PRINTED: 12/02/2024 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED		
		555116	B. WING		11/	12/2024
NAME OF PR	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
ROSEWO	OD HEALTH FACILITY			1401 NEW STINE ROAD BAKERSFIELD, CA 93309		
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments		E 000			
	Emergency Prepared The findings are in ac	t of Public Health, during an ness recertification survey. cordance with 42 Code of CFR) 483.73, Requirement				
		antial compliance with 42 Term Care (LTC) Facilities.				
	Census = 72					
K 000	INITIAL COMMENTS		K 000			
	K3 BUILDING: 01 K6 PLAN APPROVAL K7 SURVEY UNDER STRUCTURE TYPE: CONSTRUCTION TY SPRINKLERED.	2012 EXISTING ONE STORY,				
	Resident Certified Be Resident Census: 72	ds: 79				
K 741	Department of Public Life Safety Code rece findings are in accord Federal Regulations (National Fire Protection Life Safety Code, 201 Health Care Facilities Smoking Regulations	CFR) §483.90(a)(b)(c)(j), on Association (NFPA) 101 - 2 Edition, and NFPA 99 - Code, 2012 Edition.	K 74			12/17/24
SS=D	CFR(s): NFPA 101 Smoking Regulations Smoking regulations	shall be adopted and shall				

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

TITLE (X6) DATE

Electronically Signed 11/27/2024

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 741	(1) Smoking shall be ward, or compartment combustible gases, of and in any other haza area shall be posted SMOKING or shall be international symbol (2) In health care occuprohibited and signs major entrances, sect that prohibits smoking (3) Smoking by patient responsible shall be provided to the patient is used to the p	the following provisions: prohibited in any room, at where flammable liquids, or oxygen is used or stored ardous location, and such with signs that read NO a posted with the for no smoking. supancies where smoking is are prominently placed at all ondary signs with language g shall not be required. Ints classified as not prohibited. Ints classified as not prohibited as not prohibited. Ints classified as not prohibi	K 74	Preparation and execution of this response and Plan of Correction doe constitute an admission or agreement HumanGood NorCal/Rosewood Hear Facility of the truth of the facts allege conclusions set forth in the Statement Deficiencies and Plan of Correction. Plan of Correction is being prepared and/or executed solely because it is required by State and Federal Law. the purposes of any allegation that the facility is not in substantial compliance.	nt by alth ed or nt of The For

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K 741	ashtray with a safe do designated area. The butts inside a metal of a self-closing device. interview, the Safety	ity failed to provide an esign in the smoking re were over 30 cigarette ontainer that did have have During a concurrent Officer confirmed the finding cility does not have many	K	741	with Federal requirements of participat this Response and Plan of Correction constitutes the facility sallegation of compliance in accordance with section 7305 of the State Operations Manual. This written plan of correction serves a our allegation of compliance. This faci will be in substantial compliance by 12/17/2024. 1. How corrective actions will be accomplished for those Residents four to have been affected by the deficient practice: Immediately removed the one unapprometal container from the smoking area leaving two that meets the Ashrae approval requirements. (11/12/2024) 2. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken All Residents had the potential of being affect by this alleged deficient practice Initiated in-service to all staff on the Smoking policy and procedure. (11/20/3. What measures will be put in place what systemic changes will the facility make to ensure that the deficient practice does not recur: Revised the Smoking policy and will be reviewed in QAPI. (11/19/2024) Safety Officer/Designee initiated in-service to all staff on the Smoking policy and Procedure. (11/20/24) Revised the Life Safety daily rounding checklist to include the smoking area. (11/21/24) Preventative maintenance work order to the staff on the staff or the smoking area. (11/21/24)	s lity nd ved 1: 24) e or ice	

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K 741	Continued From page	• 3	K 7	be generated in the (Comparison Maintenance Managemen CMMS for daily inspection smoking area. (11/21/24) Educational training of the will be provided to Team unanually. Maintenance Department/monitor designated Smoking compliance with the Smoking area weekly for of the Smoking area weekly for of the Smoking Policy. (11/2/4). How the facility plans performance to make sure are sustained: Maintenance/Designee will designated smoking area with metal containers having weeks), once weekly (x2 vince bi-monthly (x1 month), one month) and random therea months. Safety Officer/Designee will findings to QA monthly x 3 resolved. Safety officer/Designee will reviews quarterly to QAPI recommendations. Director of Building and Gresponsible for compliance. 5. Include dates when compliance of the State Agency. Completion date: 12/17/24 HSA	it System) it of designate it System) it of designate it Smoking Po it pon hirer and it Designee to ing area daily iting policy. It compliance w 1/24) it of monitor its it that solution ill inspect for compliance ing a lid daily weeks), it monthly (x it after up to 2 itill Report it months until itil report the C it for discussion rounds it is it corrective action acceptable to	licy d for for with s s ce (x2 c1

, ,		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING 0	CONSTRUCTION 2	(X3) DATE SURVEY COMPLETED
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	ROVIDER OR SUPPLIER OD HEALTH FACILITY		STREET ADDRESS, CITY, STATE, ZIP CODE 1401 NEW STINE ROAD BAKERSFIELD, CA 93309		
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K 923 SS=D	Greater than or equal Storage locations are ventilated in accorda 5.1.3.3.3. >300 but <3,000 cub Storage locations are within an enclosed in limited- combustible gates outdoors) that gases are not stored separated from combustible consumption or enclosum on combustible consumption or enclosum on the strinkler of the separated from combustible consumption or enclosum on the strinkler of the separated from combustible consumption or enclosum on the strinkler of the separated from combustible consumption or equal to a single smoke concylinders available for care areas with an agon or equal to 300 cubic stored in an enclosur handled with precaut A precautionary sign each door or gate of where the sign including minimum "CAUTION STORED WITHIN NO Storage is planned sof which they are recomply cylinders are explinders. When faci integral pressure gauconsidered empty is are marked to avoid	e designed, constructed, and noe with 5.1.3.3.2 and ic feet e outdoors in an enclosure or terior space of non- or construction, with door (or can be secured. Oxidizing with flammables, and are outsibles by 20 feet (5 feet if sed in a cabinet of struction having a minimum rating. o 300 cubic feet impartment, individual or immediate use in patient aggregate volume of less than if feet are not required to be inc. Cylinders must be ions as specified in 11.6.2. readable from 5 feet is on a cylinder storage room, les the wording as a coxidizing GAS(ES) O SMOKING." o cylinders are used in order eived from the supplier. Segregated from full lity employs cylinders with uge, a threshold pressure established. Empty cylinders confusion. Cylinders stored	K 923		12/17/24
	I .	cted from weather. , 11.3.4, 11.6.5 (NFPA 99) Γ is not met as evidenced			

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NAME OF P	ROVIDER OR SUPPLIER		'	STREET ADDRESS, CITY, STATE, ZIP CODE		712/2024
				1401 NEW STINE ROAD		
ROSEWO	OD HEALTH FACILITY			BAKERSFIELD, CA 93309		
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K 923	failed to maintain the areas. This was evide separate oxygen cyline enclosure, and by the oxygen cylinders from could result in confus This affected the Service NFPA 99, Health Caredition 11.3.2 *Storage for not than 8.5 m3 (300 ft3), at STP shall com 11.3.2.1 through 11.3.11.3.2.1 Storage local enclosure or within an noncombustible or lin construction, with doc can be secured again 11.6.5 Special Precautand Containers. 11.6.5.1 Storage shall	n and interview, the facility oxygen cylinder storage enced by the failure to inders located in the same of failure to secure the door to in unauthorized access. This ion during an emergency, wice Corridor and Patio Area. The Facilities Code, 2012 onflammable gases greater in but less than 85 m3 (3000 inply with the requirements in 2.3. Itions shall be outdoors in an intercombustible ors (or gates outdoors) that instruments of Cylinders at unauthorized entry.	K 923	Preparation and execution of this response and Plan of Correction of constitute an admission or agreen HumanGood NorCal/Rosewood Facility of the truth of the facts alloconclusions set forth in the Staten Deficiencies and Plan of Correction Plan of Correction is being prepar and/or executed solely because it required by State and Federal Law the purposes of any allegation that facility is not in substantial complication with Federal requirements of partitions Response and Plan of Correct constitutes the facility allegation compliance in accordance with se 7305 of the State Operations Man This written plan of correction service our allegation of compliance. This will be in substantial compliance to 12/17/2024. 1. How corrective actions will be accomplished for those Residents	does not ment by dealth egged or ment of on. The red is w. For at the ance icipation, ction n of ection hual. ves as s facility by	
	are received from the 11.6.5.2 If empty and within the same enclose segregated from from 11.6.5.2.1 When the with integral pressure at considered empty. 11.6.5.3 Empty cylind	full cylinders are stored osure, empty cylinders shall ull cylinders. facility employs cylinders agauge, it shall establish the		to have been affected by the deficing practice: Removed the extra empty E-Cylin compliance with NFPA 99 2012 et Gas Equipment- Cylinder and Cot Storage. (11/12/2024) Purchased/installed a lock for outside Oxygen cylinder storage. (11/12/24) 2. How the facility will identify of residents to be affected by the said deficient practice and what correct action will be taken: All Residents had the potential of	nders for dition ntainer r the ther me ctive	

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K 923	Safety Officer, Assist Administrator on 11/1 areas were observed. 1. At 1:26 p.m., the Cobserved. The room cubic feet of oxygen. oxygen "E" cylinder rack than the empinterview, the Safety and stated that there in the Patio. 2. At 4:15 p.m., the Fwas observed. The scubic feet of oxygen. secured from unauthno staff supervision in concurrent interview,	acility and interview with the cant Director of Nursing, and 13/24, the oxygen storage I. Oxygen Storage Room was contained approximately 408 There was one empty mixed with the full rack. ders on handcarts. The and they were closer to the oty. During a concurrent Office confirmed the finding was a second storage area Patio Oxygen Storage closet torage closet contained 456 The storage doors were not orized access and there was in the area. During a the Safety Officer confirmed did that closet was chained to	K	923	affected by this alleged deficient practi Removed the extra empty E-Cylinders compliance with NFPA 99 2012 edition (11/12/2024) Purchased/installed a lock for outs Oxygen cylinder storage. (11/12/24) 3. What measures will be put in place what systemic changes will the facility make to ensure that the deficient pract does not recur: Oxygen Storage Policy created and wi reviewed in QAPI. (11/24/24) DSD/Designee initiated in-service to ston NFPA 99 2012 regulations Gas Equipment- Cylinder and Container Storage. (11/12/24) Implement an Oxygen Cylinder Storag training schedule to include training of staff annually. Revised the Life Safety daily rounding checklist to include Oxygen cylinder storage and secured access. (11/21/24) Preventative maintenance work order to be generated in the (Computerized Maintenance Management System) CMMS for daily inspection of Oxygen cylinder storage area. (11/21/24) Created Oxygen cylinder storage checa udit tool. (11/21/24) Maintenance Department/Designee to inspect designated Oxygen cylinder storage area daily for compliance with Oxygen Storage policy. (11/21/24) Safety Officer/Designee will spot audit Oxygen cylinder storage areas weekly compliance with Oxygen Storage polic and procedure. (11/21/24) 4. How the facility plans to monitor it	for . side e or ice ll be aff e the for y	

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K 923 K 926 SS=E	CFR(s): NFPA 101	alifications and Training	K 92	performance to make sure that solutionare sustained: Maintenance Department/Designee with spect Oxygen cylinder storage areast compliance with Oxygen cylinder storage policy daily (x2 weeks), once weekly (xweeks), bi-monthly (x1 month), once monthly (x1 month) and random thereafter up to 2 months. Safety Officer/Designee will Report findings to QA monthly x 3 months untresolved. Safety officer/Designee will report the reviews quarterly to QAPI for discussion recommendations The Director of Building and Grounds is responsible for compliance 5. Include dates when corrective act will be completed. The corrective action completion dates must be acceptable the State Agency. Completion date: 12/17/24 Tracie Fair HSA	ill s for age x2 till QIC ons/	12/17/24
	Personnel Personnel concerned maintenance and har cylinders are trained provide continuing ec guidelines and usage serviced only by pers maintenance and ope 11.5.2.1 (NFPA 99)	ndling of medical gases and on the risk. Facilities lucation, including safety requirements. Equipment is onnel trained in the				

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K 926	failed to maintain the This was evidenced be education for staff asshandling of oxygen grand procedure. This cuse and handling of naffected 72 of 72 resicompartments. NFPA 99 Health Care Editions 11.5.2.1 Qualification 11.5.2.1.1 * Personne application and maint and others who handle cylinders that contain trained on the risks as and use. 11.5.2.1.2 Health care programs of continuin personnel. 11.5.2.1.3 Continuing include periodic reviet usage requirements for cylinders. 11.5.2.1.4 Equipment personnel trained in the operation of the equip 11.6.1 Administration of health care organizand procedures for safety Officer, Assistation.	n and interview, the facility medical gas equipment. The sociated with the safe as, and by missing a policy could result in the unsafe medical gas equipment. This dents in four of four smoke and Training of Personnel. It concerned with the enance of medical gases and the the medical gases and the the medical gases shall be esociated with their handling are facilities shall provide and gases and their education programs shall we of safety guidelines and for medical gases and their shall be serviced only by the maintenance and them. Administrative authorities enations shall provide policies	К 9	Preparation and execution of the response and Plan of Correction constitute an admission or agree HumanGood NorCal/Rosewood Facility of the truth of the facts at conclusions set forth in the State Deficiencies and Plan of Correction is being prepared by State and Federal Interpretate the purposes of any allegation of facility is not in substantial common with Federal requirements of pathis Response and Plan of Corrections and Plan of Corrections that is Response and Plan of Corrections to the State Operations Management of the State Operations Management of the State Operations our allegation of compliance. The will be in substantial compliance on the substantial compliance of the State Operations our allegation of compliance. The will be in substantial compliance of the State Operations will accomplished for those Resides to have been affected by the depractice: Immediately initiated in-service members on NFPA 99 2012 ed Equipment- Cylinder and Contastorage/Handling. (11/12/202) 2. How the facility will identify residents having the potential to affected by the same deficient pand what corrective action will all Residents had the potential affected by this alleged deficient lititated in-service to team men	ement by d Health alleged or tement of ction. The bared e it is Law. For that the pliance articipation, rection tion of section lanual. serves as his facility e by be nts found eficient to team ition Gas ainer (A) o other o be oractice be taken: of being nt practice.	

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K 926	with continuing educa medical gases. The fa 408 cubic feet of oxyg approximately 456 cu During a concurrent in Director of Nursing st in-services. At 2:30 p.m., the Adm facility did not have a education for staff as handling and storage 2. At 4:44 p.m., the fa policy and procedure oxygen. During a con	acility failed to provide staff ation for the safe handling of acility had approximately gen indoor and bic feet of oxygen outdoor. Interview, the Assistant ated that she will look for the aninistrator stated that the record of continuing sociated with the safe of oxygen.	KS	926	NFPA 99 2012 edition Gas Equipment-Cylinder and Container Storage/Handli (11/12/24) 3. What measures will be put in place what systemic changes will the facility make to ensure that the deficient pract does not recur: Oxygen Storage Policy created and will reviewed in QAPI. (11/24/24) DSD/Designee initiated in-service of ston NFPA 99 2012 edition Gas Equipme Cylinder and Container Storage. (11/12/24) Implemented an Oxygen Cylinder Storatianing schedule to include training at orientation and annually. Created an Oxygen Storage policy competency test. (11/24/24) Safety Officer/ Designee will randomly quiz team members weekly for competency of Oxygen Storage Policy and provide on the spot correction if needed. (11/27/24) 4. How the facility plans to monitor its performance to make sure that solution are sustained: Safety Officer/Designee will audit the results of six Team Members quizzes weekly (x4 weeks), then weekly (x4 weeks), bi-monthly (1 month) and rand spot check thereafter for two months. Safety Officer/Designee will Report findings to QA monthly x 3 months untiresolved. Safety officer/Designee will report the Greviews quarterly to QAPI for discussion recommendations. Safety Officer will be responsible for compliance.	ng e or ice I be aff ent- age om	

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K 926	Continued From page	e 10	К9	5. Include dates when corrective completion dates must be accept the State Agency. Completion date: 12/17/24 Trace HSA	e action otable to			