DEPART	MENT OF HEALTH	AND HUMAN SERVICES		9	RINTED: 06/21/2017 FORM APPROVED
ÇENTER	S.FOR MEDICAR	& MEDICAID SERVICES		0	MB NO. 0938-0391
	of Deficiencies FCORRECTION	(X1) PROVIDER/BUPPUER/CUA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING T	LE CONSTRUCTION \$2	(X3) DATE SURVEY COMPLETED
		555287	B. WING		06/14/2017
NAME OF P	ROVIDER OR SUPPLIER		- 5	TREET ADDRESS, CITY, STATE, ZP CODE	441111
DIAMON	d Ridge Healthca	are center		351 LOVERIDGE ROAD PITTSBURG, CA 94566	
(X4) ID	SUMMARY 61	ATEMENT OF DEFICIENCIES	10	PROVIDER'S PLAN OF CORRECTION	
PRÉFIX TAG		Y MURT BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PRÉFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROX DEFICIENCY)	
K 000	STAUCTURE TY. CONSTRUCTION SPRINKLERED. The following refl California Departr annual Life Safety The findings are i Federal Regulation Fire Protection As Safety Code, 201 Care Facilities Co Representing the Health: 31203		K 000	This plan of correction is the center's credite dilegation of compliance. Preparation and execution of this plan of correction does not constitute administration of constitute administration of the facts alleged or conclusions in the statement of deficiencies. The plan of correction is prepared and/or executed sale, because it is required by the provisions of fastate laws. Acronyms DRHC Diamond Ridge Healthot Center DSD Director of Staff Development MD Maintenance Director P&P Policies and Procedures PM Preventive Maintenance ADM Administrator QAPI Quality Assurance Performance Improvement	ovider of set forth f ly derai and
K 324 9S≖D	Cooking Facilities Cooking equipme with NFPA 96, St and Fire Protectle Operations, unles * residential cook appliances such toesters) are use cooking in accord	ant is protected in accordance ant and for Ventilation Control on of Commercial Cooking	К 32	K 324 NFPA 101 Cooking Fact It is the policy of Diamond Ridg Healthcare Center (DRHC) to relits cooking equipment in the kit Corrective Action No later than 7/14/17, the facility have its cooking equipment instand serviced by a qualified serviced by a qualified service of grease accumulation.	ty will spected vice
Any delicie other safeg following to days follow program pa	hey statement ending yourds provide sufficiant to date of survey whething the date these doou thicipation.	protection to the patients, (See Instruct or not a plan of correction is provided ments are made available to the facility tions Obsolete Event ID: 800	which the inst lons.) Except For nursing If deficienci	TITLE CALCULA DE SOUTH OF THE Indian may be excused from correcting providing the first of the findings stated above themes, the above findings and plans of correction is a second of the first of the findings and plans of correction in the first of the findings and plans of the first of th	s are disclosable 90 days cotion are disclosable 14 is requisits to continued 017

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB-NO, 0938-0391 (X1) PROYIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF OFFICENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY TLAN OF CORRECTION COMPLETED A. BUILDING 02 5552B7 .a. wina 06/14/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2351 LOVERIDGE ROAD DIAMOND RIDGE HEALTHCARE CENTER PITTSBURG, CA 94565 **BUMMARY STATEMENT OF DEFIDIENCIES** PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX COMPLETION DATE ıΩ (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (BACH CORRECTIVE ACTION SHOULD SE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG TAG DEFICIENCY K 324 | Continued From page 1 K 324 Other Residents Affected compartments with 30 or fewer patients comply All residents have the potential to be with the conditions under 18.3.2.5.3, 18.3.2.5.3. affected by the facility's fallure to Ö٢ maintain its cooking equipment due to * cooking facilities in smoke compartments with the risk of fire. 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Systemic Changes Cooking facilities protected according to NFPA 96 No later than 7/14/17, Director of Staff 7/4/17 per 9.2.3 are not required to be enclosed as Development (DSD) will give hazardous areas, but shall not be open to the Maintenance Director (MD) a one-oncorridor. one in-service on the facility's policy 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through and procedure (P&P) titled "Preventive 19.9.2.5.5, 9.2.3, TIA 12-2 Maintenance (PM) Program", which includes the Inspection of kitchen cooking equipment. This STANDARD is not met as evidenced by: MD will set up periodic inspection and Surveyor: 31203 servicing of kitchen cooking equipment Based on observation, document review, and by a qualified service contractor at a interview, the facility falled to maintain their frequency of every 6 months and as cooking equipment. This was evidenced by failure to provide the inspection and servicing needed, documents at least annually for the cooking Monitorina equipment in the Kitchen. This affected one of No later than 7/14/17, MD will perform 7/14/17 two smoke compartments. This could result in a PM rounds as scheduled in the maifunction of the cooking equipment to checklist (daily, weekly, and monthly). malfunction, and/or a fire in the facility. It will include the visual inspection of kitchen cooking equipment. NFPA 101, Life Safety Code, 2012 Edition 19.3.2.5 Cooking Facilities, In addition, Administrator (ADM) will 19.3,2,5.1 Cooking facilities shall be protected in accordance with 9,2,3, unless otherwise continue to perform weekly permitted by 19.3.2.5.2, 19.3.2.5.3, or 19.3.2.5.4. environmental rounds at random times. Findings will be immediately 9,2,3 Commercial Cooking Equipment. reported to morning stand up meeting Commercial cooking equipment shall be in for discussion and correction. accordance with NFPA 95, Standard for Ventilation Control and Fire Protection of CALIFORMIA DEPARTMENT OF PUBLIC HEALTH Commercial Cooking Operations, unless such FORM CM8-2587 (92-99) Previous Versions Obsolete

Event ID:600021

Facility ID: CA020000584 TOC 173/143 C If continuation effect Page: 2/of 30

JUL 1 n 2017

LIFE SAFETY CODE UNIT SAN BERMALDIMO

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPFLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE BURVEY PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 02 555287 B. WING . 06/14/2017 NAME OF PROVIDER OF SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2851 LOVERIDGE ROAD DIAMOND RIDGE HEALTHCARE CENTER PITTSBURG, CA 94565 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION BHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY K 324 | Continued From page 2 K 324 For the next three months, MD will identify trends related to kitchen installations are approved existing installations, which shall be permitted to be continued in equipment and report them to the service. monthly QAPI committee meeting for evaluation, planning, and NFPA 96, Standard for Ventilation Control and resolution. ADM is responsible for Fire Protection of Commercial Cooking overali compliance. Operations, 2011 Edition 11.7.1 inspection and servicing of the cooking Completion Date equipment shall be made at least annually by This deficient practice will be corrected properly trained and qualified persons. by 7/14/17. 11.7.2 Cooking equipment that collects grease below the surface, behind the equipment, or in cooking equipment flue gas exhaust, such as griddles or charbrollers, shall be inspected and, if found with grease accumulation, cleaned by a properly trained, qualified, and certified person. acceptable to the authority having jurisdiction. Findings: During a tour of the facility, document review, and Interview with the Maintenance Director on 8/14/17, the cooking equipment were observed, document was requested. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LIGENCING & DERTIFICATION PROGRAM At 11:25 a.m., the kitchen cooking equipment was i observed and inspection documents were requested. The facility failed to provide the Inspection and servicing documents at least JUL 1 n 2017 annually for the cooking equipment. The kitchen was observed with a six burner gas stove, three ovens, one griddle, and one commercial deep fryer. When interviewed, the Maintenance Director stated that he was unaware of the annual inspections and servicing for the kitchen cooking egulpment regulrement. K 341 NFPA 101 Fire Alarm System - Installation K341 K 341 NFPA 101 Fire Alarm System \$5=C - Installation

		HAND HUMAN SERVICES				FORM A	06/21/2017 PPROVED 1938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		CONSTRUCTION A	(X3) DATE COMP	SURVEY LETED
		555287	B. WING			08/1	4/2017
NAME OF	HOVIDER OR BUPPLIER			ат	REET ADDRESS, CITY, STATE, ZIF CODE		17284
DIAMON	D RIDGE HEALTHCA	are center			IST LOVERIDGE ROAD ITTSBURG, CA 94565	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSO IDENTIFYING INFORMATION)	ID PREPI TAG		PROVIDER'S PLAN OF CORRECTIO JEACH CORRECTIVE ACTION SHOULD CRIOSS-REFERENCED TO THE APPROP DEFICIENCY)	BE }	COMPLETION DATE
K 341	Fire Alarm System A fire alarm system components appro- accordance with a and NFPA 72, Nat provide effective a building, in areas detection is install unit, in new occup at notification app and supervising a Fire alarm system paths are monitor 18.3.4.1, 19.3.4.1 This STANDARD	n - Installation in is installed with systems and oved for the purpose in NFPA 70, National Electric Gode, itional Fire Alarm Gode to warning of fire in any part of the not continuously occupied, ied at each fire alarm control bancy, detection is also installed dilance circuit power extenders, tation transmitting equipment. In wiring or other transmission and for integrity. In 9.6, 9.6.1.8 Is not met as evidenced by:	K	341	It is the policy of DRHC to mainta electrical equipment. Corrective Action On 6/14/17 the facility's fire safet contractor applied red marking o circuit breaker located in the boil room. Other Realdents Affected All residents have the potential to affected by the facility's failure to maintain its fire alarm and electrically equipment due to staff not being to quickly identify the circuit breathe event of an emergency. MD Inspected all circuit breakers in the facility and no other issue was identified.	y n the er o be cal able aker in	6/14/17-
	Surveyor: 31203 Based on observialled to maintain was evidenced by alarm system the marking. This afcompartments as identify the circuit				Systemic Changes No later than 7/14/17, DSD will of MD a one-on-one in-service on facility's P&P titled "PM Program which includes the inspection of fire alarm system.	the ı",	7/14/17
	19.5.1 Utilities. 19.5.1.1 Utilities of Section 9.1. 9.1.2 Electrical S equipment shall National Electrica	safety Code, 2012 Edition shall comply with the provisions systems. Electrical wiring and be in accordance with NFPA 70, al Code, unless such installations			Monitoring No later than 7/14/17, MD will p PM rounds as scheduled in the checklist (daily, weekly, and mo It will include the visual inspection the fire alarm system. Any issu- identified will be referred to the safety contractor for immediate	nthly). on of	7/14/1-

FORM CMS-2557(02-99) Previous Versions Obsolete

are approved existing installations, which shall be permitted to be continued in service.

9.6.1.3 A fire alarm system required for life safety

Event ID:600021

Facility ID: CA020000584

repair.

If continuation sheet Page 4 of 30



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CENTERS FOR MEDICARE & MEDICAID SERVICES	OMB NO, 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING 02	(X3) DATE BURVEY COMPLETED
555287 B. WING	08/14/2017
NAME OF PROVIDER OR SUPPLIER STATE, ZIP CODE	
DIAMOND RIDGE HEALTHCARE CENTER 9351 LOVERIDGE ROAD PITTSBURG, CA 94565	
X4] ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH DEFICIENCY MUST SE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOWN FROM THE PROVIDER'S PLAN OF CORRECTIVE PROVIDER'S PLAN OF COR	OULD BE COMPLETION
K 341 Continued From page 4 shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Pire Alarm and Signaling Code, unless it is an approved existing installation, which shall be permitted to be continued in use. NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition 10.5.5.2 Circuit Identification and Accessibility, 10.5.5.2 Circuit Identification of the decicated branch circuit disconnecting means shall be permanently identified at the control unit. 10.5.5.2.2 For fire alarm systems the circuit disconnecting means shall be identified as "FIRE ALARM CIRCUIT." 10.5.5.2.3 For fire alarm systems the circuit disconnecting means shall have a red marking. 10.5.5.2.4 The circuit disconnecting means shall have a red marking. 10.5.5.2.4 The circuit disconnecting means shall be accessible only to suthorized personnel. Findings: During a four of the facility and interview with the Maintenance Director on 8/14/17, the electrical equipment was observed. 1. At 9:52 a.m., the electrical panel that housed the fire alarm. The electrical panel was located in the Boller room. 2. At 11:00 a.m., the Maintenance Director stated, that the vendor was on-site, and the circuit breaker has been marked. K 351 K 351 K 351 NFPA 101 Sprinkler System - Installation SSED	I rounds II be ing stand I D will safety the eting for ole for corrected 7/4/74

FORM CM6-2567 (02-99) Previous Versions Obsolets

Event ID; 600081

Facility ID: CA020000584 If continuation sheet Page 6 of 30 CALL TO GRAVE CERACITY OF FUDLIC HEALTH EMELSE TO TO USE USTRUCT FIGGRAM

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CENTER STATEMENT	RS FOR MEDICARE OF DEFICIENCIES	AND HUMAN SERVICES & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(X2) MUI	TIPLE		ORM A 3 NO. C 3) DATE	06/21/2017 PPROVED 0938-0391 suavey
i juand	OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILE	DAIS	2	COMPI	LETED
		555287	B. WING			06/14	4/2017
	PROVIDER OR SUPPLIER	RE CENTER		28	FREET ADDRESS, CITY, STATE, ZIP CODE 151 LOVERIDGE ROAD		
Distillor				P	ITTSBURG, CA 94555	[
(X4) 1D PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREP TAC		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		COMPLETION DATE
K 351	Spinkler System - 1 2012 EXISTING Nursing homes, an construction type, approved automati accordance with N installation of Sprinin Type I and II comeasures are parresprinkler protection tocal regulations in hospitals, sprink closets of patient of the closet does aprinkler coverage required by NFPA	nstallation If hospitals where required by are protected throughout by an o sprinkler system in FPA 13, Standard for the akier Systems. Instruction, alternative protection alternative protection alternative protection are specific areas where state is prohibit sprinklers. Iters are not required in clothes aleeping rooms where the area not exceed 6 square feet and covers the closet footprint as 13, Standard for Installation of	,	351	It is the policy of DRHC to complete protect its building by an approved automatic sprinkler system. Corrective Action On 6/15/17 MD removed the wood framed canopy located outside by power generator. Other Residents Affected Not having an automatic sprinkler system completely protecting the building has the potential to affect residents due to risk of spreading smoke and fire in the event of a fire. MD inspected all other areas the building where a sprinkler system.	the all of	6/15/17
	19.4.2, 19.3.5.10, This STANDARD Surveyor: 31203 Based on observe a complete autom accordance with ti Association (NFP/Edition, and NFPA evidenced by a we that exceeded 4 fi with complete aut This affected one and could result in in the event of a fi NFPA 101, Life St 19.3.5.1 Buildings be protected throus supervised autom	19.3.5.3, 19.3.5.4, 19.3.5.5, 9.7, 9.7.1.1(1) is not met as evidenced by: tion, the facility failed to provide atlo sprinkler system in the National Fire Protection (1) 101 Life Safety Code, 2012 (13, 2010 Edition. This was not framed canopy projection in width that was not equipped omatic sprinkler protection, of two smoke compartments, in the spread of smoke and fire ite. afety Code, 2012 Edition containing nursing homes shall althout by an approved, latic sprinkler system in Section 9.7, unless otherwise	,		is required and identified no other issue. Systemic Changes No later than 7/14/17, DSD will give MD a one-on-one in-service on the facility's P&P titled "PM Program", which includes inspecting for pressof the automatic sprinkler system where required by NFPA regulation. Monitoring No later than 7/14/17, MD will per PM rounds as scheduled in the checklist (daily, weekly, and montit will include the visual inspection the automatic sprinkler system. A issue identified will be referred to fire safety contractor for immediate repair or installation.	ve e ence ons. form thly). I of Any the	7/14/14

FORM OMS-2587 (02-99) Previous Varsings Obsolete

Event ID:800021

Facility ID: 0A020000884 . --

If continuation shoot Page 6 of 30

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORM A	06/21/2017 PPROVED 938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILL		CONSTRUCTION	(X3) DATE : COMPL	BURYEY
		555297	a. WING			06/14	1/2017
NAME OF P	HOVIDER OR SUPPLIER			97	TREET ADDRESS, CITY, STATE, ZIP CODE	2.5/1	1,72011
DIAMONI	D DIBAC UEN TUAN	DE CENTED		23	881 LOVERIDGE ROAD		Ì
I DIAMONI	D RIDGE HEALTHCA	HE CENTER		P	ITTSBURG, CA 94565		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL 3C IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	8E	(XB) COMPLETION DATE
K 351	9.7.1 Automatic Sp 9.7.1.1* Each autorequired by anothe in accordance with (1) NFPA 13, Stand Sprinkler Systems (2) NFPA 13D, Sta Sprinkler Systems Dweltings and Mar (3) NFPA 13R, Sta Sprinkler Systems to and including Fo NFPA 13, Standard Systems, 2010 Ed 8.15.7* Exterior Ro Porte-Cocheres, E Projections. 8.15.7.1 Unless th 8.15.7.3, or 8.15.7 Installed under ext porte-cocheres, by projections excess 8.15.7.2* Sprinkler omitted where the porte-cocheres, by projections are co- are noncombustib retardant-treated in Standard for Fire Fire-Retardant Co 8.15.7.3 Sprinkler omitted from beior porte-cocheres, by projections of con- the exposed finish	withkiers matic sprinkler system r section of this code shall be one of the following: dard for the Installation of indered for the Installation of in One- and Two-Family nufactured Homes indard for the Installation of in Residential Occupancies up our Stories in Height d for Installation of Sprinkler lition loofs, Canoples, laticonles, Decks, or Similar e requirements of 8.15.7.2, 4 are met, sprinklers shall be reflor roofs, canoples, siconles, decks, or similar ding 4 ft (1.2 m) in width, rs shall be permitted to be canoples, roofs, alconles, decks, or similar instructed with materials that le, limited-combustible, or fire wood as defined in NFPA 703, Retardant-Treated Wood and leatings for Building Materials, s shall be permitted to be withe canoples, roofs, alconles, decks, or similar instructed, decks, or similar instructed with materials that le, limited-combustible, or fire wood as defined in NFPA 703, Retardant-Treated Wood and leatings for Building Materials. In shall be permitted to be with canoples, roofs, alconles, decks, or similar inbustible construction, provided in material on the roofs,		851	In addition, ADM will continue to perform weekly environmental rot at random times. Findings will be immediately reported to morning a up meeting for discussion and correction. For the next three months, MD wildentify trends related to the autor sprinkler system and report them the monthly QAPI committee meeting for evaluation, planning, and resolution. ADM is responsible for overall compliance. Completion Date This deficient practice will be comby 7/14/17.	stand ill matic to eting or rected	7/14/17
	porte-cocheres, b projections of con the exposed finish canoples, or porte	alconies, decks, or similar rbustible construction, provided					

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS POR MEDICARE & MEDICALD SERVICES STATEMENT OF DEFICIENCIES TAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:

PRINTED: 08/21/2017 FORM APPROVED OMB NO. 0938-0391

ALAM AC COMPROSION INCIDENCE INCIDENCE IN MICHIGAN		(X2) MULTIPLE A. BUILDING D		(XS) DATE SURVEY COMPLETED		
		555267	B. WING.		06/	14/2017
	ROVIDER OR SUPPLIER D RIDGE HEALTHCA	RE CENTER	234	REET ADDRÉSS, CITY, STATE, ZIP OC ET LOVERIDGE ROAD ITSBURG, CA 94565	DE	
(X4) ID PREFIX TAQ	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SO IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X8) COMPLETION DATE
K 351	Retardant-Treated Coatings for Buildi canoples, or porte sprinklered conces following unsprinkl spaces: (1) Combustible of with noncombustible (2) Light or ordina noncombustible p cellings are directl spild wood joists s spaces 160 ft3 (4, including space be directly on top or v otherwise sprinkle (3) Concealed spa	NFPA 703, Standard for Fire Wood and Fire-Retardant ng Materials, and the roofs, cocheres contain only aled spaces or any of the lered combustible concealed concealed spaces filled entirely	K 351			
	omitted from exte	s shall be permitted to be rior exit corridors when the te corridor are at least 50 when the corridor is entirely of onstruction.		CAN FOUND A COMMISSION OF	Of Public un	A 711
	oanoples, porte-c similar projections	ors shall be installed under roofs ocheres, balconies, decks, or a greater than 2 ft (0.6 m) wide combustibles are stored.		un ver exert er j	(T. 11)	- 11
	Safety Requirem Facilities, Manda Requirement, det This latter require	C-09-04, Adoption of New Fire ents for Long Term Care tory Sprinkler Installation ted October 3, 2008, ed all long term care facilities to a supervised aprinkler system	•		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	

PRINTED: 06/21/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0988-0391 TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING 02 555287 B. WING 08/14/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COOR 2351 LOVERIDGE ROAD DIAMOND RIDGE HEALTHCARE CENTER PITTSBURG, CA 94565 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE CONSISTION РЯЕРІХ TAQ TAG DEFICIENCY) K 351 I Continued From page 8 K 351 by August 13, 2013, installed in accordance with the 1999 Edition of the National Fire Protection Association's (NFPA) Standard for Installation of Sprinkler Systems (NFPA 19), and maintained in accordance with the 1998 Edition of the National Fire Protection Association's (NFPA) Standard for Inspection, Testing and Maintenance of Water-Based Fire Protection Systems, (NFPA 25). Findings: Liv. 1.4 1. 12.18 During a tour of the facility with the Maintenance Director on 6/14/17, the wood framed canopy was JUL 1 0 317 observed. At 1:30 p.m., there was a wood framed canopy that was approximately 56 Inches wide by 91 Life Communication of Inches long that was attached to the building's Chili Dener are 140 roof overhang. The wood framed canopy was not equipped with an automatic sprinkler system. This finding was confirmed by the Maintenance K 353 K 363 NFPA 101 Sprinkler System -K 353 NFPA 101 Sprinkler System - Maintenance and Maintenance and Testing 58=D | Testing It is the policy of DRHC to test and maintain Its automatic sprinkler Sprinkler System - Maintenance and Testing system, including the sprinkler heads. Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance on a periodic basis. with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Corrective Action

avallable.

Protection Systems, Records of system design,

maintenance, inspection and testing are

a) Date sprinkler system lest checked

b) Who provided system test

maintained in a secure location and readily

Fire safety contractor will install a

A no later than 7/14/17.

Fire safety contractor will repair/replace the sprinkler head

sprinkler head protector in Room 211-

7/4/17

FORM CMS-2557(02-99) Previous Versions Obsolete

		AND HUMAN SERVICES			FORM /	06/21/2017 APPROVED
FEMENT	OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION 02		SELED STELED
		5552\$7	B. WING		06/:	14/2017
	AOVIDER OR SUPPLIER D RIDGE HEALTHCA	BE CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 2361 LOVERIDGE HOAD		
				PITTBBURG, CA 94585		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PREDEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X6) COMPLETION DATE
K 353	Continued From pa	age 9	K 353	deflector in Room 218 no l 7/14/17,	ater than	7/4/17
	any non-required of	supply source KS information on coverage for reartlal automatic sprinkler		Fire safety contractor will repair/replace the escutche walk-in freezer no later tha		7/14/17
	Surveyor: 31203	ls not met as evidenced by:		Fire safety vendor will insp gauges and valves through facility no later than 7/14/1	nout the	7/14/17
7	Interview, the facility automatic sprinkle by failure to maintrocomplete monthly components to the failure to provide of waterflow tests for system. This coZ, the sprinkler system a fire in the event two smoke company.			Fire safety contractor will of water flow test no later that Other Residents Affected Failure to maintain the spreadents in the facility due delay in extinguishing a firevent of a fire. MD inspector sprinkler heads through facility and identified a few need to be repaired/replace.	in 7/14/17. disinkler of affect all entorisk of enthe ted the rest out the others that ted by the	7/14/17
	4.6.12 Maintenant Whenever or whe system, condition protection, fire rea feature is required provision of this caystem, condition protection, fire restaure shall there maintained. Main accordance with a correquirements a having jurisdiction	afety Code, 2012 Edition ce, inspection, and Testing, rever any device, equipment, arrangement, level of istive construction, or any other dror compilance with the ode, such device, equipment, arrangement, level of sistive construction, or other eafter be continuously tenance shall be provided in applicable NFPA requirements as directed by the authority or.		qualified fire safety contrainable systemic Changes No later than 7/14/17, DSI MD a one-on-one in-servic facility's P&P titled "PM Province includes visually instructionatic sprinkler system reviewed all required periodicity water flow tests inspection of gauges and periodic inspections and sorders will be arranged.	D will give be on the rogram", specting the n. MD adic er system, and	7/14/17

Event ID: 800021

EL 10 17

if continuation sheet Page 10 of 30

Facility ID: CA020000854

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 PETEMENT OF DEFICIENCIES LAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING 02 655287 e. WING 06/14/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2051 LOVERIDGE ROAD DIAMOND RIDGE HEALTHCARE CENTER PITTSBURG, CA 94565 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX (KI) COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (BACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR USG IDENTIFYING INFORMATION) TAG DEFICIENCY Monitoring K 363 Continued From page 10 K 353 No later than 7/14/17, MD will perform 7/14/17 Systems, PM rounds as scheduled in the 9.6.1* General. checklist (dally, weekly, and monthly), 9.6.1.1 The provisions of Section 9.6 shall apply It will include the visual inspection of only where specifically required by another the automatic sprinkler system. section of this Code. In addition, ADM will continue to 9.8.1.3 A fire alarm system regulred for life safety perform weekly environmental rounds shall be installed, tested, and maintained in at random times. ADM will also audit accordance with the applicable requirements of the binder for periodic inspection of fire NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code, unless it safety equipment to ensure they are is an approved existing installation, which shall be taking place as scheduled. Findings permitted to be continued in use. will be immediately reported to morning stand up meeting for 9.7.4.2 Where required by the provisions of discussion and correction. another section of this Code, standpipe and hose systems shall be provided in accordance with For the next three months, MD will NFPA 14. Standard for the Installation of Identify trends related to the automatic Standplps and Hose Systems, Where standplps sprinkler system and report them to and hose systems are installed in combination the monthly QAPI committee meeting with automatic sprinkler systems, installation shall for evaluation, planning, and be in accordance with the appropriate provisions resolution. ADM is responsible for established by NFPA 13, Standard for the overall compliance. Installation of Sprinkler Systems, and NFPA 14. Standard for the installation of Standpipe and Completion Date Hose Systems. This deficient practice will be corrected 7/14/17 9.7.5 Maintenance and Testing. All automatio by 7/14/17. sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained In accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. 10 - i9.7.7 Documentation. All regulred documentation regarding the design of the fire protection system. and the procedures for maintenance, inspection. and testing of the fire protection system shall be maintained at an approved, secured location for

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICARD SERVICES PRINTED: 06/21/2017 FORM APPROVED OMB NO. 0938-0391

TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MUI A. BUILD		CONSTRUCTION 2	(X3) DATE COMP	SURVEY LETED
		555287	a. Wing			08/1	4/2017
	ROVIDER OR SUPPLIER RIDGE HEALTHO		STREET ADDRESS, CITY, STATE, ZIP CODE 2381 LOVERIDGE ROAD PITTSBURG, CA 94585				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL PREPIX (EACH CORRECTIVE ACTIV		CTION SHOULD BE O THE APPROPRIATE	(X6) COMPLETION DAYE	
K 353	9,7,8 Record Kee records required it inspection, Testin Water-Based Fire maintained at an NFPA 25, Standa and Maintenance Systems, 2011 Ec. 5.2.1 Sprinkler floor level annual 5.2.1.1.1* Sprinkler floor level annual 5.2.1.1.1* Sprinkle eakage; shall be materials, paint, a be installed in the upright, pendent, 5.2.1.1.2 Any eprithe following shall (1) Loakage (2) Corrosion (3) Physical dam (4) Lose of fluid it element (5)*Loading (6) Painting unless manufacturer 5.2.1.1,3* Any spring the following shall be followed the followed the following shall be followed the foll	protection system. ping. Testing and maintenance by NFPA 25, Standard for the g, and Maintenance of Protection Systems, shall be approved, secured location. In for the Inspection, Testing, of Water-Based Fire Protection dition It is shall be inspected from the gy, ers shall not show signs of free of corrosion, foreign and physical damage; and shall be correct orientation (e.g., or sidewall). Inkler that shows signs of any of libe replaced:		353			
	5.2.1.1.4 Any spi eigns of leakage sprinkler manufa loaded; or is in ti	rinkler shall be replaced that has ; is painted, other than by the acturer, corroded, damaged, or ne improper orientation. pulb sprinklers shall be replaced	ļ		ĬI.	10 × 5 1 2 · W 3 4 · D	

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0936-0391 STATEMENT OF DEFICIENCIES
'D PLAN OF CORRECTION (XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE BURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 855267 a. WING 06/14/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2351 LOVERIDGE ROAD DIAMOND RIDGE HEALTHCARE CENTER PITTSBURG, CA 94565 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (X4) ID PREFIX ID PREFIX (XB) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DEEIGIENCY) K 353 Continued From page 12 K 353 5.2.1,1,6* Sprinklars installed in concealed spaces such as above suspended ceilings shall not require inspection. 5.2,1.1.7 Sprinklers installed in areas that are inaccessible for safety considerations due to process operations shall be inspected during each scheduled shutdown. 5.2.1.2* The minimum clearance required by the installation standard shall be maintained below all sprinkler deflectors. 5.2.1.3 Stock, turnishings, or equipment closer to the sprinkler deflector than permitted by the clearance rules of the installation standard shall be corrected. 5.2.1,4 The supply of spare sprinklers shall be inspected annually for the following: (1) The correct number and type of sprinklers as required by 5.4.1.4 and 5.4.1.5 (2) A sprinkler wrench for each type of sprinkler as required by 5.4.1.8 5.2.2* Pipe and Fittings, Sprinkler pipe and fittings shall be inspected annually from the floor level. 5.2.3* Hangers and Seismic Braces, Sprinkler pipe hangers and salamic braces shall be inspected annually from the floor level. 5.2.4.1* Gauges on wet pipe sprinkler systems THE REPORT OF SHOULD ALM T shall be inspected monthly to ensure that they are in good condition and that normal water supply 112.45 pressure is being mainteined. 5.2.8* Information Sign. The Information sign shall be inspected annually to verify that it is JUL 10 717 securely attached and is legible. 5.4.1.9 Sprinklers and automatic apray nozzles used for protecting commercial-type cooking equipment and ventilating eyetems shall be

PAINTED: 08/21/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED GENTERS FOR MEDICARE & MEDICAID SERVICES OMB-NO. 0938-0391 STATEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE BURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 555287 B. WING 06/14/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2361 LOVERIDGE ROAD DIAMOND RIDGE HEALTHÇARE CENTER PITTSBURG, CA 94585 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X6) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY PULL REQULATORY OR LSC IDENTIFYING INFORMATION) PAEFIX TAG TAG DEFICIENCY) K 353 | Continued From page 13 K 353 replaced annually. 5.4.1.9.1 Where automatic bulb-type sprinklers or spray nozzles are used and annual examination shows no buildup of grease or other material on the sprinklers or spray nozzles, such sprinklers and apray nozzles shall not be required to be replaced. 13.3.2.1.1 Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly. 13.3.2.1.2 After any alterations or repairs, an Inspection shall be made by the property owner or designated representative to ensure that the system is in service and all valves are in the normal position and properly sealed, looked, or electrically supervised. 13.3.2.2* The valve inspection shall verify that the valves are in the following condition: (1) In the normal open or closed position (2)*Sealed, locked, or supervised (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 leakina.

NFPA 72, National Fire Alarm Code and

		AND HUMAN SERVICES & MEDICAID SERVICES			FORM	06/21/2017 APPROVED 0938-0991
FTATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLI A, BUILDING (E CONSTRUCTION	(X3) DATE	S SURVEY PLETED
		555287	B. WING		06/	14/2017
NAME OF F	PROVIDER OR SUPPLIER		1	TREET ADDRESS, CITY, STATE, ZIP CODE		
DIAMON	D RIDGE HEALTHCA	RE CENTER		ITTSBURG, CA 94565		
(X4) ID PREFIX TAG	(BACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG	FROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD SE	(X5) ÇÜMPLEYIÜN DAYE
K 353	Signaling, 2010 Ed 17.12 Sprinkler Wat Devices. 17.12.1* The provide apply to devices the flow of water in a signal to a signal to a greater sprinkler of the smathe system. Findings: During a tour of the interview with the left 4/17, the sprinkler of the smathe system. Findings: During a tour of the interview with the left 4/17, the sprinkler or ecords sprinklers were obtained to a sprinklers were obtained. This finding Maintenance Direct Land 11, was excurtain. This finding Maintenance Direct Land 12, at 9:40 a.m., the bent in Floom 218 by the Maintenance Line in Floom 218 by the Maintenance Line walk-in freeze interviewed, the Maintenance interviewed.	ition sterilow Alarm-Initiating slons of Section 17.12 shall at initiate an alarm indicating a prinkler system. of the initiating device shall conds of waterflow at the vice when flow occurs that is than that from a single allest crifice size installed in e facility, document review, and walntenance Director on siler system testing and were requested, and served. the sprinkler head near Bed A in aught around the privacy ing was confirmed by the otor. the deflector to the eprinkler was this finding was confirmed			· · · · · · · · · · · · · · · · · · ·	
		the facility falled to provide		107 4.0 617		

FORM CM8-2587 (02-99) Praylous Versions Obsolete

Évent (D: 600DZ1

Facility ID: CA020000564

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PRINTED: 06/21/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PACVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 F. WING 555287 08/14/2017 NAME OF PROVIDER OR SUPPLIER STREET ACCRESS, CITY, STATE, ZIF CODE 2351 LOVERIDGE BOAD DIAMOND RIDGE HEALTHCARE CENTER PITTSBURG, CA 84665 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X4) ID PREFIX COMPLETION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) K 353 | Continued From page 15 K 353 sprinkler gauges and velves during the survey., When interviewed, the Maintenance Director stated that he was unaware of the monthly inspections. 5. At 1:20 p.m., the facility failed to provide documentation for one of two semi-annual waterflow test for the past twelve months. This finding was confirmed by the Maintenance Director. K 363 NFPA 101 Corridor - Doors K 363 K 363 l NFPA 101 Corridor - Doors It is the policy of DRHC to maintain its SS-D corridor doors to resist the passage of Corridor - Doors 2012 EXISTING smoke and/or fire. Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or Corrective Action hazardous areas shall be substantial doors, such On 6/15/17 MD repaired the door to 6/15/17 as those constructed of 1-3/4 Inch solid-bonded the Water Storage near the Laundry core wood, or capable of resisting fire for at least room. It now latches properly when 20 minutes, Doore in fully sprinklered smoke fully opened and released. compartments are only required to resist the passage of smoke. Doors shall be provided with a On 6/15/17 MD permanently removed 6/15/17 means suitable for keeping the door closed. the bungee cord that was tied to the There is no impediment to the closing of the metal rack and the door at the kitchen doors. Clearance between bottom of door and pantry can now freely close. floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on Other Residents Affected corridor doors and rooms containing flammable or combustible materials. Powered doors All residents have the potential to be complying with 7.2.1.9 are permissible. Hold open i affected by the facility's fallure to devices that release when the door is pushed or maintain corridor doors due to risk of

FORM CMS-2887(02-99) Previous Versions Obsolete

pulled are permitted. Nonrated protective plates

Door frames shall be labeled and made of steel

or other materials in compliance with 8.3, unless

the smoke compartment is aprinklered. Fixed fire

window assemblies are allowed per 8.3. In

of unlimited height are permitted. Dutch doors

meeting 19.3.6.3.6 are permitted.

Event ID: 6Q0D21

Facility ID: CA020000564

If continuation sheet Page 16 of 80

7/14/17



passage of smoke and/or fire.

No later than 7/14/17, DSD will give

MD a one-on-one in-service on the

facility's P&P titled "PM Program", says

Systemic Changes

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

PRINTED: 06/21/2017 FORM APPROVED OMB NO. 0938-0391

TEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPL	E CONSTRUCTION	(X3) DATE	SURVEY
LAN OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING (5 2	COMPLETED	
	555287	B. WING		08/1	4/2017.
AME OF PROVIDER ON SUPPLIER MAMOND RIDGE HEALTHCA		2:	TREET ADDRESS, CITY, STATE, ZIP CODE 361 LOVERIDGE HOAD ITTSBURG, CA 14565		
PREFIX GACH DEFICIENC	ATEMENT OF DEFIGIENCIES Y MUSY BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X8) COMPLETION DATE
restrictions in area frames in window 19.3.6.3, 42 CFR and 485. Show in REMARK protection ratings, etc. This STANDARD Surveyor: 31203. Based on observa maintain their conof smoke and/or ideor that falled to obstructed from camples.	urtments there are no or fire resistance of glass or		which includes visually inspectic corridor doors. Monitoring No later than 7/14/17, MD will perform weekly, and multi-will include the visual inspectitive corridor doors. MD will immediately repair/replace doordentified to be not closing properties. In addition, ADM will continue perform weekly environmental at random times. Findings will immediately reported to morning meeting for discussion and correction.	perform conthly). con of contractions contractions contractions contractions contractions contractions contractions contractions conthly).	7 <i> 14/17</i> -
Director on 6/14/1 observed. 1. At 9:49 a.m., the near the Laundry self-closing device opened and release times and falled. Maintenance Director was equipped with door was held optied to the metal by Maintenance lies.	he door to the Kitchen Pantry, h a self-closing device. The en by a bungee cord that was rack. This finding was confirmer	K91	For the next three months, MC identify trends related to corrid and report them to the monthly committee meeting for evaluate planning, and resolution. ADM responsible for overall compilar Completion Date. This deficient practice will be only 7/14/17. K 914 NFPA 101 Electrical S – Maintenance and Testing	or doors (QAPI ion, 1 is nice.	च /14/1

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		AND HUMAN SERVICES & MEDICAID SERVICES				FORMA	06/21/2017 APPROVED 2938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE	
		555287	a. WING	_		08/1	4/2017
	ROVIDER OR SUPPLIER O RIDGE HEALTHCA	RE CENTER		25	REET ADDRESS, CITY, STATE, ZIP CODE 161 LOVERIDGE ROAD ITTSBURG, CA 94565		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PARF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	88	(XS) COMPLETION DATE
K 914	Continued From pa		. к	914	It is the policy of DRHC to inspect test, and maintain its electrical sys	item.	
	Hospital-grade rec locations and wher anestheela is admi installation, replace testing is performe documented perfor listed as hospital-grassed at intervals leciation monitors intervals of less the	- Maintenance and Testing eptacles at patient bed e deep sedation or general nistered, are tested after initial ement or servicing. Additional d at intervals defined by mance data. Receptacles not trade at these locations are not exceeding 12 months. Line (LIM), if installed, are tested at an or equal to 1 month by			Corrective Action No later than 7/14/17 the facility's licensed electrician contractor will inspect, test, and maintain the building's electrical system, which includes performing the annual teand polarity test for the electrical outlets. Other Residents Affected	nsion	7/14/17
	which activates be LIM circuits with a manual test is per equal to 12 month 6.3.3.3.2 after any electric distribution maintained of requirepairs or modifice area tested, and r. 6.3.4 (NFPA 99) This STANDARD Surveyor: 31203 Based on docume facility falled to match this was evidence annual tension an outlete. This affects	Is not met as evidenced by: ent review, and interview, the sintain their electrical outlets, ed by failure to provide the d polarity test for the electrical cted two of two smoke			All residents have the potential to affected by the facility's failure to conduct the annual tension and polarity test for the electrical outled due to risk of ignition of electrical outled to risk of ignition of electrical Systemic Changes No later than 7/14/17, DSD will g MD a one-on-one in-service on tracility's P&P titled "PM Program which includes having a licensed electrician conduct the annual teand polarity test for the electrica outlets. MD reviewed all require periodic inspections for the elections system. All periodic inspections service orders will be arranged.	ets fire. ive he ", I nsion I d	7 /14/17-
	an electrical fire. NFPA 99, Health (Edition 6.3.3.2 Receptaci Rooms. 6.3.3.2.1 The phy	nd could result in the Ignition of Care Facilities Code, 2012 e Testing in Patient Care sloal integrity of each receptack d by visual inspection.	3		Monitoring No later than 7/14/17, MD will perform the checklist (daily, weekly, and most will include the visual inspection the facility's electrical system.	nthly).	7/14/17

FORM CMS-2567 (92-99) Previous Versions Obsolste

Event (0:800021

Fecility ID: QAD20000584

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	of deficiencies P correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		1	X3) DATE COMP	SURVEY LETED
1		₫ <i>5</i> 5287	B. WING			06/14	4/2017
DIAMONI (X4)	PROVIDER OR SUPPLIER D RIDGE HEALTHCA	RECENTER TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFI	23 P	FREET ADDRESS CITY, STATE, ZIP CODE 881 LOVERIDGE ROAD ITTSBURG, CA 94565 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD)		(X5)
PREFIX TAG	Continued From ps 6.3.3.2.2 The conti- each electrical rece 6.3.3.2.3 Correct p	SC IDENTIFYING (NFORMATION)	TAG		choss-referenced to the APPROPH DEFICIENCY) In addition, ADM will continue to perform weekly environmental rought random times. ADM will also at the binder for periodic inspection of electrical equipment to ensure the taking place as scheduled. Finding	nds idit if y are	DAYE
	blade of each electicoking-type recept 115 g (4 cz). 6.3.4.1.3 Receptace hospital-grade, at plocations where deanesthesia is admintervals not exceed 6.3.4.2.1* General 6.3.4.2.1.1 A record tests required by the repairs or modification of which to meet, the performance of the per	patient bed locations and in sep sedation or general inistered, shall be tested at iding 12 months. eping. d shall be maintained of the his chapter and associated			will be immediately reported to morning stand up meeting for discussion and correction. For the next three months, MD will identify trends related to the electric system and report them to the month of the month	l Ical othly	7/14/1
	Interview with the 6/14/17, the electrodocuments were read to 1:40 p.m., the fannual testing of the 12 months. When Director stated the provided via emails	e facility, document review, and Maintenance Director on loal outlets were observed, and equested, acceptacle outlets in the past interviewed, the Maintenance at the records would be it by 9:00 a.m. on 6/15/17.					

FORM CM9-2667 (02-99) Previous Versions Obsolete

as of 11:00 a.m. on 6/15/17.

There were no records received from the facility

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICARD SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/BUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY LAN OF CORRECTION IDENTIFICATION NUMBER; COMPLETED A. BUILDING DR 555287 08/14/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2381 LOVERIDGE ROAD DIAMOND RIDGE HEALTHCARE CENTER PITYSBURG, CA 94565 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) (X4) ID PREFIX (XN) COMPLETION DATE PAEFIX TAG TAG DEFICIENCY) K 918 NFPA 101 Electrical Systems K 918 NFPA 101 Electrical Systems - Essential Electric K 918 - Essential Electric Systems ss=c | Syste It is the policy of DRHC to maintain Electrical Systems - Essential Electric System and test its electric system, including Maintenance and Testing conducting an annual fuel quality test The generator or other alternate power source for its power generator system. and associated equipment is capable of supplying service within 10 seconds, if the 10-second Corrective Action criterion is not met during the monthly test, a No later than 7/14/17 the facility's process shall be provided to annually confirm this 7/14/17 capability for the life safety and critical branches. licensed power generator contractor Maintenance and testing of the generator and will inspect, test, and maintain the transfer switches are performed in accordance building's power generator system, with NEPA 110. which includes performing a fuel Generator sets are inspected weekly, exercised quality test. under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 38 Other Residents Affected months for 4 continuous hours. Scheduled test All residents have the potential to be under load conditions include a complete affected by the facility's failure to simulated cold start and automatic or manual perform a power generator fuel quality transfer of all EES loads, and are conducted by test due to risk of the generator failing competent personnel. Maintenance and testing of in the event of power failure. stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder Systemic Changes olrouit breakers are inspected annually, and a No later than 7/14/17, DSD will give program for periodically exercising the *구/)५/仔* components is established according to MD a one-on-one in-service on the manufacturer requirements. Written records of facility's P&P titled "PM Program", maintenence and testing are maintained and which includes having a licensed readily available. EES electrical panels and power generator contractor perform a olroults are marked and readily identifiable. fuel quality test at least once per Minimizing the possibility of damage of the year. MD reviewed required periodic emergency power source is a design Inspections for the power generator consideration for new installations. system. All periodic inspections and 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA service orders will be arranged. 111, 700.10 (NFPA 70) This STANDARD is not met as evidenced by: Surveyor: 31203 Based on document review, and Interview, the

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

facility falled to maintain their emergency power

Event ID:600021

Facility ID; CA020000664

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CALIFOR WAS DUPART MEUT OF PUBLIC HEALTH LICERS TIG IN CHARBOT MORE PROGRAM

JUL 10 2017

LIFE SAFETY CODE UNIT SAN BERHARDINO DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 06/21/2017 FORM APPROVED OMB:NO: 0938-0391

ATEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDENSUPPLIENCLIA IDENTIFICATION NUMBER: 555297		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
		B. WING	06/14/2017			
	ROVIDER OR SUPPLIER RIDGE HEALTHCA	HE CENTER	2:	TREET ADDRESS, CITY, STATE, ZIP CODE 351 LOVERIDGE ROAD ITTSBURG, CA 94565		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST SE PRECEDED BY FULL, SC (DENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CHOSS-REFERENCED TO THE APPRODEFICIENCY)	DBE	(X5) COMPLETIO DATE
K 818	Continued From page 20 supply system. This was evidenced by failure to conduct a fuel quality test at least annually. This could result in fuel contaminates to go undetected that may result in generator failure in the event of a power failure. This affected two of two smoke compartments. NFPA 101, Life Safety Code, 2012 Edition 19.5 Building Services, 19.5.1 Utilities. 19.5.1 Utilities shall comply with the provisions of Section 9.1. 9.1.3.1 Emergency generators and standby power systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition 8.3.3 A written schedule for routine maintenance and operational testing of the EPSS shall be established.		K 918	Monitoring No later than 7/14/17, MD will perform PM rounds as scheduled in the checklist (daily, weekly, and monthly). It will include the visual inspection of the facility's power generator system. In addition, ADM will continue to perform weekly environmental rounds at random times. ADM will also audit the binder for periodic inspection of electrical equipment to ensure they are taking place as scheduled. Findings will be immediately reported to morning stand up meeting for discussion and correction. For the next three months, MD will identify trends related to the electrical systems and report them to the monthly QAPI committee meeting for evaluation, planning, and resolution. ADM is responsible for overall compliance.		7/14/1
	Inspections, tests,	nanent record of the EPSS, tests, exercising, operation, and it be maintained and readily available.		Completion Date This deficient practice will be co	rrected	7/141
	8.3.8 A fuel quality test shall be performed at least annually using tests approved by ASTM standards. Findings:	,				
						During document review, and interview with Maintenance Director on 6/14/17, the documents were requested.
		At 1:45 p.m., the				facility falled to provide

FORM CM8-2667 (02-99) Previous Varsions Obsolete

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED GENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES LAN OF CORRECTION (X3) DATE SURVEY (X1) PROVIDER/BUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION DENTIFICATION NUMBER: COMPLETED A. BUILDING 02 555287 R WING 08/14/2017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2351 LOVERIDGE ROAD DIAMOND RIDGE HEALTHCARE CENTER PITTSBURG, CA 94565 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE **SUMMARY STATEMENT OF DEFICIENCIES** (X4) ID PREFIX (X6) COMPLETION DATE REACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LOC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 918 | Continued From page 21 K 918 documentation for the annual fuel quality test of the diesel fuel powered generator upon request. When interviewed, the Maintenance Director stated that he would call the vendor to verify, if an annual fuel quality test was conducted. The facility was given the opportunity to provide the report via email by 9:00 a.m. on 6/15/17. There were no report provided from the facility as of 11:00 a.m. on 6/15/17. K 920 NFPA 101 Electrical K 920 | NFPA 101 Electrical Equipment - Power Cords K 9201 SS=D and Extens Equipment - Power Cords and Extensions It is the policy of DRHC to maintain Electrical Equipment - Power Cords and Extension Cords electrical safety, including inspecting Power strips in a patient care vicinity are only for presence of electrical cords in used for components of movable resident rooms. patient-care-related electrical equipment (PCREE) assembles that have been assembled Corrective Action by qualifled personnel and meet the conditions of 6/14/17 On 8/14/17 MD removed the white 10.2.3.6. Power strips in the patient care vicinity extension oord located in Room 218-B. may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident Other Residents Affected rooms that do not use PCREE, Power strips for All residents have the potential to be PCREE meet UL 1363A or UL 60601-1. Power affected by the facility's use of strips for non-PCREE in the patient care rooms extension cord in resident rooms due (outside of vicinity) meet UL 1363. In non-patient to risk of an electrical fire. MD checked care rooms, power strips meet other UL standards. All power strips are used with general other resident rooms in the building precautions. Extension cords are not used as a and did not find another extension substitute for fixed wiring of a structure. cord. Extension cords used temporarily are removed Immediately upon completion of the purpose for Systemic Changes which it was installed and meets the conditions of No later than 7/14/17, DSD will give 10.2.4, 7/4/17 MD a one-on-one in-service on the 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 facility's P&P titled "PM Program", (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 which includes inspecting for presence This STANDARD is not met as evidenced by: of extension cords in resident rooms. If Surveyor: 31203 found, MD will Immediately remove

Event 10: 600021

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 *** TEMENT OF DEFICIENCIES
**(LAN OF GORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X3) DATE SURVEY COMPLETED (X2) MULTIPLE CONSTRUCTION A. BUILDING 02 555287 06/14/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2351 LOVERIDGE ROAD DIAMONO RIDGE HEALTHCARE CENTER PITTSBURG, CA 94565 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC (DENTIFYING INFORMATION) (X4) ID PREFIX (XA) COMPLETION PREFIX DATE TAG TAG DEFICIENCY) them. Facility will notify family K 920 Continued From page 22 K 920 members of residents to refrain from Based on observation, and interview, the facility bringing extension cords in the facility. failed to maintain electrical safety. This was evidenced by the use of an extension cord. This No later than 7/1417, DSD will inaffected one of two smoke compartments, and service staff about the risk of electric 7/14/17 could result in an electrical fire. fire as a result of using extension cords in resident rooms. They are NFPA 101, Life Safety Code, 2012 Edition expected to notify MD if electric cord is 19.5.1 Utilities. found. 19.5.1.1 Utilities shall comply with the provisions of Section 9.1. 9.1.2 Electrical Systems. Electrical wiring and Monitoring No later than 7/14/17, MD will perform equipment shall be in accordance with NFPA 70. PM rounds as scheduled in the National Electrical Code, unless such installations 7/14/17 are approved existing installations, which shall be checklist (dally, weekly, and monthly). permitted to be continued in service. it will include the visual inspection of the facility rooms for presence of NFPA 70, National Electrical Code, 2011 Edition extension cords. 400.8 Uses Not Permitted, Unless specifically permitted in 400.7, flexible cords and cables shall In addition, ADM will continue to not be used for the following: perform weekly environmental rounds (1) As a substitute for the fixed wiring of a et random. Findings will be structure Immediately reported to morning stand (2) Where run through holes in walls, structural. up meeting for discussion and cellings, suspended cellings, dropped cellings, or correction. floors (3) Where run through doorways, windows, or similar openings For the next three months, MD will (4) Where attached to building surfaces identify trends related to the electrical Exception to (4): Flexible cord and cable shall be equipment and report them to the permitted to be attached to building surfaces in monthly QAPI committee meeting for accordance with the provisions of 368.56(B) evaluation, planning, and (5) Where concealed by walls, floors, or ceilings resolution. ADM is responsible for or located above suspended or dropped ceilings. overali compilance. (6) Where installed in raceways, except as otherwise permitted in this Code Completion Date (7) Where subject to physical damage 400.10 7/4/17 This deficient practice will be corrected Pull at Joints and Terminals, Flexible cords and by 7/14/17. cables shall be connected to devices and to fittings so that tension is not transmitted to joints.

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PRINTED: 08/21/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CL/A (X2) MULTIPLE CONSTRUCTION (X8) DATE SURVEY AN OF CORRECTION DENTIFICATION NUMBER: A. BUILDING 02 5552B7 B. WING 08/14/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2351 LOVERIDGE ROAD DIAMOND RIDGE HEALTHCARE CENTER PITTSBURG, CA 94565 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROBS-REFERENCED TO THE APPROPRIATE (X4) ÎD PRÉFIX SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) DEFICIENCY) Continued From page 23 K 920 or terminals. Exception: Listed portable single-pole devices that are intended to accommodate such tension at their terminals shall be permitted to be used with single-conductor flexible cable. Findings: During a tour of the facility, and interview with the Maintenance Director on 6/14/17, the electrical wiring was observed. At 9:41 a.m., there was a white extension cord observed near Bed B in Room 218. A lamp was plugged into the extension cord. When Interviewed, the Maintenance Director stated, that the extension cord must have been brought in to the facility by a family member. K 923 NFPA 101 Gas Equipment - Cylinder and K 923 K 923 NFPA 101 Gas Equipment -9S±D Container Storag Cylinder and Container Storage It is the policy of DRHC to maintain its Gas Equipment - Cylinder and Container Storage Oxygen storage room, including Greater than or equal to 3,000 cubic feet securing it from unauthorized entry Storage locations are designed, constructed, and and providing precautionary sign on ventilated in accordance with 5.1,3.3.2 and the door. 5.1.3.3.3. >300 but <3,000 oubic feet Corrective Action Storage locations are outdoors in an englosure or 구//4/17 No later than 7/14/17, MD will install. within an enclosed interior space of non- or limited- combustible construction, with door (or an electronic locking device on the gates outdoors) that can be secured. Oxidizing door of the Oxygen storage room gases are not stored with flammables, and are located near Room 103. separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of No later than 7/14/17, MD will install noncombustible construction having a minimum 7/14/17 an electronic locking device on the 1/2 hr. fire protection rating. door of the Oxygen storage room

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Less than or equal to 300 cubic feet

In a single smoke compartment, Individual

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located near the physical therapy

room. MD will also Install a

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PRINTED: 08/21/2017 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 LAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 655287 B. WING 06/14/2017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2351 LÖVERIDGE ROAD DIAMOND RIDGE HEALTHCARE CENTER PITTSBURG, CA 94585 PROVIDER'S PLAN OF CORRECTION BUMMARY STATEMENT OF DEFICIENCIES (X4) JD PREFIX COMPLETION (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX CROSS-REFERENCED TO THE APPROPRIATE REQULATORY OR USC IDENTIFYING INFORMATION) TAG DEFICIENCY) precautionary sign on the door that K 923 | Continued From page 24 K 923 states, "No Smoking", cylinders available for Immediate use in patient care areas with an aggregate volume of less than Other Residents Affected or equal to 300 cubic feet are not required to be All residents have the potential to be stored in an anciosure. Cylinders must be affected by the facility's failure to handled with precautions as specified in 11.6.2. secure the door of the Oxygen room. A precautionary sign readable from 5 feet is on with a lock and fallure to post a each door or gate of a cylinder storage room, precautionary sign on the door, which where the sign includes the wording as a could increase the risk of a fire. minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Systemic Changes Storage is planned so cylinders are used in order No later than 7/14/17, DSD will give of which they are received from the supplier. Empty cylinders are segregated from full MD a one-on-one in-service on the 7/14/17 cylinders. When facility employs cylinders with facility's P&P titled "PM Program", integral pressure gauge, a threshold pressure which includes inspecting for the considered empty is established. Empty cylinders safety and security of the Oxygen are marked to avoid confusion. Cylinders stored rooms. in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) No later than 7/1417, DSD will in-This STANDARD is not met as evidenced by: service staff about the increased risk Surveyor: 31203 7/14/17 of fire by not securing the room from Based on observation and interview, the facility unauthorized access and by not falled to maintain the Oxygen Storage Room. having a precautionary sign posted on This was evidenced by the fallure to secure the door. Staff will immediately notify oxygen storage rooms from unauthorized entry, MD If they have findings. and by failure to provide a precautionary sign to the oxygen storage door. This affected two of two smoke compartments. This could result in Monitoring unsulhorized access to oxygen cylinders, and No later than 7/14/17, MD will perform could result in an increased risk of fire. 7/14/17 PM rounds as scheduled in the checklist (dally, weekly, and monthly). NFPA 99, Health Care Facilities Code, 2012 It will include the visual inspection of Edition the Oxygen room a for safety and 11.3 Cylinder and Container Storage security. Requirements. 11.3.1* Storage for nonflammable pases equal to in addition, ADM will continue to

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or greater than 85 m3 (3000 ft3) at STP shall

11.3.2* Storage for nonflammable gases greater

comply with 5.1.3.3.2 and 5.1.3.3.3.

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perform weekly environmental rounds.

at random times. Findings will be

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED STATEMENT OF DEFICIENCIES (X1) PROVIDER/BUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION LAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING 02 555287 a wing 06/14/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2361 LOVERIDGE ROAD DIAMOND RIDGE HEALTHCARE CENTER PITTSBURG, CA 94565 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OF LSC IDENTIFYING INFORMATION) (X4) ID PREPIX (EACH CORRECTIVE ACTION SHOULD BE CROSS/REPERENCED TO THE APPROPRIATE PREPIX DAT TAG DEFICIENCY immediately reported to morning stand Continued From page 25 up meeting for discussion and than 8.5 m3 (300 ft3), but less than 85 m3 (3000 correction. fi3), at STP shall comply with the requirements in 11.3.2,1 through 11.3.2.3, For the next three months, MD will 11,3.2,1 Storage locations shall be outdoors in an identify trends related to the gas enclosure or within an enclosed interior space of equipment and report them to the noncombustible or ilmited combustible monthly QAPI committee meeting for construction, with doors (or gates outdoors) that evaluation, planning, and can be secured against unauthorized entry. resolution. ADM is responsible for 11,3,2.2 Oxidizing gases, such as oxygen and overall compliance. nitrous oxide, shall not be stored with any flammable gas, liquid, or vapor. Completion Date 11.3.2.3 Oxidizing gases such as oxygen and This deficient practice will be corrected nitrous oxide shall be saparated from 7/4/17 combustibles or materials by one of the following: by 7/14/17. (1) Minimum distance of 6.1 m (20 ft) (2) Minimum distance of 1.5 m (5 ft) if the entire storage location is protected by an automatic aprinkler system designed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems (3) Enclosed cabinet of noncombustible construction having a minimum fire protection rating of 172 hour. 11.3.2.4 Gas cylinder and cryogenic liquid container storage shall comply with 6.1.3.5.12. 11.3.2.5 Cylinder and container storage locations shall comply with 5,1,3,3,1,7 with respect to temperature limitations. 11.3.2.6 Cylinder or container restraints shall comply with 11,6.2.3, 11.3.2.7 Smoking, open flames, electric heating elements, and other sources of Ignition shall be prohibited within storage locations and within 6.1 m (20 ft) of outside storage locations. 11.3.2.8 Cylinder valve protection caps shall comply with 11.6.2.3. 11.3.2.9 Gas cylinder and liquefied gas container. storage shall comply with 5.1.3.5.12, 11.3.3 Storage for nonflammable gases with a

FORM CMS-2557(02-99) Previous Versions Obsolets

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED GENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0939-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A, BUILDING 02 888297 08/14/2017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2351 LOVERIDGE ROAD DIAMOND RIDGE HEALTHCARE CENTER PITTSBURG, CA 94565 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES ID PREFIX (X8) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL EACH CORRECTIVE ACTION SHOULD BE PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REQULATORY OR LEC IDENTIFYING INFORMATION) TAG TAD DEFICIENCY) K 923 Continued From page 26 total volume equal to or less than B.5 m3 (300 ft3) shall comply with the requirements in 11.3.3.1 and 11.3.9.2. 11.3.3.1 Individual cylinder storage associated with patient care areas, not to exceed 2100 m2 (22,500 ft2) of floor area, shall not be required to be stored in englosures. 11.3.3.2 Precautions in handling cylinders specified in 11.3.3.1 shall be in accordance with 11.6.2. 11.3.3.3 When small-size (A, B, D, or €) cylinders are in use, they shall be attached to a cylinder. stand or to medical equipment designed to receive and hold compressed gas cylinders... 11.3.3.4 Individual small-size (A. B. D. or E) cylinders available for immediate use in patient care areas shall not be considered to be in storage, 11,3.3.5 Cylinders shall not be chained to portable of movable apparatus such as beds and oxygen tents. 11,3,4 Signs. 11,3.4.1 Å precautionary sign, readable from a distance of 1.5 m (5 ft), shall be displayed on each door or gate of the storage room or enclosure. 11.3.4.2 The sign shall include the following Wording as a minimum: CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING 11.6.4 Special Precautions for the Care of Safety Machanisma. 11.6.4.1 Personnel using cylinders and containers and other equipment covered in this chapter shall be familiar with the CGA Pin-Index Safety System and the CGADlameter-Index Safety System,

PRINTED: 06/21/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES
PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE GURVEY (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER, COMPLETED A. BUILDING 02 568287 B. WING 06/14/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2351 LOVERIDGE ROAD DIAMOND RIDGE HEALTHCARE CENTER PITTSBURG, CA 94565 BUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X6) COMPLETION DATE m (XA) ID PREFIX (EACH DEFICIENCY MUST BE PRÉCEDED BY FULL REGULATORY OR LOC IDENTIFYING INFORMATION) PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY K 923 | Continued From page 27 K 923 which are both designed to prevent utilization of the wrong gas. 11.6.4.2 Safety relief mechanisms, non-interchangeable connectors, and other safety features shall not be removed, altered, or replaced. 11.8.5 Special Precautions - Storage of Cylinders and Containers, 11.6.5.1 Storage shall be planned so that cylinders can be used in the order in which they are received from the supplier. 11.6.5.2 If empty and full cylinders are stored within the same enclosure, empty cylinders shall be segregated from full cylinders. 11.6.5.2.1 When the facility employs cylinders with integral pressure gauge, it shall establish the threshold pressure at which a cylinder is considered empty. 11.6.5.3 Empty cylinders shall be marked to avoid confusion 11.6.5.4 Cylinders stored in the open shall be protected as follows: (1) Against extremes of weather and from the ground beneath to prevent rusting (2) During winter, against accumulations of ice or (3) During summer, screened against continuous exposure to direct rays of the sun in those localities where extreme temperatures prevail Findings; During a tour of the facility, and Interview with the Maintenance Director on 6/14/17, the oxygen storage rooms were observed.

FORM CM3-2567(02-99) Previous Versions Obsolete

 At 10:25 a.m., the door to the Oxygen Storage room near Room 123, was not secured from

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Facility ID: CA020000584

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 B. WING 555287 06/14/2017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 2351 LOVERIDGE ROAD DIAMOND RIDGE HEALTHCARE CENTER PITTSBURG, CA 94565 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL, REGULATORY OR LSC IDENTIFYING INFORMATION) PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (XII) COMPLETION DATE PREFIX TAG DAT DEFICIENCY) K 923 | Continued From page 28 K 923 unauthorized entry. This finding was confirmed by the Maintenance Director, 2. At 11:11 a.m., the door to the Oxygen Storage room near the Physical Therapy room, was not secured from unauthorized entry. There was also no precautionary eign provided to the oxygen storage door. When interviewed, the Maintenance Director stated that there's a "No Smoking" algn at the entrance of the building. K 926 K 926 NFPA 101 Gas Equipment -K 926 NFPA 101 Gas Equipment - Qualifications and Qualifications and Training SS=C | Training It is the policy of DRHC to train and provide continuing education to staff Gas Equipment - Qualifications and Training of Personnel regarding the risk, safe handling, use, Personnal concerned with the application, and maintenance of medical gas. maintenance and handling of medical gases and cylinders are trained on the risk. Facilities Corrective Action provide continuing education, including safety No later than 7/14/17, DSD will in-7/4/17 guidelines and usage requirements. Equipment is service staff regarding the risk, safe serviced only by personnel trained in the handling, use, and maintenance of maintenance and operation of equipment. Oxygen gas cylinders and equipment. 11.5.2.1 (NFPA 99) This STANDARD is not met as evidenced by: Other Residents Affected Surveyor: 31203 All residents have the potential to be Based on observation, document review, and affected by the facility's failure to interview, the facility falled to maintain medical provide training in-service to staff gas safety. This was evidenced by the failure to regarding the saife handling and use of provide documentation for continuing education training program for risk associated with handling medical gas, which could result in the and use of medical gases. This affected two of unsafe handling and use of medical two smoke compartments, and could result in the gas delivery equipment. unsafe handling and use of medical gas delivery equipment. Systemic Changes No later than 7/14/17, DSD will In-7/14/17 NFPA 99, Health Care Facilities, 2012 Edition service staff regarding the safe 11,5.2.1 Qualification and Training of Personnel. handling and use of Oxygen gas 11,5,2,1,1* Personnal concerned with the cylinders and equipment. Moving

FORM CMS-2587(02-99) Previous Versions Obsolete Event ID:

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		AND HUMAN SERVICES				FORM A	06/21/2017 PPROVED 0938:0391		
STATEMENT OF DEFICIENCIES PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER:					(X3) DATE BURVEY COMPLETED				
555287			P, WING			06/14/2017			
NAME OF PROVIDER OR SUPPLIER DIAMOND RIDGE HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 2351 LOVERIDGE ROAD PITTSBURG, CA 94565					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (FACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR USC IDENTIFYING INFORMATION)		IO PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	OTHE APPROPRIATE DATE			
K 926	application and magand others who has eyilnders that contituened on the risks and use. 11.5.2.1.2 Health of programs of continuers of continu	alintenance of medical gases and the ain the medical gases and the ain the medical gases shall be a associated with their handling care facilities shall provide using education for their ling education programs shall view of safety guidelines and to for medical gases and their ent shall be serviced only by in the maintenance and		926	forward, DSD will include this top new staff orientation. DSD will als add this topic in the recurring list service trainings. DSD will provid continuing education to staff regathe safe handling and use of mergas, no less than once per year. Monitoring ADM will audit the DSD's in-service binder which lists essential contineducation topics, such as the sain maintenance of medical gas, the ensure they are taking place as scheduled. Findings will be immediately reported to morning up meeting for discussion and correction. For the next three months, ADM identify trends related to gas equipment and report them to the monthly QAPI committee meeting evaluation, planning, and resolution. ADM is responsible overall compliance. Completion Date This deficient practice will be comply 7/14/17.	so of in- le arding dical lice nuing fe use so stand liwill lice og for	7/4/17		