PRINTED: 04/26/2018 FORM APPROVED OMB NO. 0938-0391

SABURY PARK NURSING & REHABILITATION CENTER ASBURY PARK NURSING & REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES PREPRIX PARK NURSING & REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES PREPRIX PARK NURSING & REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES PREPRIX PARK NURSING & REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES PREPRIX PARK NURSING & REHABILITATION CENTER SUMMARY STATEMENT OF DEFICIENCIES PREPRIX PROVIDERS PLAN OF CORRECTION PROPRIATE PREPRIX PROVIDERS PLAN OF CORRECTION PROPRIATE PREPRIX PROVIDERS PLAN OF CORRECTION PROPRIATE PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION PROPRIATE PROVIDERS PLAN OF CORRECTION PROVIDERS PLAN OF CORRECTION PROPRIATE PROVIDERS PLAN OF CORRECTION PROVIDERS	STATEMENT AND PLAN (TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILDI	TIPLE CONSTRUCTION ING 02	(X3) DATE SURVEY COMPLETED
ASBURY PARK NURSING & REHABILITATION CENTER SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST are PRECEDED BY FULL PRESULATORY OR ISC IDENTIFYING INFORMATION) PREFIX TAG PREFIX TAG PRESULATORY OR ISC IDENTIFYING INFORMATION) PREFIX TAG PRESULATORY OR ISC IDENTIFYING INFORMATION P			555673	B. WING		04/17/2018
FREETIX TAG FREEDLATORY OR LSC IDENTIFYING INFORMATION TAG FREEDLATORY OR LSC IDENTIFY OR LSC INCOMENTAL TAG TA					2257 FAIR OAKS BLVD.	
Surveyor: 37135 The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities. Representing the California Department of Public Health: 37135 Census: 95 E 041 Hospital CAH and LTC Emergency Power CFR(s): 483.73(e) (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section. §483.73(e), §485.625(e) (e) Emergency and standby power systems. The LTC facility and the CAH] must implement emergency and standby power systems based on the emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section. §483.73(e), §485.625(e) (e) Emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section. §482.15(e)(1), §483.73(e)(1), §485.625(e)(1) Emergency generator location. The generator must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments 114 12-2. Tla 14.2-3, Tla 14.2-4, Tla 12-5, and Tla 12-6). Life Safety Code (NFPA 101	PRÉFIX	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO	LD BE COMPLETION
requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 4. The maintenance supervisor or designee	E 041	Surveyor: 37135 The following reflet Department of Putergency Preparation of Federal Regulation for Long Term Carlong Term	ects the findings of the California ablic Health, during an aredness recertification survey. In accordance with 42 Code of ons (CFR) 483.73, Requirement re (LTC) Facilities. California Department of Public distandby power systems. The alement emergency and standby ased on the emergency plan set in (a) of this section and in the edures plan set forth in (ii) and (ii) of this section. 625(e) Industrial standby power systems. The he CAH] must implement tandby power systems based on an set forth in paragraph (a) of 83.73(e)(1), §485.625(e)(1) retor location. The generator	EO	Plan of Correction does not constitute admission or agreemen by the provider of the truth of the facts alleged or the conclusions set forth on the Statement of Deficiencies. This Plan of Correctis prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 CFR 4 Et seq." 1. The maintenance supervisor or updated the facility policy and provisions of the supply is supplied natural gas from the city to keep the emergency power system operation the minimum required time of 96. 2. The maintenance supervisor or completed a check of the propane and labeled the correct fuel supply propane fuel tank. No other areas identified for correction. 3. The maintenance supervisor of designee shall monitor the propare	totion CALIFORNIA DEPARTMENT CALIFORNIA DEPARTMENT designee do by he bonal for hours. designee fuel tank y on the were
		Code (NFPA 99 a Amendments TIA 12-5, and TIA 12-	nd Tentative Interim 12-2, TIA 12-3, TIA 12-4, TIA 6), Life Safety Code (NFPA 101		tank. 4. The maintenance supervisor or	designee

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.

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

Event ID: 5NKR21

Facility ID: CA030000001

If continuation sheet Page 1 of 30

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			LTIP: DING	(X3) DATE SURVEY COMPLETED		
•		555673	B. WING	<u>.</u>		04/	17/2018
	PARK NURSING & R	EHABILITATION CENTER		2	TREET ADDRESS, CITY, STATE, ZIP CODE 257 FAIR OAKS BLVD. ACRAMENTO, CA 95825		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
E 041	when a new structus structure or building 482.15(e)(2), §483. Emergency general [hospital, CAH and the emergency poward maintenance re Health Care Facilities Safety Code. 482.15(e)(3), §483. Emergency general LTC facilities] that no power emergency operational during the evacuates. *[For hospitals at §4 and CAHs §485.62] The standards inconsection are approved reference by the Dir Federal Register in 552(a) and 1 CFR promaterial from the scinspect a copy at the Center, 7500 Secur or at the National Administration (NAF availability of this material-regulations of the scinspect and copy at the Center, 7500 Secur or at the National Administration (NAF availability of this material-regulations of the scinspect and productions of the scinspect and scinspect an	TIA 12-4), and NFPA 110, re is built or when an existing is renovated. 73(e)(2), §485.625(e)(2) for inspection and testing. The LTC facility] must implement rer system inspection, testing, equirements found in the rest code, NFPA 110, and Life and rest code, NFPA 110, and Life rest code, NFPA 110, and Li	E	041	identified with the quality assurance committee quarterly for a duration of months for compliance. 5. Plan of correction completed by 5/15/18. CERTIFICATION PROGRAM		CALIFORNIA DEPARTMENT OF PUBLIC HEAL OF

<u> </u>	IND LOW MITDIOVIVE	E & MEDICAID SERVICES			<u> </u>	<u>. 0938-039</u>		
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING D	CONSTRUCTION 2		(X3) DATE SURVEY COMPLETED		
		555673	B. WING		04	04/17/2018		
	PROVIDER OR SUPPLIER PARK NURSING & F	REHABILITATION CENTER	225	REET ADDRESS, CITY, STATE, ZIP 17 FAIR OAKS BLVD. CRAMENTO, CA 95825		1112010		
(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 CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	(X5) COMPLETION DATE		
E 041	document in the Fether changes. (1) National Fire Price Batterymarch Park Quincy, MA 02169, 1.617.770.3000. (I) NFPA 99, Health edition, issued Aug (II) Technical interior NFPA 99, issued Aug (III) TIA 12-3 to NFI (iv) TIA 12-4 to NFI (v) TIA 12-6 to NFI (vI) NFPA 101, Life issued August 11, 2	ederal Register to announce rotection Association, 1, www.nfpa.org, a Care Facilities Code, 2012 ust 11, 2011. In amendment (TIA) 12-2 to ugust 11, 2011. PA 99, issued August 9, 2012. PA 99, issued March 7, 2013. PA 99, issued March 3, 2014.	E 041					
	2011. (ix) TIA 12-2 to NFI 2012. (x) TIA 12-3 to NFI 2013. (xl) TIA 12-4 to NFI 2013. (xlil) NFPA 110, Sta Standby Power Sys TIAs to chapter 7, I This REQUIREMED by: Surveyor: 37135 Based on documer interview, the facilit emergency prepare and procedure for t This was evidenced that addressed how obtained to keep the operational for the	PA 101, Issued October 30, PA 101, Issued October 22, PA 101, Issued October 22, Indard for Emergency and Istems, 2010 edition, including Issued August 6, 2009. NT is not met as evidenced Intreview, observation, and Iy failed to maintain the Industry power system. In the fuel supply will be Interest to emergency power system. It is not met as evidenced in the fuel supply will be Interest to emergency power system. In the fuel supply will be Interest to emergency power system. In the fuel supply will be Interest to emergency power system. In the fuel supply will be Interest to emergency power system. In the fuel supply will be Interest to emergency power system. In the fuel supply will be Interest to emergency power system. In the fuel supply will be Interest to emergency power system. In the fuel supply will be Interest to emergency power system. In the fuel supply will be Interest to emergency power system. In the fuel supply will be Interest to emergency power system. In the fuel supply will be Interest to emergency power system. In the fuel supply will be Interest to emergency power system. In the fuel supply will be Interest to emergency power system. In the fuel supply will be Interest to emergency power system. In the fuel supply will be the emergency power system.			CERTIFICATION PROGRAM	CALIFORMIA DEPARTMENT OF PUBLIC REALTH		

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A, BUILD		E CONSTRUCTION 02	(X3) DATE SURVEY COMPLETED	
		555673	B. WING			04/	17/20 1 8
	PROVIDER OR SUPPLIER PARK NURSING & R	EHABILITATION CENTER		2	TREET ADDRESS, CITY, STATE, ZIP CODE 257 FAIR OAKS BLVD. ACRAMENTO, CA 95825		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFL TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIED TO THE) BE	(X5) COMPLETION DATE
E 041	and could results in non-operational dur Findings: During document reinterview with the D 4/17/18, the emerge observed and the epolicy and procedur requested. 1. At 11:15 a.m., a emergency prepare Sources of Energy The document note The generator is lebuilding. It is a ON.	the generator being ing an emergency. eview, a tour of the facility, and lirector of Maintenance on ency power system was mergency preparedness plantes for the system were page from the facility dness plan titled, "Alternate was provided and reviewed, d the following: pocated in the back of the AN fueled by natural	E 0	41			
K 000	The policy and procumuch fuel was store the fuel supply to me system running for interview, the Direct the finding and state 50-55 gallons of fuer many hours of run to the finding and state for the finding and state for the finding and fuel for the tank did not included it holds. Upon Maintenance confirment that it holds about 50 much finding for the finding fuel for the finding fuel for the finding fuel it holds.	tank that holds 3-4 hours of sedure did not indicate how and how/where they will get aintain the emergency power a minimum of 96 hours. Upon tor of Maintenance confirmed ed that they have an additional of onsite, he was not sure how ime it would provide. Topane tank being used as the generator was observed. Sicate how many gallons of interview, the Director of med the finding and stated 10-55 gallons of fuel.	K		CERTIFICATION PROGRAM	YIO	CALIFORNIA DEPARTMENT OF PURLIC HEALTH

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPI A. BUILDING		(X3) DATE SURVEY COMPLETED		
		555673	B. WING		04/	17/2018
	PROVIDER OR SUPPLIER PARK NURSING & F	EHABILITATION CENTER	2	STREET ADDRESS, CITY, STATE, ZIP CODE 1257 FAIR OAKS BLVD. SACRAMENTO, CA 95825		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	FROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
	Surveyor: 37135 K3 BUILDING: 01 K6 PLAN APPROV K7 SURVEY UNDE STRUCTURE TYP CONSTRUCTION SPRINKLERED. The following reflect Department of Pub Life Safety Code refindings are in accordings are in according fire Prote Life Safety Code, 2 Health Care Facility Representing the Chealth: 37135 The facility is not in 42 CFR §483.90 for Census: 95 Building Construction CFR(s): NFPA 101 Building Construction CFR(s): NFPA 101 Building Construction CFR(s): NFPA 101 Construction 19.1.6.2 through 19.1.6.4, 19.1.6.5 Construction	AL: 1965 ER: 2012 EXISTING E: ONE STORY, TYPE V, FULLY Its the findings of the California lic Health, during an annual exertification survey. The ordance with 42 Code of is (CFR) §483.90(a)(b)(c)(j), ction Association (NFPA) 101-2012 Edition, and NFPA 99-4es Code, 2012 Edition. California Department of Public is substantial compliance with in Long Term Care Facilities. In Type and Height on Type and Height on Type and stories meets ess otherwise permitted by; 9.1.6.7		SENT III SENT	designee No other	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

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

	EMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		A. BUILDIN	IPLE CONSTRUCTION UG 02		E SURVEY IPLETED
		555673	B. WING _	B. WING		17/2018·
	PROVIDER OR SUPPLIER PARK NURSING & F	EHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2257 FAIR OAKS BLVD. SACRAMENTO, CA 95825		,
(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 CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	ULD BE	(X5) COMPLETION DATE
K 161	throughout by an a system in accordar 19.3.5) Give a brief description, the number basements, floors in location of smoke capproval. Complete plan of the building This REQUIREMED by: Surveyor: 37135 Based on observation failed to maintain the was evidenced by a ceiling. This affect	non-sprinklered and One story Maximum 3 stories Not allowed Maximum 2 stories Not allowed Maximum 1 story must be sprinklered pproved, supervised automatic nice with section 9.7. (See otion, in REMARKS, of the amber of stories, including on which patients are located, or fire barriers and dates of e sketch or attach small floor as appropriate. NT is not met as evidenced ion and interview, the facility ne building construction. This an unsealed penetration in the ed one of seven smoke could result in the spread of		check each month for 6 months. 4. The maintenance supervisor of shall review and monitor finding for six months. Trends identified reviewed for any changes with the assurance committee quarterly for duration of 6 months for compliance. 5. Plan of correction completed 15/15/2018.	r designee s monthly shall be ne quality or a	GALIFORNIA DEFARIMENT .

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:					SURVEY PLETED	
		555673	B. WING_		04/1	7/2018
•	PROVIDER OR SUPPLIER PARK NURSING & R	EHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2257 FAIR OAKS BLVD. SACRAMENTO, CA 95825		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE
K 211 SS=D	Findings: During a tour of the Maintenance Direct observed. 1. At 11:45 a.m., the Room was observed to have water dama ceiling area near the approximate 1 foot was caused by the four buckets placed water that was drip Maintenance Direct stated that the damand was caused by Director also stated vendors for bids to Means of Egress - CFR(s): NFPA 101 Means of Egress - Alsles, passageway exit locations, and with Chapter 7, and continuously maintail use in case of each 18/19.2.2 through 18.2.1, 19.2.1, 7.1. This REQUIREMED by: Surveyor: 37135 Based on documer facility failed to mai was evidenced by tinspection and test	facility and interview with the for on 4/17/18, the celling was be ceiling of the Back Dinning of the ceiling was observed age and was leaking. The enorth wall had an by 1/2 inch penetration that water damage. There were delibered below the area to catch the ping. Upon Interview, the for confirmed the finding and age started in November 2017 heavy rain. The Maintenance that they had contacted two repair. General was corridors, exit discharges, accesses are in accordance if the means of egress is sined free of all obstructions to mergency, unless modified by 8/19.2.11.	K 21	CERTIFICATION PROGRAM	esting i encies or vill be esignee es or	CALIFORNIA DEPARTMENT DE PUSLIC HEALTH

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

CENTE	& MEDICAID SERVICES			OI	MB NO.	0938-0391	
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
		555673	B. WING			04/	17/2018
NAME OF	PROVIDER OR SUPPLIER			S	TREET ADDRESS, CITY, STATE, ZIP CODE		
ASBURY	PARK NURSING & R	EHABILITATION CENTER			257 FAIR OAKS BLVD. SACRAMENTO, CA 95825		
(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 CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
K 211	and could result in the doors during an eminor NFPA 101. Life Safe 19.1.1.4.1.1 Comming the barriers require permitted only in comby approved self-clic (See also Section 8.3.3 Fire Doors an 8.3.3.1 Openings reprotection rating by protected by approvassemblies and fire accompanying hard closing devices, an accordance with the Standard for Fire Device Protectives, except Code. 5.2* Inspections. 5.2.1* Fire door assand tested not less record of the inspection by the 5.2.3 Functional Tested assemblies shall be knowledge and und components of the testing. 5.2.3.2 Before testing performed to identificate operation or restanding or the street operation or restanding the street of the street operation or restanding the street operation or restandin	the malfunction of the egress tergency situation. ety Code, 2012 Edition unicating openings in dividing d by 19.1.1.4.1 shall be protected osing fire door assemblies. 3.3.) d Windows. equired to have a fire Table 8.3.4.2 shall be wed, listed, labeled fire door window assemblies and their dware, including all frames, chorage, and sills in e requirements of NFPA 80, cors and Other Opening as otherwise specified in this semblies shall be inspected than annually, and a written ction shall be signed and kept a AHJ. sting. esting of fire door and window e performed by individuals with lerstanding of the operating type of door being subject to mg, a visual inspection shall be fy any damaged or missing e a hazard during testing or resetting. In the window assemblies and their door and window as performed by individuals with lerstanding of the operating type of door being subject to mg, a visual inspection shall be fy any damaged or missing e a hazard during testing or resetting. In the window assemblies in dividuals with Builders Hardware or	. K:	211	committee quarterly for a duration of months for compliance. 5. Plan of correction completed by 5/15/2018. CERTIFICATION PROGRAM	2018 HAY 10 AH 7:41	CALIFORNIA DEPARTHENT OF PUBLIC HEALTH

PRINTED: 04/26/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING 02 R WING 555673 04/17/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2257 FAIR OAKS BLVD. ASBURY PARK NURSING & REHABILITATION CENTER SACRAMENTO, CA 95825 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ĬΟ (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX . (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) K 211 Continued From page 8 K 211 5.2.4.1 Fire door assemblies shall be visually inspected from both sides to assess the overall condition of door assembly. 5,2.4.2 As a minimum, the following items shall be verified: (1) No open holes or breaks exist in surfaces of either the door or frame. (2) Glazing, vision light frames, and glazing beads are intact and securely fastened in place, if so equipped. (3) The door, frame, hinges, hardware, and noncombustible threshold are secured, aligned, and in working order with no visible signs of damage. (4) No parts are missing or broken. (5) Door clearances do not exceed clearances listed in 4.8.4 and 6.3.1.7. (6) The self-closing device is operational; that is, the active door completely closes when operated from the full open position. (7) If a coordinator is installed, the inactive leaf

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

doors were requested.

integrity:

Findings:

closes before the active leaf.

door when it is in the closed position.

(9) Auxiliary hardware items that interfere or prohibit operation are not installed on the door or

(8) Latching hardware operates and secures the

(10) No field modifications to the door assembly have been performed that void the label.(11) Gasketing and edge seals, where required, are inspected to verify their presence and

During document review and interview with the Director of Maintenance and Administrator on 4/17/18, the annual inspection and testing for

Event ID: 5NKR21

Facility ID: CA030000001

If continuation sheet Page 9 of 30

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION .		SURVEY
•	PROVIDER OR SUPPLIER PARK NURSING & R	555673 REHABILITATION CENTER	2	TREET ADDRESS, CITY, STATE, ZIP CODE 257 FAIR OAKS BLVD. BACRAMENTO, CA 95825	04/	17/201B
(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	(X5) COMPLETION DATE
K 211	1. At 11:08 a.m., n inspection and/or to	age 9 o annual door assemblies esting had been completed. e Director of Maintenance	K 211	ÇERTIFI	201	CAL
	During the survey of Administrator state contact the vendor door assemblies. 10:00 a.m., on 4/10 the annual door as			TIFICATION PROGRAM	<u> </u>	IFORNIA DEPARTMENT.
K 293 SS=D	a report for the and inspection and/or t	I/18/18, CDPH did not receive nual door assemblies esting from the facility.	K 293	K 293		`
,	Exit Signage 2012 EXISTING Exit and directiona	l signs are displayed in 10 with continuous illumination		1: An outside vendor completed a fexit sign inspection by 5/1/18. All esigns are operational.		
	also served by the 19.2.10.1 (Indicate N/A in on	emergency lighting system. e-story existing occupancies ccupants where the line of exit		2. The maintenance supervisor or designee shall complete a 30 secon battery powered exit sign test mont a 90 minute exit sign test annually.		
	This REQUIREME by: Surveyor: 37135 Based on docume	NT is not met as evidenced nt review and interview, the		3. The maintenance supervisor or designee shall monitor monthly for months for compliance.	six	
	evidenced by 26 of that were not teste	intain the exit signs. This was f 26 battery powered exit signs d as required. This affected noke compartments and could		4. The maintenance supervisor or d shall review and monitor findings r for six months. Trends identified sh	nonthly	

K 293 Continued From page 10 result in the malfunction of the battery operated exit signs during an emergency. NFPA 101 Life Safety Code, 2012 edition 19.2.10 Marking of Means of Egress. 19.2.10.1 Means of egress shall have signs in accordance with Section 7.10, unless otherwise permitted by 19.2.10.2, 19.2.10.3, or 19.2.10.4. 7.10.9 Testing and Maintenance. 7.10.9.1 Inspection. Exit signs shall be visually inspected for operation of the illumination sources at intervals not to exceed 30 days or shall be periodically monitored in accordance with 7.9.3.1.3. 7.10.9.2 Testing. Exit signs connected to, or provided with, a battery-operated emergency illumination source, where required in 7.10.4, shall be tested and maintained in accordance with 7.9.3. 7.9.3 Periodic Testing of Emergency Lighting Equipment. 7.9.3.1 Required emergency lighting systems shall be tested in accordance with one of the three options offered by 7.9.3.1.1, 7.9.3.1.2, or 7.9.3.1.3. 7.9.3.1.1 Testing of required emergency lighting systems shall be permitted to be conducted as follows: (1) Functional testing shall be conducted monthly,	CEIVIE	10 LOK MEDICAKE	A MEDICAID SERVICES			CHILL NO.	0820-0381
NAME OF PROVIDER OR SUPPLIER ASBURY PARK NURSING & REHABILITATION CENTER (X4) ID PREFIX TAG SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY OR LSC IDENTIFYING INFORMATION) K 293 Continued From page 10 result in the malfunction of the battery operated exit signs during an emergency. NFPA 101 Life Safety Code, 2012 edition 19.2.10. Marking of Means of Egress. 19.2.10.1 Means of egress shall have signs in accordance with Section 7.10, unless otherwise permitted by 19.2.10.2, 19.2.10.3, or 19.2.10.4. 7.10.9 Testing and Maintenance. 7.10.9.1 inspection. Exit signs shall be visually inspected for operation of the illumination sources at intervals not to exceed 30 days or shall be periodically monitored in accordance with 7.9.3.1.3. 7.10.9.2 Testing. Exit signs connected to, or provided with, a battery-operated emergency illumination source, where required in 7.10.4, shall be tested and maintained in accordance with 7.9.3. 7.9.3 Periodic Testing of Emergency Lighting Equipment. 7.9.3.1 Required emergency lighting systems shall be tested in accordance with none of the three options offered by 7.9.3.1.1, 7.9.3.1.2, or 7.9.3.1.3. 7.9.3.1.1 Testing of required emergency lighting systems shall be permitted to be conducted as follows: (1) Functional testing shall be conducted monthly,					~	(X3) DAT COM	E SURVEY PLETED
ASBURY PARK NURSING & REHABILITATION CENTER (X4) ID PREFIX TAG (X4) ID PREFIX TAG (X4) ID PREFIX TAG (X5) ID PREFIX TAG (X6) ID PREFIX TAG (X7) ID PROVIDETS PLA			555673	B. WING		04/	17/2018
REGINATORY OR LSC IDENTIFYING INFORMATION PREFIX TAG	4		<u> </u>		2257 FAIR OAKS BLVD.		1772010
result in the malfunction of the battery operated exit signs during an emergency. NFPA 101 Life Safety Code, 2012 edition 19.2.10 Marking of Means of Egress. 19.2.10.1 Means of egress shall have signs in accordance with Section 7.10, unless otherwise permitted by 19.2.10.2, 19.2.10.3, or 19.2.10.4. 7.10.9 Testing and Maintenance. 7.10.9.1 Inspection. Exit signs shall be visually inspected for operation of the illumination sources at intervals not to exceed 30 days or shall be periodically monitored in accordance with 7.9.3.1.3. 7.10.9.2 Testing. Exit signs connected to, or provided with, a battery-operated emergency illumination source, where required in 7.10.4, shall be tested and maintained in accordance with 7.9.3. 7.9.3 Periodic Testing of Emergency Lighting Equipment. 7.9.3.1 Required emergency lighting systems shall be tested in accordance with one of the three options offered by 7.9.3.1.1, 7.9.3.1.2, or 7.9.3.1.3. 7.9.3.1.1 Testing of required emergency lighting systems shall be permitted to be conducted as follows: (1) Functional testing shall be conducted monthly,	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR	JLD BE	(X5) COMPLETION DATE
seconds, except as otherwise permitted by 7.9.3.1.1(2). (2) The test interval shall be permitted to be extended beyond 30 days with the approval of the authority having jurisdiction. (3) Functional testing shall be conducted annually for a minimum of 11?2 hours if the emergency	K 293	result in the malfunexit signs during ar NFPA 101 Life Safe 19.2.10 Marking of 19.2.10.1 Means of accordance with Sepermitted by 19.2.17.10.9 Testing and 7.10.9.1 Inspection inspected for operat intervals not to eperiodically monitor 7.9.3.1.3. 7.10.9.2 Testing. Eprovided with, a baillumination source shall be tested and with 7.9.3. Periodic Test Equipment. 7.9.3.1 Required eshall be tested in a three options offer 7.9.3.1.3. 7.9.3.1.1 Testing of systems shall be pfollows: (1) Functional testi with a minimum of weeks between tested in a three options offer 7.9.3.1.3. 7.9.3.1.1 (2). (2) The test interval extended beyond 3 authority having juri (3) Functional testi	etition of the battery operated in emergency. ety Code, 2012 edition Means of Egress. If egress shall have signs in ection 7.10, unless otherwise 0.2, 19.2.10.3, or 19.2.10.4. Maintenance. It is signs shall be visually ation of the illumination sources exceed 30 days or shall be red in accordance with exit signs connected to, or terry-operated emergency, where required in 7.10.4, it maintained in accordance ing of Emergency Lighting emergency lighting systems accordance with one of the ed by 7.9.3.1.1, 7.9.3.1.2, or if required emergency lighting ermitted to be conducted as ang shall be conducted monthly, 3 weeks and a maximum of 5 es otherwise permitted to be conducted by all shall be permitted to be conducted annually shall be conducted annually shall be conducted annually	K 29:	reviewed for any changes with the assurance committee quarterly formonths. 5. Plan of correction completed by 5/15/2018.	CERTIFICATION	OALIFORNIA DEPARTMENT

PRINTED: 04/26/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION DENTIFICATION NUMBER: COMPLETED A. BUILDING 02 555673 04/17/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2257 FAIR OAKS BLVD. ASBURY PARK NURSING & REHABILITATION CENTER SACRAMENTO, CA 95825 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 293 Continued From page 11 K 293 (4) The emergency lighting equipment shall be fully operational for the duration of the tests regulred by 7.9.3.1.1(1) and (3). (5) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. 7.9.3.1.2 Testing of required emergency lighting systems shall be permitted to be conducted as (1) Self-testing/self-diagnostic battery-operated emergency lighting equipment shall be provided. (2) Not less than once every 30 days, self-testing/self-diagnostic battery-operated emergency lighting equipment shall automatically perform a test with a duration of a minimum of 30 seconds and a diagnostic routine. (3) Self-testing/self-diagnostic battery-operated emergency lighting equipment shall indicate failures by a status indicator. (4) A visual inspection shall be performed at intervals not exceeding 30 days. (5) Functional testing shall be conducted annually for a minimum of 1172 hours. (6) Self-testing/self-diagnostic battery-operated emergency lighting equipment shall be fully operational for the duration of the 11?2-hour test. (7) Written records of visual inspections and tests shall be kept by the owner for inspection by the authority having jurisdiction. 7.9.3.1.3 Testing of required emergency lighting systems shall be permitted to be conducted as (1) Computer-based, self-testing/self-diagnostic battery operated emergency lighting equipment

shall be provided.

and a diagnostic routine.

(2) Not less than once every 30 days, emergency lighting equipment shall automatically perform a test with a duration of a minimum of 30 seconds

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED		
		555673	B. WING			04/	04/17/2018	
	PROVIDER OR SUPPLIER PARK NURSING & R	EHABILITATION CENTER		22	TREET ADDRESS, CITY, STATE, ZIP CODE 257 FAIR OAKS BLVD, ACRAMENTO, CA 95825			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	x	PROVIDERS PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE	
K 293	automatically performinimum of 11?2 h (4) The emergency fully operational for required by 7.9.3.1. (5) The computer-bof providing a reportallures at all times. Findings:	lighting equipment shall rm annually a test for a ours. lighting equipment shall be the duration of the tests (3(2)) and (3). Passed system shall be capable at of the history of tests and review and interview with the ance on 4/17/18, the exit sign	K 2	93				
	the facility had 26 because tested on a most indicate the amount indicated that a signs were tested basis and for 90 metros and for 90 metros for about Director of Mainten thought that they or powered emergence monthly and for 90 battery powered examples.	so found during last year's Life			CERTIFICATION PROGRAM	ZUIBMAY IO AH 7: 4 I	CALIFORNIA DEPARTHENT OF PUBLIC HE STITH	
K 345 SS=D	Safety Code annua Fire Alarm System	el recertification dated 4/25/17. - Testing and Maintenance	КЗ	45	K 345	ž		
	Fire Alarm System	- Testing and Maintenance			An annual fire alarm system test inspection including load voltage te			

PRINTED: 04/26/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 555673 B. WING 04/17/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2257 FAIR OAKS BLVD. ASBURY PARK NURSING & REHABILITATION CENTER SACRAMENTO, CA 95825 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL) PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY K 345 K 345 two sealed lead-acid fire alarm control Continued From page 13 panel back-up batteries and testing audible A fire alarm system is tested and maintained in accordance with an approved program complying alarms throughout the facility was with the requirements of NFPA 70, National completed on 8/31/17. The inspection Electric Code, and NFPA 72, National Fire Alarm shows that the batteries passed inspection. and Signaling Code. Records of system On 11/28/17, an outside vendor replaced acceptance, maintenance and testing are readily the back-up batteries with the service available. request form stating the system is 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 "normal." No findings were identified. This REQUIREMENT is not met as evidenced bv: 2. The maintenance supervisor or designee Surveyor: 37135 Based on document review, observation, and shall ensure that a comprehensive annual interview, the facility failed to maintain the fire fire alarm system test and inspection shall alarm system. This was evidenced by the an be completed annually and semi-annual incomplete annual fire alarm report and the load voltage test for both sealed lead-acid absence of one of two semi-annual load voltage fire alarm control panel back-up batteries. test for two of two sealed lead-acid fire alarm control panel (FACP) back-up batteries. This 3. The maintenance supervisor or affected seven of seven smoke compartments ... designee shall monitor for compliance and could result in system impairment during an monthly for six months for compliance. emergency situation. NFPA 101, Life Safety Code, 2012 Edition 4. The maintenance supervisor or designee 19.3.4.1 General. Health care occupancies shall shall review and monitor findings be provided with a fire alarm system in quarterly. Trends identified shall be accordance with section 9.6 reviewed for any changes with the quality 9.6.1.5* To ensure operational integrity, the fire assurance committee quarterly for six alarm system shall have an approved months for compliance. maintenance and testing program complying with the applicable requirements of NFPA 70, National Plan of correction completed by Electrical Code, and NFPA 72, National Fire 5/15/2018. Alarm and Signaling Code. NFPA 72. National Fire Alarm and Signaling

FORM CMS-2567(02-89) Previous Versions Obsolete

Code, 2010 Edition

14.4.5* Testing Frequency. Unless otherwise permitted by other sections of this Code, testing shall be performed in accordance with the schedules in Table 14.4.5, or more often if

Event ID; 5NKR21

Facility ID: CA030000001

If continuation sheet Page 14 of 30

If continuation sheet Page 16 DEPARTHEN

ON PROGRAM

	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02				E SURVEY PLETED
		555673	B, WING			04/	17/2018
	PROVIDER OR SUPPLIER PARK NURSING & F	REHABILITATION CENTER		2	TREET ADDRESS, CITY, STATE, ZIP CODE 257 FAIR OAKS BLVD. ACRAMENTO, CA 95825	<u> </u>	
(X4) ID PREFIX . TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDEO BY FUIL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	(X5) COMPLETION DATE	
K 345	14.4.5* Testing Fre permitted by other shall be performed schedules in Table required by the automatic transport of the permitted by the automatic transport of the performed schedules in Table 14.4.5 Testing (d) Sealed lead-action (1) Charger test (Frameded)-annually (2) Discharge testing (2) Discharge testing (3) Load voltage testing (a) Audible devices (b) Audible devices (b) Audible devices (c) Visible devices Findings: During document in and interview with 4/17/18, the fire all requested. 1. At 10:30 a.m., the report was requested. 1. At 10:30 a.m., the report did not indicated the provided. The report did not indicated interview, the Direction provided the finding and stated the shall be performed to the provided the finding and stated the shall be performed to the performed the finding and stated the performed the perform	chority having jurisdiction. Equency. Unless otherwise sections of this Code, testing in accordance with the 14.4.5, or more often if thority having jurisdiction. In a Frequencies arm systems id type teplace battery within 5 years or more frequently as (30 minutes)-annually est-semi-annually est-semi-annually s-Annually notification ly	K	345	CERTIFICATION PROGRAM	2018 HAY 10 AH 7: 1, 1	CALIFORNIA DEPARTHENT OF PUBLIC HEALTH

PRINTED: 04/26/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 555673 04/17/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2257 FAIR OAKS BLVD. ÁSBURY PARK NURSING & REHABILITATION CENTER SACRAMENTO, CA 95825 (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 345 K 345 Continued From page 15 were not noted on the report. This finding was also found during last year's Life Safety Code annual recertification dated 4/25/17. 2. At 10:43 a.m., the annual fire alarm system report dated 8/31/17 indicated that two of two sealed lead-acid back-up batteries for the FACP were tested for load voltage. There was no other documentation provided that indicated the two back-up batteries had a load voltage test completed 6 months prior or after to 8/31/17. Upon interview, the Director of Maintenance confirmed th finding and stated they were unaware of this requirement. Sprinkler System - Maintenance and Testing K 353 K 353 K 353 CFR(s): NFPA 101 SS=D 1. The maintenance supervisor or designee Sprinkler System - Maintenance and Testing visually inspected the alarm system riser Automatic sprinkler and standpipe systems are check valves and pressure gauges for all inspected, tested, and maintained in accordance sprinklers by 5/15/18. with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, 2. The maintenance supervisor or designee maintenance, inspection and testing are maintained in a secure location and readily completed a check of the facility sprinkler available. heads. No findings were identified. a) Date sprinkler system last checked 3. The maintenance supervisor or b) Who provided system test designee shall monitor by completing a check of all sprinkler heads and inspecting c) Water system supply source

system.

Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler

This REQUIREMENT is not met as evidenced

9.7.5, 9.7.7, 9.7.8, and NFPA 25

the alarm system riser check valves and pressure gauges monthly for 6 months.

4. The maintenance supervisor or designee

shall review and monitor findings monthly

for six months. Trends identified shall be

PRINTED: 04/26/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING 02 B. WING 555673 04/17/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2257 FAIR OAKS BLVD. ASBURY PARK NURSING & REHABILITATION CENTER SACRAMENTO, CA 95825 (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX. (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 353 reviewed for any changes with the quality K 353 Continued From page 16 assurance committee quarterly for a duration of 6 months for Surveyor: 37135 compliance. Based on document review and interview, the facility failed to maintain the automatic sprinkler system and its components. This was evidenced 5. Plan of correction completed by by the absence of 7 of 12 monthly inspections. 5/15/2018. This affected seven of seven smoke compartments and could result in the malfunction of the automatic sprinkler system in the event of a fire. NFPA 101, Life Safety Code, 2012 Edition. 19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5. 9.7 Automatic Sprinklers and Other Extinguishing Equipment 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by the 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. NFPA 25. Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition. 4.3 Records 4.3.1* Records shall be made inspections, tests, and maintenance of the system and its components and shall be made available to the

5.2.4 Gauges

authority having jurisdiction upon request.

5.2.4.1* Gauges on a wet pipe sprinkler shall be inspected monthly to ensure that they are in good

PRINTED: 04/26/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 02 B. WING 555673 04/17/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2257 FAIR OAKS BLVD. ASBURY PARK NURSING & REHABILITATION CENTER SACRAMENTO, CA 95825 PROVIDER'S PLAN OF CORRECTION (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 353 K 353 Continued From page 17 condition and the normal water supply pressure is being maintained. 13.3.2.1.1 Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. 13.3.2.2* The valve inspection shall verify that the

(3) Accessible
(4) Provided with correct wrenches
(5) Free from external leaks
(6) Provided with applicable identification

13.4.1.1* Alarm valves and system riser check valves shall be externally inspected monthly and shall verify the following:
(1) The gauges indicate normal supply water pressure is being maintained.
(2) The valve is free of physical damage.
(3) All valves are in the appropriate open or closed position.
(4) The retarding chamber or alarm drains are not leaking.

valves are in the following condition:
(1) In the normal open or closed position
(2)*Sealed, locked, or supervised

applicable NFPA standards shall be inspected

During document review and interview with the Director of Maintenance on 4/17/18, the automatic sprinkler system records were

At 10:35 a.m., records provided indicated that

BMAY 10 AH 7: 41

FORM CMS-2587(02-99) Previous Versions Obsolete

monthly.

Findings:

requested.

Event ID: 5NKR21

Facility ID: CA030000001

If continuation sheet Page 18 of 30

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION 02		SURVEY PLETED
		555673	B. WING			04/1	17/2018
NAME OF F	PROVIDER OR SUPPLIER				FREET ADDRESS, CITY, STATE, ZIP CODE	·	
ÁSBURY	PARK NURSING & R	EHABILITATION CENTER			257 FAIR OAKS BLVD, ACRAMENTO, CA 95825		
DEA ID	CLIMATA RY STA	TEMENT OF DEFICIENCIES	ID	- 	PROVIDER'S PLAN OF CORRECTION	<u> </u>	/VE)
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFU TAG		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE I	(XS) COMPLETION DATE
K 353	Continued From pa	ge 18 .	К3	53			
	system riser check the following month June, September, 0 2017 and January a Interview, the Direct	ections for the alarm and valves and pressure gauge for its were not completed: May, October, and December of and February of 2018. Upon tor of Maintenance confirmed ed they were not aware of this			CERTIFICATION PROGRAM K 355	2018 HAY 10 AH	CÁLIFORNIA DEPAR OF PUBLIC HEAI
		so found during last year's Life I recertification dated 4/25/17. guishers	К 3	55	K 355	7:41	RTHENT
	Portable Fire Exting Portable fire exting	uishers are selected, installed, intained in accordance with			1. The maintenance supervisor or de removed the ladder placed up agains extinguisher immediately.		
-	by: Surveyor: 37135 Based on observati failed to maintain the	2, NFPA 10 NT is not met as evidenced ion and interview, the facility ne portable fire extinguishers. If by an ABC type portable			2. The maintenance supervisor or decompleted a check of all fire extinguing the building to determine if any owere obstructing access to the fire extinguishers. No findings were identified.	ishers	•
	extinguisher that was This affected one of	as obstructed from access. f seven smoke compartments the inability to obtain the			3. The maintenance supervisor or designee shall monitor by completing check of all fire extinguishers month 6 months.		
	19.3.5.12 Portable provided in all health care occupa 9.7.4.1.	ety Code, 2012 Edition. \ fire extinguishers shall be notes in accordance with uired by the provisions of			4. The maintenance supervisor or de shall review and monitor findings of for six months. Trends identified shareviewed for any changes with the cassurance committee quarterly for a duration of 6 months for	nonthly all be quality	

CHIVITI	(3 LOV MICHICAVE	K MEDICAID SERVICES			OWNE INC.	<u> </u>
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION IG 02		E SURVEY IPLETED
		555673	B. WING_	·	04/	17/2018
	PARK NURSING & R	EHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP COD 2257 FAIR OAKS BLVD. SACRAMENTO, CA 95825		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	IOULD BE	(X5) COMPLETION DATE
K 355	another section of t extinguishers shall	his Code, portable fire be selected, installed, ntained in accordance with	K 35	5. Plan of correction completed 5/15/2018.	l by	
	2010 Edition, 6.1,3.3.1 Fire exting obstructed or obscr Findings:	for Portable Extinguishers, guishers shall not be ured from view. a facility and interview with the		CERTIFIC	2018 MAY 1.0	OALIFOR
	Director of Mainten fire extinguishers w 1. At 10:00 a.m., the located in the Mech There was a ladder extinguisher obstru	ance on 4/17/18, the portable		CERTIFICATION PROGRAM	(10 MH 7:41	ORUIA DEPARTMENT
K 363 SS=D	-		K 36	63 K 363		
33-U	Corridor - Doors Doors protecting or required enclosures hazardous areas re and are made of 1 wood or other mate at least 20 minutes smoke compartme the passage of smo	orridor openings in other than sof vertical openings, exits, or exist the passage of smoke 3/4 inch solid-bonded coreerfal capable of resisting fire for . Doors in fully sprinklered into are only required to resist oke. Corridor doors and doors of flammable or combustible		1. The maintenance supervisor removed the wheelchair immed the corridor door for rooms 9 a repaired the door latch on the d between resident room 32 and room 33 and now latches; the d was replaced on the corridor closet door located between res 3 and resident room 4.	liately from nd 40; loor located resident loor knob ean linen	
	materials have pos	itive latching hardware. Roller ed by CMS regulation. These		2. The maintenance supervisor completed a check of the facility		

Company of the contract of the

	•						
		AND HUMAN SERVICES & MEDICAID SERVICES				FORM	04/26/2018 APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION 02		E SURVEY PLETEO
		555673	B. WING			04/	17/2018
NAME OF	PROVIDER OR SUPPLIER	·		S	TREET ADDRESS, CITY, STATE, ZIP CODE		
ASBURY	PARK NURSING & R	EHABILITATION CENTER			257 FAIR DAKS BLVD. BACRAMENTO, CA 95825		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8E	(X5) COMPLETION DATE
K 363	requirements do not do not contain flam Clearance between covering is not exorcomplying with 7.2. with a device capal when a force of 5 lt impediment to the devices that releas pulled are permitter of unlimited height meeting 19.3.6.3.6 shall be labeled an materials in complismoke compartme window assemblies sprinklered comparrestrictions in area frames in window a 19.3.6.3, 42 CFR P and 485 Show in REMARKS protection ratings, a etc. This REQUIREMENDATE obstructed from clother compartments and fire and/or smoke in NFPA 101, Life Saffecter compartments and fire and/or smoke in NFPA 101, Life Saffecter compartments and fire and/or smoke in NFPA 101, Life Saffecter compartments and fire and/or smoke in NFPA 101, Life Saffecter compartments and fire and/or smoke in NFPA 101, Life Saffecter compartments and fire and/or smoke in NFPA 101, Life Saffecter compartments and fire and/or smoke in NFPA 101, Life Saffecter compartments and fire saffecter compartments and fire and/or smoke in NFPA 101, Life Saffecter compartments and fire and/or smoke in NFPA 101, Life Saffecter compartments and fire and/or smoke in NFPA 101, Life Saffecter compartments and fire and/or smoke in NFPA 101, Life Saffecter compartments and fire and/or smoke in NFPA 101, Life Saffecter compartments and fire and fi	ot apply to auxiliary spaces that mable or combustible material, a bottom of door and floor seeding 1 inch. Powered doors 1.9 are permissible if provided ble of keeping the door closed of is applied. There is no closing of the doors. Hold open a when the door is pushed or d. Nonrated protective plates are permitted. Dutch doors are permitted. Door frames d made of steel or other ance with 8.3, unless the not is sprinklered. Fixed fire are allowed per 8.3. In attrents there are no or fire resistance of glass or assemblies. Parts 403, 418, 460, 482, 483, and details of doors such as fire automatics closing devices, which is not met as evidenced from and interview, the facility he corridor doors. This was confider doors that were using, one corridor door that nother that had a broken door of three of seven smoke could result in the spread of in the event of a fire.		363	doors and obstructions to resident redoors. No other doors were identified correction. 3. The maintenance supervisor or designee shall monitor by completing check of corridor doors in the facility monthly for 6 months. 4. The maintenance supervisor or deshall review and monitor findings are for six months. Trends identified shareviewed for any changes with the cassurance committee quarterly for a duration of 6 months for compliance. 5. Plan of correction completed by 5/15/2018.	ed for a g a cy control of the contr	OF PUBLIC HEALTH
	NEPA 101, Life Sat						

19.3.6.3* Corridor Doors.

PRINTED: 04/26/2018 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED DENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 02 B. WING 555673 04/17/2018 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2257 FAIR OAKS BLVD. ASBURY PARK NURSING & REHABILITATION CENTER SACRAMENTO, CA 95825 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION iD (X5) COMPLETION (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 363 K 363 Continued From page 21 19.3.6.3.1* Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be doors constructed to resist the passage of smoke and shall be constructed of materials such as the following: (1) 13.4 in. (44 mm) thick, solid-bonded core wood (2) Material that resists fire for a minimum of 20 minutes 19.3.6.3.10* Doors shall not be held open be devices other then those that release when the door is pushed or pulled. Findings: During a tour of the facility and interview with the Director of Maintenance on 4/17/18, the corridor doors were observed. 1. At 11:56 a.m., the corridor door to Resident Room 40 was obstructed from closing by a wheelchair that was stationed in front of the door. 2. At 12:00 p.m., the corridor door to the Storage Closet located between Resident Room 32 and Resident Room 33 did not latch when tested by

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

knob came off the door.

the Director of Maintenance. The door was equipped with a self-closing device.

 At 12:20 p.m., the corridor door to Resident Room 9 was obstructed from closing by a wheelchair that was stationed in front of the door.

4. At 12:25 p.m., the corridor door to the Clean Linen Closet located between Resident Room 3 and Resident Room 4 was tested by the Director of Maintenance. When the door was opened, the

Event ID: 5NKR21

Facility ID: CA030000001

If continuation sheet Page 22 of 30

(6)

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION 02	(X3) DATE COME	SURVEY PLETED
		555673	B. WING	,	04/1	7/2018
	PROVIDER OR SUPPLIER PARK NURSING & R	EHABILITATION CENTER	:	STREET ADDRESS, CITY, STATE, ZIP CODE 1257 FAIR OAKS BLVD. SACRAMENTO, CA 95825		
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K 363	Continued From pa	ge 22	K 363			-
K 524	Maintenanca. HVAC - Direct-Vent	e confirmed by the Director of Gas Fireplaces	K 524	K 524	я	
53-0	Direct-Vent Gas Fire Direct-vent gas fire inside of all smoke patient sleeping are	places, as defined in NFPA 54, compartments containing eas comply with the 5.2.3(2), 19.5.2.3(2).		The maintenance supervisor or decapped off the gas pipe and sealed t place with a metal panel on 4/19/20 The maintenance supervisor or dechecked the facility with no other fireplaces identified.	he fire 18.	
	by: Surveyor: 37135 Based on observatifailed to maintain the This was evidenced fireplace that was neafety glass enclose monoxide (CO) det seven smoke comp	on and interview, the facility ne direct-vent gas fireplaces. If by one of two direct-vent gas not equipped with a sealed ure and a hard wired carbon ector. This affected one of partments, and could result in e and/or fire to other locations event of a fire.		 3. The maintenance supervisor or designee shall monitor by completing check quarterly for proper seal of first for 6 months. 4. The maintenance supervisor or deshall review and monitor findings quarterly for six months. Trends ide shall be reviewed for any changes we quality assurance committee quarter a duration of 6 months for compliance. 	replace esignee ntified with the	
	19.5.2.3 The requir apply where otherw (2) Direct-vent gas 54, National Fuel G inside of smoke con sleeping areas, pro criteria are met:	ety Code, 2012 Edition ements of 19.5.2.2 shall not also permitted by the following: fireplaces, as defined in NFPA as Code, shall be permitted appartments containing patient vided that all of the following shall be installed, maintained,		5. Plan of correction completed by 5/15/2018.	2018 MAY 1	ALIFORM:

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG 02		E SURVEY APLETED
		555673	B. WING_		04/	17/2018
	PROVIDER OR SUPPLIER PARK NURSING & I	REHABILITATION CENTER		STREET ADDRESS, CITY, STATE, 2 2257 FAIR OAKS BLVD. SACRAMENTO, CA 95825		
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K 524	patient sleeping ro (c) The smoke cordirect-vent gas fire protected throughor automatic sprinkle 9.7.1.1(1) with listeresidential sprinkle (d)*The direct-vent sealed glass front screen. (e)*The controls for shall be locked or f) Electrically supe detection in accord provided in the roo located. 9.2.2 Ventilating or Ventilating or heat- in accordance with Exhaust Systems to Vapors, Gases, Mis Particulate Solids; Chimneys, Fireplace Fuel-Burning Appli the Installation of County 54, National Fuel County National Electrical such installations a installations, which continued in service 9.8 Carbon Monox Warning Equipmer section of this Cod detection and warn provided in accord	dance with 9.2.2. Is shall be located inside of a om. Inpartment in which the place is located shall be out by an approved, supervised a system in accordance with ad quick response or listed ors. If ireplace shall include a with a wire mesh panel or ar the direct-vent gas fireplace located in a restricted location. Arvised carbon monoxide dance with Section 9.8 shall be on where the fireplace is Heat-Producing Equipment. Approducing equipment shall be on NFPA 91, Standard for for Air Conveying of the sts, and Noncombustible NFPA 211, Standard for coes, Vents, and Solid ances; NFPA 31, Standard for coes, Vents, and Solid ances, NFPA 31, Standard for coes, Vents, and Noncombustible standard for coes, vents, and Noncombus	K 52		CERTIFICATION PROGRAM	OF PUBLIC HEALTH
URM UM3-25	87(02-99) Previous Version	S COSCIONE EVERT ID: SNKKS		Facility ID: CA030000001	If continuation sheet	rage 24 01 30

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILO		LE CONSTRUCTION 6 02		E SURVEY (PLETED
		555673	B. WING	·		04/	17/2018
	PROVIDER OR SUPPLIER PARK NURSING & R	EHABILITATION CENTER		:	STREET ADDRESS, CITY, STATE, ZIP CODE 2257 FAIR OAKS BLVD. SACRAMENTO, CA 95825		
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K 524	for the Installation of Detection and Warr NFPA 54, National 3.3.43.1 Gas Firepl 3.3.43.1.1 Direct Veconsisting of (1) an appliance for the view of flames a solld fuel fireplace (2) combustion air cappliance and the vent-air intake terminal for iconstructed such trobtained from the offue gases are discipational from the cappliance and the vent-air intake terminal for iconstructed such trobtained from the offue gases are discipational from the cappliance and the vent-air intake terminal for iconstructed such trobtained from the capacity of Standar Monoxide (CO) Det Equipment, 2012 Equ	of Carbon Monoxide (CO) ning Equipment. Fuel Gas Code, 2012 Edition ace. ent Gas Fireplace. A system indoor installation that allows and provides the simulation of e. connections between the vent air intake terminal, ations between the appliance ake terminal, and (4) a vent air installation outdoors, nat all air for combustion is outdoor atmosphere and all harged to the outdoor d for the Installation of Carbon section and Warning dition inpplies shall have sufficient the alarm signal(s) for at least	K	524	CERTIFICATION PROGRAM	2018 HAY 10 AH 7: 42	SALIFORMIA DEPARTHENI OF PUBLIC HEALTH
	observed with a fire	e Back Dining Room was place that was equipped with ad had two logs inside. The					

K 524 Continued From page 25 fireplace was not in use at the time. The fireplace had two metal mesh screens installed in the front, but no safety glass enclosure. There was no a hard wired CO detector located in the room. The fireplace was located inside a smoke compartment containing the following patient sleeping rooms: Room 22, 23, 24, 25, 26, 27, 28, 29, 46, 47, and 48. Upon interview, the Director of Maintenance confirmed the finding. During the survey exit conference, the	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED			
NAME OF PROVIDER OR SUPPLIER ASBURY PARK NURSING & REHABILITATION CENTER STREET ADDRESS, CITY, STATE, ZIP CODE			555673	B. WING			04/	17/2018	
RECH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE CASS-REFERENCED TO THE APPROPRIATE CROSS-REFERENCED TO THE AP			EHABILITATION CENTER		2	257 FAIR OAKS BLVD.			
fireplace was not in use at the time. The fireplace had two metal mesh screens installed in the front, but no safety glass enclosure. There was no a hard wired CO detector located in the room. The fireplace was located inside a smoke compartment containing the following patient sleeping rooms: Room 22, 23, 24, 25, 26, 27, 28, 29, 46, 47, and 48. Upon interview, the Director of Maintenance confirmed the finding. During the survey exit conference, the Administrator confirmed the finding and stated that they had the same issue with the fireplace located in the Front Dinning Room during last year's Life Safety Code annual recertification survey.	PREFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	(X5) COMPLETION DATE	
Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of	K 918	fireplace was not in had two metal mesi but no safety glass hard wired CO deter fireplace was locate compartment contasteeping rooms: Ro 29, 46, 47, and 48. of Maintenance cordinates that they had the safety Court of the safet	use at the time. The fireplace in screens installed in the front, enclosure. There was no a actor located in the room. The ed inside a smoke ining the following patient from 22, 23, 24, 25, 26, 27, 28, Upon interview, the Director firmed the finding. Exit conference, the med the finding and stated ame issue with the fireplace. Dinning Room during last tode annual recertification. Essential Electric System esting ther alternate power source alpment is capable of supplying econds. If the 10-second during the monthly test, a povided to annually confirm this a safety and critical branches, esting of the generator and reperformed in accordance inspected weekly, exercised tes 12 times a year in 20-40 exercised once every 36 uous hours. Scheduled test in sinclude a complete and automatic or manual oads, and are conducted by	•		K 918 1. The maintenance supervisor or decompleted a test of the electrolyte signarity test or battery conductance to 4/23/2018. 2. The maintenance supervisor or deshall complete monthly testing and recording of the electrolyte specific gravity test or battery conductance to 3. The maintenance supervisor or designee shall monitor electrolyte signarity testing or battery conductant testing monthly for 6 months. 4. The maintenance supervisor or deshall review and monitor findings maintenanc	esignee pecific est on esignee est.	ORNIA DEPI PUSLIC HE	

STATEMEN	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG 02	(X3) DAT	. 0938-0391 E SURVEY IPLETED
		555673	B. WING			17/2018
	PROVIDER OR SUPPLIER / PARK NURSING & R	EHABILITATION CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 2257 FAIR OAKS BLVD. SACRAMENTO, CA 95825		
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K 918	stored energy power accordance with Nicircuit breakers are program for periodicomponents is estamanufacturer required maintenance and to readily available. Ecircuits are marked separate from normal the possibility of dasource is a design installations. 6.4.4, 6.5.4, 6.6.4 (111, 700.10 (NFPA This REQUIREMED by: Surveyor: 37135 Based on document facility failed to main system. This was a system. This periodic compartments and the generator in the NFPA 99, Health Compartments and the generator in the NFPA 99, Health Compartments and the generator in the NFPA 99, Health Compartments and the generator in the NFPA 99, Health Compartments and the generator in the NFPA 99, Health Compartments and the generator in the NFPA 99, Health Compartments and the generator in the NFPA 99, Health Compartments and the generator in the NFPA 99, Health Compartments and the generator in the NFPA 99, Health Compartments and the generator in the NFPA 99, Health Compartments and the generator in the NFPA 110. Standar Power Systems, 20, 8.3.7.1 Maintenance include the monthly	er sources (Type 3 EES) are in FPA 111. Main and feeder inspected annually, and a ically exercising the ablished according to rements. Written records of esting are maintained and ES electrical panels and in readily identifiable, and nal power circuits. Minimizing mage of the emergency power consideration for new NFPA 99), NFPA 110, NFPA 70) NT is not met as evidenced at review and interview, the intain the emergency power evidenced by the absence of ectrolyte specific gravity tests KW) natural gas generator led seven of seven smoke could result in the failure of a event of a power outage. are Facilities Code, 2012 ance shall be preformed in FPA 110, Standard for endby Power Systems, and of the Emergency and Standby defor Emergency and Standby	K 91		or a	CALIFORNIA DEPARTNENT OF PUBLIC HEALTH

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO, 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: AND PLAN OF CORRECTION COMPLETED A. BUILDING 02 555673 B. WING 04/17/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2257 FAIR OAKS BLVD. ASBURY PARK NURSING & REHABILITATION CENTER SACRAMENTO, CA 95825 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY K 918 Continued From page 27 K 918 testing shall be permitted in lieu of the testing of specific gravity when applicable or warranted. Findings: During document review and and interview with the Director of Maintenance on 4/17/18, the records for the 30KW natural gas generator were requested. 1. At 10:10 a.m., there were no records provided that indicated the lead-acid battery on the generator was tested for electrolyte specific gravity on a monthly basis. Upon interview, the Director of Maintenance confirmed the finding and stated they were not testing the battery, but if the battery were ever low they would be alerted by the generator annunciator panel. Gas Equipment - Cylinder and Container Storag K 923 K 923 K 923 SS=C CFR(s): NFPA 101 1. The maintenance supervisor or designee Gas Equipment - Cylinder and Container Storage placed a precautionary sign outside the Greater than or equal to 3,000 cubic feet oxygen storage room immediately. Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 2. The maintenance supervisor or designee 5.1.3.3.3. completed a check of the other oxygen >300 but <3,000 cubic feet storage room for a precautionary sign and Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or was in place. No other findings were limited-combustible construction, with door (or identified. gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are 3. The maintenance supervisor or separated from combustibles by 20 feet (5 feet if designee shall monitor by completing a sprinklered) or enclosed in a cabinet of check of each oxygen storage room for noncombustible construction having a minimum precautionary signs placed outside of each 1/2 hr. fire protection rating. oxygen storage room door monthly for 6 Less than or equal to 300 cubic feet

In a single smoke compartment, individual

months.

PRINTED: 04/26/2018:

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	T OF DEFICIENCIES DF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPE A. BUILDING	LE CONSTRUCTION . 5 02		E SURVEY IPLETED
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	PROVIDER OR SUPPLIER PARK NURSING & R	EHABILITATION CENTER	2	STREET ADDRESS, CITY, STATE, ZIP CODE 2257 FAIR OAKS BLVD. SACRAMENTO, CA 95825	•	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
K 923	cylinders available care areas with an or equal to 300 cub stored in an enclos handled with preca. A precautionary sig each door or gate of where the sign incluminimum "CAUTIO STORED WITHIN Storage is planned of which they are recylinders. When faintegral pressure gate considered empty is are marked to avoid in the open are profit. 3.1, 11.3.2, 11.3. This REQUIREMENT by: Surveyor: 37135 Based on observatificated to maintain the This was evidenced Cylinder Storage Cliprecautionary sign. Smoke compartment hazardous situation. NFPA 99, Health Catedition: 11.3.4.1 A precaution distance of 1.5 m (5 ft), shall be gate of the storage.	for immediate use in patient aggregate volume of less than sic feet are not required to be ure. Cylinders must be utions as specified in 11.6.2. In readable from 5 feet is on of a cylinder storage room, udes the wording as a N: OXIDIZING GAS(ES) NO SMOKING." so cylinders are used in order ecelved from the supplier. It is segregated from full incility employs cylinders with auge, a threshold pressure is established. Empty cylinders id confusion. Cylinders stored tected from weather. 3, 11.3.4, 11.6.5 (NFPA 99) NT is not met as evidenced on and interview, the facility is exygen cylinder storage. If by one of two Oxygen losets did not have a This affected one of seven ints and could result in a care Facilities Code, 2012 In any sign, readable from a displayed on each door or	K 923	4. The maintenance supervisor or dishall review and monitor findings in for six months. Trends identified ship reviewed for any changes with the dissurance committee quarterly for a duration of 6 months for compliance. 5. Plan of correction completed by 5/15/2018.	nonthly all be quality	CALIFORNIA DEPARTMENT

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTAL BUILD!	TIPLE CONSTRUCTION NG 02			E SURVEY PLETED
		555673	B. WING		· ·	04/	17/2018
	PROVIDER OR SUPPLIER PARK NURSING & F	REHABILITATION CENTER		STREET ADDRESS, C 2257 FAIR OAKS BL SACRAMENTO, C	VD.		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH COR	R'S PLAN OF CORRECTION RECTIVE ACTION SHOUL RENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETIO DATE
K 923	STORED WITHIN 11.3.4.1 A precaution distance of 1.5 m (seach door or gate of enclosure.	N; OXIDIZING GAS(ES)	K 9:	23			
	wording as a minim GAS(ES) STORED Findings: During a tour of the Director of Mainten storage rooms wer 1. At 12:28 p.m., ti	e facility and interview with the nance on 4/17/18, the oxygen e observed.					
3	There was no prec the room. Upon in Maintenance confir precautionary sign	sident Room 2 was observed. autionary sign posted outside terview, the Director of med the finding and grabbed a from the inside of the Oxygen I place it outside the room e.			CERTIFICATION PROGRAM	2018 MAY 10 AH 7:42	SALIFORNIA DEPARTMENT OF PUBLIC HEALTH
•			-		·		