PRINTED: 08/04/2016

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER; COMPLETED A. BUILDING 01 055935 B, WING 07/27/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CHY, STATE, ZIP CODE 1711 RICHLAND AVENUE CERES POSTACUTE CARE CERES, CA 95307 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (XI) COMPLETION (X4) ID (FACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉHIX REGULATORY OR ESC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAC fΑΘ DEFICIENCY) Cares Post-Acute Coco - SAF makes Its best effort to operate K 000 $K 000 \, l$ INITIAL COMMENTS In substantial compliance with both Federal and State Law. Nothing in this Plan of Correction is an admission otherwise. K3 BUILDING: 01 The facility has submitted this plan of correction in order to K6 PLAN APPROVAL: 10/1/77 comply with its regulatory obligation and does not waive K7 SURVEY UNDER: 2000 Existing any objections to the marits or form any ollogations contained heroin. Please note that the facility may contest the morit and/or form of any of the delidency findings STRUCTURE TYPE: One Story, Type V (111), alleged below and may take reasonable steps to appeal Fully Sprinklered The following reflects the findings of the California The facility is submitting this plan of correction as required Department of Public Health, during an annual by low as its written credible allegation of compliance for Life Safety Code recertification survey. The the alleged deficiencies. findings are in accordance with 42 CFR (Code of Federal Regulations) 483.70 (a) and NFPA CALTIFORNIA TEPPARTMENT OF PUBLIC HEALTH (National Fire Protection Association) 101, Life Safety Code 2000 edition. Existing codes. LICENSING & CERTIFICATION PROGRAM How correction (s) will be accomplished Representing the California Department of Public for those residents found to have boun affected by the deficient Health: proclice. 29753 The facility is not in substantial compliance with The lights in the doset were treatment 18-inch 42 CFR 483.70 (a) for Long Term Care Facilities. clentine Been Blittons and Census: 40 the fire sprinkler deflector. The paint on fire department K 062 K 062 NEPA 101 LIFE SAFETY CODE STANDARD connection (FDC) riser 1 was SS≃E removed, thus allowing the swivels Required automatic sprinkler systems are to rotate freely. continuously maintained in reliable operating New Identification signs were condition and are inspected and tested installed on the fire department periodically. 19.7.6, 4.6.12, NEPA 13, NEPA 25, connections (FDC) risers 1 and 2. 9.7.5 A new Identification sign was Installed on the inspector test valvo This STANDARD is not met as evidenced by: (ITY) 1. Based on observation and interview, the facility falled to maintain the automatic sprinkler system. This was evidenced by one sprinkler that was How the facility will identify other obstructed, by two fire department connections residents having the potential to be that did not rotate freely, by the absence of affected by the same deficient practice and what correctly actions identification signs for fire department will be taken, LABORAT ER REPRESENTATIVE'S SIGNATURE TITLE (X0) DATE

Any detroit of the control of the patients (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safegdards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are discloseable 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.

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

Event ID; 8W7G21

Facility 17: CA030000086

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		MEDICAID SERVICES			OMB NO. 0938-0391
		MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	(Y2) MILITIDI	LE CONSTRUCTION	(X3) DATE SURVEY
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A, BUILDING		COMPLETED
		055935	B. WING		07/27/2016
NAME OF F	PROVIDER OR SUPPLIER		S	STREET ADDRESS, CITY, STATE, ZIP CODE	
CERES E	OSTACUTE CARE			1711 RICHLAND AVENUE	
02/(20)				CERES, CA 95307	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRÉCEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE COMPLÉTION
K 062	missing identification Inspector's Test Valof two smoke comparations and the event of a fire eme NFPA 101, Life Saf 9.7.1 Automatic Sp. 9.7.1.1* Each autor required by another in accordance with Installation of Sprir Exception No. 1: Note Installation of Sprir Cocupancies up to Height, shall be perferenced in Chape Code. Exception No. 2: Note Installation of Sprir Two-Family Dwelling shall be permitted 24, 26, 32, and 33 9.7.5 Maintenance sprinkler and stand Code shall be inspired in accordance with Inspection, Testing Water-Based Fire NFPA 13, Standard Systems, 1999 Ed 3-8.3 Identification and test connection permanently mark plastic identification and test connection permanently mark plastic identification.	at two of two risers, and by a on sign for one of two lives (ITV). This affected two partments and could result in a smatic sprinkler system, in the regency. The code, 2000 Edition rinklers, matic sprinkler system rection of this Code shall be NFPA 13, Standard for the ekler Systems. FPA 13R, Standard for the ekler Systems in Residential and Including Four Stories in rmitted for use as specifically oters 24 through 33 of this FPA 13D, Standard for the ekler Systems in One- and lings and Manufactured Homes, for use as provided in Chapters of this Code. and Testing. All automatic dipipe systems required by this ected, tested, and maintained in NFPA 25, Standard for the lings and Maintenance of Protection Systems. If for the installation of Sprinkler ition in of Valves. All control, drain, in valves shall be provided with ed weatherproof metal or rigid in signs. The sign shall be esion-resistant wire, chain, or		1. The administrator-In-training (Al and maintenance supervisor (MS inspected all areas in the facility ensure the required 18-inch clearance with the fire sprinkler deflectors. The AIT and MS will is service the staff to ensure their knowledge of this requirement. 2. The AIT and MS inspected fire department connection (FDC) riss. 2. The swivel rotated freely. 3. The AIT and MS verified that the area no additional fire department connections (FDC), other than rise 1 and 2. 4. The AIT and MS varified 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 deficie practice does not recur. 1. The AIT and MS (or designees) where 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 compliance with 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. CALIFORNIA DEPARTMENTER.	in- er er er int int ill ill

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

Event ID: 8W7G21

Facility ID: CA030000088 Facility ID: CA030000088 & CERTIFICATION PROGRAM

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LIFE SAFETY CODE UNIT SAN BERNARDINO

PRINTED: 08/04/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 055935 B. WING 07/27/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1711 RICHLAND AVENUE CERES POSTACUTE CARE **CERES, CA 95307** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL FREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 062 Continued From page 2 K 062 5-6.6 Clearance to Storage (Standard Pendent and Upright Spray Sprinklers). The clearance between the deflector and the top of storage shall CALIFORNIA DEPARTMENT OF PUBLIC HEALTH be 18 in. (457 mm) or greater. LICENSING & CERTIFICATION PROGRAM Exception: Where other standards specify greater minimums, they shall be followed. NFPA 25, Standard for the Inspection, Testing, APR 1 9 2016 and Maintenance of Water-Based Fire Protection Systems, 1998 Edition 2-2.1.2 Unacceptable obstructions to spray LIFE SAFETY CODE UNIT patterns shall be corrected. SAN BERNARDING 9-7 Fire Department Connections. 9-7.1 Fire department connections shall be inspected quarterly. The inspection shall verify The AIT and MS (or designees) will the following: re-inspect the inspector test valves (a) The fire department connections are visible (ITV) on at least a quarterly basis and accessible. to ensure compliance with this requirement. (b) Couplings or swivels are not damaged and rotate smoothly. (c) Plugs or caps are in place and undamaged. How the facility plans to monitor its (d) Gaskets are in place and in good condition. performance to make sure that solutions are sustained. (e) Identification signs are in place. (f) The check valve is not leaking. (g) The automatic drain valve is in place and The AIT and MS (or designoes) will operating properly. report their inspection and inservice activities, findings and Findings: action plan to ensure compliance to the facility's Quality Assessment and Assurance (QAA) committee on During a tour of the facility with Maintenance Staff a quarterly basis. on 7/27/16, the automatic sprinkler system was observed. include dates when corrective action will 1. At 11:50 a.m., articles of clothing and other be completed. items in the closet inside Room 9 were stored approximately 4 inches beneath the sprinkler 08/25/2016 deflector. The sprinkler did not have 18 inches of

clearance.

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

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

		(X1) PROMDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01				COMPLETED	
		055935	n. wino			07/2	27/2016	
NAME OF PROVIDER OR SUPPLIER CERES POSTACUTE CARE			STREET ADDRESS, CHY, STATE, 2IP CODE 17:11 RICHLAND AVENUE CERES, CA 95:307					
(X4) ID PRELIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (LACIT DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROFE		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS REFERENCED TO THE APPROP DEFICIENCY)) BF	(X5) COMPLETION DAILE	
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 stafed 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		How correction (s) will be accomplish for those residents found to have been affected by the deficient practice. 1. The painter's tape and paper were removed from the red cospectifically designed for the disposal of algorithe butts and ashes. How the facility will identify other residents having the potential to affected by the same deficient practice and what corrective activities to taken.	e H be		
	combustible gase and in any other I area is posted with or with the internal (2) Smoking by presponsible is predirect supervision (3) Ashtrays of nedesign are provide permitted. (4) Metal contain devices into which readily available permitted. 19.1 This STANDARD	oncombustible material and safe led in all areas where smoking is ers with self-closing cover in ashtrays can be emptied are to all areas where smoking is			1. The administrator-in-training (and maintenance supervisor (I inspected the Aladdin unit (also used for the disposal of aigan butts and ashes) and found no combustible materials located inside. What measures will be put into place what systemic changes the facility will make to ensure that the definition practice does not secur. 1. The AIT and MS (or designees re-inspect the red can, Aladdiand trash cans on at least a quarterly basis to ensure compliance with this requirem Moreover, the AIT and MS (or designees) will in-service staff at least a quarterly basis to e	ws) co cette cor lity leiant in unit		

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

Event ID: 8W7G21

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LIFE SAFETY CODE UNIT SAN BERNARDINO

PRINTED: 08/04/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 055935 B. WING 07/27/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1711 RICHLAND AVENUE CERES POSTACUTE CARE **CERES, CA 95307** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ın (X4) ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) their knowledge of this K 066 | Continued From page 4 K 066 requirement. maintain a designated smoking area. This was evidenced by combustible trash in a container How the facility plans to monitor its designed for the disposal of cigarettes and ashes. performance to make sure that This could result in a cigarette ignited fire solutions are systained emergency and affected one of two designated smoking areas. The AIT and MS (or designees) will report their inspection and in-Findings: service activities, findings and action plan to ensure compliance During a tour of the facility with Maintenance Staff to the facility's Quality Assessment on 7/27/16, the designated smoking areas were and Assurance (QAA) committee on a quarterly basis. observed. 1. At 11:35 a.m., painters tape and paper were include dates when corrective action will observed in a red can specifically designated for by completed. the disposal of cigarettes and ashes, in the Resident's Designated Smoking Area. 08/25/2016 NFPA 101 LIFE SAFETY CODE STANDARD K 069 K 069 S\$=D 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 K 069 (SS=D) maintain the kitchen hood exhaust. This was evidenced by the facility's failure to conduct one of two semi-annual kitchen hood cleanings. This How correction (s) will be accomplished could result in a kitchen grease fire and affected for those residents found to have been affected by the deficient one of two smoke compartments. practice. NFPA 101, Life Safety Code, 2000 Edition 9.2.3 Commercial Cooking Equipment. 1. The kitchen exhaust hood was last Commercial cooking equipment shall be in inspected and cleaned on accordance with NFPA 96, Standard for

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authority having jurisdiction.

Ventilation Control and Fire Protection of

installations, which shall be permitted to be continued in service, subject to approval by the

Commercial Cooking Operations, unless existing

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Facility ID: CA030000068

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AU': 19 2016

05/26/2016. The next kitchen exhaust hood inspection and

cleaning has been scheduled for

11/09/2016.

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PRINTED: 08/04/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLICE/CLIA STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 055935 B. WING 07/27/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE. 1711 RICHLAND AVENUE CERES POSTACUTE CARE CERES, CA 95307 SUMMARY STATEMENT OF DEFICIENCIES PRÓVIDER'S DI AN OF CORRECTION (X4) ID ID. (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREEDX (EACH CORRECTIVE ACTION SHOULD BE PRUIX REGULATORY OR USC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG LAG DEFICIENCY) How the facility will Identify other K 069 Continued From page 5 K 069 residents having the potential to be affected by the same deficient practice. NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 1998 Edition The facility has no additional Chapter 8 Procedures for the Use and kitchen exhaust hoods. Maintenance of Equipment 8-3 Cleaning. 8-3.1 Hoods, grease removal devices, fans, What mausures will be put into place or what systemic changes the facility ducts, and other appurtenances shall be cleaned. will make to ensure that the deficient to bare metal at frequent intervals prior to practice done not recor. surfaces becoming heavily contaminated with grease or oily sludge. After the exhaust system is cleaned to bare metal, it shall not be coated with The administrator-in training (AIT) and maintenance supershor (MS). powder or other substance. The entire exhaust will schedule each subsequent system shall be inspected by a properly trained, kitchen exhaust hood inspection qualified, and certified company or person(s) and deaning at approximate six acceptable to the authority having jurisdiction in month intervals in accordance with accordance with Table 8-3.1. this requirement. **Findings:** How the facility plans to monitor its performance to make sure that During document review with Maintenance Staff solutions are systained. on 7/27/16, the kitchen hood exhaust cleaning records were requested. 1. At 12:30 p.m., a review of the kitchen hood The AIT and MS (or designees) will cleaning documents indicated that the hood was report their inspection and inlast cleaned on 5/25/16. There were no other service activities, lindings and action plan to ensure compliance records that confirmed the kitchen hood was to the facility's Quality Assessment cleaned six months prior to 5/25/16. and Assurance (QAA) committee on K 072 NCPA 101 LIFE SAFETY CODE STANDARD K 072 a quarterly basis. SS=D Means of egress shall be continuously maintained free of all obstructions or impediments to full Include dates when corrective action will instant use in the case of fire or other emergency. be completed. No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress there from, 08/25/2016 or visibility thereof shall be in accordance with

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Facility ID: CA030000066

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CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM

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LIFE SAFETY CODE UNIT SAN BERNARDINO DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 055935 B WING 07/27/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1711 RICHLAND AVENUE CERES POSTAÇUTE CARE CERES, CA 95307 (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL **PREFIX** (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 072 (SS=D) K 072 | Continued From page 6 K 072 7.1.10. 18.2.1, 19.2.1 This STANDARD is not met as evidenced by: How correction (s) will be Based on observation, the facility failed to accomplished for those residents found to have been affected by maintain a means of egress free of obstructions the deficient prodice. 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 1. The Hoyer Life and Gerl-Chair emergency and affected two of two smoke were relocated to ensure that they compartments. no longor represented an obstruction or impediment to means of agress. Findings: During a tour of the facility with Maintenance Staff How the facility will identify other on 7/27/16, the corridors were observed. residents having the potential to be affected by the same deficient 1. At 11:52 a.m., a Hoyer Lift was parked 5 practice and what corrective actions will be taken. 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 The administrator-in-training (AIT) 11:52 a.m., and was observed in the same and maintenance supervisor (MS) location at 1:10 p.m. The chair was situated 36 inspected the corridors adjacent to inches from the fire door. the fire doors and found no K 147 i NFPA 101 LIFE SAFETY CODE STANDARD additional obstructions or K 147 impediments to means of egress. \$\$=D Electrical wiring and equipment shall be in accordance with National Electrical Code, 9-1.2 What measures will be put into place (NFPA 99) 18.9.1, 19.9.1 or what systemic changes the This STANDARD is not met as evidenced by: facility will make to ensure that Based on observation, the facility failed to the deficient practice does not maintain the electrical wiring and equipment. recur. This was evidenced by the use of power strips and extension cords as substitutes for fixed The AIT and MS (or designees) will wiring. This could result in the increased risk of re-inspect the corridors adjacent to an electrical fire and affected one of two smoke the fire doors at least three times compartments. per week to ensure that there are no obstructions or impediments to NFPA 101, Life Safety Code, 2000 Edition means of egress. Moreover, the 9.1.2 Electric. Electrical wiring and equipment AIT and MS (or designees) will in-

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Event ID: 8W7G21

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CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM

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LIFE SAFETY CODE UNIT SAN BERNARDINO

PRINTED: 08/04/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICARD SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES. (X1) PROVIDER/SUPPLIFR/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVLY AND PLAN OF CORRECTION IDENTIFICATION NUMBER COMPLETED A. BUILDING 01 055935 B. WING 07/27/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CHY, STATE, ZIP CODE 1711 RICHLAND AVENUE CERES POSTACUTE CARE CERES, CA 95307 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ···(X5) COMPLETION DATE (EACH DLI ICIFNOY MUST BL PRECEDED BY LULL (LACH CORRECTIVE ACTION SHOULD BL PRLEIX REGULATORY OR USC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) service staff on at least a Continued From page 7 K 147 quarterly basis to ensure their shall be in accordance with NEPA 70, National knowledge of this requirement. Electrical Code, unless existing installations, which shall be permitted to be continued in How the facility plans to manitor its service, subject to approval by the authority performance to make sure that having jurisdiction, solutions are sustained. NEPA 70, National Electrical Code, 1999 Edition 400-8. Uses Not Permitted. Unless specifically The AIT and MS (or designees) will permitted in Section 400-7, flexible cords and report their inspection and incables shall not be used for the following: service activities, findings and action plan to ensure compliance (1) As a substitute for the fixed wiring of a to the facility's Quality Assessment and Assurance (QAA) committee on (2) Where run through holes in walls, structural a quarterly basis. ceilings, suspended ceilings, dropped ceilings, or (3) Where run through doorways, windows, or include dates when corrective action similar openings will be completed. (4) Where attached to building surfaces Exception: Flexible cord and cable shall be 08/25/2016 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 147 (SS=D) (6) Where installed in raceways, except as otherwise permitted in this Code How correction (s) will be accomplished for those residents Findings: found to have been affected by the deficient practice. During a tour of the facility with Maintenance Staff on 7/27/16, the electrical wiring and equipment were obscryed. Power Strip #2 was removed. Power Strip #1 was retained. Thus, there's no longer a power strip 1. At 11:57 a.m., two power strips were observed plugged (in surial order) into a attached to the wall in the Therapy Room. second power strip. The white Internet and WiFi equipment utilized six of six multi-outlet extension cord was outlets on Power Strip #1. Internet equipment, replaced with a power strip.

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WiFi equipment, and Power Strip #1 were

connected to Power Strip #2.

Event ID: 8W7G21

Facility III: CA030000066 FORMIA DEPAIL PORtiquation sheet Page of of9 LICENSING & CERTIFICATION PROBRAM

LIFE SAFETY CODE UNIT SAN BERNARDING.

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

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

AND PLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING 01	COMPLETED			
		055935	B. WING		07/27/2016		
NAME OF PROVIDER OR SUPPLIER CERES POSTACUTE CARE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			STREET ADDRESS, CITY, STATE, ZIP CODE 1711 RICHLAND AVENUE CERES, CA 95307 ID PROVIDER'S PLAN OF CORRECTION (X5) PREFIX (EACH CORRECTIVE ACTION SHOULD BE COMPLETION				
K 147	(EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) 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	CROSS-REFERENCED TO THE APPRODEFICIENCY) How the facility will identify oth residents having the potention be affected by the same deforactive actions will be taken. 1. The administrator-in-training and maintenance supervisor (inspected the facility and not additional power strips plugged (in serial order) into a second power strip or any additional multi-outlet extension cords us lieu of power strips.	er cal to cicient (AIT) MS) ed no		
				What measures will be put into plot what systemic changes the facility will make to ensure the deficient practice does not recur. 1. The AIT and MS (or designees, re-inspect the facility at least a time per month to ensure that the content of th	e hat it		
				Is no power strip plugged (in order) into a second power s multi-outlet extension cord us lieu of a power strip. Moreon the AIT and MS (or designed in-service staff on at least a quarterly basis to ensure the knowledge of this requireme	trip or ed in ver, s) will		
				How the facility plans to monito performance to make sure to solutions are sustained.	r its ihat		

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LIFE SAFETY CODE UNIT

CENTER	RS FOR MEDICARE	& MEDICAID SERVICES		<u>.</u>		FORM	APPROVED 0938-0304	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CHA IDENTIFICATION NUMBER: 055935		(X2) MULTIPLE CONSTRUCTION A. BUILDING 04			OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED			
		B. WING						
NAME OF F	ROVIDER OR SUPPLICE		STREET ADDRESS, CHY, STATE, ZIP CODE				07/27/2016	
CERES F	POSTACUTE CARE			1711	RICHLAND AVENUE RES, CA 95307			
(X4) IÙ PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST-BE PROCEEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(XU) 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 M5 (or designees) will report their inspection and imservice activities, findings and action plan to ensure compliance to the facility's Quality Assessment and Assurance (GAA) committee on a quarterly basis.			
					Include dates when corrective action will be completed.	η,		
			,		08/25/2016			
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