

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

PRINTED: 08/26/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555319	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 08/13/2024
NAME OF PROVIDER OR SUPPLIER SUNRISE POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 3476 W. WILSON ST. BANNING, CA 92220		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments 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. The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities.	E 000			
K 000	Census: 59 INITIAL COMMENTS K3 BUILDING: 02 K6 PLAN APPROVAL: 1988 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED. Resident Certified Beds: 64 Resident Census: 59 The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) §483.90(a)(b)(c)(j), National Fire Protection Association (NFPA) 101 - Life Safety Code, 2012 Edition, and NFPA 99 - Health Care Facilities Code, 2012 Edition. The facility is not in substantial compliance with 42 CFR §483.90 for Long Term Care Facilities.	K 000			
K 325 SS=E	Alcohol Based Hand Rub Dispenser (ABHR) CFR(s): NFPA 101	K 325			8/23/24

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

TITLE

(X6) DATE

Electronically Signed

08/23/2024

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

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K 325	<p>Continued From page 1</p> <p>Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met:</p> <ul style="list-style-type: none"> * Corridor is at least 6 feet wide * Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols * Dispensers shall have a minimum of 4-foot horizontal spacing * Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room * Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 * Dispensers are not installed within 1 inch of an ignition source * Dispensers over carpeted floors are in sprinklered smoke compartments * ABHR does not exceed 95 percent alcohol * Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11) * ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485 <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to follow the installation requirements for Alcohol based hand rub dispenser (ABHR). This was evidenced by ABHR's in the facility being installed over an ignition source. This could result in the ABHR leaking alcohol over the ignition source and result in ignition of a fire. This affected 18 of 59 residents in two of two smoke compartments.</p> <p>Findings:</p>	K 325	<p>Alcohol based hand rub dispenser (ABHR) removed and reinstalled to regulation specification (Dispenser are not to be installed within 1 inch of an ignition source) on 8/13/2024.</p> <p>Inservice of maintenance staff was conducted on Thursday 8/15/2024 to cover specific details of regulation requirements for placement of ABHR to prevent any future error or failure to meet regulation guidelines.</p>		

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K 325	Continued From page 2 During a facility tour and interview with the Maintenance Supervisor (MS) on 8/13/2024, the Alcohol based hand rub dispensers were observed and staff was interviewed. 1. At 11:58 a.m., there was an alcohol based hand rub dispenser (ABHR) located in the main lobby on the west wall observed to be installed directly over an ignition source. During a concurrent interview, the MS stated that they were unaware of the installation requirements for ABHR's. 2. At 2:28 p.m., there was an alcohol based hand rub dispenser (ABHR) located in the main dining room area on the north wall observed to be installed directly over an ignition source. During a concurrent interview, the MS stated that they were unaware of the installation requirements for ABHR's.	K 325	All ABHR dispensers in the facility were double checked to ensure compliance with placement regulation maintenance director and administrator conducted walk through and measurements on 8/20/24. Please see email with attached images of repair		
K 712 SS=C	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by:	K 712		8/23/24	

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K 712	<p>Continued From page 3</p> <p>Based on record review and interview, the facility failed to follow the regulations for fire drills. This was evidenced by missing after action reports for fire drills. This could result in not having the necessary planning and preparation in place to protect the health and safety for 59 of 59 residents in two of two smoke compartments.</p> <p>Findings:</p> <p>During record review and interview with the Maintenance Supervisor (MS) on 8/13/2024, the after action reports for the fire drills were requested and staff was interviewed.</p> <p>At 1:17 p.m., the facility provided a documents titled "Fire Drill Response Procedure Report" indicating that fire drills were conducted at the facility but were missing the after action reports for fire drills conducted on the PM shift and NOC shift during the third quarter and for fire drills conducted on the AM, PM, and NOC shift during the fourth quarter. During a concurrent interview, the MS stated that there was a change of ownership and the vendor contracted to do fire drills was no contracted during the time of the ownership change.</p>	K 712	<p>to ensure that we are in compliance with regulation, Sunrise Post Acute as of Q1 2024 has contracted Fire Drill Service (FDS) to conduct monthly Fire drills. FDS is contracted and responsible to conducting drills for shifts during the day, evening, and night while ensuring that each shift has received no less than 1 drill test per quarter.</p> <p>To verify that Sunrise Post Acute continue to remain compliant we review the FDS invoice during out monthly Safety meeting to make sure that drills are being held and that each shift is being drilled on a quarterly basis.</p> <p>Please see email of invoices to Please see email attachment</p>		