4/5/18 approved 06614

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

PRINTED: 03/22/2018 FORM APPROVED OMB NO. 0938-0391

	T OF DEFICIENCIES DE CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA COENTIFICATION NUMBER:	1 ' '	TIPLE CONSTRUCTION DING		(X3) DATE SURVEY COMPLETED	
		056378	B. WING		03	3/10/2018	
	PROVIDER OR SUPPLIER CY OAKS POST ACUT	E CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP C 3850 E. ESTHER ST. LONG BEACH, CA 90804		**	
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E 009 SS=C	Department of Publisher Property Prepared The findings are in Federal Regulations. Long Term Care Fall Representing the Disvaluator number: Resident census: 5: Local, State, Tribal CFR(s): 483 73(a)(4) [(a) Emergency Plan and maintain an emitted that must be review annually. The plan result of the plan in	epartment of Public Health: 16279, REHS, HFE I 3 Collaboration Process 4) n. the (facility) must develop lergency preparedness plan ed, and updated at least must do the following: I stor cooperation and call (fibal, regional, State, and preparetness officials' efforts returness officials' efforts returned including efforts returned to the return of the returness of the second of the	€ 04	Immediate corrective action those Residents affected be deficient practice: -No residents were affected practice. -Administrator was able to great with the Emergency Manage Response Information Shari Analysis Center on 3-22-18 facility is in the division of Hosecurity's data base. The in also now in the facility's Emergraphees Plan. Plan / Process to identify or residents potentially affects ame deficient practice an corrective action(s) to be to	ng the Plan s Post t admit that form exists, any sis for the ster reserves I and/or proceedings sicts, and sis of the by this et in touch formation is formation is formation is formeted by the d	VALUE	
CM	WZ	SOUTH THE REPRESENTATIVE'S SIGNA	1/1/2	ministrator	4-	2-/8	

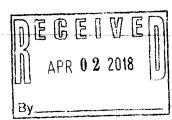
Any deficiency statement ending with an exact denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection is gratients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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 a hard available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation

FORM CMS-2587(02-98) Previous Versions Objective

Event ID: 83G021

Facility ID. CA940000023

If continuation sheet Page 1 of 18



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E 009	planning efforts. The local emergency least annually to do of the dialysis facinity emergency. This REQUIREM. Endows the series of the dialysis facinity emergency. This REQUIREM. Endows the series of the dialysis facinity emergency participation in collaplanning efforts to contact for preparedness official planning efforts. In documentation to the with the State and Epreparedness official planning. The lack of preparedness coopeany care and service emergency. Findings: On March 10, 2018, facility's emergency was conducted. It will documentation to we contact with the local emergency prepared cooperative planning. On March 10, 2018, was conducted with facility's efforts to be Federal emergency regarding any cooperating any c	aborative and cooperative educy is facility must contact by pregaredness agency at infirm that the agency is aware yet when he he event of an Milliance met as evidenced want record review, the facility comentation of the facility comentation of the facility sold, replicately state, and prints educes officials and its incoract educes officials and its incoract educes officials and its incoract educe where ency and cooperative educe where ency and contact feduce where gency also acceptance where ency are the educed to the educe of a cellaborative emergency endiverse pain could delay or halt estimate the feduce that there was no entity of a cellity had made at the educationals regarding any coession chicials regarding any	E 009	-All residents have the potential to affected by the delicient practice. -Administrator educated staff on 3- on the update to our Facility Emergiplan. Facility measures and systemic changes to ensure the deficient practice does not recur: -Administrator will review the Emerginear edness Plan quarterly and at that changes necessary are update and will alert staff as needed. Facility plan to monitor corrective actions & sustain compliance; Integrate OA Process: -Updates to Emergency Preparedne Plan will be discussed and will be brought forward to the monthly Qua Assurance and Performance Improvement meetings and will be submitted, discussed and document for further recommendations. Completion Date(s): 4/02-2018	gency ssure d	

	T OF DEFICIENCIES OF CORRECTION	(X1) PHOV DERISUPPLIERICUA (SECULE DATION NUMBER.	(X2) MULTIPLE CONSTRUCTION A RUILDING		(X3) DATE SURVEY COMPLETED	
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E 023 SS=C	officials'. The admir have any document contacted the local period of the interview. The interview of the in	interguency preparedness instrator stated that he did not taken with a facility. State and Federal received and Federal received and retailed he would be regently preparedness a collaborative and Documentation star Medical Documentation star with a gency preparedness which are don't be section, risk regarded to the emergency properties of this section, risk regarded to the emergency properties and procedures must be secured as a section and procedures must be secured as a section and secures and protects (5) or of medical documentation of minimalism documentation and relation, protects secured as must be secured.	E 023	Immediate corrective action(s) for those Residents affected by the deficient practice: No residents were affected by this deficient practice. -Administrator implemented a polic addressing a system of medical documentation to protect confident of patient information which was reviewed and approved by the qual assurance team on 3-27-13. Plan/Process to identify other residents potentially affected by same deficient practice and corrective action(s) to be taken: -All residents have the potential to affected by the deficient practice. -Policy and Procedure was added facility's Emergency Preparedness. Administrator made staff aware of additional information on 3-23-18. Facility measures and systemic changes to ensure the deficient practice does not recur: -Administrator will review the Emen Preparedness Plan quarterly and a that changes necessary are update and will alert staff as needed.	y ratity fity the to the Plan. the	

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E 023	procedures (2) A sy documentation that donor information, potential and actual secures and maintal this REQUIREMENT by: Based on interview failed to develop empolicies and procedurat protects and se information and maintal the lack of this lens could cause confus	0.265 oper olicles and	ΕO	23	Facility plan to monitor correcting actions and sustain compliance Integrate QA Process: -Updates to Emergency Prepared Plan will be discussed and will be brought forward to the monthly Quasurance and Performance Improvement meetings and will be submitted, discussed and document for further recommendations. Date of Compliance: 4/02/18	ness rality	4-2-16
Section and the section of the secti	facility's emerger by was conducted. It will documentation to an addressing a system that protects confid. On March 10, 2018, was conducted with the facility's medical emergency. It was a documentation to vera policy that protects of patient information the administration of the administration of the second conductors.	a review of the analysis of the analysis of the service of there was no commentation and analysis of putent information. at 1925 a moan interview the administrator regarding doministrator, during an analysis of the administrator, during an analysis of the analysis of the endoministrator was no analysis of the endoministrator of the was no analysis of the endoministrator of the interview, the service of the interview, the service of the that addresses the					

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documentation. E 026 Roles Under a W. SS=C CFR(s): 483.73(b): 483	iver productive by Secretary (6) To have the facilities] must ment to a pancy preparedness duries, paced on the emergency reamph (e) of this section, risk acraph (a) (f) of this section, risk acraph (a) (f) of this section, alton on the argaragraph (c) of plicies at a paragraph (c) of plicies at a paragraph (c) of plicies at a paragraph (d) of plicies at a paragraph (e) of plicies at a section to a paragraph (e) of plicies at a section to a paragraph (e) of the alton the conductive of the Secretary, and the section of the alton the section of the plicies and at a paragraph (e) of the Secretary management According to the Secretary m	E 023	· ,	e ared man h Act care was	
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emergency policy C to the residents, du. Findings. On March 10, 2018 facility's emergency was conducted. It will documentation to in emergency policy or under a waiver declin accordance with Security Act. (When States declares a dithe National Emergen HHS declares a publication 319 of the Funder Section 319 of the Funder Section 1135 Secretary is authority modify certain Media requirements to ensign and services are avaindividuals enrolled programs in the emergency of the facility's role whe authorizes a tempor ensure that sufficien available to meet the an emergency. At the administrator stated whether the facility waiver, or decline the	ement officials. The lack of this could delay care and services ring an emergency. It at 1.30 p.m., a review of the preparedness documentation was noted there was no indicate the facility had an in what the facility's role is lared by the Secretary of HHS. Section 1135 of the Social in the President of the United isaster or emergency, under encies Act, the Secretary of blic health emergency under Public Health Service Act, to of the Social Security Act, the zed to temporarily waive or care and Medicaid sure that sufficient health care ailable to meet the needs of in Social Security Act ergency area.) at 3:05 p.m., an interview the administrator regarding	EC	026	Facility measures and systemic changes to ensure the deficien practice does not recur: -Administrator will review the Empreparedness Plan quarterly and that changes necessary are updated and will alert staff as needed. Facility plan to monitor correct actions and sustain compliant Integrate QA Process: - Updates to Emergency Prepare Plan will be discussed and will be brought forward to the monthly QAssurance and Performance Improvement meetings and will submitted, discussed and docum for further recommendations. - Date of Compliance; 4/02/18	ergency assure atted tive ce; dness e buality	4.218

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	(ic) The [facility] multiple mergency prepare that complies with fand must be review annually.] The compliance of the following: (2) Contact information (i) Federal, State emergency prepare (ii) Other sources *[For LTC Facilities information for the following of the facility of the fa	ust develop and maintain an edness communication plan Federal, State and local laws wed and updated at least munication plan must include tion for the following: , tribal, regional, and local idness staff. s of assistance at §483.73(c):] (2) Contact following: abal, regional, or local idness staff. sing and Certification Agency, e State Long-Term Care of assistance. 83.475(c):] (2) Contact following: abal, regional, and local idness staff.	EC	Immediate corrective action(s) those Residents affected by the deficient practice: -No residents were affected by the deficient practic. In estate Ombudsman's phone number we updated in the Facility's Emerger Preparedness Communication P. 3-22-18. Plan/Process to identify other residents potentially affected be same deficient practice and corrective action(s) to be taker. -All residents have the potential traffected by the deficient practice. -Administrator educated staff on the update to our Facility Emergian. Facility measures and systemic changes to ensure the deficient practice does not recur: -Administrator will review the Emergreparedness Plan quarterly and that changes necessary are updated and will alert staff as needed.	ne nis as nicy lan on op the n: o be sergency ct	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER			(X2) MULTIPI A BUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
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€ 036	*[For ICF/IIDs at §483.475(d):] Training and testing. The ICF/IID must develop and maintain an emergency preparedness training and testing program that is based on the emergency plan set forth in paragraph (a) of this section, risk assessment at paragraph (a)(1) of this section, policies and procedures at paragraph (b) of this section, and the communication plan at paragraph (c) of this section. The training and testing program must be reviewed and updated at least annually. The ICF/IID must meet the requirements for evacuation drills and training at §483.470(h).		E 036	same deficient practice and corrective action(s) to be taken: -All residents have the potential to affected by the deficient practiceEmergency Trainings are done or quarterly basis using different disa: As they are cone, a copy of the trainfile be added to the Facility's Emer Preparedness Plan -Administrator educated staff on 3-on the update to our Facility Emergian.	he i a sters ining rgency 23-18	
	testing, and orientat develop and mainta preparedness trainir orientation program emergency plan set section, risk assess this section, policies (b) of this section, a paragraph (c) of this and orientation progupdated at least and This REQUIREMEN by: Based on interview failed to maintain and training and testing pemergency plan, risk procedures, and the facility did not have at the facility had an entraining and testing procedure and testing pemergency plan, risk procedures, and the facility had an entraining and testing procedure and testing procedures.	that is based on the forth in paragraph (a) of this ment at paragraph (a)(1) of and procedures at paragraph at the communication plan at section. The training, testing ram must be reviewed and		Facility measures and systemic changes to ensure the deficient practice does not recur: -Administrator will review the Emer Preparedness Plan quarterly and a that necessary changes are update and will alert staff as needed. Facility plan to monitor corrective actions and sustain compliance; Integrate QA Process: -Updates to Emergency Preparedness Plan will be discussed and will be brought forward to the monthly Quarance and Performance Improvement meetings and will be submitted, discussed and document for further recommendations. Date of Compliance: 4/02/18	ed eess ality	7-2-18

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E 036	Continued From pa to the residents, du Findings	=	E 03	96		
	facility's emergency was conducted. It we documentation to vi-	, at 1:30 p.m. a review of the preparedness documentation was noted there was no erify the facility had an idness training and testing				
	was conducted with the facility's emerge and testing program there was no docun had an emergency testing program. At administrator states	at 3.05 p.m., an interview the administrator regarding ency preparedness training. The administrator stated nentation to verify the facility preparedness training and the end of the interview, the line would develop and gency preparedness training.				
	EP Training Program CFR(s): 483.73(d)(1) (1) Training program ASCs, PACE organiand dialysis facilities (i) Initial training in e- policies and procedi	η	E 03	Immediate corrective action(s) for those Residents affected by the deficient practice: No residents were affected by this deficient practice. Administrator conducted a training 23-18 to staff regarding the Facility.	on 3-	
	arrangement, and viexpected role. (ii) Provide emerger least annually. (iii) Maintain documi	olunteers, consistent with their acy preparedness training at entation of the training. If knowledge of emergency		Emergency Preparedness Plan with demonstration of the different section as well all of the procedures. Also educated staff on the location of the emergency plan. A copy of the staff participants were added to the Facili	nia ons	
ORM CMS 25	(67(02 99) Frevious Versions	Dospiele Event D 83G021	F	aci.ty ID. CA940000023 If continuation	on sheet Page 10 of 18	

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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REGENCY O	AKS POST ACUT	E CARE CENTER		3850 E. ESTHER ST. LONG BEACH, CA. 90804		
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*[Fo at § or F (i) I poli stat arra exp (ii) I leas (iii) leas (iiii) leas (iiii) leas (iiiiii) leas (iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	491.12:] (1) Trail RHC/FQHC] munitial training in cies and proced f. Individuals programment, and vected roles. Provide emerge st annually. Maintain docum Demonstrate st additional training in exceed roles. Provide employees inces under arranged exceed roles. Provide emerge training in exceed roles. Includir training in exies and proced, individuals proceding individu	arge 10 482-15(d) and RHCs/FQHCs ining program. The [Hospital st do all of the following: emergency preparedness fures to all new and existing oviding on-site services under volunteers, consistent with their ncy preparedness training at sentation of the training. aff knowledge of emergency. 418-113(d):] (1) Training. The of the following emergency preparedness ures to all new and existing, and individuals providing ingement, consistent with their off knowledge of emergency incomplete training at ew and rehearse its dness plan with hospice in given protect patients and and carrying out the arry to protect patients and in 1.184(d):] (1) Training formust do all of the following emergency preparedness ures to all new and existing viding services under colunteers, consistent with their colunteers, consistent with their		Plan/Process to identify of residents potentially affect same deficient practice an corrective action(s) to be to the corrective action(s) to be to the residents have the potentifected by the deficient practice does not not a basis. As they are done, a containing will be added to the Emergency Preparedness Practice does not recur: -Administrator will review the Preparedness Plan quarterly that necessary changes are and will alert staff as needed. Facility plan to monitor containing and sustain compliance to Emergency Preparedness: -Updates to Emergency Preplan will be discussed and to should be discussed and the cought forward to the month Assurance and Performance. Improvement meetings and submitted, escussed and differ further recommendations. Date of Compliance: 4/02/	ed by the d aken: trial to be obtice. one upon s. Disaster quarterly copy of the Facility's lan. temic icient e Emergency y and assure updated d. orrective liance; paredness will be nly Quality e will be ocumented s.	4215

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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E 037	preparedness trair (iii) Demonstrate s procedures. (iv) Maintain docur preparedness trair *[For PACE at §46 organization must (i) Initial training in policies and proces staff, individuals pr arrangement, cont volunteers, consist (ii) Provide emerge least annually. (iii) Demonstrate st procedures, includi what to do, where t case of an emerge (iv) Maintain docun *[For CORFs at §4 CORF must do all (i) Provide initial tra preparedness polic and existing staff, ii under arrangement with their expected (ii) Provide emerge least annually. (iii) Maintain docum (iv) Demonstrate st procedures. All new and assigned speci the CORF's emerg	ing, provide emergency ing at least annually. Itaff knowledge of emergency mentation of all emergency ing. D. 84(d):] (1) The PACE do all of the following: emergency preparedness dures to all new and existing oviding on-site services underractors, participants, and ent with their expected roles, not preparedness training at aff knowledge of emergency informing participants of o go, and whom to contact in ney, mentation of all training. B5.68(d):](1) Training. The of the following: ining in emergency its and procedures to all new individuals providing services, and volunteers, consistent	E 03	7			

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	PROVIDER OR SUPPLIER BY OAKS POST ACUIT	E CARE CENTER		3850 E. ES	DDRESS, CITY, STATE, ZIP C STHER ST. EACH, CA 90804	CODE		
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E 037	alarm systems and equipment. *[For CAHs at §485 The CAH must do a (i) Initial training in policies and procedures and where necessal personnet, and gue cooperation with fin authorities, to all ne individuals providing and volunteers, corroles. (ii) Provide emerger least annually. (iii) Maintain docum (iv) Demonstrate stipprocedures. *[For CMHCs at §44 CMHC must provide preparedness polici and existing staff, in under arrangement, with their expected documentation of the demonstrate staff k procedures. Therea emergency prepare	n the location and use of signals and firefighting 5.625(d):] (1) Training program, all of the following: emergency preparedness lures, including prompt guishing of fires, protection, any, evacuation of patients, sts, fire prevention, and efighting and disaster when and existing staff, green services under arrangement, existent with their expected ancy preparedness training at entation of the training. aff knowledge of emergency estand procedures to all new advisionals providing services and volunteers, consistent	E	037	DEPICIENC!)			
The street of th	by: Based on interview failed to conduct init	IT is not met as evidenced and record review, the facility ial training in emergency es and procedures to all new						

	F OF DEFICIENCIES UF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUI A. BUILO		CONSTRUCTION		ATE SURVEY OMPLETED
		056378	B WING		odd plac ac renthambaland out over the control of t	0:	3/10/2018
	PROVIDER OR SUPPLIER CY OAKS POST ACUI	E CARE CENTER		385	REET ADDRESS, CITY, STATE, ZIP GO 50 E. ESTHER ST. DNG BEACH, CA 90804	DOE	
(X4) ID PREF X TAG	(FACH DEFICIENC)	VIEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORF (EAGH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETION DATE
E C41	maintain document of this emergency to services to the resister of the resistency of the resister of the resis	at 1.30 p.m., a review of the preparedness documentation of that there was no idicate the facility had training in emergency easily preparedness training. The lack representation of the preparedness documentation was noted that there was no idicate the facility had training in emergency less and procedures to all staff, ergency preparedness training, rumentation of this training. The lack administrator regarding emergency preparedness entation of the training. The lack facility had conducted hought this met the regulation. It was stated that caredness policies and is more specific than disaster of the interview, the lack the facility would conduct the eparedness policies and for all the staff, and maintain	E 0	037	DEFICIENCY		
	power systems base	ed on the emergency plan set a) of this section and in the		:			:

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1 ' '	TIPLE CONSTRU	!CT.ON		TE SURVEY MPLETED
		0 <i>5</i> 6378	B WING		na a constant	03	/10/2018
	PROVIDER ON SUPPLIER BY OAKS POST ACUT	E CARE CENTER		3850 E. EST	RESS, CHY, STATE, ZIP CODE HER ST. ICH, CA. 90804		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES (MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID FREF IAG	x ' (EA0	ROVIDER'S PLAN OF CORRECTIO CHICORRECTIVE ACTION SHOULD S-REFERENCED TO THE APPROP DEFICIENCY)	BE -	COMPLETION DATE
The state of the s	paragraphs (b)(1)(i) §483.73(e), §485.62 (e) Emergency and [LTC facility and the emergency and star the emergency plan this section. §482.15(e)(1), §483 Emergency generat must be located in a requirements found Code (NFPA 99 and Amendments TIA 12 12-5, and TIA 12-6), and Tentative Interin 12-2, TIA 12-3, and in when a new structur structure or building 482.15(e)(2), §483.7 Emergency generate (hospital, CAH and L	ures plan sct forth in and (ii) of this section. 25(e) standby power systems. The CAH] must implement adby power systems based on set forth in paragraph (a) of set forth in paragraph (b) of location. The generator accordance with the location in the Health Care Facilities. Tentative Interim 12-2. TIA 12-3. TIA 12-4, TIA 12-4 and NFPA 101 and Amendments TIA 12-1, TIA TIA 12-4), and NFPA 110, we is built or when an existing is renovated. 3(e)(2), §485.625(e)(2) or inspection and testing. The TC facility] must implement.	E	E Tag Immedithose Redeficier -No residencier -Administregardin source of actity to an emer supply the professional same decorrection.	Identifier: E 041 liate corrective action(s) for Residents affected by the nt practice: idents were affected by this tipractice. strator implemented a policing the entergency power's fon 3-22-18 and added it to be Emergency Plan. In the evigency, Dion & Sons, Incidents potentially affected by efficient practice and we action(s) to be taken:	y uel the ent of il	
	and maintenance red Health Care Facilities Safety Code. 482.15(e)(3), §483.7 Emergency generate LTC facilities] that ma to power emergency for how it will keep er	er system inspection, testing, quirements found in the s Code, NFPA 110, and Life 3(e)(3), §485.625(e)(3) or fuel. [Hospitals, CAHs and aintain an onsite fuel source generators must have a plan mergency power systems e emergency, unless it		affected	by the deficient practice.		

CLIVICIO I ON MEDICANE	A MITHICUTO OCUATORO				
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A BUILD N	IPLE CONSTRUCTION		DATE SURVEY COMPLETED
	056378	6 WING_		,	3/10/2018
NAME OF PROVIDER OR SUPPLIER REGENCY OAKS POST ACUT	E CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CO 3850 E. ESTHER ST. LONG BEACH, CA 90804	DE	
PREFIX (EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC (DENTIFYING (NECRYATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
and CAHs §485 62: The standards inco section are approve reference by the Dir Federal Register in 552(a) and 1 GFR protection are approved reference by the Dir Federal Register in 552(a) and 1 GFR protection and 1 GFR protection at the National Art Administration (NAF availability of this material from the Section 1 GFP of the Campages in the incorporated by reference to the changes of the Change of	182 15(h), LTC at §483.73(g), 5(g)] reported by reference in this set for incorporation by rector of the Office of the accordance with 5 U S C. part 51. You may obtain the purces listed below. You may et CMS Information Resource ity Boulevard, Baltimore, MD richives and Records. RA). For information on the aterial at NARA, call to to: gov/federal_register/code_of s/ibr_locations.html is edition of the Code are rence, CMS will publish a deral Register to announce stection Association, 1 www.nfpa.org. Care Facilities Code, 2012 st 11, 2011. A 99, issued August 9, 2012. A 99, issued March 7, 2013. A 99, issued March 3, 2014. Safety Code, 2012 edition,	€ 04	Policy and Procedure was a the facility's Emergency Prop Plancy Administrator made staff awarded constitution on 3-20 Facility measures and systechanges to ensure the deficing practice does not recur: Administrator will review the Emergency Preparedness Fire quarterly and assure that neconanges are updated and will as needed. Facility plan to monitor compactions and sustain compile integrate QA Process: -Updates to Emergency Prepared and will be discussed and will brought forward to the month. Assurance and Performance Improvement meetings and westernited, discussed and doe for further recommendations. Date of Completion: 4:02/18	are of the 3-18 emic client essary arective ance; aredness if be by Quality will be sumented	4-2-18

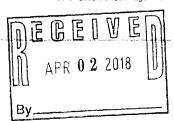
	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MUL A BUILD	TIPLE CONSTRUCT	ION		TE SURVEY MPLETED
		056378	e WING			03.	/10/2018
	PROVIDER OR SUPPLIER CY OAKS POST ACUT	E CARE CENTER		STREET ADDRES 3850 E. ESTHE LONG BEACH			
iX4) ID PREFIX TAG	(FACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH	VIDER'S PLAN OF CORRECTIVE ACTION SHO REFERENCED TO THE APPI DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
E 041	Continued From pa	ege 16	i E 0	41			
	2013.	PA 101, issued October 22,		All Address of the second			
	2013.	PA 101, issued October 22,					1
The state of the s	Standby Power Sys TIAs to chapter 7, i	Indard for Emergency and stems, 2010 edition, including ssued August 6, 2009. NT, is not met as evidenced	9 000 11111				-
	, by:	v and record review, the facility					:
	failed to develop a	detailed emergency y regarding the emergency		! !			
	power's fuel source	. The facility's policy did not stain an onsite fuel source to					
	power the emergen	cy generator and keep the systems operational, during an		Mary and the second sec			
	emergency. The lac	ck of this emergency y could delay care and					
	services or cause han emergency.	arm to the residents, during		# 1			
	Findings:	; ;					
	On March 10, 2018	, at 1:30 p.m., a review of the					
	, ,	preparedness documentation		1			
		as noted that the facility's					
:		olicy did not indicate how the ain an onsite fuel source to		1			
1		cy generator to operate during				į	
	an emergency.	-, gamerator to operate defining					ting the state of
	On March 10, 2018	at 3:05 p.m., an interview		Ì			
İ		the administrator regarding					
!	the facility's emerge	ncy power policy. It was		;			
**************************************		y did not have specific details		i			
		acility would maintain an		1			
		the event an emergency :: extended period of days. At ::					
		iew, the administrator stated					
<u></u>	7/02-99) Pravious Versions (English CASAGOOG	273	nian abort 17	

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MU A BUIL!		CONSTRUCTION		(X3) DAT GON	E SURVEY IPLETED
		056378	B WING				03/	10/2018
	PROVIDER OR SUPPLIER BY OAKS POST ACUT	E CARE CENTER		385	REET ADDRESS CITY STATE ZIF CO 50 E. ESTHER ST. ING BEACH, CA. 90804	D€		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORE (FACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AL DEFICIENCY)	GJUCH	8E	(XS) COMPLETION DATE
E 041		emergency generator policy maintain an onsite fuel source	Eι	041				A CASA AND ADMINISTRAÇÃO DE LA CASA AND ADMIN
				:				To the state of th
		:		!				TOTAL
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PRINTED: 03/22/2018 FORM APPROVED OMB NO: 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	!	CONSTRUCTION 11 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
	056378	5 WING		03/10/2018
NAME OF PROVIDER OR SUPPLIER REGENCY OAKS POST ACUT		38	REET ADDRESS, CITY, STATE, ZIP CODE 50 E. ESTHER ST. DNG BEACH, CA. 90804	
ORBIO:RBC HOAR: XIPARA	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL ISC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROVIDENCY)	DIBE COMPLETIO
K 000 - INITIAL COMMEN	TS	K 000	This play of accusation is	+2-1
Federal Regulation Code NFPA 101, 21 Existing Health Car applicable codes The following repre Department of Pub Safety Code Surve Representing the D	Department of Public Health: 16279, REHS, HFE I	K 300	This plan of correction is prepar required by law. By submitting the Plan of Correction, Regency Oal Post Acute Care Center does in admit that the deficiency listed in form exists, find does the center to any statements, findings, facts conclusions that form the basis fealleged deficiency. The Center reserves the right to challenge in and/or regulatory or administrative proceedings the deficiency statements, facts, and conclusion that from the basis of the deficient	e ks of this admit or the legal e
18.3 and 19.3 Prote not addressed by th deficient. This infor applicable lufe Safa	KS section any LSC Section ection requirements that are ne provided K-tags, but are mation, along with the sty Code or NFPA standard included on Form CMS-2567.			
by NFPA 13, Standard Sprinkler Systems, Canopies, Porte-Co	NT is not met as evidenced for the Installation of 2010 Edition, Exterior Roofs, schere, Balconies, Decks, or 8 15 7 1. Sprinklers shall be	:		
	ERVSUPPLIER REPRESENTATIVE'S SIGN	VATURE	W. TITLE W. N.	(X6) DATE

If continuation sheet Page 1 of 15



	TOF DEFICIENCIES OF CORRECT ON	(X1) PROVIDER/SUPPLIER/CLIA ICENTIFICATION NUMBER	1	TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01		TE SURVEY MPLETED
		056378	B WING	SERVICE STREET,	03	/10/2018
	PROVIDER ON SUPPLIED BY OAKS POST ACU			STREET ADDRESS, CITY, STATE ZIP CODE 3850 E. ESTHER ST. LONG BEACH, CA 90804		
(X4+10 PREFIX TAG	CLACH DEFICIENC	ALEMENT OF DEFICIENCIES LY MUST BE FRECEDED BY FULL LOC IDENTIFYING INFORMATION)	IO PREFII TAG	PROVIDER S PLAN OF CORRE ((FACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(XE) COMPLETION DATE
K 300	Continued From p	age 1	К3	00		4-2-19
	porte-cocheres, ba	erior roofs, canopies, alconies, decks, or similar durg 4 feet (1.2 m) in wigth.			_	
				K Tag identifier: K 30	<u>0</u>	
	failed to ensure a under two canopie width. In the event	tion and interview, the facility sprinkler system was installed is that exceeding 4 feet (ft.) in of a fire, an exterior roof, or		Immediate corrective action those Residents affected by deficient practice:		
		not have a sprinkler system will recuation and protection for the hullding.		No residents were affected bideficient practice	y this	
	Findings On March 10, 201	8, betweer 8,05 a.m. to 10:30		-The blue canopies in front of building as well as the one in parking fot were removed on 3	the	
	a.m., the evaluator supervisor conduc- tour of the facility, following were obs	rand the maintenance todia Life Safety Code (LSC) During this LSC tour, the erved:		Plan . Process to identify of residents potentially affecte same deficient practice and corrective action(s) to be ta	d by the	
	observed at the parentrance area was	here was a canopy cover irking lot entrance area. This also the facility's designated s canopy was a royal blue cloth		-All residents have the potential affected.	al to be	
	material that was cland appeared to his closer observation system attached to structure or the occurrence.	freetly attached to the building ave a width over 4 feet (ft). A showed there was no sprinkler this covering to protect the cupants, in the event of a fire. It are was no tag on the canopy to		-Administrator and Maintenan Director assessed the outskirt facility and no other areas of t building were affected.	s of the	
	indicate if it was fin	e resistant.				
	with the maintenan canopy. The maint	ief interview was conducted ice supervisor regarding this enance supervisor stated that ed to be 6 ft long and 6 ft wide				1
		ere was a canopy cover at the scanopy was made of the		<u> </u>	_	

	CF DEFICIENCIES	E & MEDICAID SERVICES EXT: PROVIDER/SUPPLIER/CL/A	/Y21 M = T	IPLE CONSTRUCTION	OMB NO. 0938-03 (X3) DATE SURVEY		
	OF CORRECTION	IDENTIFICATION NUMBER		IG 01 - MAIN BUILDING 01	COMPLETED		
		056378	B WING_	gango ng manan ing ng pagin ki mini ng panish na nasan sa managadh na nakaharan manyan da managan na managan m	03/10/2018		
NAME OF	PROJECT ON SUPPLA	(1	STREET ADDRESS, CITY STATE ZIP CO			
REGENO	CY OAKS POST ACU	TE CARE CENTER		3850 E. ESTHER ST.			
THE GETT		TE DARE GENTER		LONG BEACH, CA 90804			
(X4) ID PREFIX TAG	:BAGH DEFIGIENC	TATEMEN TO FIDEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORE (EACH CORRECTIVE ACTION S OROSS REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETE		
K 300	Continued From p	ace 2	′ ′ K 30	in	ر در ب		
	same (royal blue) attached to the bu width over 4 ft . A	cloth material that was directly inding and appeared to have a closer view revealed there was					
	protect the structulevent of a fire. It w	n attached to this covering to re or the occupants, in the ras also noted there was no tag indicate if it was fire resistant.		Facility measures and sys changes to ensure the def practice does not recur:	iclent		
	with the maintenar canopy. The maint	nef internew was conducted noe supervisor regarding this tenance supervisor stated that and to be 8 ft. long and 6 ft.		-If canopies are reconsidere company will have to provide information that they are fire or a sprinkler will need to be	e retardant,		
	with the maintenar two canopies. The this canopy had be working at the facil added that he did it	ur, an interview was conducted the supervisor regarding these maintenance supervisor stated the in place since he started lity, 4 years ago. He further mot have any documentation to canopies were fire resistant or		Facility plan to monitor co actions & sustain complia Integrate QA Process: -Eindings from facility rounds quality assurance checks with brought forward to the month Assurance and Performance Improvement meetings and submitted, discussed and do	nce; s and il be hly Quality s will be ocumented		
	was conducted wit maintenance supe. The administrator was informed that had a width which structure, must have	5. at 12:55 p.m., an interview in the administrator and the rivisor regarding this canopy, and maintenance supervisor any covering or roofing that extended beyond 4 ft. from the vera sprinkler system. During administrator stated that the these canopies		for further recommendations Completion Date(s): 4/02/2			
	The deficient pract smoke compartme	ice affected two of three nts					
	acknowledged duri	B, the above findings wereing the survey process and ference, with the administrator					

	TOF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	1	TIPLE CONSTRUCTION NG 01 - MAIN BUILDING 01		TE SURVEY MPLETED
		056378	B WING	The state and the state of the state and the	03	/10/2018
REGENO (X4) IO FRCEIX	CARDREG HOAS	WEMENT OF DEPIC ENGILS Y MUST BE PRECEDED BY FULL	น, นะอัก		D BE	(X5) COMPLETION DATE
TAG	RESUDA: OR L	SCIDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROI DEFICIENCY)	'RIATE	OMIC
K 321	having 1-hour fire in fire rated doors) or system in accordant When the approved system option is us separated from othe partitions and doors Doors shall be self-and permitted to haprotective plates the from the bottom of Describe the floor a hazardous areas the 19.3.2.1, 19.3.5.9. Area Separation N/A a. Boiler and Fuel-Fib. Laundries (Farger C. Repair Maintena d. Spiled Linen Robe e. Trash Collection (exceeding 64 gallo f. Combustiole Stori (over 50 square fee g. Laboratories (if cl. Hazard - see K322). This REQUIREMEN by: Based on observations.	Enclosure Enclosure Tenclosure Tenclosu	K 3:	•	e d a by d i: ie c t nister nd	4-2-18

PRINTED: 03/22/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFIG ENGILS XI) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION. IDENTIFICATION NUMBER A BUILDING 01 - MAIN BUILDING 01 056378 03/10/2018 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 3850 E. ESTHER ST. REGENCY OAKS POST ACUTE CARE CENTER LONG BEACH, CA 90804 SUMMARY STATEMENT OF DEFICENCIES (EACH JEHO FINCY MUDIT BE PRECEDED BY FULL X4) (C PREFIX PROVIDER'S PLAN OF CORRECTION IXS, CONFILETION PREFIX EACH CORRECTIVE ACTION SHOULD BE TAG REGULAL DRY OR LSC (SEA DEVING INFORMATION TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY K 321 Continued From page 4 4-2-18 K 321 construction, regarding one door missing a self-closing device. In the event of a fire, the separation of the medical record office would not Facility plan to monitor corrective actions and sustain compliance; be achieved, which would allow smoke and/or fire Integrate QA Process: to travel from one area to another. -Any deficient practice will be Findings corrected immediately, and the findings of the facility rounds will be On March 10, 2018, between 8:05 a.m. to 10:30. documented and submitted at the a m., the evaluator and the maintenance Monthly Quality Assurance and supervisor conducted a Life Safety Code (LSC) Performance Improvement meeting. tour of the facility At 10:05 a.m., it was observed that there was a Date of Compliance: 4/02/18 large amount of paper products throughout the medical records office. Upon closer observation, it was noticed that the medical records office door did not have a self-closing device to automatically close, latch and maintain the door in the closed position. During a brief interview with the maintenance supervisor, he stated that the medical records office appeared to be 20 square feet [sq. ft.] by 20 sq. ft. [equaling 400 sq. ft.] (According to NFPA 101, Life Safety Code Handbook, 2012 Edition, Protection from Hazards, 19/3/2/1/6, all hazardous areas are rooms and spaces larger than 50 sq. ft., used for storage of combustible supplies and equipment in quantities deemed hazardous by the authority naving jurisdiction, and shall have coors that are self-closing." During this LSC four, the maintenance supervisor was informed that because of the large amount of paper products in the medical records office, the door needed a self-closing device to keep the door closed. At the end of the interview, the maintenance supervisor stated he would install a

self-closing device to this door las soon as

	T OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLA DENTIFICATION NUMBER	1 '	TIPLE CONSTRUCTION BING 01 - MAIN BUILDING 01		TF SURVEY MPLETED
!		056378	B WING		03	3/10/2018
REGENO	PROVIDEN OR SUPPLIFE CY OAKS POST ACU	TE CARE CENTER		STREET ADDRESS CITY, STATE, ZIP CCC 3850 E. ESTHER ST. LONG BEACH, CA 90804	DE.	
(X4) ID PREFIX TAG	/LACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL USC IDENTIFYING INFORMATION)	PREFI TAG		HOULD BE	COMPLETION DATE
K 321	smoke compartme On March 10, 2011 acknowledged dur	ice affected one of three ints 3, the above findings were inc the survey process and ference, with the administrator	K	321		4.2-18
SS=E	Sprinkler System - CER(s) NEPA 101 Spinkler System - 2012 EXISTING Nursing homes, ar construction type, approved automatacordance with N Installation of Sprinkler protection or local regulations in hospitals, sprinkler protection or local regulations in hospitals, sprink closets of patients of the closet does of sprinkler coverage required by NEPA. Sprinkler Systems 19.3 5 1, 19.3 5 2, 19.4 2, 18.3,5 10,5 This REQUIREMO by: Based on observal failed to ensure and below the sprinkler throughout the facility of the facilit	Installation Installation Installation Indinospitals where required by the protected throughout by an open sprinkler system in FPA 13, Standard for the laker Systems. Instruction, alternative protection nitted to be substituted for the prohibit sprinklers where state prohibit sprinklers leaping rooms where the area not exceed 6 square feet and covers the closet footprint as 15, Standard for Installation of 19,3,8,3,19,3,5,4,19,3,5,5.	К3	Immediate corrective action those Residents affected in deficient practice: -The two heavy blankets we removed immediately on 3- Cardboard boxes were removed immediately on 3- Cardboard boxes were removed immediately on 3- Plan Process to identity of residents potentially affect the same deficient practice corrective action(s) to be the same deficient practice corrective action act	on(s) for by the see 10-18 soved 3-10-18 see 10-18 see 1	

	FEOF DEFICIENCIES OF DORRECTION	X11 PROVIDER/BUPPLIER/CLIA I DENTIFICATION NUMBER		IPLE CONSTRUCTION NG 01 - MAIN BUILDING 01		E SURVEY MPLETED
NAME OF	PROVIDER OR SUPPLIER	056378	8 WNG	STREET ADDRESS DITY, STATE, ZIP CODE	03/	10/2018
REGEN	CY OAKS POST ACUT	E CARE CENTER		3850 E. ESTHER ST. LONG BEACH, CA 90804		
(X4) ID PREFIX TAG	FACH DEFIDIENCY	VEMENT OF DEFICIENCIES CYRIST SE PRECEDED BY FULL SCEDENTHYING INFORMATION)	ID PREFIX IAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD 8F	(X5) COMPLETE DATE
K 351	Continued From pa		K 35	1		4-2-1
	discharge in a horiz	sprinklers to provide water torital plane and will function e of fire emergencies		Facility measures and system changes to ensure the deficit practice does not recur:		1 6
	Findings:			-Maintenance Director and Adr		
	a m , the evaluator supervisor conducte	botween 8:05 a.m. to 10:30 and the maintenance at a Life Safety Code (LSC)		will make facility rounds weekly assure that object are within 18 inches from deflectors		
	following were obse			-Administrator and Maintenanc Director educated staff on the importance of keeping objects		97/14
	two heavy blankets	as observed that there were stored on top of the resident 19 (One resident was inside 1	·	inches away from the deflector Facility plan to monitor corre	S	
		elenkets were 8 inches away		actions and sustain compliar Integrate QA Process:		
	cardboard box (med	se coserved that there was a suring 24 inches by 24		-Any deficient practice will be corrected immediately, and the	ll bo	
	closet, inside Room	stored on top of the resident 25 (Two residents were nis box was 12 inches away)		findings of the facility rounds wi documented and submitted at it Monthly Quality-Assurance and	he	
	from the deflector			Performance Improvement mee Date of Compliance: 4/02/18	eting.	
	plastic spray bottles shelf, inside the jani	vas observed that were four stored on a wall-mounted tor's closet (across from the stootles were 10 inches		Date of Compilance, 4,027/10		
	away from the defle:	otor. - the maintenance supervisor :				
	was informed that the clearance between t	ere should be an 18-inch he deflectors and the nearest hance supervisor stated				
	these items would be	comoved, immediately.				
	The deficient practic smoke compartment	a affected two of three sees sees		1		

	RS FOR MEDICARS		7	· · · · · · · · · · · · · · · · · · ·	OIVID IV	D. 0938-039
AND PLAN (FOR DEFICIENCIES DE CORRECTION	XI) PROVIDERISUPPLIERICUA CENTIFICATION NUMBER	1 ' '	TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01		ITE SURVEY
		056378	B WAG	THE SAME STATE AND A PARK SAME OF THE SAME STATE	03	3/10/2018
NAME OF	PROVIDER OR SUI PLER	* m. (a) . A = m. (a) *		STREET ADDRESS, CITY, STATE, ZIP CO		
REGENO	Y OAKS POST ACUT	E CARE CENTER	1	3850 E. ESTHER ST.		
************	OANS FOST ACE	I GARL CLITTER	[LONG BEACH, CA 90804		
7X4° ID PREF.X TAG	DARE DIRECTIONS.	GEMENT OF DEFICE NOVES FAULT HE PRECEDED BY FULL SCIDENT FYING INFORMATION)	PREFII TAG	PROVIDER'S PLAN OF CORR C :EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	tas- COMPLETID DATE
K 351	Continued From pa	ge 7	К 3	51		4-2-10
4.000	acknowledged during the exit confi and the maintenant	· · · · · · · · · · · · · · · · · · ·				
	CFR(s): NFPA 101	Maintenance and Testing	К3	K Tag Identifier: K	353	*
	Automatic sprinkler inspected, tested, a with NFPA 25, Stan Testing, and Mainta Protection Systems	Maintenance and Testing and standpipe systems are rid maintained in accordance dard for the Inspection, oning of Water-based Fire. Records of system design, otion and testing are		Immediate corrective action those Residents affethe deficient practice: -No Residents were affect deficient practice.	cted by	
	maintained in a sec available. a) Date sprinkler s	well obation and readily vistem last checked		-All sprinkler heads were in between October and Nov 2010 by Fire Fox Protectic per Field Work Order date which is within compliance	rember on Inc. d 11/3/10	· · · · · · · · · · · · · · · · · · ·
	b) Who provided s	A 400-00001 - John Male (Mark Co. Mark Co. Markerson Mar		50- year time period.	, 0, 1,10	
	Provide in REMARY any non-required or system 9.7.5, 9.7.7, 9.7.8, a	S information on coverage for partial automatic sprinkler and NEPA 25	·	Plan/Process to identify residents potentially affe the same deficient pract corrective action(s) to be	ected by ice and	
	by: Based on interview	This not met as evidenced and record review, the facility		-Ail 319 sprinkler heads w replaced in 2010.		
	sprinklers had been recognized testing li NFPA 25, Stanuard and Maintenance of Systems, Sprinklers	umentation that the facility's replaced or tested by a absorptory, in accordance with or the Inspection, Testing Water-Based Fire Protection that have been in service for culo be replaced or tested.		The documented proof won file with the Maintenani Director		

Q 6., 14 1 just	12 LOU MEDICAN	E & MEDICAID SERVICES			OWR NO. 0838-03
	OF DEFICIENCIES OF CORRECTION	PLES PROVIDER SUPPLIER/CHA PREMIURICATION NUMBER	1 ' '	TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
		056378	B. WING		03/10/2018
NAME OF	PROVIDER OR SUPPLIEF	1		STREET ADDRESS, CITY, STATE, ZIP CODE	
REGENO	CY OAKS POST ACU	TE CARE CENTER		3850 E. ESTHER ST. LONG BEACH, CA 90804	
(X4) ID PREFIX TAG	(FACH OFFICENC	TATEMENT OF DEFICIENCIES SYNE SCHEFFRECEDED BY FULL COCIDENTIFYING INFORMATION)	iD PREFII TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	OULD BE COMPLETIO
K 353	Continued From p	ace 8	К 3	53	4-2-
	Findings		.,,		;
	tacility's fire inspect documentation was review, it was notic report, dated Nove by an approved se the facility was connoticed that there the facility's sorink a recognized testif NFPA 25, Standar- and Maintenance Systems, 2011 Ed sprinklers have be shall be replaced of	is conducted. During this to 3 that the sprinkler inspection ember 6, 2017, was conducted ervice company, and stated that instructed in 1963. It was also was no documentation to show ors were replaced or tested by ing laboratory. (According to a for the Inspection, Testing of VAILER Based Fire Protection iden. Section 5,3,1,1,1 where was in service for 50 years, they be concerned to the service for 50 years, they be concerned to the service for 50 years, they are as shall be tested by a		Facility measures and sys changes to ensure the def practice does not recur: -Maintenance Director will control to test the facility sprinkler symmenthy -Facility will continue to utilize Fire Fox company to do qual assurance tests quarterly on sprinkler system Facility plan to monitor corrective actions and sus compliance; Integrate QA Process:	icient Intinue ystem e the the
	conducted with the maintenance super sprinkler test. It was over 50 years ago their sprinklers and conducted by a result the end of the intersupervisor stated approved testing lesprinklers tested, a maintenance super for the test results be replaced.	b, 11-5 b m., an interview was administrator and the coisor regording the 50-year is mentioned that facilities built are required to test or replace in the festing must be cognized testing laboratory. At house, the maintenance had the would contact an aboratory and have the is soon as possible. The misci anded that he would wait to see if the sprinklers need to			The second secon
	The deficient practi smoke company is	ice atteated three of three			
	On March 10, 2019	s fac acove findings were			

CENTE	KS FUR MEDIUMA	E,& MED'CAID SERVICES	+	VIND	NO. 0938-039
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PREVIDER/SUPPLIER/CLIA DENT/FICATION NUMBER	1 1	IPLE CONSTRUCTION (X3 NG 01 - MAIN BUILDING 01) DATE SURVEY COMPLETED
		056378	a. wing		03/10/2018
NAME OF F	PROVIDEA OR SUPPLIER	The state of the s		STREET ADDRESS, CITY, STATE, Z.P.CODE	
REGENO	CY OAKS POST ACU	TE CARE CENTER		3850 E. ESTHER ST. LONG BEACH, CA 90804	
IX4) ID PREFIX I'AG	(EACH DEFICIENT	(ACEDEN) OF ELEIDENCIES OY MEET HE PRECISEDED BY FULL LICENCEN DRYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	CAS- COMPLETION E DATE
K 353		ring the survey process and recease with the administrator	К 3	-	4-2-18
	Portable Fire Extin CFR(s), NFPA 101		K 3	55 <u>K Tag Identifier: K355</u>	1
	-	guishers are selected, installed. aintained in accordance with		Immediate corrective action(s) for those Residents affected by the deficient practice:	
	Extinguishers 18.3.5.12, 19.3.5			-No Residents were affected by the deficient practice	
	failed to maintain phealth care facilitie Standard for Porta	ation and interview, the facility portable fre extinguishers in all is accordance with NFPA 10 apid fore Extinguishers. The		-The ABC extinguisher was replaced with a Class A Fire extinguisher immediately on 3-10-18	
	designated smok which could harm in the event of a fit	puisher, located at facility's inglarea, was the improper type the residents, visitors and staff, inc.		Plan: Process to identify other residents potentially affected by the same deficient practice and corrective action(s) to be taken:	1
	a.m., the evaluator	8 between 6.05 a.m. to 10:30 rand the mointenance test a cife Safety Code (LSC)		-All other extinguishers were examined by the Maintenance Supervisor and no other extinguisher location was affected	:
	designated smokir lot entrance. It was portable wall-mour smoking area. Clo- portable fire exting extinguisher (ar. ex-	as observed that there was a inglarea located at the parking is richided that there was one inted fire extinguisher at this sur observation showed this justified was a Class ABC fire xinglessner that disperses a dry him colores of wood, clothes,			

	OF DEFICIENCIES OF CORRECTION	(XIT PROVIDER/SUPPLIER/GUA GENT FICATION NUMBER	1	ECONSTRUCTION 01 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
		056378	B WING		03/10/2018
	PROVIDER OR SUPPLIER Y OAKS POST ACUT	E CARE CENTER	38	REET ADDRESS, CITY, STATE, ZIP CODE 150 E. ESTHER ST. DNG BEACH, CA. 90804	
(X4)::0 PREFIX TAG	(FACH DEFICIENCY	FEMALE PROFESSION NOTES OF USE OR FOR DEPORT BY FULL SULPS A SHAY NO INFORMATIONS	9D PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEPICIENCY)	LD BE COMPLETIC
K 355	Continued From pa gas, oil, apphances		K 355	Facility measures and systemic changes to ensure the deficient practice does no recur:	9-2-1
	the maintenance steetinguisher at this. The maintenance of the Class ABC fire type of fire extinguishment was mentioned that and/or visitor) got in ABC fire extinguish chemical and could smoker possibly succified fire extinguisher (an expressurized water upaper and clothes) stated he would remexinguisher with an extinguisher aclosed. The deficient practions which are comparting on March 10, 2018 acknowledged auris	eapproved water-based fire in de possible de affected one of three de affected one of the affected one of three of the affected one of three one of three one of three of three one of three of three one of three of three one of		-Maintenance Director will continue to monitor the extinguishers on a monthly bas to assure the correct ones are being used -Facility will continue to utrize the Fire Fox Inc. company to do quality assurance rounds quarterly Facility plan to monitor corrective actions and sustail compliance; Integrate QA Process: Results from the monthly rounds will be collected for the month and will be presented, discussed and documented at the monthly Quality Assurance and Performance Improvement meetings for further review and rocommendations.	
K 920	and the maintenant Electrical Equipme CFR(s): NFPA 101	steach with the administrator elegiphysisor. to Picwer Gords and Extens to crower Cords and	K 920	Date of compliance: 4/02/18 K Tag Identifier: K 920 Immediate corrective action(s for those Residents affected by the deficient practice:) y ,
	Extension Cords Power strips in a chaused for compone a patient-care-related (PCREE) assemble	te it care vicinity are only		-E-ectric Fan and adding machin cords were removed on 3-10-18. -The domestic electrical extension cord was removed from the administrative office on 3-10-18.	

	OF DEFICIENCIES FIGORRECTION	(X), PHOYIDER/SUPPLER/CLIA ICENTIFICATION NUMBER	1	TIPLE CONSTRUCTION ING 01 - MAIN BUILDING 01		TE SURVEY MPLETED
		056378	B WING		03	/10/2018
	ROVIDER OR SCAPUES Y OAKS POST ACU			STREET ADDRESS, CITY STATE, ZIP CODE 3850 E. ESTHER ST. LONG BEACH, CA 90804		
X4; :D PREFIX TAG	REACH DEFICIENC	ATEMENT OF DEPICIENCES OF WILEST BE PRECEDED BY FULL (NO IDENTITY NO INFORMATION)	ID PREFI TAG	PROVIDER'S PLAN OF CORREC X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	ULD BE	(XS) COMPLETIO DATE
	may not be used felectronics), exceptions that do not PCREE meet UL 1 strips for non-PCR (outside of vicinity) care rooms, power standards. All power precautions. Extension cords upon which it was install 10.2.4. 10.2.3.6 (NFPA 36 (NFPA 36 (NFPA 70), 590.3) This REQUIREMED by: Based on observational electrical extension cords upon which it was install 10.2.4. 10.2.3.6 (NFPA 36 (NFPA 36 (NFPA 70), 590.3) This REQUIREMED by: Based on observational electrical extension electrical extension electrical extension electrical extension electrical adapters and macunapproved power practices could see electrical overload addition, electrical substituted for fixed structure. Findings: On March 10, 2019 a.m., the evaluator supervisor conductions.	trips in the patient care vicinity or non-PCREE (e.g., personal of the patient care resident use POTREE Power strips for 3030 of UL 30301-1. Power strips for 3030 of UL 30301-1. Power strips meet UL 3030. In non-patient retrips meet other UL war strips meet other UL war strips meet other UL war strips are used with general rision cords are not used as a weing of a structure, sed temporarily are removed completion of the purpose for izo and meets the conditions of 1, 10.7.4 (INFPA 99), 400-8. Dr. NIFPA 70), TIA 12-5. Not as dormet as evidenced with an object of the use of domestic in cards. Userung domestic in cards. Userung domestic electrical acuts guipment connected to attribut the proposibility of an andre possibility of an andre possibi		-The unapproved power strip removed from room 6 and with an approved electrical power strip on 3-10. -The 6 prong domestic electrical power strip on 30. -The 3 prong domestic electrical adapter was removed from the beauty salon. Plan/Process to identify off residents potentially affects the same deficient practice corrective action(s) to be to electrical power and domestic electrical power and domestic electrical adapt were removed and replaced wapproved electrical wall outled. -Maintenance Director and Administer will make facility reweekly and assure that the coadapters are used. -Administrator and Maintenan Director educated staff on the importance of using the correct approved power strips.	as 0-18 ical i room ical ical ine her ed by and iken: and all strips ers with is.	

	DEFICIENCIES CORRECTION	VI) PAGY DICUST PRUERVOUA DENT FIGATION NUMBER:	1		ISTRUCTION IAIN BUILDING 01		TE SURVEY MPLETED
		056378	B WING			03	/10/2018
		TE CARE CENTER		3850 €.	ADDRESS, CITY STATE ZIP CODE ESTHER ST. BEACH, CA 90804		
(X4) ID PREF'X TAG	(EACH DEFICIEN	TAY DENT OF DEPICIENCIES OY DUST BE ENDICIDED BY FULL LIST OF NOT VING INFORMATIONS	ID PREF TAG		PROVIDER'S PLAN OF CORRECTED FOR ACTION SHOTCH ACTION SHOTCH ACTION SHOTCH ACTION SHOTCH ACTION ACTI	DULD BE	(X5) COMPLETION DATE
	fan and an adding domestic electrical extensions and an adding domestic electrical extension electrical extension electrical extension electrical extension electrical extension electrical extension en electrical extension extension en electrical extension electrical extension e	was observed that an electric of historical was plugged into a stransistic was learned was learned was observed that an air was plugged into a domestic at some which was plugged into pullet, at an administrative. Who case we inthat an electric attricts on electrical medical carried used to prevent was pagged into an electrical Relation of One resident was on oally it was intraced. What observed that two electric domestic was plugged into an according to the proposition of the propo	K 9	: ! ! !	Facility plan to monitor corrective actions and suscompliance; Integrate QA Process: facility rounds will be documented at the Monthly Quassurance and Performance improvement meeting. Date of Compliance: 4/02/1	ented and ality	4.2-18

	OF DEFICIENCIES OF CORRECTION	> FIRE OF BURNING HAR TO SELECT FOR THE NUMBER	1	ILTIPLE CONSTRUCTION DING 01 - MAIN BUILDING 01		TE SURVEY MPLETED
	PROVIDER OR SUPPLIER BY OAKS POST ACU?	056378 E CARE CENTER	B WING	STREET ADDRESS CITY, STATE, ZIP CO 3850 E. ESTHER ST. LONG BEACH, CA 90804		/10/2018
(X4) (D PREFIX TAG	(EACH DEFICIEN.	CHMENT OF DEFICIENCIES OF THE PROPOSED BY FULL OF DEFICIENTS SEGRMANONS	ID PREF TAG	EACH CORRECTIVE ACTION	SHOULD BE	COMPLETION DATE
K 923	mentioned that the electrical devices of nazards. At the end maintenance superproblems would be the Underwriters of independent Ameritechnologies to problems and certifical devices in validates and certificated devices in validates and certificates and the maintenance an	In power strip. It was also use of these unapproved out it can to possible fire (i.e., we interview, the series of that these electrical some strip in mitediately (Utilis). Long table which is an earliagency that analyzes new mote new safety standards for this agency tests, inspects, estimated two of three cities are electrical devices as the unacted two of three cities. The catove informage were eight actively process and earlies, with the administrator to separated Container Storage and the catove and Container Storage and the catove electric catovers of an enclosure or reconstruction, with door (or does be secured. Oxid zing with Lambrables, and are use the electric catovers. Since the container of catovers of a catovers. Since the container of the catovers of the catovers of the catovers of the catovers of the catovers. Since the container of the catovers of the		923 K Tag Identifier: K 9 Immediate corrective acti those Residents affected deficient practice: -No residents were affected deficient practice -"NO SMOKING" signs were outside of both medication immediately	on(s) for by the	4-2-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	> PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER	1	CONSTRUCTION 1 - MAIN BUILDING 01	(X3) DATE SURVEY COMPLETED
!	056378	R WING	no aporto forma di Mallio di Mangana paga ha di productiva di Andria di Andria di Andria di Andria di Andria d	03/10/2018
NAME OF PROVIDER OR SUPPLIER REGENCY OAKS POST ACUT	PICARE CENTER	385	REET ADDRESS, CITY, STATE, Z:P CODE 50 E. ESTHER ST. NG BEACH, CA 90804	
PRICES SEACH DEFICIENCY	ELIENT OF DUF CENCIES SENT OF PRECEDED BY FULL CLOCK OF YING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DIBE COMPLETION
cylinders available if care areas with an acre aqual to 300 curd stored in an encious nandled with precox. A precautionary signeach door or gate cowhere the sign incit. minimum "CAUTIC: STORED WITHIN Storage is planned to displanned to displanned to displanned to displanned to cylinders. We experienced to a considered empty is are marked to avoid in the open are product to a considered empty. Based on posative failed to post "No 6 oxygen tanks are so NFPA 99, Header Cau Requirement 11 acres are stored without increase the cisk for supervisor conducts."	c 300 cubic feet ompartment, individual configuration, individual configuration and required to be seen that the segment of the series of the	K 923	Plan: Process to identify other residents potentially affected to the same deficient practice and corrective action(s) to be takent. All areas where oxygen is stored were assessed for NO SMOKING signs and no other areas were affected. Facility measures and systemic changes to ensure the deficient practice does not recur: - Administrator and DON educated staff on 3-23-18 regarding imposition of posting NO SMOKING signs outside of all areas where oxygen stored. -DON, her designee, DSD, Administrator and/or Maintenan Director will do facility rounds with assure that areas where oxygen stored will have NO SMOKING posted outside the door. Facility plan to monitor correct actions and sustain compliant Integrate QA Process: -Findings from facility rounds with collected for the month and will be oresented, discussed and documented at the monthly Quarassurance and Performance Improvement meetings for further review and recommendations.	d n: d G ic int itted intance en is ce eeekly gen is signs ctive ice; ii be then inity

	TOF DEFICIENCIES OF CORRECTION	OBT FICATION NUMBER	1		CONSTRUCTION - MAIN BUILDING 01		X3) DATE SURVEY COMPLETED	
NAME OF	PROVIDER OR SUPPLIES	056378	B WINE	,			03/10/2018	
	CY OAKS POST ACUI	re care genter		3850	EET ADDRESS, CITY STATE ZIP C DE, ESTHER ST. NG BEACH, CA 90804			
(X4) -D PREFIX TAG	(EACH DEFICILISE)	TEM, N.T. OF DEPICIENCIES YOU SERVE PROSDED BY FULL DOES NOT MIND (INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CDI (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD B		٥N
K 923	Continued From pa	ые 15	K	923			4-2-1	8
	cart (which was not (culift.) oxygen tar medication record. ("No Smoking" signathis medication rock." 2. At 9.30 a.m., it words to a medication rock. ("No Smoking" signathis medication rock." "No Smoking" signathis medication rock. ("No Smoking" signathis medication rock. ("The administration should be stated that "No Smoothe end of the interestated that a "No smouthle end of these medication rock. ("No Smoothe end of these medication rock.") The deficient plactic smoothe end of these medication rock. ("No Smoothe end of these medication rock.)	as observed that a "crash" con use), with a 25 cullft. forest inside Station 2's bloods abservation showed that it is were not posted outside of the nursing supervisor smaking" signs missing table a rooms, where the above. The nursing supervisor which signs should be posted and also expgen is stored. At least the nursing supervisor with a big oxygen is stored. At least the nursing supervisor to apply sign would be posted. The nursing supervisor to apply sign would be posted. The service of three the services of three the services that the services are supported to the services of the services and making with the administrator of the services with the administrator.						