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

PRINTED: 08/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055935	A. BUILDING 01 B. WING	07/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CERES POSTACUTE CARE	1711 RICHLAND AVENUE CERES, CA 95307

(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 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL : 10/1/77 K7 SURVEY UNDER: 2000 Existing STRUCTURE TYPE: One Story, Type V (111), Fully Sprinklered The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 CFR (Code of Federal Regulations) 483.70 (a) and NFPA (National Fire Protection Association) 101, Life Safety Code 2000 edition, Existing codes. Representing the California Department of Public Health: 29753 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census: 40	K 000	Cares Post-Acute Ceco - SNF makes its best effort to operate in substantial compliance with both Federal and State Law. Nothing in this Plan of Correction is an admission otherwise. The facility has submitted this plan of correction in order to comply with its regulatory obligation and does not waive any objections to the merits or form any allegations contained herein. Please note that the facility may contest the merit and/or form of any of the deficiency findings alleged below and may take reasonable steps to appeal them. The facility is submitting this plan of correction as required by law as its written credible allegation of compliance for the alleged deficiencies.	
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Based on observation and interview, the facility failed to maintain the automatic sprinkler system. This was evidenced by one sprinkler that was obstructed, by two fire department connections that did not rotate freely, by the absence of identification signs for fire department	K 062	K 062 (SS=E) CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM **How correction (s) will be accomplished for those residents found to have been affected by the deficient practice.** AUG 19 2016 1. The items in the closet were rearranged to restore an 18-inch clearance between items and the fire sprinkler deflector. LIFE SAFETY CODE UNIT SAN BERNARDINO 2. The paint on fire department connection (FDC) riser 1 was removed, thus allowing the swivels to rotate freely. 3. New identification signs were installed on the fire department connections (FDC) risers 1 and 2. 4. A new identification sign was installed on the inspector test valve (ITV) 1. **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken.**	

LABORAT[redacted] ER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Asst. Administrator 8/19/2016

Any defic[illegible] 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.

KPOC accepted 8/19/16 per Jared Akinato

PRINTED: 08/04/2016
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055935	A. BUILDING 01 B. WING	07/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CERES POSTACUTE CARE	1711 RICHLAND AVENUE CERES, CA 95307

(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 062	Continued From page 1 connections (FDC) at two of two risers, and by a missing identification sign for one of two Inspector's Test Valves (ITV). This affected two of two smoke compartments and could result in a malfunctioning automatic sprinkler system, in the event of a fire emergency. NFPA 101, Life Safety Code, 2000 Edition 9.7.1 Automatic Sprinklers. 9.7.1.1* Each automatic sprinkler system required by another section of this Code shall be in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. Exception No. 1: NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height, shall be permitted for use as specifically referenced in Chapters 24 through 33 of this Code. Exception No. 2: NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes, shall be permitted for use as provided in Chapters 24, 26, 32, and 33 of this Code. 9.7.5 Maintenance and Testing. All automatic 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. NFPA 13, Standard for the Installation of Sprinkler Systems, 1999 Edition 3-8.3 Identification of Valves. All control, drain, and test connection valves shall be provided with permanently marked weatherproof metal or rigid plastic identification signs. The sign shall be secured with corrosion-resistant wire, chain, or other approved means.	K 062	1. The administrator-in-training (AIT) and maintenance supervisor (MS) inspected all areas in the facility to ensure the required 18-inch clearance with the fire sprinkler deflectors. The AIT and MS will in-service the staff to ensure their knowledge of this requirement. 2. The AIT and MS inspected fire department connection (FDC) riser 2. The swivel rotated freely. 3. The AIT and MS verified that there are no additional fire department connections (FDC), other than risers 1 and 2. 4. The AIT and MS verified that inspector test valve (ITV) 2 had the proper identification signage. **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.** 1. The AIT and MS (or designees) will re-inspect all areas on at least a quarterly basis to ensure compliance with this requirement. Moreover, the AIT and MS (or designees) will in-service staff on at least a quarterly basis to ensure their knowledge of this requirement. 2. The AIT and MS (or designees) will re-inspect the fire department connections (FDC) on at least a quarterly basis to ensure compliance with this requirement. 3. The AIT and MS (or designees) will re-inspect the fire department connections (FDC) on at least a quarterly basis to ensure compliance with this requirement.	

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

PRINTED: 08/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055935	A. BUILDING 01 B. WING	07/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CERES POSTACUTE CARE	1711 RICHLAND AVENUE CERES, CA 95307

(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 062	Continued From page 2 5-6.6 Clearance to Storage (Standard Pendent and Upright Spray Sprinklers). The clearance between the deflector and the top of storage shall be 18 in. (457 mm) or greater. Exception: Where other standards specify greater minimums, they shall be followed. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition 2-2.1.2 Unacceptable obstructions to spray patterns shall be corrected. 9-7 Fire Department Connections. 9-7.1 Fire department connections shall be inspected quarterly. The inspection shall verify the following: (a) The fire department connections are visible and accessible. (b) Couplings or swivels are not damaged and rotate smoothly. (c) Plugs or caps are in place and undamaged. (d) Gaskets are in place and in good condition. (e) Identification signs are in place. (f) The check valve is not leaking. (g) The automatic drain valve is in place and operating properly. Findings: During a tour of the facility with Maintenance Staff on 7/27/16, the automatic sprinkler system was observed. 1. At 11:50 a.m., articles of clothing and other items in the closet inside Room 9 were stored approximately 4 inches beneath the sprinkler deflector. The sprinkler did not have 18 inches of clearance.	K 062	f CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM AUG 19 2016 LIFE SAFETY CODE UNIT SAN BERNARDINO 4. The AIT and MS (or designees) will re-inspect the inspector test valves (ITV) on at least a quarterly basis to ensure compliance with this requirement. **How the facility plans to monitor its performance to make sure that solutions are sustained.** The AIT and MS (or designees) will report their inspection and in-service activities, findings and action plan to ensure compliance to the facility's Quality Assessment and Assurance (QAA) committee on a quarterly basis. **Include dates when corrective action will be completed.** 08/25/2016	

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

PRINTED: 08/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055935	A. BUILDING 01 B. WING	07/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CERES POSTACUTE CARE	1711 RICHLAND AVENUE CERES, CA 95307

(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 062	Continued From page 3 2. At 12:49 p.m., both swivels on the FDC for Riser 1 were painted in such a manner that prohibited them from rotating. There was no FDC identification sign visible. Maintenance Staff 1 stated the riser was recently painted within the past week. 3. At 12:50 p.m., there was no identification sign visible for the FDC on Riser #2. 4. At 12:53 p.m., there was no identification sign for ITV #1.	K 062	K 066 (SS=D) **How correction (s) will be accomplished for those residents found to have been affected by the deficient practice.** 1. The painter's tape and paper were removed from the red can specifically designed for the disposal of cigarette butts and ashes.	
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This STANDARD is not met as evidenced by: Based on observation, the facility failed to	K 066	**How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken.** 1. The administrator-in-training (AIT) and maintenance supervisor (MS) inspected the Aladdin unit (also used for the disposal of cigarette butts and ashes) and found no combustible materials located inside. **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.** 1. The AIT and MS (or designees) will re-inspect the red can, Aladdin unit and trash cans on at least a quarterly basis to ensure compliance with this requirement. Moreover, the AIT and MS (or designees) will in-service staff on at least a quarterly basis to ensure	

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

PRINTED: 08/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055935	A. BUILDING 01 B. WING	07/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CERES POSTACUTE CARE	1711 RICHLAND AVENUE CERES, CA 95307

(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 066	Continued From page 4 maintain a designated smoking area. This was evidenced by combustible trash in a container designed for the disposal of cigarettes and ashes. This could result in a cigarette ignited fire emergency and affected one of two designated smoking areas. Findings: During a tour of the facility with Maintenance Staff on 7/27/16, the designated smoking areas were observed. 1. At 11:35 a.m., painters tape and paper were observed in a red can specifically designated for the disposal of cigarettes and ashes, in the Resident's Designated Smoking Area.	K 066	their knowledge of this requirement. **How the facility plans to monitor its performance to make sure that solutions are sustained.** The AIT and MS (or designees) will report their inspection and in-service activities, findings and action plan to ensure compliance to the facility's Quality Assessment and Assurance (QAA) committee on a quarterly basis. **Include dates when corrective action will be completed.**	
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This STANDARD is not met as evidenced by: Based on document review, the facility failed to maintain the kitchen hood exhaust. This was evidenced by the facility's failure to conduct one of two semi-annual kitchen hood cleanings. This could result in a kitchen grease fire and affected one of two smoke compartments. NFPA 101, Life Safety Code, 2000 Edition 9.2.3 Commercial Cooking Equipment. Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction.	K 069	08/25/2016 **K 069 (SS=D)** **How correction (s) will be accomplished for those residents found to have been affected by the deficient practice.** 1. The kitchen exhaust hood was last inspected and cleaned on 05/26/2016. The next kitchen exhaust hood inspection and cleaning has been scheduled for 11/09/2016.	

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

PRINTED: 08/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055935	A. BUILDING 01 B. WING	07/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CERES POSTACUTE CARE	1711 RICHLAND AVENUE CERES, CA 95307

(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 069	Continued From page 5 NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 1998 Edition Chapter 8 Procedures for the Use and Maintenance of Equipment 8-3 Cleaning. 8-3.1 Hoods, grease removal devices, fans, ducts, and other appurtenances shall be cleaned to bare metal at frequent intervals prior to surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with powder or other substance. The entire exhaust system shall be inspected by a properly trained, qualified, and certified company or person(s) acceptable to the authority having jurisdiction in accordance with Table 8-3.1. Findings: During document review with Maintenance Staff on 7/27/16, the kitchen hood exhaust cleaning records were requested. 1. At 12:30 p.m., a review of the kitchen hood cleaning documents indicated that the hood was last cleaned on 5/25/16. There were no other records that confirmed the kitchen hood was cleaned six months prior to 5/25/16.	K 069	**How the facility will identify other residents having the potential to be affected by the same deficient practice.** 1. The facility has no additional kitchen exhaust hoods. **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.** 1. The administrator-in training (AIT) and maintenance supervisor (MS) will schedule each subsequent kitchen exhaust hood inspection and cleaning at approximate six month intervals in accordance with this requirement. **How the facility plans to monitor its performance to make sure that solutions are sustained.** The AIT and MS (or designees) will report their inspection and in service activities, findings and action plan to ensure compliance to the facility's Quality Assessment and Assurance (QAA) committee on a quarterly basis. **Include date when corrective action will be completed.** 08/25/2016	
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress there from, or visibility thereof shall be in accordance with	K 072		

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

PRINTED: 08/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055935	A. BUILDING 01 B. WING	07/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CERES POSTACUTE CARE	1711 RICHLAND AVENUE CERES, CA 95307

(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 072	Continued From page 6 7.1.10. 18.2.1, 19.2.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain a means of egress free of obstructions or impediments. This was evidenced by the storage of items near a fire door. This could result in a delayed evacuation in the event of an emergency and affected two of two smoke compartments. Findings: During a tour of the facility with Maintenance Staff on 7/27/16, the corridors were observed. 1. At 11:52 a.m., a Hoyer Lift was parked 5 inches from the fire door. The lift was located near Room 13. A Geri Chair was parked on the other side of the hallway outside Room 16 at 11:52 a.m., and was observed in the same location at 1:10 p.m. The chair was situated 36 inches from the fire door.	K 072	**K 072 (SS=D)** **How correction (s) will be accomplished for those residents found to have been affected by the deficient practice.** 1. The Hoyer Life and Geri-Chair were relocated to ensure that they no longer represented an obstruction or impediment to means of egress. **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken.** 1. The administrator-in-training (AIT) and maintenance supervisor (MS) inspected the corridors adjacent to the fire doors and found no additional obstructions or impediments to means of egress. **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.** 1. The AIT and MS (or designees) will re-inspect the corridors adjacent to the fire doors at least three times per week to ensure that there are no obstructions or impediments to means of egress. Moreover, the AIT and MS (or designees) will in-	
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code, 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the electrical wiring and equipment. This was evidenced by the use of power strips and extension cords as substitutes for fixed wiring. This could result in the increased risk of an electrical fire and affected one of two smoke compartments. NFPA 101, Life Safety Code, 2000 Edition 9.1.2 Electric. Electrical wiring and equipment	K 147		

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

PRINTED: 08/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055935	A. BUILDING 01 B. WING	07/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CERES POSTACUTE CARE	1711 RICHLAND AVENUE CERES, CA 95307

(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 147	Continued From page 7 shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction. NFPA 70, National Electrical Code, 1999 Edition 400-8. Uses Not Permitted. Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces Exception: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8. (5) Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (6) Where installed in raceways, except as otherwise permitted in this Code	K 147	service staff on at least a quarterly basis to ensure their knowledge of this requirement. **How the facility plans to monitor its performance to make sure that solutions are sustained.** The AIT and MS (or designees) will report their inspection and in-service activities, findings and action plan to ensure compliance to the facility's Quality Assessment and Assurance (QAA) committee on a quarterly basis. **Include dates when corrective action will be completed.** 08/25/2016 147 (SS=D) **How correction (s) will be accomplished for those residents found to have been affected by the deficient practice.** 1. Power Strip #2 was removed. Power Strip #1 was retained. Thus, there's no longer a power strip plugged (in serial order) into a second power strip. The white multi-outlet extension cord was replaced with a power strip.	
	Findings: During a tour of the facility with Maintenance Staff on 7/27/16, the electrical wiring and equipment were observed. 1. At 11:57 a.m., two power strips were observed attached to the wall in the Therapy Room. Internet and WiFi equipment utilized six of six outlets on Power Strip #1. Internet equipment, WiFi equipment, and Power Strip #1 were connected to Power Strip #2.			

PRINTED: 08/04/2016
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055935	A. BUILDING 01 B. WING	07/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CERES POSTACUTE CARE	1711 RICHLAND AVENUE CERES, CA 95307

(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 147	Continued From page 8 2. At 12:33 p.m., a white multi-outlet extension cord was observed in the Social Services/Medical Records Office. A computer modem and a printer were connected to the extension cord.	K 147	**How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken.** 1. The administrator-in-training (AIT) and maintenance supervisor (MS) inspected the facility and noted no additional power strips plugged (in serial order) into a second power strip or any additional multi-outlet extension cords used in lieu of power strips. **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.** 1. The AIT and MS (or designees) will re-inspect the facility at least one time per month to ensure that there is no power strip plugged (in serial order) into a second power strip or multi-outlet extension cord used in lieu of a power strip. Moreover, the AIT and MS (or designees) will in-service staff on at least a quarterly basis to ensure their knowledge of this requirement. **How the facility plans to monitor its performance to make sure that solutions are sustained.**	

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

PRINTED: 08/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055935	A. BUILDING 01 B. WING	07/27/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
CERES POSTACUTE CARE	1711 RICHLAND AVENUE CERES, CA 95307

(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 147	Continued From page 8 2. At 12:33 p.m., a white multi-outlet extension cord was observed in the Social Services/Medical Records Office. A computer modem and a printer were connected to the extension cord.	K 147	The AIT and MS (or designee) will report their inspection and in-service activities, findings and action plan to ensure compliance to the facility's Quality Assessment and Assurance (QAA) committee on a quarterly basis. **Include dates when corrective action will be completed.** 08/25/2016	

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
LICENSING & CERTIFICATION PROGRAM
AUG 15 2016
LIFE SAFETY CODE UNIT
SAN BERNARDINO