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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
		555060	B. WING			07/	19/2016
	PROVIDER OR SUPPLIER	BILITATION CENTER		3	TREET ADDRESS, CITY, STATE, ZIP CODE 50 IRIS DRIVE ALINAS, CA 93906		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
K 000	INITIAL COMMEN	ΓS	ΚC	000			
	STRUCTURE TYP	R: 2000 EXISTING			"Preparation and/or execution of this Plan does not constitute admission or agreeme provider of the truth of the facts alleged or set forth on the Statement of Deficiencies. Correction is prepared and/or executed so it is required by the provisions of Health at Code Section 1280 and 42 CFR 483 et se	nt by the the conclu This plan dely becau nd Safety	usions of
	The following reflect Department of Pub Life Safety Code refindings are in accomplete Federal Regulation (National Fire Protes Safety Code 2000 of Representing the Code 2000 of Page 1975 (National Fire Protes Safety Code 2000 of Representing the Code 2000 of Page 1975 (National Fire Protes Page 1975) (National Fire Protes Page 1	ets the findings of the California lic Health, during an annual scertification survey. The ordance with 42 CFR (Code of s) 483.70 (a) and NFPA ection Association) 101, Life edition, Existing codes.			CALIFORNIA DEPARTMENT OF LICENSING & CERTIFICATI	GH FROG	
K 012 SS=D	42 CFR 483.70 (a) CENSUS: 98	substantial compliance with for Long Term Care Facilities. FETY CODE STANDARD	K	012	LIFE SAFETY CODE SAN BERNARDI K-012 CORRECTIVE ACTION:	-	
- SS=U	of the following: 19.1.6.2, 19.1.6.3, This STANDARD i Based on observa failed to maintain th construction as evid penetrations in the smoke compartment	on type and height meets one 19.1.6.4, 19.3.5.1 s not met as evidenced by: tion and interview, the facility he integrity of the building denced by unsealed wall. This affected one of five hts, which could result in the or fire to other locations in the			All Penetrations were filled by Maintenance Supervisor on 7/20/16.		7/20116
LABOR		EPRESENTATIVE'S SIGI		<u>Д</u>	lminista Ator	8/14	(X6) DATE

Any de content a deficiency which the institution may be excused from correcting providing it is determined that other sareguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G 01	(X3) DATE SURVEY COMPLETED	
		555060	B. WING		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	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE COMPLETION
K 012	event of a fire. NFPA 101, Life Saf 19.1.6.2 Health car to the types of build Table 19.1.6.2. (Se Exception:* Any bu I(332), Type II(222)	ety Code, 2000 Edition e occupancies shall be limited ding construction shown in e 8.2.1.) ilding of Type I(443), Type e, or Type II(111) construction	K 01:	IDENTIFICATION: MS shall inspect facility weekly any penetrations by walking roun	
	involving combustil roofing, provided the met: (a) The roof covering requirements in acceptance of the coverings. (b) The roof is sepangoritions of the build assembly that included.	cordance with NFPA 256, of Fire Tests of Roof arated from all occupied ding by a noncombustible floor ides not less than 21/2 in.		The state of the s	
	automatic sprinkler 8.2.1* Construction occupied or used ir individual occupant through 42) shall m requirements of the Standard on Types be used to determiconstruction classification of the either of the following (1) Separate building occupants of the following the standard of the following (1) Separate building occupants occupants of the following the standard of the following (1) Separate building occupants occupants occupants occupants of the following occupants occu	. Buildings or structures in accordance with the cy chapters (Chapters 12 neet the minimum construction ose chapters. NFPA 220, of Building Construction, shall ne the requirements for the fication. Where the building or ditions or connected structures oction types, the rating and structure shall be based on		MEASURES TO PREVENT REOCCURANCE: MS in-serviced all staff to notify Maintenance Department of any penetrations in walls and ceiling 8/4/16. CALIFORNIA DEPARTMENT OF PUBLIC LICENSING & CERTIFICATION PRO	c HEALTH
	with NFPA 221, Sta	e parrier wall in accordance indard for Fire Walls and Fire is between the portions of the		SAN BERNARDINO	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD) DATE SURVEY COMPLETED			
	•	555060	B. WING			07/	07/19/2016	
	PROVIDER OR SUPPLIER	BILITATION CENTER		35	TREET ADDRESS, CITY, STATE, ZIP CODE 50 IRIS DRIVE ALINAS, CA 93906			
(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 CORRECTIO (EACH CORRECTIVE ACTION SHOULE CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
K 012	building Exception: The recapply to previously between buildings. (2) The least fire-rethe connected portprovided 8.2.3.2.4.2* Pipes, wires, air ducts, prosimilar building ser through fire barrier (1) The space between the fire barrier shade conditions: a. It shall be filled to find maintaining the barrier. b. It shall be protective designed for the (2) Where the penegenetrate the fire barrier beliefly solidly set in the fire the solidly set in the fire	quirement of 8.2.1(1) shall not approved separations esistive type of construction of ions, if no such separation is conduits, bus ducts, cables, eumatic tubes and ducts, and vice equipment that pass is shall be protected as follows: ween the penetrating item and if meet one of the following with a material that is capable fire resistance of the fire ited by an approved device that is specific purpose, etrating item uses a sleeve to parrier, the sleeve shall be the barrier, and the space and the sleeve shall meet one	K	012	MONITORING AND INCORPORATION INTO THE QA&A SYSTEM: After weekly inspections of facil done by maintenance staff, all penetrations found shall be loggimaintenance book and repaired and repaired and repaired are completely as a second completely and repaired are completely as a second completely and repaired are completely as a second completely as a second completely and completely are completely as a second completely as a second completely and completely are completely as a second completely as a second completely are completely as a second completely are completely as a second completely as a second completely are completely as a second completely are completely as a second completely are completely as a second completely as a second completely as a second completely are completely as a second completely as a seco	lity, ed in		
	a. It shall be filled to of maintaining the barrier. b. It shall be protected.	with a material that is capable fire resistance of the fire steed by an approved device that			7/20/16 by m.S.	÷	7/20116	
	shall not pass thro of the following cor a. The material sha the fire resistance b. The material sha	coverings for pipes and ducts ugh the fire barrier unless one nditions is met: all be capable of maintaining of the fire barrier. all be protected by an approved			CALIFORNIA DEPARTMENT OF PUBLIC LICENSING & CERTIFICATION PRO	GRAM		
	Findings:	gned for the specific purpose.			LIFE SAFETY CODE UNIT SAN BERNARDINO	r		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULT A. BUILDI	TIPLE CONSTRUCTION NG 01		(X3) DATE SURVEY COMPLETED		
		555060	B. WING		07/	19/2016	
	PROVIDER OR SUPPLIER R THE RIDGE REHA	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 350 IRIS DRIVE SALINAS, CA 93906			
(X4) ID PREFIX TAG	(EACH DEFICIENT	FATEMENT OF DEFICIENCIES CY 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	
K 012	on 7/19/16, the wa At 10:06 a.m., the measuring approx diameter, and one	rage 3 alls were observed. The were two penetrations, one simately three inches in the measuring approximately four thes around a pipe, in Heater	ΚO	12			
K 062 S S=D	confirmed the find inform the mainter NFPA 101 LIFE So Required automat continuously main	Iterviewed, the Administrator ings and stated that they would nance supervisor. AFETY CODE STANDARD IC sprinkler systems are tained in reliable operating inspected and tested	ΚO	K-062	·		
	9.7.5 This STANDARD Based on docume facility failed to ma system. This was provide document tests and inspection system. This coul	7.6, 4.6.12, NFPA 13, NFPA 25, is not met as evidenced by: ent review and interview, the aintain the automatic sprinkler evidenced by the failure to ation for one of four quarterly ons of the automatic sprinkler d lead to the sprinklers the event of a fire, and affected compartments.		CORRECTIVE ACT Checked log books an paperless facility com Maintenance Program all certifications and t done. Tri-County com Quarter sprinkler test They also completed same time on 4/4/16.	nd TELS (The aputer Building a) to make sure esting were apleted 1st in April 2016	4-4-16	
	NFPA 101 Life Sat 19.7.6 Maintenand 4.6.12 Maintenand 4.6.12.1 Whenever equipment, system of protection, or ar compliance with the device, equipment arrangement, leve shall thereafter be accordance with a	fety Code, 2000 Edition ce and Testing. (See 4.6.12.)		CALIFORNIA DEPARTME LICENSING & CERTIF LIFE SAFETY SAN BERI LIDENTIFICATION No other testing was compliance	FICATION PROGRAM 6 9916 CODE UNIT NARDINO	I I	

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MU A. BUILI		E CONSTRUCTION 01	(X3) DATE SU COMPLE			
		555060	B. WING	;		07/	19/2016		
WINDSO (X4) ID		BILITATION CENTER ATEMENT OF DEFICIENCIES YMUST BE PRECEDED BY FULL	ID PREF	3 S	STREET ADDRESS, CITY, STATE, ZIP CODE 350 IRIS DRIVE SALINAS, CA 93906 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD		(X5)		
PREFIX TAG		SC IDENTIFYING INFORMATION)	TAG		CROSS-REFERENCED TO THE APPROP DEFICIENCY)		DATE		
K 062	9.7.5 Maintenance sprinkler and stand CODE shall be instin accordance with Inspection, Testing Water-Based Fire INFPA 25 Standard and Maintenance of Systems., 1998 Ed 1-8.1 Records shall performed (e.g., instinuing maintenance), the the work, the result 1-8.2 Records shall Original records shall o	and Testing. All automatic lipipe systems required by this pected, tested and maintained NFPA 25, Standard for the , and Maintenance of Protection Systems. for the Inspection, Testing, of Water-Based Fire Protection lition. Il indicate the procedure spection, test, or organization that performed its, and the date. Il be maintained by the owner hall be retained for the life of quent records shall be retained year after the next inspection, be required by the standard. eview with the Administrator on nents for the quarterly flow ed. actility failed to provide one of	K	062	MEASURES TO PREVENT REOCCURANCE: First Alarm was contacted as secondary vendor to perform service if necessary. 8/4/16. MONITORING AND INCORPORATION INTO QA&A SYSTEM: Maintenance Supervisor shall review logs every Monday at Friday and monitor the	THE	94116		
	for the automatic s was missing the fir When interviewed, she called their ver first quarter was not Administrator was they wanted to do the which was in the settesting and inspect	ng and inspection documents prinkler system. The facility st quarter (Jan/Feb/Mar) 2016. the Administrator stated that address and was informed that the ot conducted. The informed by their vendor that the quarterly with the annual econd quarter. Two quarterly ions were conducted in the ne on 4/4/16 and the other on			preventative maintenance programs for upcoming certification that need to be completed. All certifications completed shall be brought to monthly CQI meeting for rev	0	8/4/16		

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Event ID: 5G9621

GNATOR BY MAINTENANCE SHIP PRINCIPLE Page 5 of 12

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	TO TOTAL MILLOTOTAL	A MILDICAID SLIVICES				7. 0930-0391			
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING 01		(X3) DATE SURVEY COMPLETED				
		555060	B. WING	1 07					
NAME OF PROVIDER OR SUPPLIER WINDSOR THE RIDGE REHABILITATION CENTER			,	STREET ADDRESS, CITY, STATE 350 IRIS DRIVE SALINAS, CA 93906					
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		CTION SHOULD BE O THE APPROPRIATE	(X5) COMPLETION DATE			
K 062 K 064 SS=D	Portable fire exting inspected, and mai occupancies in acc 10. 18.3.5.6, 19.3.5.6 This STANDARD is Based on observate failed to maintain the This was evidenced was obstructed, an mounted higher that This could result in extinguisher and afformation of the compartments. NFPA 101, Life Saff 19.3.5.6 Portable of provided in all heal accordance with 9. 9.7.4 Manual Exting 9.7.4.1* Where required another section of extinguishers shall maintained in accompartments. NFPA 10, Standard Extinguishers, 1998 1-6.10 Fire extinguinot exceeding 40 lbs of that the top of the than 5 ft (1.53 m) a extinguishers having and the standard shavinguishers having a extinguishers having a extinguishers having a extinguishers having a extinguishers having a control of the control of	uishers shall be installed, ntained in all health care ordance with 9.7.4.1, NFPA s not met as evidenced by: tion and interview, the facility heir portable fire extinguishers. d by a fire extinguisher that d a fire extinguisher that was an the 60 inch regulated height. a delay in accessing the fire fected two of five smoke ety Code, 2000 Edition fire extinguishers shall be the care occupancies in 7.4.1. guishing Equipment. uired by the provisions of this Code, portable fire be installed, inspected, and redance with NFPA 10, ole Fire Extinguishers.	K	Extinguisher in la relocated 7/21/16 Fire extinguisher Business office we comply with the 6 IDENTIFICATI Maintenance Suprounds to insure a were compliant we No other obstruct MEASURES TO REOCCURANCE All staff in-service Maintenance Suprout block fire extends to the service of the servic	across from as lowered 4" to 60" rule. ON: ervisor did all extinguishers with the 60" rule. tions were found. OPREVENT CE: ced by pervisor regarding tinguishers.	7/21/16			
				CALIFORNIA DEPARTMI	EMF OF PUBLIC HEALT SIGNTION PROGRAM	ا ^[]			

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: 5G9621

Facility ID: CA070000042 If continuation sheet Page 6 of 12

LIFE SAFETY CODE UNIT SAN BERNARDINO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING 01		TE SURVEY MPLETED	
		555060	B. WING		07	07/19/2016	
	PROVIDER OR SUPPLIE	ABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP (350 IRIS DRIVE SALINAS, CA 93906			
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE	
K 064	so installed that the not more than 3 ½ no case shall the of the fire extingu 4 in. (10.2 cm). Chapter 4 Inspect Recharging 4-3.2* Procedures extinguishers shat following items: (a) Location in de (b) No obstruction (c) Operating instand facing outward (d) *Safety seals abroken or missing (e) Fullness deter (f) Examination for corrosion, leakage (g) Pressure gauge operable range or (h) Condition of timozzle checked (fi) HMIS label in pure 4-3.4.1 Personnel records of all fire including those for 4-3.4.2 At least more was performed ar performing the insum 4-3.4.3 Records sattached to the fire checklist maintain the insum that the same than the same th	the top of the fire extinguisher is 2 ft (1.07 m) above the floor. In clearance between the bottom isher and the floor be less than tion, Maintenance and as. Periodic inspection of fire ill include a check of a least the signated Place in to access or visibility ructions on nameplate legible and tamper indicators not improved in mined by weighing or "hefting" in obvious physical damage, it is of clogged nozzle are reading or indicator in the position res, wheels, carriage, hose, and for wheeled units) place. Recordkeeping. I making inspections shall keep extinguishers inspected, and to require corrective action, onthly, the date the inspection and the initials of the person spection shall be recorded. Shall be kept on a tag or label the extinguisher, on an inspection and on file, or in an electronic coding) that provides a label to the provides a label to t		MONITORING ANI INCORPORATION QA&A SYSTEM Maintenance Supervis report to monthly CQ how many times that extinguishers with car request further recommended. CORRECTIVE AC Maintenance Supervis 8/4/16.	Sor shall I meeting fire rts. He will mendations if	8/4/1/L	

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		TRUCTION	(X3) DATE SURVEY COMPLETED	
		555090	B. WING			07/19/2016	
WINDSC (X4) ID	SUMMARY S	ABILITATION CENTER	D	350 IRIS SALINA	S, CA 93906 PROVIDER'S PLAN OF CORRECT		(X5)
PRÉFIX TAG		CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREF TAG		(EACH CORRECTIVE ACTION SHOU ROSS-REFERENCED TO THE APPR DEFICIENCY)		COMPLETION DATE
K 064	4-4.1 Frequency, subjected to main than 1 year, at the when specifically 4-4.4 Maintenance extinguisher shall attached that indice maintenance was the person performand Maintenance extinguishers were 1. At 11:09 a.m., extinguisher was a The finding was contact to maintenance extinguishers were stronguisher was a the finding was a contact to maintenance extinguisher was a the finding was a contact to maintenance extinguisher extingui	Fire extinguishers shall be tenance at intervals of not more at time of hydrostatic test, or indicated by an inspection. See Recordkeeping. Each fire have a tag or label securely cates the month and year the performed and that identifies ming the service. The facility with the Administrator Supervisor on 7/19/16, the fire	K	R M B T ex T 0: A en be M au lc	Regional Director of Plant Management received Building permit on 03/10/18 Emporary. Generator in us xisting generator was rebused Emporary generator in plant 5/25/16. DENTIFICATION: Any generator being used for mergency back up in the fact the need of repair. Maint. Supervisor shall test and maintain reports weekly back test at least 30 minutes CORRECTION WILL BY	6 to have se while the ilt. ce on acility course generatory and under each more.	e 5/25/11/2 1d
K 144 .ss=E	from the Business approximately 64 operative handle confirmed by the Maintenance Superemount fire exting NFPA 101 LIFE Stranger of the Strange	the fire extinguisher across office was mounted at inches from the floor to the The measurement was Maintenance Supervisor. The ervisor stated that he would guisher to the regulated height. AFETY CODE STANDARD etcd weekly and exercised minutes per month and shall be a NFPA 99 and NFPA 110. (NFPA 99), Chapter 6 (NFPA is not met as evidenced by: ation, document review and ity failed to provide a tor, as evidenced by the	K	TP O gr St A O O S S C C O O	CCOMPLISHED BOTE EMPORARILY AND PERMANENTLY: On 05/25/16 a replacement enerator was installed und upervision of OSHPD and degional Director of Plant II a C Generator Service was 7/24/16 to expedite repair enerator by Regional Director Management. Beginning 07/24/16 The adf the facility requested a T Generator Waiver request for affety Code Unit. Projected ompletion shall be before on 08/14/16 additional information of the Life Safety Code unit of the	temporary der the The manageme contacted of origina ctor of Pla ministrato emporary orm the Li I date for 11/24/16.	125 16 int. on 1724 16 r fe 11/24 16 8/14 116

Event ID: 5G9621

RM CMS-2567(02-99) Previous Versions Obsofete

Facility ID. Additional Action of the Control of th

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DEPART	TMENT ÓF HEALTH AND HUMAN SERVICES				:D; 07/27/2016 RM APPROVED
· CENTER	RS FOR MEDICARE & MEDICAID SERVICES				NO. 0938-0391
	OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD			DATE SURVEY COMPLETED
	555060	B. WING			07/19/2016
NAME OF I	PROVIDER OR SUPPLIER		S	TREET ADDRESS, CITY, STATE, ZIP CODE	01110,2010
	R THE RIDGE REHABILITATION CENTER		3.5	50 IRIS DRIVE ALINAS, CA 93906	
(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 BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	COMPLETION DATE
K 144	Continued From page 8 presence of a rented temporary generator being Jused to supply emergency power. This could potentially result in a malfunction of the generator in an emergency. This affected five of five smoke compartments. NFPA 101, Life Safety Code, 2000 Edition 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. NFPA 110, Standard for Emergency and Standby Power Systems, 1999 Edition 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.		144	MONITORING PROCESS TO PREVENT RECURRENCE: The Maintenance Supervisor shall inspect the facility generator and weekly. The Maintenance Supervisor shall te the facility generator under load for least 30 minutes weekly. All records shall be maintained by facility maintenance dept, and over seen by facility Administrator and Regional Maintenance Coordinator. OA PROGRAM THAT SHALL B PIT INTO PLACE: 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. The Maintenance Supervisor is	est at the
	Finding: During a tour of the facility, document review, and interview with the Administrator on 7/19/16, the temporary generator was observed.			responsible for completing all tests a maintaining all logs in accordance to regulations. The Regional Maintenance Coordinand facility Administrator is responsion for overseeing the Facility Maintenance.	o the ator sible
				Supervisor's compliance.	

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1. At 10:10 a.m., a temporary diesel generator was observed surrounded by bolsters at the back

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

of the facility. When interviewed, the

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Facility ID: CACTOROGE SING & CERTIFICATPONIPROGRAPHED Page 9 of 12

Administrator requested on 08/16/16 a 6

month temporary generator waiver.

11/24/16 NIA DEPARTMENT OF PUBLIC HEAL

Project will be completed before

DATE OF COMPLETION

ATT 1.6 2016

STATEMENT OF DEFICIENCIES

FORM CMS-2567(02-99) Previous Versions Obsolete

AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA

IDENTIFICATION NUMBER:

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

(X3) DATE SURVEY

COMPLETED

555060 B. WING 07/19/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 350 IRIS DRIVE WINDSOR THE RIDGE REHABILITATION CENTER SALINAS, CA 93906 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID !D (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRFFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 144 Continued From page 9 K 144 being repaired. 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, K-147 BP#S153274-27-00-BPT01 was issued on 3/10/16. The Administrator stated that they would CORRECTIVE ACTION submit a waiver request for the project if needed. K 147 K 147 NFPA 101 LIFE SAFETY CODE STANDARD All cords and surge protectors SS=D Electrical wiring and equipment shall be in were removed by Maintenance accordance with National Electrical Code. 9-1.2 Supervisor on 7/19/16. (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: Based on observation, and interview, the facility IDENTIFICATION: 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 Maintenance Supervisor conducted and affected four of five smoke compartments. visual checks to assure no other fans were plugged into extension NFPA 101, Life Safety Code, 2000 Edition cords or surge protectors. No other 9.1.2 Electric. Electrical wiring and equipment extension cords from residents shall be in accordance with NFPA 70, National مرا 19 أ were being used. On 7/19/16. Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction. NFPA 70, National Electrical Code, 1999 Edition 400-7 Uses Permitted MONITORING AND (a) Uses. Flexible cords shall be used only for the INCORPORATION INTO THE following: QA&A SYSTEM: 1) Pendants 2) Wiring of fixtures 3) Connection of portable lamps, portable and MS shall report to monthly CQI committee meeting the improper

Event 1D: 5G9621

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01

Facility ID: CA07000042 EICENSING & CERTIFICATION PROGRAM

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUI A. BUILE			(X3) DATE SURVEY COMPLETED			
		555060	B. WING			07	07/19/2016	
NAME OF PROVIDER OR SUPPLIER WINDSOR THE RIDGE REHABILITATION CENTER				35	REET ADDRESS, CITY, STATE, ZIP CODI 10 IRIS DRIVE ALINAS, CA 93906	E		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	OULD BE	(X5) COMPLETION DATE	
K 147	K 147 Continued From page 10 mobile signs or appliances 4) Elevator cables 5) Wiring of cranes and hoists		K	147	use of any further surge puse throughout the month			
	6) Connection of st	ationary equipment to facilitate			COMPLETION:			
	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				7/22/16 by MS		7/22/14	
	similar openings (4) Where attached Exception: Flexible permitted to be atta	ugh doorways, windows, or to building surfaces cord and cable shall be ached to building surfaces in e provisions of Section 364-8.						
	Findings:		[Į				
	and Maintenance S	facility with the Administrator Supervisor on 7/19/16, the he facility was observed, and			CALIFORNIA DEPARTMENT OF 1		TH	

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(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

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

(X3) DATE SURVEY

AND PLAN C	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING 0	1	COM	LETED			
		555060	B. WING			07/19/2016				
	PROVIDER OR SUPPLIER R THE RIDGE REHAE	BILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 350 IRIS DRIVE SALINAS, CA 93906						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	SUMMARY STATEMENT OF DEFICIENCIES ACH DEFICIENCY MUST BE PRECEDED BY FULL GULATORY OR LSC IDENTIFYING INFORMATION)			PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE			
K 147	Continued From pa	ge 11	K1	47						
-	Bed A, in Room 21. Administrator stated brought in the exter 2. At 11:14 a.m., a orange extension of wall outlet, in the Confinding was confirm 3. At 12:50 p.m., a protector instead of the Conference Roconfirmed by the Advanced by the Advanced A. At 12:55 p.m., a protector instead of the Conference Roconfirmed by the Advanced Brother Conference Roconfirmed by the Advanced Brother Conference Roconfirmed Brother Brother Conference Roconfirmed Brother Conference Roconfirmed Brother Br	fan was plugged into an ord instead of directly into the omputer Server Room. The ed by the Administrator. fan was plugged into a surge directly into the wall outlet, in om. The finding was diministrator. fan was plugged into a surge directly into the wall outlet, in finding was directly into the wall outlet, in ffice. The finding was								
					CALIFORNIA DEPARTMENT OF PUBLIC	; HEALTH				

(X2) MULTIPLE CONSTRUCTION