

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

Acceptable POC 10/31/23

PRINTED: 10/12/2023
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056168	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED 10/04/2023
NAME OF PROVIDER OR SUPPLIER GRANADA HILLS CONVALESCENT			STREET ADDRESS, CITY, STATE, ZIP CODE 16123 CHATSWORTH AVE GRANADA HILLS, CA 91344		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	<p>Initial Comments</p> <p>The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness Recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities.</p> <p>Representing the Department of Public Health: Evaluator ID #16281, REHS, Health Facilities Evaluator I</p> <p>Facility Census: 43 Licensed Bed Capacity: 48</p> <p>The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities.</p>	E 000			

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

TITLE

(X6) DATE

Nancy Warden

Administrator

10/17/2023

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

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K 000	INITIAL COMMENTS This facility was surveyed under 42 CFR Part 483.70(a), Life Safety Code NFPA 101, 2012 Edition, Chapter 19 Existing Health Care Occupancies, and other applicable codes. The following represents the findings of the Department of Public Health during the Life Safety Code Survey. Representing the Department of Public Health: Evaluator ID #16281, REHS, Health Facilities Evaluator I Facility Census: 43 Licensed Bed Capacity: 48 Highest Severity and Scope: F K 271 SS=D Discharge from Exits CFR(s): NFPA 101 Discharge from Exits Exit discharge is arranged in accordance with 7.7, provides a level walking surface meeting the provisions of 7.1.7 with respect to changes in elevation and shall be maintained free of obstructions. Additionally, the exit discharge shall be a hard packed all-weather travel surface. 18.2.7, 19.2.7 This REQUIREMENT is not met as evidenced by: NFPA 101 Life Safety Code, 2012 Edition 7.1.6.2 Changes in Elevation. Abrupt changes in elevation of walking surfaces shall not exceed 1/4 in. (6.3 mm). Changes in elevation exceeding 1/4 in. (6.3 mm), but not exceeding 1/2 in. (13 mm), shall be beveled with a slope of 1 in 2. Changes in elevation exceeding 1/2 in. (13 mm) shall be	K 000	The plan of correction constitutes my written credible allegation of the compliance for the deficiencies noted. Preparation and/ or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the statements of deficiencies. This plan of correction is prepared and/or executed solely because required by the provisions of health and safety code section 1280 and 42 C.F.R. 405 1907		
K 271		K 271			

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

TITLE

(X6) DATE

Tracy Warden

Administrator

10/18/2023

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

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K 271	<p>Continued From page 1</p> <p>considered a change in level and shall be subject to the requirements of 7.1.7.</p> <p>7.1.6.3 Level. Walking surfaces shall comply with all of the following:</p> <p>(1) Walking surfaces shall be nominally level.</p> <p>(2) The slope of a walking surface in the direction of travel shall not exceed 1 in 20, unless the ramp requirements of 7.2.5 are met.</p> <p>(3) The slope perpendicular to the direction of travel shall not exceed 1 in 48.</p> <p>7.1.6.4* Slip Resistance. Walking surfaces shall be slip resistant under foreseeable conditions. The walking surface of each element in the means of egress shall be uniformly slip resistant along the natural path of travel.</p> <p>7.1.7 Changes in Level in Means of Egress.</p> <p>7.1.7.1 Changes in level in means of egress shall be achieved by an approved means of egress where the elevation difference exceeds 21 in. (535 mm).</p> <p>7.1.7.2* Changes in level in means of egress not in excess of 21 in. (535 mm) shall be achieved either by a ramp complying with the requirements of 7.2.5 or by a stair complying with the requirements of 7.2.2.</p> <p>Based on observation, interview, and document review the facility failed to ensure that 1 of 3 path of exit discharges (rear exit) used for emergency evacuation was constructed with hard packed all-weather travel surface.</p> <p>The deficiency had the potential that in the event of an emergency, the pathway used for exit discharge could prevent or delay a safe and immediate evacuation away from the building.</p>	K 271	<p>Immediate Corrective Action:</p> <p>Facility Administrator met with consultant and Inspector of record based on findings on 10/5/2023, 10/12/2023, 10/13/2023, and 10/16/2023. Facility will continue working with inspector of record to submit plan for "Hard packed all weather travel surface" for the emergency pathway to HCAI. Administrator is currently obtaining bids from contractors for the project. All bids should be obtained by 11/15/2023, two bids have been recieved already.</p> <p>Systematic Change:</p> <p>Administration has recently hired new Maintenance Director, Romonte Dizon July 28, 2023 to help oversee capital projects and building maintenance. Maintenance Director</p> <p>Continued Monitoring: All capital project concerns will be addressed in QAPI and QAPI team will be responsible in making revisions if necessary. Facility Administrator and Maintenance Director will do monthly rounds to ensure building compliance.</p>		

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K 271	<p>Continued From page 2</p> <p>This deficiency affected one of three exit discharge pathways. At the time of the survey, the facility census was 43 and the licensed capacity was 48.</p> <p>Finding:</p> <p>On 10/03/2023 at 10:00 a.m. during a life safety code (LSC) tour accompanied by the Facility Administrator (FA) the evaluator observed that the rear corridor exit opened to a concrete landing that continued onto a 23-foot dirt pathway that then turned to an additional 43-foot dirt pathway before reaching a concrete pathway leading to the parking lot.</p> <p>The dirt pathway had scattered gravel on it with two areas where the dirt was moistened.</p> <p>The rear exit was identified as an exit by an exit sign located above the exit door, and the Emergency Floor Plan.</p> <p>The floor plan indicated that the direction of exit for one of two exits for 3 of 21 Resident sleeping rooms (rooms 1, 2, & 3), the dining room, the recreation room, and the employee lounge were through the rear corridor exit that continuous onto the dirt pathway. The floor plan also indicated that the direction of exit for the direct exit to the the outside for 1 of 21 Resident sleeping rooms (room 1) was onto the dirt pathway.</p> <p>The Daily Census dated 10/02/2023 indicated there were four resident beds in room 1, two resident beds in room 2, and two resident beds in room 3, with three residents currently occupying room 1, two residents occupying room 2, and two residents occupying room 3.</p>	K 271			

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K 271	Continued From page 3 During a concurrent interview the FA stated that the facility was planning on installing a hard surface pathway from the rear exit to connect to the concrete pathway because the facility received a deficiency for the dirt pathway two years ago. This is a repeat deficiency, the facility received a deficiency during a LSC recertification survey on 11/19/2021 for failing to ensure that a path of of exit discharge did not have changes in elevation that affected the surface of the pathway and was constructed with hard packed all-weather travel surface.	K 271			
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced	K 353	K353 Immediate Corrective Action and Systematic Change: on 10/11/2023 and 10/13/2023, Maintenance Staff were Inserviced on survey findings. 1) 2 Extra Sprinkler Heads of the two types were purchased on 10/4/2023 and placed in cabinet. 2) Replacement Breakable Locks and Chain was purchased and put in place. 3) Signs were purchased on 10/4/2023.	10/16/2023	

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K 353	<p>Continued From page 4</p> <p>by: NFPA 13 Standard for the Installation of Sprinkler Systems, 2010 Edition</p> <p>6.2.9 Stock of Spare Sprinklers.</p> <p>6.2.9.1* A supply of at least six spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have operated or been damaged in any way can be promptly replaced.</p> <p>A.6.2.9.1 A minimum of two sprinklers of each type and temperature rating should be provided.</p> <p>6.2.9.2 The sprinklers shall correspond to the types and temperature ratings of the sprinklers in the property.</p> <p>6.2.9.3 The sprinklers shall be kept in a cabinet located where the temperature to which they are subjected will at no time exceed 100°F (38°C).</p> <p>6.2.9.5 The stock of spare sprinklers shall include all types and ratings installed and shall be as follows: (1) For protected facilities having under 300 sprinklers-no fewer than six sprinklers (2) For protected facilities having 300 to 1000 sprinklers - no fewer than 12 sprinklers (3) For protected facilities having over 1000 sprinklers - no fewer than 24 sprinklers</p> <p>6.2.9.6* One sprinkler wrench as specified by the sprinkler manufacturer shall be provided in the cabinet for each type of sprinkler installed to be used for the removal and installation of sprinklers in the system.</p>	K 353	<p>Continued Monitoring:</p> <p>Maintenance Supervisor will be responsible for completing facility rounds and ensuring compliance. Monthly Administrator will complete facility rounds with Maintenance Supervisor. All capital projects and maintenance concerns will be addressed in qapi and qapi team will be responsible in making any revisions if necessary.</p>		

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K 353	<p>Continued From page 5</p> <p>6.2.9.7 A list of the sprinklers installed in the property shall be posted in the sprinkler cabinet.</p> <p>6.7.4* Identification of Valves.</p> <p>6.7.4.1 All control, drain, and test connection valves shall be provided with permanently marked weatherproof metal or rigid plastic identification signs.</p> <p>6.7.4.2 The identification sign shall be secured with corrosion-resistant wire, chain, or other approved means.</p> <p>6.7.4.3 The control valve sign shall identify the portion of the building served.</p> <p>8.16.1.1.8 Control Valve Identification. Identification signs shall be provided at each valve to indicate its function and what it controls.</p> <p>NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition</p> <p>5.2.8* Information Sign. The information sign shall be inspected annually to verify that it is securely attached and is legible.</p> <p>5.4.1.4* A supply of spare sprinklers (never fewer than six) shall be maintained on the premises so that any sprinklers that have operated or been damaged in any way can be promptly replaced.</p> <p>A.5.4.1.4 A minimum of two sprinklers of each type and temperature rating installed should be provided.</p>	K 353			

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K 353	<p>Continued From page 6</p> <p>5.4.1.4.1 The sprinklers shall correspond to the types and temperature ratings of the sprinklers in the property.</p> <p>5.4.1.4.2 The sprinklers shall be kept in a cabinet located where the temperature in which they are subjected will at no time exceed 100°F (38°C).</p> <p>5.4.1.5 The stock of spare sprinklers shall include all types and ratings installed and shall be as follows:</p> <p>(1) For protected facilities having under 300 sprinklers-no fewer than 6 sprinklers</p> <p>(2) For protected facilities having 300 to 1000 sprinklers - no fewer than 12 sprinklers</p> <p>(3) For protected facilities having over 1000 sprinklers - no fewer than 24 sprinklers</p> <p>13.3.2 Inspection.</p> <p>13.3.2.1 All valves shall be inspected weekly.</p> <p>13.3.2.1.1 Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly.</p> <p>13.3.2.2* The valve inspection shall verify that the valves are in the following condition:</p> <p>(1) In the normal open or closed position</p> <p>(2)*Sealed, locked, or supervised</p> <p>(3) Accessible</p> <p>(4) Provided with correct wrenches</p> <p>(5) Free from external leaks</p> <p>(6) Provided with applicable identification</p> <p>The Standards were not met as evidence by:</p>	K 353			

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K 353	<p>Continued From page 7</p> <p>1. Based on observation and interview, the facility failed to provide a control valve signs and signs identifying the building served.</p> <p>A missing information sign may result in system damage, liability, accidental discharge, or system failure in the event of a fire.</p> <p>2. Based on observation and interview, the facility failed to secure a fire sprinkler control vale.</p> <p>The deficiency had the potential for an unauthorized person to shut off the water supply to the fire sprinkler system.</p> <p>3. Based on observation and interview, the facility failed to maintain a minimum of two sprinklers of each type and temperature rating of the sprinklers in the facility.</p> <p>The deficiency had the potential for sprinklers that have operated or been damaged to not be promptly replaced.</p> <p>These deficient practices affected two of two smoke compartments. At the time of the survey, the facility census was 43 and the licensed capacity was 48.</p> <p>Findings:</p> <p>1. On 10/03/2023 at 10:00 a.m. during a life safety code (LSC) recertification survey the evaluator observed there were three permanent structures on the property including the facility at the rear of the property.</p> <p>On 10/04/2023 at 9:00 a.m. the evaluator observed a post indicator valve (PIV) and a fire</p>	K 353			

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K 353	<p>Continued From page 8</p> <p>department connection (FDC) located at the front of the property along Chatsworth Street next to the driveway with a FDC sign. Closer observation revealed there was no signage for the PIV and there was no sign identifying which building(s) the FDC and PIV served.</p> <p>At 9:43 a.m. the evaluator observed an outside screw and yoke (OS&Y) indicator valve, and main drain valve at the fire sprinkler riser at the front of the facility. Closer observation revealed there was no signage for the OS&Y and main drain valves.</p> <p>A Fire Department Connection (FDC) is connection through which the fire department can pump supplemental water into the sprinkler system, standpipe, or other system, furnishing water for fire extinguishment to supplement existing water supplies.</p> <p>An Indicating Valve is a valve that has components that show if the valve is open or closed. Examples are outside screw and yoke (OS&Y) gate valves and underground gate valves with indicator posts (PIV).</p> <p>A Main Drain is the primary drain connection located on the system riser and also utilized as a test connection.</p> <p>During concurrent interviews the Maintenance Supervisor acknowledged the missing signage, and the FA stated the signage would be placed at the valves.</p> <p>This is a repeat deficiency, the facility received a deficiency during a LSC recertification survey on 11/19/2021 for failing to provide and maintain an information sign on the PIV.</p>	K 353			

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K 353	<p>Continued From page 9</p> <p>2. On 10/04/2023 at 9:43 a.m. during a life safety code (LSC) recertification survey the evaluator observed an outside screw and yoke (OS&Y) indicator valve with a padlock and chain attached to the handwheel at the fire sprinkler riser at the front of the facility.</p> <p>Closer observation during the test of the OS&Y's tamper switch by the Maintenance Supervisor revealed the Maintenance Supervisor was able to shut the water to the facility's fire sprinkler system by turning the handwheel without unlocking the padlock or removing the chain attached to the handwheel.</p> <p>Further observation revealed the locked padlock was not a breakable lock and the Maintenance Supervisor did not have the key to unlock the lock and use the chain and padlock to lock the OS&Y's handwheel in the open position.</p> <p>During a concurrent interview the Maintenance Supervisor stated that the handwheel should have been chained and locked onto the riser to prevent shut off of the water the fire sprinkler system by an unauthorized person, that the padlock should have been a breakable lock, that he did not have the keys to unlock the padlock, and that he would replace the padlock with a breakable lock and ensure the OS&Y's handwheel is chained and locked to the riser in the open position.</p> <p>An outside screw and yoke (OS&Y) is a control valve that shuts off and turns on water to the fire sprinkler system.</p> <p>3. On 10/04/2023 at 9:55 a.m. during a life safety</p>	K 353			

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FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056168	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 10/04/2023
NAME OF PROVIDER OR SUPPLIER GRANADA HILLS CONVALESCENT			STREET ADDRESS, CITY, STATE, ZIP CODE 16123 CHATSWORTH AVE GRANADA HILLS, CA 91344		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 353	<p>Continued From page 10</p> <p>code (LSC) recertification survey the evaluator observed a quick response sprinkler head with a green temperature sensitive bulb in the main electrical panel room.</p> <p>At the same time, an observation in the spare sprinkler box located in the laundry room revealed there were no spare quick response sprinkler heads with temperature sensitive glass bulbs in the spare sprinkler box.</p> <p>Further observation revealed a second quick response sprinkler head with green temperature sensitive glass bulb at the canopy outside the laundry room, and quick response sprinkler heads with red temperature sensitive glass bulbs in the laundry room and in resident sleeping room 15.</p> <p>During a concurrent interview the Facility Administrator (FA) stated there were five quick response sprinkler head with temperature sensitive glass bulbs installed in the facility that replaced five standard sprinkler heads removed for 20-year testing of the sprinkler heads.</p> <p>Quick response sprinkler head with green temperature sensitive glass bulb are intermediate 200 degrees Fahrenheit temperature rated sprinkler heads.</p> <p>Quick response sprinkler head with red temperature sensitive glass bulb are ordinary 155 degrees Fahrenheit temperature rated sprinkler heads.</p>	K 353			