PRINTED: 06/01/2023 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	
		056436	B. WING _			05/²	16/2023	
	ROVIDER OR SUPPLIER CENTER CONVALESCE	NT HOSPITAL		STREET ADDRESS, CITY, STATE, ZIP COL 467 E GILBERT ST SAN BERNARDINO, CA 92404				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	FIX (EACH CORRECTIVE ACTION SHOULD BE			(X5) COMPLETION DATE	
E 000	Department of Public Emergency Prepared The findings are in acceptance of Federal Regulations for Long Term Care (In Representing the Cal Health: 40597 The facility is not in section 42 CFR 483.73 for Long Facilities. Census = 95	ness recertification survey. ccordance with 42 Code of (CFR) 483.73, Requirement LTC) Facilities. ifornia Department of Public ubstantial compliance with ong Term Care (LTC)	EO	00				
E 015 SS=D	CFR(s): 483.73(b)(1) §403.748(b)(1), §418 (1), §460.84(b)(1), §4 §483.475(b)(1), §485 [(b) Policies and procedure policies and procedure plan set forth in paragasessment at paragand the communication this section. The policies reviewed and update for LTC facilities]. At procedures must add (1) The provision of sand patients whether	.113(b)(6)(iii), §441.184(b) .82.15(b)(1), §483.73(b)(1), .542(b)(1), §485.625(b)(1) edures. [Facilities] must ent emergency preparedness res, based on the emergency graph (a) of this section, risk raph (a)(1) of this section, on plan at paragraph (c) of cies and procedures must ated every 2 years [annually a minimum, the policies and	E0	15			6/15/23	
ABORATORY	DIRECTOR'S OR PROVIDER/S	SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE			(X6) DATE	

Electronically Signed 05/31/2023

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

Facility ID: CA240000080

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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E 015	supplies (ii) Alternate sources following: (A) Temperatures to pasfety and for the saft provisions. (B) Emergency lighting (C) Fire detection, examples. (D) Sewage and was *[For Inpatient Hospic Policies and procedur (6) The following are hospice-operated inpolicies and procedur (6) The policies and procedur (6) The provision of shospice employees a evacuate or shelter in limited to the following (iii) The provision of shospice employees are evacuate or shelter in limited to the following (B) Alternate sources following: (1) Temperatures to pasfety and for the saft provisions. (2) Emergency lighting (3) Fire detection, examples (C) Sewage and was This REQUIREMENT by: Surveyor: 40597 Based on document of facility failed to maintiful	cal and pharmaceutical of energy to maintain the protect patient health and e and sanitary storage of ng. tinguishing, and alarm te disposal. ce at §418.113(b)(6)(iii):] res. additional requirements for atient care facilities only. cedures must address the subsistence needs for and patients, whether they n place, include, but are not g: lical, and pharmaceutical s of energy to maintain the protect patient health and fe and sanitary storage of ag. tinguishing, and alarm te disposal. T is not met as evidenced	E	F000			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUAND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUAND PLAN OF CORRECTION (X3) MULTIPLE CONSTRUAND PLAN OF CORRECTION (X4) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUAND PLAN OF CORRECTION (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUAND PLAN OF CORRECTION (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUAND PLAN OF CORRECTION (X6) PROVIDER/SUPPLIER/CLIA (X6) PROVIDER/SUPPLIER/CLIA (X6) PROVIDER/SUPPLIER/CLIA (X7) MULTIPLE CONSTRUAND PLAN OF CORRECTION (X6) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/SUPPLIER/CLIA (X7) PROVIDER/SUPPLIER/			(X3) DATE SURVEY COMPLETED		
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E 015	the failure to provide a subsistence needs. The necessary plannir during an emergency residents. Findings: During document revi Administrator and Ma 5/16/23, the emergen policies and procedur was interviewed. At 9:24 a.m., the facil provisions of subsiste evacuate or shelter indid not include an alternational maintain temperature health and safety, safemergency lighting, fi and sewage and was upon interview, the M stated that the generato the Heating, Ventilation system. At 3:20 p.m., the Admemergency operation	the required provisions for his could result in not having and preparation in place, and this affected 95 of 95 ew and interview with the intenance Supervisor on cy preparedness program es were reviewed, and staff	E 015	identified deficiencies. Preparation an execution of this plan of correction do not constitute admission or agreemen truth of the facts alleged of conclusion forth on the statement of deficiencies. This plan of correction is prepared and executed solely as required by the provision of Health and Safety Code Section 1280 and 42CFR 404.1907. EO15 SUBSISTENSE NEED FOR ST AND PATIENTS How corrective actions will be accomplished for those residents four have been affected by the deficient practice. Facility will ensure during emergency and resident's provision for Subsistenneeds is available. Facility current generator is KATO LIGHT 30 KW, Powered by Propane. Propane Capac 250 gallons (burn rate of 3.2 gallons /hour) good for 3.25 days. If disaster vlast more than three (3) days, our proprovider (Camp Propane at 1893 Brow Ave, Jurupa, CA. 92509) will deliver propane on or before the 3rd day durind disaster. Generator is Capable of Powering 1 Freezer, one (1) ref. and 4 Industrial portable AC/Heating units. Sun-belt Rental Company (318 W Tul Street, Rialto, CA. 92376) will provide Emergency industrial portable AC/Heating units and Industrial generator to tie up with facility AC/Heating unith facili	es t the set d ATT At to Staff ce Sity Vill Dane Vn Ing L Jock

AND DIAN OF CORRECTION INTERPRETATION NUMBERS		(X2) MULT A. BUILDIN		CONSTRUCTION 2	(X3) DATE SURVEY COMPLETED		
		056436	B. WING _			05/16/2023	
NAME OF P	ROVIDER OR SUPPLIER				TREET ADDRESS, CITY, STATE, ZIP CODE		
MEDICAL	CENTER CONVALESCE	NT HOSPITAL		SAN BERNARDINO, CA 92404			
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E 015	Continued From page	• 3	EC	015	units as needed. The two missing page of EOP were found and added to curre Facility EOP How the facility will identify other residents having the potential to be affected by the deficient practice. All residents are affected Systemic changes the facility will make ensure that the deficient practice does recur. The facility will ensure during emergen staff and resident's provision for subsistence needs is available. Facility current generator is KATO LIGHT 30 keeps propane. Propane capacit 250 gallons (burn rate 3.2 gallon per he good for 3.25 days. I disaster will last formore than 3 days our propane provide (Camp Propane at 1893 Brown Avenual Jurupa CA. 92509) will deliver propane or before the third day as Facility alterr fuel source. Facility's generator is capate to powering 1 freezer, 1 ref. and 4 industrial portable AC/Heating Units. Sun-Belt Rental Company (318 W. Tullock Street Rialto, CA. 92376) will provide emergency Portable AC/Heatin units and i8ndustrial generator to connfacility AC/Heating units as needed. Missing pages of EOP found and adde to the existing EOP. Facility Administrator designee will review EOP annually the ensure no missing pages and subsiste needs included in the manual. Any identified problems will be corrected	ent et to not cy / KW y our) or r e, e on nate able ect ed ator o	

	MENT OF DEFICIENCIES AN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE SURVEY COMPLETED				
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E 015	CFR(s): 483.73(c)(8) §483.73(c)(8); §483.4 *[For LTC Facilities at [(c) The LTC facility man emergency preparthat complies with Feand must be reviewed annually. The communial of the following:] *[For ICF/IIDs at §483 [(c) The ICF/IID must emergency prepared that complies with Feand must be reviewed 2 years. The communall of the following:]	ring Plan with Patients 75(c)(8) § §483.73(c):] nust develop and maintain edness communication plan deral, State and local laws dand updated at least unication plan must include		015	immediately. How the facility plans to monitor its performance to make sure the solution achieved and sustained. Facility administrator or designee will be responsible for implementation and monitoring of this plan of correction. Report of Non-compliance shall be presented and discuss in the QAPI Committee meeting. The QAPI commit will review and monitor if correction is effective and sustained. QAPI Committ will recommend additional corrective actions as needed.	e tee	6/15/23

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E 035	emergency plan, that is appropriate, with refamilies or representa This REQUIREMENT by: Surveyor: 40597 Based on document reparedness communication of their family failed to maintapreparedness communication of their family members could result in a delay members when the eand this affected 95 communication. During document revious Administrator on 5/16 preparedness communication on the Edmergency plan was The document that we unformation on the Edmergency plan country appendices. No additional appendices. No additional available in the appenemergency plan. At 3	the facility has determined sidents [or clients] and their stives. The is not met as evidenced seview and interview, the sain the emergency unication plan. This was ure to provide a method for ey plan with residents and or representatives. This of notification to family mergency plan is activated, of 95 residents. The ewand interview with the 1/23, the emergency unication plan was reviewed, wed. The end for sharing the not specific to the facility as titled, "Sharing DP" indicated that the facility scription of the format of this and provide a sample in the ional information was readily adix section of the 1/40 p.m., the Administrator ency procedures are shared did also during	E 035	EO35 SHARING PLAN WITH THE PATIENT How corrective action will be accomplished for those residents foundate been affected by the deficient Practice. Facility created a brochure that entestaff things to do during an emergency situation and type of staff training receto be shared to the family members, representatives and resident during admission and interdisciplinary team meeting. How the facility identify other residents having the potential to be affected by the same deficient practice. All residents are affected. Systemic changes the facility will make ensure that the deficient practice do not recur. Facility Administrator will review EO Manual once a year to ensure that shade emergency plan is included. Facility created an emergency plan brochure to be shared to Family Members, Responsible party and residents during admission process and Inter-disciplinal meeting. How the facility plan to monitor its performance to make sure the solution	ails ived the to ot Pring o

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E 035	Continued From page	e 6	E	035	are achieved and sustained, Administrator or designee is responsible for the implementation and monitoring of the plan of correction. Report of non-compliance shall be presented and discussed in the QAPI Committee meeting. The QAPI Committee shall review the correction is effective and sustained. QAPI Committee will recommend additional corrective action as needed.		
K 000	FLOOR, CONSTRUCT SPRINKLERED The following reflects Department of Public Life Safety Code received findings are in accord Federal Regulations (National Fire Protectic Life Safety Code, 2011 Health Care Facilities Representing the Cal Health: 40597 The facility is not in second SPRINKLERED.	:: 4/11/1974 :: 2012 EXISTING ONE STORY WITH FFICES ON SECOND :TION TYPE V (111), FULLY the findings of the California Health, during an annual entification survey. The ance with 42 Code of CFR) §483.90(a)(b)(c)(j), on Association (NFPA) 101 - 2 Edition, and NFPA 99 -	K	0000			

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K 000	Continued From page Census = 95	÷7	K 00	00		
K 712 SS=D	Fire Drills CFR(s): NFPA 101		K 71	2		6/15/23
	signal and simulation conditions. Fire drills unexpected times und least quarterly on each with procedures and it established routine. We between 9:00 PM and announcement may be alarms. 19.7.1.4 through 19.7 This REQUIREMENT by: Surveyor: 40597 Based on document of facility failed to maintate evidenced by the failus system during fire drill between the hours of could result in staff nor respective roles and remergency, and this ain two of two smoke of the failus of the fai	are held at expected and der varying conditions, at th shift. The staff is familiar is aware that drills are part of Where drills are conducted in 6:00 AM, a coded be used instead of audible. 1.7 If is not met as evidenced the drills. This was are to activate the fire alarm als that were conducted 6:00 a.m. to 9:00 p.m. This is obeing familiar with their responsibilities during an affected 95 of 95 residents compartments.		F000 This plan of correction serve as Center Convalescent Hospital crallegation of compliance to correidentified deficiencies. Preparatic execution of this plan of correction to constitute admission or agretuth of the facts alleged of concloth on the statement of deficier This plan of correction is prepare executed solely as required by the provision of Health and Safety C Section 1280 and 42CFR 404.19 K712 FIRE DRILLS How corrective actions will be	redible sect on and on does ement the lusion set ncies. ed and ne oode	
	i i	or of Staff Development, and sor on 5/16/23, the fire drills taff was interviewed.		How corrective actions will be accomplished for those residents have been affected by the deficie practice.	s found to	

	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) PLAN OF CORRECTION (X4) PROVIDER/SUPPLIER/CLIA (X5) MULTIPLE CONSTRUCTION (X5) A. BUILDING 02		(X3) DATE SURVEY COMPLETED		
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K 712	1. At 9:43 a.m., the fire alarm system be 9 p.m. The fire drill rindicated that the tathere was nobody a control panel. The first quarter drill 7:01 p.m. The second quarter 5/22/22 at 8:46 p.m. The third quarter drill at 6:29 p.m. The fourth quarter drill 11/14/22 at 7:13 p.m. At 2:43 p.m., the Mathat he contacted the there were any fire at the p.m. shifts.	facility failed to activate the etween the hours of 6 a.m. to reports during the p.m. shifts sk was simulated because vailable to reset the fire alarm I was conducted on 2/11/23 at drill was conducted on 8/17/22 Irill was conducted on	K 7	In-service conducted to Maintenan supervisor by Administrator on 5-11 ensure to activate the fire alarm sy during fire drills or disaster drills be the times of 9 AM to 9 PM. During absence of Maintenance supervisor Janitor or Nursing supervisor will a and re-set the fire alarm system. Maintenance supervisor conducted in-service to Janitors and Nursing supervisors on 5-18-23, how to cal monitoring service to put the fire al system to test mode and how to re active mode. Maintenance supervisidemonstrate the proper way to actifire alarm system and re-set to actimode. Participants was able to do demonstration accordingly. Fire an Disaster drill provider was notified Director of Staff Development and Maintenance supervisor on 5-16-2: activate the fire alarm system durind drills and disaster drills. How the facility identify other resident having the potential to be affected same deficient practice. All residents are affected. Systemic Changes the facility will rensure that the deficient practice direcur. Maintenance Supervisor, Director of Development and Nursing supervisorall monitor the Life Safety Providensure fire alarm system is activate during fire drill, and disaster drill.	6-23, to stem etween the or, ctivate described arm turn to sor ivate described are returned described are step on the ores of staff sor der to eed

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	I ' '	MULTIPLE CONSTRUCTION JILDING 02		(X3) DATE SURVEY COMPLETED	
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K 712			K	712	identified problems will be corrected immediately. In-service conducted to Maintenance supervisor on 5-16-23 by Administrator to ensure fire alarm syste activated during fire and disaster drills. Maintenance Supervisor conducted in-service to Janitors, and nursing supervisors on 5-18-23 who to call to p the alarm system on test mode how to return to active mode. Maintenance supervisor demonstrate the proper way activate fire alarm system and re-set to active mode. Participants was able to creturn demonstration accordingly. Fire and disaster drill instructor was notified Director of Staff Development and maintenance Supervisor on 5-16-23 to activate the fire alarm system during fir drills and disaster drills. How the facility plans to monitor its performance to make sure the solution are achieved and sustained. Administrator or designee is responsible for implementation and monitoring the correction. Report of non-compliance shall be presented and discussed in the QAPI Committee will monitor if correction is effective and sustained. QAPI Committee will recommend additional corrective action as needed.	em out / to do I by re	
K 920 SS=E		- Power Cords and Extens - Power Cords and	K	920			6/15/23

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(EACH DEFICIE	NCY MUST BE PRECEDED BY FULL					(X5) COMPLETION DATE
Power strips in a paused for componer patient-care-related (PCREE) assemble by qualified person 10.2.3.6. Power st may not be used for electronics), excep rooms that do not up CREE meet UL 1 strips for non-PCRI (outside of vicinity) care rooms, power standards. All pow precautions. Extension cords us immediately upon owhich it was installed 10.2.4. 10.2.3.6 (NFPA 99) (NFPA 70), 590.3 (DThis REQUIREMED by: Surveyor: 40597 Based on observatifialed to maintain the was evidenced by splugged into another using an extension fixed wiring. This content in one of two smokers.	atient care vicinity are only ats of movable of electrical equipment es that have been assembled nel and meet the conditions of rips in the patient care vicinity or non-PCREE (e.g., personal to in long-term care resident use PCREE. Power strips for 363A or UL 60601-1. Power EE in the patient care rooms meet UL 1363. In non-patient strips meet other UL er strips are used with general asion cords are not used as a wiring of a structure. The ed temporarily are removed completion of the purpose for ed and meets the conditions of the purpose for each and meets the conditions of the purpose for each and meets are evidenced. This surge protectors that were er surge protector, and by cord as a substitute for the puld increase the risk of this affected 46 of 95 residents.	K	920	have been affected by the deficient practice. Corporate maintenance crew reorganized all electrical connection in mechanical room on 5-31-23 eliminatin the use of surge protector. Extension chord in rehab room of the surge protector.	the g	
_	r and interview with the					
	Continued From particular particu	CENTER CONVALESCENT HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Surveyor: 40597 Based on observation and interview, the facility failed to maintain the electrical equipment. This was evidenced by surge protectors that were plugged into another surge protector, and by using an extension cord as a substitute for the fixed wiring. This could increase the risk of electrical fire, and this affected 46 of 95 residents in one of two smoke compartments.	CORRECTION D56436 B. WING. ROVIDER OR SUPPLIER CENTER CONVALESCENT HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Surveyor: 40597 Based on observation and interview, the facility failed to maintain the electrical equipment. This was evidenced by surge protectors that were plugged into another surge protector, and by using an extension cord as a substitute for the fixed wiring. This could increase the risk of electrical fire, and this affected 46 of 95 residents in one of two smoke compartments.	ROVIDER OR SUPPLIER CENTER CONVALESCENT HOSPITAL SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 10 Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Surveyor: 40597 Based on observation and interview, the facility failed to maintain the electrical equipment. This was evidenced by surge protectors that were plugged into another surge protector, and by using an extension cord as a substitute for the fixed wiring. This could increase the risk of electrical fire, and this affected 46 of 95 residents in one of two smoke compartments.	CONTIDER OR SUPPLIER CENTER CONVALESCENT HOSPITAL SUMMARY STATEMENT OF DEPTICIENCIES SUMMARY STATEMENT OF DEPTICIENCIES SAN BERNARDINO, CA 92404 SUMMARY STATEMENT OF DEPTICIENCIES SAN BERNARDINO, CA 92404 COntinued From page 10 Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed writing of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), 170.2-5 This REQUIREMENT is not met as evidenced by: Surveyor: 40597 Based on observation and interview, the facility failed to maintain the electrical equipment. This was evidenced by surge protector, and by using an extension cord as a substitute for the fixed wiring or protector, and by using an extension cord as a substitute for the fixed wiring. This could increase the risk of electrical fire, and this affected 46 of 95 residents in one of two smoke compartments. Findings: Findings:	STREETADORESS, CITY, STATE, 2IP CODE

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDI	LTIPLE CONSTRUCTION DING 02			(X3) DATE SURVEY COMPLETED	
		056436	B. WING			05/	16/2023	
	ROVIDER OR SUPPLIER CENTER CONVALESCE	ENT HOSPITAL		40	TREET ADDRESS, CITY, STATE, ZIP CODE 67 E GILBERT ST AN BERNARDINO, CA 92404	-		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD E CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
K 920	Continued From pag	e 11	K	920				
	equipment was observed. 1. At 11:35 a.m., therefore was plugged into a second mechanical Room lo concurrent interview.	risor on 5/16/23, the electrical erved, and staff was re was a surge protector that econd surge protector in the cated upstairs. During a the Maintenance Supervisor tor set up the electrical			Extension chord in the laundry room was remove on 5-19-23 by maintenance supervisor and units plugged directly to the wall. How the facility identify other residents having the potential to be affected by t same deficient practice. 46 residents are affected by the deficient practice.	he		
	cord that was used to in the Physical Thera cord was mounted of frame. During a cond Maintenance Supervaware that the exten room. 3. At 12:09 p.m., the was plugged into a staundry Room. During Maintenance Supervalent.	risor stated that he was not sion cord was used in the re was a surge protector that econd surge protector in the ng a concurrent interview, the			Systemic Changes the facility will maken sure that the deficient practice will necur. In-service conducted by Administron 5-16-23, to Maintenance superviso regarding the importance of having no extension chord in the building. It was further emphasized that octopus connection (connection of extension con top of another extension cord) is not compliance of Life Safety Code. Maintenance supervisor will conduct denvironmental survey to ensure no extension cord being used in the build Any identified problems will be correct immediate. How the Facility plans to monitor its performance to make sure the solution are achieved and sustained. Administrator or designee is responsible for the implementation and monitoring of the correction. Report of non-compliance shall be presented and discussed in the QAPI Committee meeting. The QAPI Committee shall review the correction if it is effective and sustained. QAPI Committee will	ot ator r ord one aily ing. ed		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		(X3) DATE COMI	(X3) DATE SURVEY COMPLETED	
		056436	B. WING		05	5/16/2023	
NAME OF PROVIDER OR SUPPLIER MEDICAL CENTER CONVALESCENT HOSPITAL				STREET ADDRESS, CITY, STATE, ZIP CODE 467 E GILBERT ST SAN BERNARDINO, CA 92404			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	(EACH CORRECTIVE ACTION SH	DER'S PLAN OF CORRECTION (X5) DRRECTIVE ACTION SHOULD BE FERENCED TO THE APPROPRIATE DEFICIENCY) (X5) COMPLETION DATE		
K 920	Continued From page		K 9:	DEFICIENCY)			