Level 2 equipment shall be permanently installed.</p> <p>Finding:</p> <p>During a tour of the facility, document review, and interview with the Administrator on 7/19/16, the temporary generator was observed.</p> <p>1. At 10:10 a.m., a temporary diesel generator was observed surrounded by bolsters at the back of the facility. When interviewed, the Administrator stated that the temporary diesel generator was installed on 5/25/16. When interviewed, the Administrator stated that their permanent generator was leaking oil and was</p>	K 144	<p><u>MONITORING PROCESS TO PREVENT RECURRENCE:</u></p> <p>The Maintenance Supervisor shall inspect the facility generator and weekly.</p> <p>The Maintenance Supervisor shall test the facility generator under load for at least 30 minutes weekly. All records shall be maintained by facility maintenance dept. and over seen by the facility Administrator and Regional Maintenance Coordinator.</p> <p><u>QA PROGRAM THAT SHALL BE PIT INTO PLACE:</u></p> <p>The Maintenance Supervisor shall bring all logs that were completed throughout the month to the Monthly CQI meeting. The committee shall oversee proper compliance and the need for further review and recommendations.</p> <p>The Maintenance Supervisor is responsible for completing all tests and maintaining all logs in accordance to the regulations.</p> <p>The Regional Maintenance Coordinator and facility Administrator is responsible for overseeing the Facility Maintenance Supervisor's compliance.</p> <p><u>DATE OF COMPLETION</u></p> <p>Administrator requested on 08/16/16 a 6 month temporary generator waiver. Project will be completed before 11/24/16.</p>	8-16-16 11-24-16

Aug 16 2016

LIFE SAFETY CODE UNIT
SAN BERNARDINO

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K 144	Continued From page 9 being repaired.	K 144		
K 147 SS=D	<p>2. At 1:40 p.m., the Administrator provided a copy of the Application for New Project, dated 12/28/15, from the Office of Statewide Health Planning and Development (OSHPD) Project #S153274-27-00; and a Building Permit, BP#S153274-27-00-BPT01 was issued on 3/10/16. The Administrator stated that they would submit a waiver request for the project if needed.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1</p> <p>This STANDARD is not met as evidenced by: Based on observation, and interview, the facility failed to maintain the electrical wiring. This was evidenced by the use of extension cords and surge protectors as substitute for fixed wiring. This could result in the ignition of an electrical fire and affected four of five smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.</p> <p>NFPA 70, National Electrical Code, 1999 Edition 400-7 Uses Permitted (a) Uses. Flexible cords shall be used only for the following: 1) Pendants 2) Wiring of fixtures 3) Connection of portable lamps, portable and</p>	K 147	<p><u>K-147</u></p> <p><u>CORRECTIVE ACTION</u></p> <p>All cords and surge protectors were removed by Maintenance Supervisor on 7/19/16.</p> <p><u>IDENTIFICATION:</u></p> <p>Maintenance Supervisor conducted visual checks to assure no other fans were plugged into extension cords or surge protectors. No other extension cords from residents were being used. On 7/19/16.</p> <p><u>MONITORING AND INCORPORATION INTO THE QA&A SYSTEM:</u></p> <p>MS shall report to monthly CQI committee meeting the improper</p>	<p>7/19/16</p> <p>7/19/16</p>

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K 147	Continued From page 10 mobile signs or appliances 4) Elevator cables 5) Wiring of cranes and hoists 6) Connection of stationary equipment to facilitate their frequent interchange 7) Prevention of the transmission of noise or vibration 8) Appliances where the fastening means and mechanical connections are specifically designed to permit ready removal for maintenance and repair, and the appliance is intended or identified for flexible cord connection 9) Data processing cables as permitted by Section 645-5 10) Connection of moving parts 11) Temporary wiring as permitted in Sections 305-4 b) & 305-4 c) 400-8. Uses not Permitted. Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8. Findings: During a tour of the facility with the Administrator and Maintenance Supervisor on 7/19/16, the electrical wiring in the facility was observed, and staff interviewed.	K 147	use of any further surge protector use throughout the month. <u>COMPLETION:</u> 7/22/16 by MS	7/22/16	

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 147	Continued From page 11 1. At 10:54 a.m., there was an extension cord by Bed A, in Room 21. When interviewed, the Administrator stated that a family member brought in the extension cord. 2. At 11:14 a.m., a fan was plugged into an orange extension cord instead of directly into the wall outlet, in the Computer Server Room. The finding was confirmed by the Administrator. 3. At 12:50 p.m., a fan was plugged into a surge protector instead of directly into the wall outlet, in the Conference Room. The finding was confirmed by the Administrator. 4. At 12:55 p.m., a fan was plugged into a surge protector instead of directly into the wall outlet, in the Maintenance Office. The finding was confirmed by the Administrator.	K 147		

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH