···Apr. 10. 2020 7:26AM · · · VALLEY

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

No. 9836 " P. 2"

PRINTED: 03/25/2020 FORM APPROVED OMB NO. 0938-0391

STREET ADDRESS, CITY, STATE, ZIP CODE 1224 E STREET WILLIAMS, CA 95937		OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION ING		E SURVEY IPLETED
NAME OF PROVIDER OR SUPPLIER VALLEY WEST POST ACUTE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX TAG (EACH DEFICIENCY) F 000 INITIAL COMMENTS F 000 INITIAL C			555200			1	_
F 000 INITIAL COMMENTS The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for a facility reported incident. Facility reported incident investigated and does not represent the findings of a full inspection of the facility. Representing the Department: 32797, Health Facilities Evaluator Supervisor Deficiencies were issued for facility reported incident 576894 at F 600, F 609, and F 908. F 600 SSEE CACH CARRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) The preparation and/or execution of this plan of correction does not constitute admission of agreements by the provision of truth of the facts alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executad solely because it is required by the provisions of Federal and State law. This plan of correction constitutes my written credible allegation of compliance for the deficiencies noted. The preparation and/or execution of this plan of correction does not constitute admission of deficiencies. This plan of correction is prepared and/or executad solely because it is required by the provisions of Federal and State law. This plan of correction constitutes my written credible allegation of compliance for the deficiencies noted. The preparation and/or execution of this plan of correction does not orditated and prepared and/or executad solely because it is required by the provisions of Federal and State law. This plan of correction constitutes my written credible allegation of compliance for the deficiencies noted. The preparation and/or execution of the fact alleged or conclusions set forth in the statement of deficiencies. This plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law. This plan of correction constitutes my written credible allegation of compliance for the deficiencies noted. F600 FREE FROM ABUSE, NEGLECT AND EXPLICITION CFR(s):				-	1224 E STREET	03/	10/2020
The following reflects the findings of the California Department of Public Health during an abbreviated standard survey for a facility reported incident. Facility reported incident: 576894 The inspection was limited to the specific facility reported incident investigated and does not represent the findings of a full inspection of the facility. Representing the Department: 32797, Health Facilities Evaluator Supervisor Deficiencies were issued for facility reported incident 576894 at F 600, F 609, and F 908. Free from Abuse and Neglect CFR(s): 483.12(a)(1) \$483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property,	PREFIX	(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	.D BE	(X5) COMPLETION DATE
Facilities Evaluator Supervisor Deficiencies were issued for facility reported incident 575894 at F 600, F 609, and F 908. Free from Abuse and Neglect CFR(s): 483.12(a)(1) \$483.12 Freedom from Abuse, Neglect, and Exploitation The resident has the right to be free from abuse, neglect, misappropriation of resident property, The resident and Exploitation The resident property, were previously terminated when the	F 000	The following reflect California Department abbreviated standa incident. Facility reported incident in the inspection was reported incident in represent the finding california abbreviate incident in the finding california abbreviate incident in the finding california abbreviate abbrev	cts the findings of the ent of Public Health during an rd survey for a facility reported sident; 575894 limited to the specific facility vestigated and does not	FC.	correction does not constitute admission agreement by the provider of truth of the alleged or conclusions set forth in the st of deficiencies. This plan of correction is prepared and/or executed solely becaus required by the provisions of Federal andlaw. This plan of correction constitutes my woredible allegation of compliance for the	n of e facts atement : e it is d State	
includes but is not limited to freedom from corporal punishment, involuntary seclusion and any physical or chemical restraint not required to treat the resident's medical symptoms. §483.12(a) The facility must- §483.12(a)(1) Not use verbal, mental, sexual, or physical abuse, corporal punishment, or involuntary seclusion; This REQUIREMENT is not met as evidenced by:		Facilities Evaluator Deficiencies were is incident 575894 at 1 Free from Abuse ar CFR(s): 483.12(a)(*) §483.12 Freedom free Freedom f	Supervisor sesued for facility reported F 600, F 609, and F 908. and Neglect 1) rom Abuse, Neglect, and e right to be free from abuse, dation of resident property, defined in this subpart. This imited to freedom from ant, involuntary seclusion and mical restraint not required to medical symptoms. selicy must- se verbal, mental, sexual, or poral punishment, or on;	F6	AND EXPLOITATION CFR(s): 483,12(a)(1) Corrective Action for Affected Resident: Resident 2 no longer resides at facility. Nursing Assistant B, and Certified Nursing Assistants D as	the Id E	,

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 60 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.

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

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	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '		.E CONSTRUCTION	CON	re Survey MPLETED
		555200	B. WING				C /10/2020
NAME OF	PROVIDER OR SUPPLIER	,	l	S	TREET ADDRESS, CITY, STATE, ZIP CODE	10	10/2020
VALLEY	WEST POST ACUTE			1:	224 E STREET VILLIAMS, CA 95987		
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F 800	Based on interview failed to ensure nurselectronic devices (croom when filming a behaviors. This had residents to inapproanguish. Findings: A review of a facility Prevention and the land Suspicion of Crindicated the purpos residents' rights are method for the prevention and the purpos residents' rights are method for the prevention and the purpos residents' rights are method for the prevention and the purpos residents' rights are method for the preventional anguish. Also mental anguish. Also mental anguish. Also mental anguish has to right to be free An untitled and undaprovided and indicat Policy that in order to	and record review the facility sing staff did not use cell phones) in a resident a video of inappropriate staff the potential to expose priate behaviors and mental policy titled "Abuse Reporting of Alleged Abuse ime" revised 11/2016, se was to ensure that protected by providing a ention of any type of resident efined as the willful infliction ple confinement, intimidation, ting in physical harm, pain, or o, verbal, sexual, physical and ing abuse facilitated or of technology. Each resident		600	Other residents having the pot be affected: All residents have the potential affected. No other residents widentified in connection to this event. Systemic Changes: The Administrator and DON implemented systems of account reporting and education Septer 2019, with daily Risk Identificat Resolution meetings, as well as monthly QAPI, ensuring timely discovery, investigation, and resolutions or suspicions of a The Director of Staff Development conducts annual, and on hire tron abuse reporting, including managements annual abuse identification prevention & reporting training conducted in limited education moments, per COVID prevention guidelines, April 8, 2020 [attach	ential to to be ere 11/2017 htability, hber on, Risk corting ouse. ent aining ost on,	
	phones or any electric video capabilities is partime. Employees show make audio video resuch as changing rourestroom or share suor any other means, nature of our busines our residents electro	onic device with audio or prohibited during working ould not take pictures, or cordings in private areas om locker rooms and lich pictures via social media Due to the confidential as and to protect privacy of nic devices able to take dio shall not be used in			guideines, April a, 2020 (attach	euj,	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 03/25/2020 FORM APPROVED

_ CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				FORI NAB NO	M APPROVED <u>)</u> . 0938-0391
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILI		E CONSTRUCTION	(X3) DA	Z. UB30-U39 I MPLETED
	·	555200	B. WING			03	C 3/10/2020
	PROVIDER OR SUPPLIER WEST POST ACUTE			12	TREET ADDRESS, CITY, STATE, ZIP CODE 224 E STREET VILLIAMS, CA 95987		<u> </u>
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	Reporting of Alleged Crime" revised 11/21 Prevention, it indicated nursing supervisors, responsible for direct evaluating all resided identify, correct and which abuse and nesuch as deployment to meet the needs of staff to identify inappromotioning of resident which might lead to complete the needs of staff to identify inappromotioning of resident which might lead to complete the needs of the	ed "Abuse Prevention and the I Abuse and Suspicion of 16, was reviewed. Under ted Administrative staff, charge nurses are sting, supervising and nt care activities. Facility will intervene in situations in glect are more likely to occur of staff in sufficient numbers the residents, supervision of propriate behaviors and the swith needs and behaviors conflict or neglect. Sident dated 2/26/18 at 7:57 tursing Assistants (NA, not ritified Nursing Assistants reported as filming in a f "pole dancing" (erotic November 2017. 13/12/18 at 10:50 am, the NA B and CNA D no longer and CNA E was suspended the violations. 13/12/18 at 11:40 am, A stated around November 2017 an all male resident room the saw NA B and CNA D transfer pole (residents use adding up). CNA D was video of NA B dancing on the pole. I CNA D were planning on	Fe	800	Monitoring: The Administrator or designee will monitor daily abuse identification prevention & reporting, through the RI/RR process, for 60 days, to ensongoing compliance. The results of the review and any corrective action will be reported the Administrator or designee at Quarterly QAPI meeting for review and/or further action. The results become part of the minutes and records of the meeting. Alleged compliance 4/10/2020	t, the ure by the	

them delete the video and gave them a verbal

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

STATEMENT OF AND PLAN OF C		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	TIPLE CONSTRUCTION	(X3) DA	TE SURVEY MPLETED
		555200	D. WING			C
NAME OF PRO	VIDER OR SUPPLIER		1	STREET ADDRESS, CITY, STATE, ZIP CODE	03	/10/2020
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was coobe Add Add what F 609 SS=E S4 near the about the offic add for accomprosess	enfirmed she did not along worried due to along worried due to along worried due to along worried determinat was reportable aporting of Allegeo FR(s): 483.12(c)(1) 83.12(c) In respondent, exploitation along abuse, negotive and misappropered immediate and misappropered and misappropered and misappropered and misappropered in allegation bodily injury, a events that cause and do not reported including to all protective service and mistrator of administrator of ad	of cell phone policy. LN A of report this as abuse due to NA B was the LN A stated the nined what was abuse and the violations (4) It violations (4) It violations (4) It violations (5) It violations (6) It violations (7) It violations (7) It violations (8) It violations (8) It violations (8) It violations (9) It violations (9) It violation or a side of the facility (9) It violation of the events of the eve	F6	VIOLATIONS CFR(s): 483.12(c)(1)(4) Corrective Action for Affected Resident:	the d and E nen the f res now as well et tential to l to be ents i or	

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

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 -		ONSTRUCTION		E SURVEY IPLETED
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		555200	B. WING			03/	10/2020
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VALLEY	WEST POST ACUTE			1224	E STREET		
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(X4) IP		TEMENT OF DEFICIENCIES	ID		PROVIDER'S PLAN OF CORRECTION		(X5) COMPLETION
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F 609	Continued From pa	ne 4	 F6	na			
	l .		''	00	monthly QAPI, ensuring timely		1
	by:	and record review the facility			discovery, investigation, and repo	_	
		ility staff reported all		İ	of allegations or suspicions of abu		
		sing electronic devices when			Further the Valley West leadership		
		leo was recorded in a room			team updated the abuse reporting	3	
		nts. This failure had the			checklist [attached].		
		all residents' to abuse.]
	potential to exposo	all realderns to apuse.			The Director of Staff Development	t	
	Findings:				conducts annual, and on hire train	ing	
					on abuse reporting, including mos	t	
ļ	The facility policy tif	led "Abuse Prevention and the			recent annual abuse identification		
		Abuse and Suspicion of			prevention & reporting training,		
		016, was reviewed. Under			conducted in limited education		
		ed all mandated reporters are			moments, per COVID prevention		
	required by law to re	aport incidents of known or			guidelines, April 8, 2020 (attached	11.	
	suspected abuse by	telephone or written report				-	
,		alifornia Department Public					
		st responder or first staff			Monitoring:		
		hall by responsible for					l i
		e supervisor and initiating			The Administrator or designee wil	ſ	
		Licensed Nurse shall			monitor daily abuse identification		
		data in medical record and		ĺ	prevention & reporting, through t	•	
.	initiate care plan to	prevent further occurrence.			RI/RR process, for 60 days, to ensu		
	A 6	-:444444			ongoing compliance. The administ		
[cident dated 2/26/18 at 7:57			or designee will further review the		
		lursing Assistants (NA, not			-	7	
		ertified Nursing Assistants e reported as filming in a			abuse reporting checklist for		
		off "pole dancing" (erotic			completion of timely reporting,	J	}
		n Nonmember of 2017.			measures to protect residents, an		1
	dancing on a pole),	IT NOT THE IT BE OF 2017.			investigative summary completion		
'	During an interview	on 3/12/18 at 11:40 am,			according to regulations (attached	lj.	
) A stated around November					j l
		to an all male resident room			The results of the review and any	_	
ì		she saw NAB and CNAD			corrective action will be reported		[
		nt transfer pole (residents use			the Administrator or designee at t	he	
		anding up), CNA D was video					
		of NAB dancing on the pole.					
		nd CNA D were planning on					ļ Į
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, ,		i			: P

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

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VALLEY	WEST POST ACUTE			WILLIAMS, GA 95987		·
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		_	,			
F 609	Continued From pa	ge 5	F 60	Quarterly QAPI meeting for re	view	
	sending it to CNA F	i, LN A stated only one		and/or further action. The res		
		room Resident 2. LN A had		become part of the minutes a	nd	
		eo and gave them a verbal		records of the meeting.		
		n of cell phone policy, LN A				
*		not report this as abuse to		Alleged compliance 4/10/202	:0	
		g worried due to NAB was the				
	Administrator's child					
		mined what was abuse and		F908 ESSENTIAL EQUIPMENT,	SAFE	
E 000	what was reportable		F 00	ODED ATIMO COMBITION		
		nt, Safe Operating Condition	F 90	CFR(s): 483.90(d)(2)		
SS≃F	LFR(S). 400.80(U)(.	2,				
		taín all mechanical, electrical, uipment in safe operating		Corrective Action for Affected Resident:	ł	
		NT is not met as evidenced		No residents were identified v deficiency. The new/replacen		
		and record review the facility		generator battery was purcha		·
	failed to ensure the functional during a did not call for servi	ir back up generator was power outage for an hour and ce to determine the cause		installed 4/13/2018 [invoice a		
	residents to at risk o	nad the potential for all during a power outage without to provide quality of care.		Other residents having the po be affected:	xtențial to	
	Eindings:			All residents have the potentia	al to be	
	Findings:	·		affected. No residents experi-		
	During an iôterview	on 4/12/18 at 1:30 pm, the		negative outcome from this e		
	Dietary Services Su week on Friday 4/6/	pervisor (DSS) stated last 2018, the generator did not				
	come on during a p an hour.	ower outage that lasted about		Systemic Changes:	.1 1	
	4/12/18 at 1:30 pm, (MS) started within	t observation and interview on the Maintenance Supervisor 5 seconds and stated there the generator last Friday		The generator battery was rep 4/13/2018.	ласеd	
		į				

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

F 908 Continued From page 6 During a concurrent interview and record review on 4/12/18 at 3:10 pm, the Maintenance Assistant (MA) stated there were not issues with the generator last Friday, 4/6/2018, when there was not power for about an hour. A review of the emergency generator visual log indicated the generator was run for 30 minutes with no issues. During an interview on 4/12/18 at 3:30 pm, MS when questioned again about the generator during the power outage last week, he stated "I was not here", MA jump started the generator and no new battery. MS confirmed no service request was made to check the generator and no new battery had been ordered. During an interview on 4/12/18 at 3:45 pm, the Director of Clinical Services stated she was unaware of the generator battery issue and would get a new battery. A review of a document dated 12/20/16, indicated the battery for the generator was replaced back in 12/2016. The Administrator or designee will monitor monthly generator tests, and battery inspection, through the RI/RR process, for 60 days, to ensure ongoing compilance. The results of the review and any corrective action will be reported by the Administrator or designee at the Quarterly QAPI meeting for review		T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		PLE CONSTRUCTION	(X3) DAT	: 0930-039) TE SURVEY MPLETED
VALLEY WEST POST ACUTE (X4) D REST POST ACUTE (X4) D REGULATORY OR LISC IDENTIFYING INFORMATION) F 908 Continued From page 6 During a concurrent interview and record review on 4/12/18 at 3:10 pm, the Maintenance Assistant (MA) stated there were not issues with the generator was run for 30 minutes with no issues. During an interview on 4/12/18 at 3:30 pm, MS when questioned again about the generator during the power outage last week, he stated "I was not here", MA jump started the generator battery with a car battery. MS confirmed no service request was made to check the generator and no new battery had been ordered. During an interview on 4/12/18 at 3:45 pm, the Director of Clinical Services stated she was unaware of the generator was replaced back in 12/2016. STREET ADDRESS, GNT, STATE, ZP CODE 1224 E STREET WILLIAMS, CA 95987 PREPAX (EACH OPRECTIVE ACT OF CORRECTION) PREPAX (EACH OPRECTIVE ACT OF SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) In anticipation of PG&E power outages, administrator shut power off to test generator response, and observed obstitute active successful, including generator observed staff inservice 10/9/2019 [attached]. This disaster drill was successful, including generator observed to bintlate within 5 seconds, as designed. Routine monthly generator tests maintained since event. Currently administrator elevated the systems and preventive maintenance inspections, functing generator and battery inspection 12/30/2019 [attached]. Monitoring: The Administrator or designee will monitor monthly generator tests, and battery inspection, through the RI/RR process, for 60 days, to ensure ongoing compliance. The results of the review and any corrective action will be reported by the A			555200	B. WING			
PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) F 908 Continued From page 6 During a concurrent interview and record review on 4/12/18 at 3:10 pm, the Maintenance Assistant (MA) stated thene were not issues with the generator last Friday, 4/6/2018, when there was not power for about an hour. A review of the emergency generator vasa run for 30 minutes with no issues. During an interview on 4/12/18 at 3:30 pm, MS when questioned again about the generator during the power outage last week, he stated "I was not here". MA Jump stated the generator baitery with a car battery. MS confirmed no service request was made to check the generator and no new battery had been ordered. During an interview on 4/12/18 at 3:45 pm, the Director of Clinical Services stated she was unaware of the generator battery for the generator was replaced back in 12/2016. F 908 In anticipation of PG&E power outages, administrator shut power off to test generator restors, and observed staff inservice 10/9/2019 [attached]. This disaster drill was successful, including generator observed to initiate within 5 seconds, as designed. Routine monthly generator tests maintained since event. Currently administrator elevated the systems and preventive maintenance inspections, including emergency generator and battery inspection 12/30/2019 [attached]. Monitoring: The Administrator or designee will monitor monthly generator tests, and battery inspection, through the Ri/Rk process, for 60 days, to ensure ongoing compilance. The results of the review and any corrective action will be reported by the Administrator or designee at the Quarterly QAPI meeting for review					1224 E STREET	<u> </u>	10/2020
During a concurrent interview and record review on 4/12/18 at 3:10 pm, the Maintenance Assistant (MA) stated there were not issues with the generator iast Friday. 4/6/2018, when there was not power for about an hour. A review of the emergency generator visual log indicated the generator was run for 30 minutes with no issues. During an interview on 4/12/18 at 3:30 pm, MS when questioned again about the generator was not here", MA jump started the generator battery what a car battery. MS confirmed no service request was made to check the generator battery with a car battery had been ordered. During an interview on 4/12/18 at 3:45 pm, the Director of Clinical Services stated she was unaware of the generator battery issue and would get a new battery. A review of a document dated 12/20/16, indicated the battery for the generator was replaced back in 12/2016. In anticipation of FG&E power outtages, administrator shut power off to test generator response, and observed staff inservice 10/9/2019 [attached]. This disaster drill was successful, including generator observed to initiate within 5 seconds, as designed. Routine monthly generator tests maintained since event. Currently administrator elevated the systems and preventive maintenance inspections, including emergency generator and battery inspection 12/30/2019 [attached]. Monitoring: The Administrator or designee will monitor monthly generator tests, and battery inspection, through the RI/RR process, for 60 days, to ensure ongoing compliance. The results of the review and any corrective action will be reported by the Administrator or designee at the Quarteriy QAPI meeting for review	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPR	BE	(X5) COMPLETION DATE
and/or further action. The results will become part of the minutes and records of the meeting. Alleged compliance 4/10/2020	F 908	During a concurrent on 4/12/18 at 3:10 p (MA) stated there w generator last Frida not power for about emergency generate generator was run for During an interview when questioned ag during the power ou was not here", MA jubattery with a car bas service request was and no new battery! During an interview of Director of Clinical Sunaware of the generator was and work of the generator was and work of the generator of a document of the generator was and work of a document of the generator of the g	interview and record review om, the Maintenance Assistant ere not issues with the y, 4/6/2018, when there was an hour. A review of the or visual log indicated the or 30 minutes with no issues. on 4/12/18 at 3:30 pm, MS tain about the generator tage last week, he stated "I ump started the generator attery. MS confirmed no made to check the generator had been ordered. on 4/12/18 at 3:45 pm, the services stated she was erator and get a new battery.	F 908	outtages, administrator shut power to test generator response, and observed staff inservice 10/9/2019 [attached]. This disaster drill was successful, including generator observed to initiate within 5 secon as designed. Routine monthly generator tests maintained since e Currently administrator elevated the systems and preventive maintenant inspections, including emergency generator and battery inspection 12/30/2019 [attached]. Monitoring: The Administrator or designee will monitor monthly generator tests, a battery inspection, through the RI/process, for 60 days, to ensure ong compliance. The results of the review and any corrective action will be reported by the Administrator or designee at the Quarterly QAPI meeting for review and/or further action. The results we become part of the minutes and records of the meeting.	ds, vent. ne nce sice y e	