	TEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA DPLAN OF CORRECTION IDENTIFICATION NUMBER:			TIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
		055494	B. WING		02/26/2018
	NOVIDER OR SUPPLIE			STREET ADDRESS, CITY, STATE, ZIP 1633 CYPRESS LANE PARADISE, CA 95969	and the second se
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE COMPLETION
E 000	Initial Comments		E	000	
	Department of P Emergency Prep	i lects the findings of the California ublic Health, during an aredness recertification survey. in accordance with 42 Code of			
ar wind month to a	Federal Regulati	ons (CFR) 483.73, Requirement are (LTC) Facilities.			
	Representing the Health: 37135	e California Department of Public	-		
E 039 E	Census: 88 EP Testing Requ CFR(s): 483.73(039 Disclaimer Clause: F or execution of	
	(2) Testing. The [facility, except for LTC facilities. RNHCIs and OPOs] must conduct exercises to test the emergency plan at least annually. The [facility, except for RNHCIs and OPOs] must do all of the following:			admission and/or a the facts alleged or forth in this deficiencies. This pl	conclusions set statement of an of correction
0.	The LTC facility the emergency unannounced s	ties at §483.73(d):] (2) Testing. must conduct exercises to test plan at least annually, including taff drills using the emergency to LTC facility must do all of the		is prepared and/or because it is re provision of federal a	quired by the
	community-bas exercise is not a facility-based. I actual natural o	a full-scale exercise that is ed or when a community-based accessible, an individual, f the [facility] experiences an r man-made emergency that ion of the emergency plan, the	Ĩ		
		pt from engaging in a ed or individual, facility-based	en la constante		1
ABORATO			GNATURE	TITLE Administrator	(X6) DATE Mar. 12, 201
lays followi		her or not a plan of correction is provided suments are made available to the facility	ons.) Exe For nurs		ated above are disclosable 90 day ons of correction are disclosable 14

1

	ATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA			TIPLE (OMB NO. 0938-0391 (X3) DATE SURVEY		
NU PLAN C	FCORRECTION	IDENTIFICATION NUMBER:	A. BUILD	ING 1A	A, 1B	COMP	LETED
		055494	B. WING			02/2	6/2018
NAME OF I	PROVIDER OR SUPPLIER			STR	REET ADDRESS, CITY, STATE, ZIP CODE		······································
CYPRES	S MEADOWS POST-	ACUTE			3 CYPRESS LANE RADISE, CA 95969		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD BE	(X5) COMPLETION DATE
	the actual event. (ii) Conduct an add include, but is not (A) A second full community-based (B) A tabletop e discussion led by a clinically-relevant of of problem statem prepared question emergency plan. (iii) Analyze the [far maintain documer exercises, and em [facility's] emerger *[For RNHCIs at § §486.360] (d)(2) T must conduct exe plan. The [RNHCI following: (i) Conduct a pap least annually. A t discussion led by clinically relevant of problem statem prepared question emergency plan. (ii) Analyze the [F to and maintain d exercises, and em [RNHCI's and OP needed. This REQUIREM by: Surveyor: 37135 Based on docum	for 1 year following the onset of ditional exercise that may limited to the following: II-scale exercise that is or individual, facility-based. xercise that includes a group a facilitator, using a narrated, emergency scenario, and a set ents, directed messages, or s designed to challenge an acility's] response to and nation of all drills, tabletop nergency events, and revise the ncy plan, as needed. 403.748 and OPOs at resting. The [RNHCI and OPO] rcises to test the emergency and OPO] must do the per-based, tabletop exercise at abletop exercise is a group a facilitator, using a narrated, emergency scenario, and a set nents, directed messages, or ns designed to challenge an RNHCI's and OPO's] response ocumentation of all tabletop nergency events, and revise the PO's] emergency plan, as ENT is not met as evidenced			compliance on Mar. 6, Additionally, the is a current participant in the County Emergency Prep Coalition. The MSD and staff were in on Mar. 6, 2018 re: timely co and documentation of disas The MSD shall submit dr upon completion to Adminis compliance. The Administrator or design review audits to ensure as compliance. Results of thes shall be forwarded to the Committee and evalua implementation and effective	2018. Director drills on mpliance. th full 2018. MSD the Butte aredness aserviced induction ter drills. ill audits trator for nee shall sustained se audits he QAPI ted rei eness.	

		AND HUMAN SERVICES			FORM	03/01/201 APPROVE 0938-039	
ATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING 1	00		DATE SURVEY COMPLETED	
		055494	B. WING		02/2	26/2018	
	ROVIDER OR SUPPLIER		16	TREET ADDRESS, CITY, STATE, ZIP CODE 533 CYPRESS LANE ARADISE, CA 95969			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LDBE	(X5) COMPLETIC DATE	
E 039	drills. This was ev of two disaster dril seven smoke com delayed response due to lack of train Findings: During document Maintenance Dire emergency prepa requested. 1. At 10:30 a.m., n the facility completion	idenced by the absence of one ls. This affected seven of partments and could result in a to a during an actual disaster	E 039				
K 000	confirmed the find have a power out complete an after INITIAL COMMEN Surveyor: 37135 K3 BUILDING: M Lane) K6 PLAN APPRC K7 SURVEY UNI STRUCTURE TY CONSTRUCTION SPRINKLERED. The following refil Department of Pr Life Safety Code findings are in ac Federal Regulati	ling and stated that they did age on 12/12/17, but did not action report. NTS ain Building (1633 Cypress	K 000	DERTIFIC ATION PROGRAM	AVH BID	UALIFORMA DEPARTMENT	

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PRINTED:	03/01/2018
FORM	APPROVED
OMB NO	0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE C A. BUILDING 1A ,			E SURVEY PLETED
		055494	B. WING		02	26/2018
	ROVIDER OR SUPPLIER		1633	ET ADDRESS, CITY, STATE, ZIP CO CYPRESS LANE ADISE, CA 95969	DDE	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE
1.	Representing the Health: 37135 The facility is not 42 CFR §483.90 Census: 88 Surveyor: 37135 K3 BUILDING: C Road) K6 PLAN APPRO K7 SURVEY UNI STRUCTURE TY W/PARTIAL BAS	ities Code, 2012 Edition. California Department of Public in substantial compliance with for Long Term Care Facilities. ottage Building (6900 Clark OVAL: 1/1/60 DER: 2012 EXISTING YPE: PARTIAL TWO STORY EMENT, CONSTRUCTION	K 000			
K 161 SS=D	Department of P Life Safety Code findings are in ac Federal Regulati National Fire Pro Life Safety Code Health Care Fac Representing the Health: 37135 The facility is no 42 CFR §483.90 Census: 0 Building Constru	lects the findings of the California ublic Health, during an annual recertification survey. The coordance with 42 Code of ons (CFR) §483.90(a)(b)(c)(j), otection Association (NFPA) 101- e, 2012 Edition, and NFPA 99 - ilities Code, 2012 Edition. e California Department of Public t in substantial compliance with 0 for Long Term Care Facilities.			2018 MAR 12 AN 9: 07 CERTIFICATION PROGRAM	CE PUSTICITIZATA

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055494	(X2) MULTIF A. BUILDING B. WING	LE CONSTRUCTION 6 1A, 1B	(X3) DATE SURVEY COMPLETED 02/26/2018
	PROVIDER OR SUPPLIEI	<u>।</u> २		STREET ADDRESS, CITY, STATE, ZIP CO 1633 CYPRESS LANE PARADISE, CA 95969	
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE COMPLETION
K 161	Building Construct 2012 EXISTING Building construct Table 19.1.6.1, un 19.1.6.2 through 19.1.6.4, 19.1.6.5 Construct 1 I (442), I stories sprinklered 2 II (111) non-sprinklered 3 II (000) non-sprinklered 4 III (211) sprinklered 5 IV (2HH 6 V (111) 7 III (200) non-sprinklered 8 V (000) sprinklered Sprinklered stori throughout by an system in accord	etion Type and Height tion type and stories meets hless otherwise permitted by 19.1.6.7	K 16	 Response to K 161: The Maintenance Services (MSD) sealed the penetra 1&2 on Feb. 27, 2018. The MSD director and sta facility inspection to ensu penetrations were sealed completed with compliant 2018. The MSD and staff were on Mar. 6, 2018 re: maint building construction and penetrations and a log wa track and demonstrate co MSD shall submit logs to upon completion for com The Administrator or des review audits to ensure s compliance. Results of th shall be forwarded to the committee and evaluated implementation and effed Completion date: March 	tions for Items off conducted re that all Inspection ce on Feb. 28, in-serviced enance of sealing of as created to ompliance. The Administrator pliance. ignee shall ustained nese audits QAPI t re: ctiveness.
	construction, the basements, floo location of smol	cription, in REMARKS, of the a number of stories, including rs on which patients are located are or fire barriers and dates of lete sketch or attach small floor			DU FOURI, D 2010 MAR 1 2 CERTIFIC VIU

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILE		E CONSTRUCTION 1A, ÎB	(X3) DATE SURVEY COMPLETED	
:		055494	B. WING			02/26/2018	
	NAME OF PROVIDER OR SUPPLIER CYPRESS MEADOWS POST-ACUTE		;	1	TREET ADDRESS, CITY, STATE, ZIP CODE 633 CYPRESS LANE PARADISE, CA 95969		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
K 161	plan of the building This REQUIREME by: Surveyor: 37135 Based on observat failed to maintain t was evidenced by ceiling. This affect compartments and fire and smoke in t Findings: During a tour of th Maintenance Direc ceilings were obse 1. At 11:56 a.m., t observed. There diameter penetrat gray cord going th	g as appropriate. NT is not met as evidenced tion and interview, the facility he building construction. This unsealed penetrations in the ted one of seven smoke d could result in the spread of the event of a fire. e facility and interview with the ctor on 2/26/18, the walls and erved. the Business Office was was an approximate 1/2 inch ion with two blue cords and one rough the ceiling area near the ion interview, the Maintenance		161			
K 293 SS=E	observed. There diameter penetrat through the ceiling interview, the Mai finding. Exit Signage	the Phone Panel Room was was an approximate 1/2 inch ion with two blue cords going g area near the south wall. Upor ntenance Director confirmed the 1	e	(29)	3 3	N N	
	accordance with	al signs are displayed in 7.10 with continuous illuminatior e emergency lighting system.	1	_	GRATI	:. 7	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 1A, 1B			(X3) DATE SURVEY COMPLETED	
	055494	B. WING			02/2	6/2018
NAME OF PROVIDER OR SUPPLIER CYPRESS MEADOWS POST-AC			163	REET ADDRESS, CITY, STATE, ZIP CODE 33 CYPRESS LANE RADISE, CA 95969		
PREFIX (EACH DEFICIENCY M	EMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL C IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
 with less than 30 occ travel is obvious.) This REQUIREMEN by: Surveyor: 37135 Based on document facility failed to main signs. This was evid exit signs throughout tested monthly and a of seven smoke com in the malfunction of signs during an eme NFPA 101, Life Safe 19.2.10 Marking of I 19.2.10.1 Means of accordance with Se permitted by 19.2.10 7.10.9 Testing and I 7.10.9.1 Inspection. inspected for opera at intervals not to ex periodically monitor 7.9.3.1.3. 7.10.9.2 Testing. Ex provided with, a bat illumination source, shall be tested and with 7.9.3. 7.9.3 Periodic Testi Equipment. 7.9.3.1 Required en shall be tested in a 	-story existing occupancies cupants where the line of exit IT is not met as evidenced t review and interview, the ntain the battery operated exit denced by battery operated ut the facility that were not annually. This affected seven mpartments and could result of the battery operated exit ergency. ety Code, 2012 Edition. Means of Egress. egress shall have signs in action 7.10, unless otherwise 0.2, 19.2.10.3, or 19.2.10.4.			Response to K 293: The Wing A&B battery operated exisigns (BOES) were tested as com March 6, 2017. The Maintenance Services Director and staff conducted facility inspect ensure that all BOES were function operational. Inspection completed full compliance on March 7, 2018. The MSD department and staff we serviced on Mar. 6, 2018 re: testin and a log was initiated to track an demonstrate compliance. The MSS submit documentation to Adminis upon completion for compliance. The Administrator or designee shaudits to ensure sustained compliance Results of these audits shall be for to the QAPI committee and evalue implementation and effectiveness Completion Date: March 12, 2018	pliant on or (MSD) tions to nal and with rere in- ng BOES d BD shall trator all review jance. orwarded ated re:	

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Faclity ID: CA230000031

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		& MEDICAID SERVICES					<u>D NQ. (</u>	<u> 1938-0391</u>
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		LE CONSTRUCTION 6 1A, 1B	(X3) DATE SURVEY COMPLETED		
		055494	B. WING			02/26/2018		
NAME OF I	PROVIDER OR SUPPLIER			5	STREET ADDRESS, CITY, STATE, ZIP CODE			···-
CYPRESS MEADOWS POST-ACUTE				1633 CYPRESS LANE PARADISE, CA 95969				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LD E		(X5) COMPLETION DATE
K 293	Continued From p	age 7	к	293	3		-	
	systems shall be p follows: (1) Functional test with a minimum of weeks between te seconds, except a 7.9.3.1.1(2). (2)*The test interv extended beyond authority having ju (3) Functional test for a minimum of lighting system is (4) The emergence fully operational for required by 7.9.3. (5) Written record	ing shall be conducted annually 1 1/2 hours if the emergency battery powered. by lighting equipment shall be or the duration of the tests 1.1(1) and (3). s of visual inspections and tests he owner for inspection by the						
	systems shall be follows: (1) Self-testing/sel emergency lightin (2) Not less than self-testing/self-d emergency lightin perform a test will seconds and a di (3) Self-testing/se emergency lightin failures by a statu (4) A visual inspe intervals not exce	elf-diagnostic battery-operated ng equipment shall indicate us indicator. ction shall be performed at eeding 30 days. sting shall be conducted annuall			T-712 TL 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,		2000HAR 12 21 9:07	

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	EDICAID SERVICES			<u> </u>	<u>INR NO.</u>	0938-0391
	PROVIDER/SUPPLIER/CLIA DENTIFICATION NUMBER:	(X2) MUL A. BUILD		DNSTRUCTION 1B	(X3) DATE SURVEY COMPLETED	
	055494	B. WING			02/26/2018	
NAME OF PROVIDER OR SUPPLIER CYPRESS MEADOWS POST-ACUTE			1633	ET ADDRESS, CITY, STATE, ZIP CODE CYPRESS LANE ADISE, CA 95969		
(X4) ID SUMMARY STATEMEN PREFIX (EACH DEFICIENCY MUST TAG REGULATORY OR LSC IDE	T BE PRECEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETION DATE
 (7) Written records of vision shall be kept by the own authority having jurisdict 7.9.3.1.3. Testing of requisivers shall be permitted follows: (1) Computer-based, set battery-operated emerged shall be provided. (2) Not less than once e lighting equipment shall test with a duration of a and a diagnostic routine (3) The emergency light automatically perform an minimum of 1 1/2 hours (4) The emergency light fully operational for the orequired by 7.9.3.1.3(2) (5) The computer-based of providing a report of the failures at all times. Findings: During document review interview with the Maint 2/26/18, the battery oper were requested. 1. At 10:45 a.m., there that indicated the batter throughout the facility with a monthly and 90 minute 	nostic battery-operated pment shall be fully tion of the 11?2-hour test. sual inspections and tests per for inspection by the tion. uired emergency lighting ted to be conducted as elf-testing/self-diagnostic pency lighting equipment every 30 days, emergency automatically perform a minimum of 30 seconds e. ting equipment shall mnually a test for a s. ting equipment shall be duration of the tests and (3). d system shall be capable the history of tests and w, observation, and tenance Director on erated exit signs records e were no records provided ry operated exit signs were tested for 30 seconds		293		The second	

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CENTERS FOR MEDICARE & MEDICAID SERVICES						<u> MB N</u>	<u>0, 0</u>	938-0391
STATEME	NT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 1A , 1B				(X3) DATE SURVEY COMPLETED	
		055494	B. WING				02/26/2018	
NAMEO	F PROVIDER OR SUPPLIER	•			TREET ADORESS, CITY, STATE, ZIP CODE			
CYPRESS MEADOWS POST-ACUTE					633 CYPRESS LANE PARADISE, CA 95969			
(X4) II PREFI TAG	X (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	1	ID PROVIDER'S PLAN OF CORRECTS PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPROI DEFICIENCY)				(X5) COMPLETION DATE
КЗ	entry of Wing A wa At 11:48 a.m., the entry of Wing B wa Smoke Detection D CFR(s): NFPA 107 Smoke Detection 2012 EXISTING Smoke detection open to corridors 19.3.4.5.2 This REQUIREMI by: Surveyor: 37135 Based on docume facility failed to m devices. This wa station battery op not tested on a w manufacturer. Th compartments an notification in the NFPA 101, Life S 19.3.4.1 General be provided with accordance with 9.6.2.10.1.1 Whe this Code, single- smoke alarms sh 72, National Fire	battery operated exit sign at the as observed. battery operated exit sign at the as observed. 1 systems are provided in spaces as required by 19.3.6.1. ENT is not met as evidenced ent review and interview, the aintain the smoke detector s evidenced by 40 of 40 single erated smoke alarm that were eekly basis as required per the his affected five of seven smoke d could result in the delayed event of a fire. afety Code, 2012 Edition. Health care occupancies shall a fire alarm system in Section 9.6. re required by another section of station and multiple-station hall be in accordance with NFPA Alarm and Signaling Code,	ĸ	347		-	2013 MAR 12 77 9:07	
	9.6.2.10.1.3, or 9	provided in 9.6.2.10.1.2, 0.6.2.10.1.4.	And the second					

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CENTER	CENTERS FOR MEDICARE & MEDICAID SERVICES				01	UND NO. 0930-0391		
	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 1A, 1B			(X3) DATE SURVEY COMPLETED		
		055494	B. WING	;		02/2	26/2018	
	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			16	REET ADDRESS, CITY, STATE, ZIP CODE 33 CYPRESS LANE ARADISE, CA 95969 PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP) BE	(X5) COMPLETION DATE	
K 353	Code, 2010 Edition 10.3.2 System con- tested, and mainta- manufacturer's pu- instructions and th 14.2.1.1.1 Inspecti- programs shall sai Code and conform- manufacturer's pu- Findings: During document Maintenance Dire- alarm device reco 1. At 10:08 a.m., 40 of 40 single sta alarms were not to through November Maintenance Dire- Sprinkler System CFR(s): NFPA 10 Sprinkler System Automatic sprinkl- inspected, tested, with NFPA 25, Sta Testing, and Main Protection System maintenance, ins- maintained in a s- available.	Fire Alarm and Signaling n. nponents shall be installed, ined in accordance with the blished is Code. on, testing, and maintenance tisfy the requirements of this n to the equipment blished instructions. review and interview with the ctor on 2/26/18, the smoke rds were requested. records provided indicated that ation battery operated smoke ested weekly from March 2017 rr 2017. Upon interview, the ctor confirmed the finding. - Maintenance and Testing er and standpipe systems are and maintained in accordance andard for the Inspection, itaining of Water-based Fire ns. Records of system design, pection and testing are ecure location and readily r system last checked		347	DEFICIENCY) Response to K 347: The facility identified the missing of mentation issue in December 2011 referred the item to our QAPI com This identification and proof of ide was shared and provided to the Li Code representative on Feb. 26, 2 The Maintenance Services Directo and staff inspected deparmental of mentation and intiated testing to e compliance. Inspection completed compliance with testing since Dec The MSD department and staff we serviced on Mar. 6, 2018 to leave documentation intact upon chang employment and to not abscond we documentation. The MSD/Admini audit said documentation upon per turnover for compliance. Res audits to ensure compliance. Res audits shall be forwarded to the C committee and evaluated re: implementation and effectiveness Completion date March 12, 2018	7 and mittee. ntificatio fe Safety 2018. or (MSD) locu- ensure I and fac 2. 7, 2018 ere in- all facilit e of with facilit ersonnel all review sults of th API	ty nall vese	
							- <u></u>	

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Event ID: BNEU21

Facility ID: CA230000031

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PRINTED: 03/01/2018 FORM APPROVED OMB NO: 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) 'PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION		(X3) DATE SURVEY COMPLETED	
		055494	B. WING				Anto	10040
	PROVIDER OR SUPPLIER		1		REET ADDRESS, CITY, STATE, 2		02/20	5/2018
	S MEADOWS POST-			16	33 CYPRESS LANE NRADISE, CA 95969			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD THE APPROPF	BE	(X5) COMPLETION DATE
K 353	any non-required of system. 9.7.5, 9.7.7, 9.7.8, This REQUIREME by: Surveyor: 37135 Based on docume interview, the facil automatic sprinkle This was evidence report that were n absence of 10 of sprinkler head that inch clearance. T smoke compartm malfunction of the a fire. NFPA 101, Life Sa 19.3.5.1 Buildings be protected throw supervised autom accordance with 3 permitted by 19.3 9.7.1.1* Each aut required by anoth in accordance with (1) NFPA 13, Stat Sprinkler System (2) NFPA 13D, St Sprinkler System Dwellings and Ma (3) NFPA 13R, St	Supply source CKS information on coverage for or partial automatic sprinkler and NFPA 25 ENT is not met as evidenced ent review, observation, and ity failed to maintain the er system and it components. ed by a quarterly inspection/test oted with deficiencies, the 12 monthly inspections, and one it did not have the required 18 his affected seven of seven ents and could result in the e sprinkler system in the event of afety Code. 2012 Edition. acontaining nursing homes shall ughout by an approved, natic sprinkler system in Section 9.7, unless otherwise .5.5. omatic sprinkler system her section of this Code shall be th one of the following: ndard for the Installation of	f	353	Response to K 353: page 15: 1) sprinkler sy Vendor replaced janitor 9, 2018; facility staff rer to FDR on Feb. 26, 201 kitchen wall clearance on March 9, 2018. 2) Fi to address missing doc ensure compliance fror (See K 347). 3) Facility gym obstruction on Feb page 17: 1) Sprinkler s Vendor replaced items Facility initiated QAPI t documentation and to from Dec. 2017 forward The Maintenace Servic and staff were inspecte ensure compliance with testing of the sprinkler completed with full con 9, 2018. The MSD department March 6-9, 2018 re: co compliance with vendo obstructions, and main sprinkler system. The completed vendor rep inspection audits to Ac compliance. The Administrator or o audits to ensure susta Results of these audit to the QAPI committe- implementation and e Completion date: Mar	estem vendo closet head noved obstr 8; obstructio correction in acility initial umention ar n Dec. 2017 staff remov b. 26, 2018. ystem vende 1-8 on Marco o address m ensure comy d. (see K347 ces Director ed the facility h maintenar system. Ins npliance on were inservi- ompletion an or reports, fa- ntenance of MSD shall for ort audits ar dministrator designee shall is shall be for e and evalue flectiveness	d on Mar. ructions on to itiated ted QAPI nd to ' forward red the or report ch 9, 201 issing pliance 7) (MSD) y to nce and pection March iced on ad acility the orward or facility for all review ance. orwarded ated re:	
FORM CMS	-2567(02-99) Previous Versi		:U21	F	acility ID; CA230000031		ation sheet	Page 12 c

TATEMENT OF DEFICIENCIES IND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCT	NON		(X3) DATE	U938-035 SURVEY PLETED
		055494	B. WING				02/2	26/2018
	ROVIDER OR SUPPLIER	ACUTE		STREET ADDRE 1633 CYPRES PARADISE, C	DE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	IX (EACH	OVIDER'S PLAN OF CORF I CORRECTIVE ACTION S REFERENCED TO THE AI DEFICIENCY)	HOULD	BE	(X5) COMPLETIC DATE
K 353	Continued From pa	age 12	ĸ	353				
	sprinkler and stand Code shall be insp in accordance with Inspection, Testing	and Testing. All automatic dpipe systems required by the ected, tested, and maintain NFPA-25, Standard for the g, and Maintenance of Protection Systems.						
,	System. 2010 Edi	o Storage (Standard Pende						
	3	nce between the deflector a shall be 18 in. (457 mm) or						
	and Maintenance Systems. 2011 Ed 4.1.4* Corrections 4.1.4.1 The prope representative sha	and Repairs. rty owner or designated all correct or repair deficienc	tion					
	inspection, test, and standard. 4.1.4.2* Correction	at are found during the nd maintenance required by ns and repairs shall be lified maintenance personn ctor.						
	4.3 Records 4.3.1* Records sh and maintenance components and authority having ju 5.2.1.2* The minist	nall be made inspections, te of the system and its shall be made available to t urisdiction upon request. mum clearance required by	he the			in L. ORRAH	00:011/2	
	sprinkler deflector 5.2.4 Gauges	ard shall be maintained belo rs. on a wet pipe sprinkler shal						

AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X2) MULTIPLE CONSTRUCTION A. BUILDING 1A, 1B			(X3) DATE SURVEY COMPLETED	
		055494	8. WING			02/2	26/2018
	PROVIDER OR SUPPLIER	ACUTE	STR 163 PAI	ZIP CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE AC CROSS-REFERENCED TO DEFICIEN	TION SHOULD	8E	(X5) COMPLETION DATE
K 353	inspected monthly condition and the r being maintained. 13.3.2.1.1 Valves s supervised in acco standards shall be monthly. 13.3.2.2* The valve valves are in the for (1) In the normal o (2)*Sealed, locked (3) Accessible (4) Provided with o (5) Free from exter (6) Provided with a 13.4.1.1* Alarm va valves shall be ext shall verify the folle (1) The gauges ind pressure is being for (2) The valve is free (3) All valves are i closed position. (4) The retarding of leaking. 13.6.1.1.1 Valves electrically superv applicable NFPA s monthly. Findings: During documenta facility, and intervi Director on 2/26/1	to ensure that they are in good formal water supply pressure is recured with locks or rdance with applicable NFPA permitted to be inspected e inspection shall verify that the ollowing condition: pen or closed position , or supervised correct wrenches rnal leaks applicable identification lives and system riser check ternally inspected monthly and owing: dicate normal supply water	K 353		u de l'Arte - Aderaide Altre - Aderaide	30 - 21 WANGING	

CENTER	KS FOR MEDICARE	& MEDICAID SERVICES			0	VIB NO.	0938-0391
	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	. ,	TIPLE CONSTRUCTION DING 1A, 1B		(X3) DATE COMF	SURVEY
		055494	B. WING	i	-	02/2	6/2018
	PROVIDER OR SUPPLIER	ACUTE		STREET ADDRESS, CITY, STA 1633 CYPRESS LANE PARADISE, CA 95969	TE, ZIP CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	CROSS-REFERENCE) BE	(X5) COMPLETION DATE
K 353	Testing, and Maint document indicate inspected/tested of Vendor 1. On pag indicated that the f were found: 1-Janitor closet he 2-Keep FDC clear 3-Kitchen wall req head. There was indicated the repain the Maintenance f and stated they with make repairs. 2. At 11:23 a.m., visual inspections check valves and following months April, May, June, October, Novemb Upon interview, th confirmed the find 3. At 12:25 p.m., Gym Closet was braces stored at a the deflector. Up Director confirme Surveyor: 37135 Based on docum facility failed to m system and it cor by a quarterly ins noted with deficie 12 monthly inspe-	a document titled, " Inspection, enance," was provided. The d that the sprinkler system was n 1/15/18 by Sprinkler System e 3 of 3 of the documents, it ollowing three deficiencies ad corroded, of obstructions, and uired clearance from sprinkler no documentation provided that irs were made. Upon interview, Director confirmed the finding are working with vendor to records indicated that monthly for the alarm and system riser pressure gauge for the were not completed: March, July, August, September, er, and December of 2017. the sprinkler head located in the observed. There were two leg approximately five inches from on interview, the Maintenance d the finding.		353	ALACIFIA TRUE TROORAN		

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CENTER	<u>IS FOR MEDICARE</u>	<u>& MEDICAID SEF</u>	RVICES				0	<u>MB NC</u>	<u>), 0938-0391</u>
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPI IDENTIFICATION N		(X2) MUL A. BUILD		CONSTRUCTION 4, 1B		(X3) DATE SUF COMPLET	
		055494	4	B. WING				02	/26/2018
NAME OF P	ROVIDER OR SUPPLIER		·		ST	REET ADDRESS, CITY, STATE, ZI	PCODE	1 02	20/2010
						33 CYPRESS LANE			
CYPRES	S MEADOWS POST-	ACUTE			PA	RADISE, CA 95969			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENC Y MUST BE PRECEDED LSC IDENTIFYING INFOR	8Y FULL	ID PREFI TAG		PROVIDER'S PLAN OF ((EACH CORRECTIVE ACT) CROSS-REFERENCED TO T DEFICIENC	ION SHOUL	D BE	(X5) COMPLETION DATE
K 353	Continued From pa a fire.	age 15		ĸ	353				
	be protected throu supervised autom	containing nursing ghout by an approv atic sprinkler system section 9.7, unless	homes shall ved, m in						
	sprinkler and stan Code shall be insp in accordance with Inspection, Testing	e and Testing. All au dpipe systems requ bected, tested, and h NFPA 25, Standa g, and Maintenance Protection System	uired by this maintained rd for the e of						
	and Maintenance Systems. 2011 Ec 4.1.4* Corrections 4.1.4.1 The proper representative sho or impairments th		re Protection nated deficiencies the						
	standard. 4.1.4.2* Correction performed by qua a qualified contra 4.3 Records 4.3.1* Records sh and maintenance components and authority having j 5.2.4 Gauges 5.2.4.1* Gauges inspected monthl	ons and repairs sha alified maintenance ctor. all be made inspe- of the system and shall be made ava urisdiction upon rec on a wet pipe sprin y to ensure that the normal water supp	II be personnel or ctions, tests, its ilable to the quest. kler shall be ey are in good				A A STALLER AND		
		secured with locks	s or		<u> </u>	1			
FORM CMS	2567(02-99) Previous Versi	ons Obsołete	Event ID: BNEU	J 21	Fa	acility ID: CA230000031	If contin	uation sh	eet Page 16 of 3

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FORM	APPROVED

CENTER	<u>IS FOR MEDICARE</u>	& MEDICAID SERVICES			(<u>DMB NO.</u>	0938-0391		
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		ECONSTRUCTION	(X3) DATE SURVEY COMPLETED			
		055494	B. WING			02/	26/2018		
NAME OF F	ROVIDER OR SUPPLIER	•		S	TREET ADDRESS, CITY, STATE, ZIP CODE				
CYPRES	S MEADOWS POST-				633 CYPRESS LANE PARADISE, CA 95969				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		(EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(XS) COMPLETION DATE
K 353	supervised in acco standards shall be monthly. 13.3.2.2* The valve valves are in the for (1) In the normal of (2)*Sealed, locked (3) Accessible (4) Provided with of (5) Free from exter (6) Provided with a 13.4.1.1* Alarm va valves shall be ext shall verify the foll (1) The gauges into pressure is being (2) The valve is fro (3) All valves are in closed position. (4) The retarding of leaking. 13.6.1.1.1 Valves electrically superv applicable NFPA si monthly. Findings: During documents the Maintenance	rdance with applicable NFPA permitted to be inspected a inspection shall verify that the ollowing condition: open or closed position , or supervised correct wrenches rnal leaks applicable identification alves and system riser check ternally inspected monthly and owing: dicate normal supply water		353		20 S LT 2 LU S: 08			
	Testing, and Mair document indicat	a document titled, "Inspection, itenance," was provided. The ed that the sprinkler system was on 1/15/18 by Sprinkler System							

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Facility ID: CA230000031

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FORM APPRON	/ED
OMB NO 0038-0	201

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION		(X3) DATE SURVE COMPLETED	
		055494	B. WING		-	02/2	6/2018
	PROVIDER OR SUPPLIER	ACUTE		STREET ADDRESS, CITY, STA 1633 CYPRESS LANE PARADISE, CA 95969	TE, ZIP CDDE		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTI PREFIX (EACH CORRECTIVE ACTION SHOUL TAG CROSS-REFERENCED TO THE APPRO DEFICIENCY)			BE	(X5) COMPLETION DATE
K 353 K 353 SS=0	Vendor 1. On page indicated that the f were found: 1-Rm 112 one ben heads, 2-Rm 110 two pair painted head, 3-Guest Lounge p 4-Entry by reception 5-Rm 101 two pair painted head, 6-Shower room or head, 7-Hallway outside 8-NE corner based There was no doc indicated the repair the Maintenance I and stated they we make repairs. 2. At 11:23 a.m., visual inspections check valves and following months April, May, June, a October, Novemb Upon interview, th confirmed the find	a 3 of 3 of the documents, it ollowing eight deficiencies t deflector and four painted ited heads and bathroom one aint on one head, on one corroded head, one corroded and one painted of 104 one painted head, and ment missing one ring hanger. umentation provided that irs were made. Upon interview, Director confirmed the finding ere working with vendor to records indicated that monthly for the alarm and system riser pressure gauge for the were not completed: March, July, August, September, er, and December of 2017. he Maintenance Director ling. nguishers		353		2010 MAR 1 2 101	
	inspected, and m	nguishers iguishers are selected, installed aintained in accordance with rd for Portable Fire	r		PROGRAM	9 12	
FORM CMS	-2567(02-99) Previous Versio	ons Obsolete Event ID: BNE		Facility ID: CA230000031	If continua		et Page 18 of

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	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION A, 1B		SURVEY
		055494	B. WING			02/2	26/2018
	NOVIDER OR SUPPLIER	ACUTE		16	REET ADDRESS, CITY, STATE, ZI 33 CYPRESS LANE ARADISE, CA 95969		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	- í	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO 1 DEFI C IENC	ION SHOULD BE	(X5) COMPLETION DATE
	by: Surveyor: 37135 Based on observat failed to maintain t This was evidence were freestanding one of two smoke in the the extinguis return malfunction NFPA 101, Life Sa 19.3.5.12 Portable provided in all hea accordance with 9 9.7.4 Manual Extir 9.7.4.1* Where re another section of extinguishers shal inspected, and ma NFPA 10, Standar Extinguishers.	2, NFPA 10 NT is not met as evidenced tion and interview, the facility he portable fire extinguishers. d by two extinguishers that and unsecured. This affected compartments and could resul shers being damaged and in if/when operation is needed. fety Code, 2012 Edition. fire extinguishers shall be lth care occupancies in .7.4.1. nguishing Equipment. quired by the provisions of this Code, portable fire I be selected, installed, aintained in accordance with d for Portable Fire		355	Response to K 355: The Maintenance Servic and staff secured the two March 6, 2018. The MSD and staff inspe extinguishers on Feb. 18 March 6, 2018 to ensure were secured on their ha completed with full comp 6, 2018. The MSD department and serviced on March 6, 20 of portable fire extinguis hangers. The MSD shall audits as necessary and compliance. The Administrator or de audits to ensure sustain Results of these audits to the QAPI committee implementation and effect	ected all fire 8, 2018 and on 9 extinguishers angers. Inspection obliance on March and staff were in- 18 re: maintenanc thers via secure I conduct complian d at least monthly f signee shall review ned compliance. shall be forwarded and evaluated re: ectiveness. h 12, 2018	ce or
	 NFPA 10, Standard for Portable Extinguishers, 2010 Edition. 6.1.3.4* Portable fire extinguishers other than wheeled extinguishers shall be installed using any of the following means: (1) Securely on a hanger intended for the extinguisher (2) In the bracket supplied by the extinguisher manufacturer (3) In a listed bracket approved for such purpose (4) In cabinets or wall recesses 					2010 MAR 1.2 - EH- 9: O.8 Der Herdublichen Pröckam	
	Findings:		1		1		
	During a tour of t	he facility and interview with the	e :				

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA ND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G 1A, 1B	(X3) DATE	SURVEY
		055494	8. WING		02/2	26/2018
	ROVIDER OR SUPPLIER	ACUTE		STREET ADDRESS, CITY, STATE, ZIP CODE 1633 CYPRESS LANE PARADISE, CA 95969		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APF DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
K 355 K 363 SS=D	 extinguishers were 1. At 12:42 p.m., t extinguisher sitting The extinguisher sitting The extinguisher sitting the Nurse Station. freestanding and u These findings we Maintenance Direct Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting of required enclosure hazardous areas r and are made of 1 wood or other matiat least 20 minute 	tor on 2/26/18, the portable fire observed. here was an ABC type on the Nurse Station counter. vas freestanding and here was an ABC type on the drawers located across The extinguisher was insecured. re confirmed by the ctor.	K 35	5		
	the passage of sm to rooms containing materials have po- latches are prohibing requirements do re- do not contain flan Clearance betweet covering is not ex- complying with 7.5 with a device cap- when a force of 5	noke. Corridor doors and doors ng flammable or combustible sitive latching hardware. Roller ited by CMS regulation. These not apply to auxiliary spaces that mmable or combustible material en bottom of door and floor ceeding 1 inch. Powered doors 2.1.9 are permissible if provided able of keeping the door closed lbf is applied. There is no e closing of the doors. Hold oper			LANAR 12 AN SEO 8	
	2567(02-99) Previous Versio	ns Obsolete Event 1D: BNEI	101	Facility ID: CA230000031 If cc	ntiquation cho	et Page 20 of 3

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		d MEDICAID DERVICED				1990-0091
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING 1	E CONSTRUCTION	(X3) DATE COMF	SURVEY
		055494	B. WING	an an Artika an Artika an Artika an Artika an Artika an Art	02/2	6/2018
	PROVIDER OR SUPPLIER	ACUTE	16	TREET ADDRESS, CITY, STATE, ZIP COU 333 CYPRESS LANE ARADISE, CA 95969		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
K 363	devices that releas pulled are permitte of unlimited height meeting 19.3.6.3.6 shall be labeled an materials in compl smoke compartme window assemblie sprinklered compa restrictions in area frames in window 19.3.6.3, 42 CFR I and 485 Show in REMARK protection ratings, etc. This REQUIREME by: Surveyor: 37135 Based on observa failed to maintain evidenced by one when tested and to obstructed from c seven smoke com the inability to cor room. NFPA 101, Life St 19.3.6.3.10* Door	e when the door is pushed or d. Nonrated protective plates are permitted. Dutch doors are permitted. Door frames d made of steel or other iance with 8.3, unless the ent is sprinklered. Fixed fire s are allowed per 8.3. In rtments there are no or fire resistance of glass or assemblies. Parts 403, 418, 460, 482, 483, S details of doors such as fire automatics closing devices, ENT is not met as evidenced tion and interview, the facility the corridor doors. This was corridor door that did not latch wo corridor doors that were losing. This affected three of npartments and could result in itain smoke and/or fire to a	K 363	Response to K 363: The clean utility room door adjusted. Room 22 door of removed. Room 40 obstru- moved. All corrections mar 28, 2018. The Maintenance Services staff inspected all corridor ensure maintenance and p Inspection completed with on Feb. 27, 2018. The MSD department and serviced on March 2, 6-9, tenance of corridor doors. initiated on Mar. 6, 2018 tr compliance. The MSD sha compliance audits as nech at least quarterly for comp The Administrator or desir review audits to ensure su pliance. Results of these forwarded to the QAPI co evaluated re: implementa effectiveness. Completion date: March	bstruction was ction was re- de on Feb. s Director and doorways to proper closure full complian l staff were in 2018 re: mai An audit was o demonstrat all conduct essary and bliance. gnee shall ustained com audits shall b mmittee and tion and	ce ce
	Findings: During a tour of the facility and interview with the Maintenance Director on 2/26/18, the corridor doors were observed.			- -		
FORM CMS	-2567(02-99) Previous Versio	ons Obsolete Event ID: BNE	U21 I	Facility ID: CA230000031 [f		

PRINTED:	03/01/2018
FORM /	APPROVED
OMD NO	0000 0004

		& MEDICAID SERVICES					<u>NO. (</u>	1838-0381
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION 1A, 1B	(X3) DATE SURVEY COMPLETED		
		055494	B. WING				02/2	6/2018
	ROVIDER OR SUPPLIER	ACUTE		1(TREET ADORESS, CITY, STATE, ZIP CODE 633 CYPRESS LANE ARADISE, CA 95969			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF OEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE		(X5) COMPLETION DATE
K 363	Continued From pa	age 21	к	363				
	Utility Room locate	he corridor door to the Clean ed next to Resident Room 4 did ted. The door was equipped device.						
		the corridor door to the 2 was obstructed from closing tain of Bed A.						
	Resident Room 40	the corridor door to the) was obstructed from closing chair that was station in front of						
K 521 SS=D	Maintenance Dire		K	521				
	comply with 9.2 a	n, and air conditioning shall nd shall be installed in he manufacturer's , 9.2	na na serie de la constante de				2012 MAR 1 2	
	by: Surveyor: 37135 Based on docum facility failed to m dampers. This wa fire/smoke damp	ENT is not met as evidenced ent review, and interview, the aintain the smoke and fire as evidenced by the absence of er testing documentation. This to smoke compartments, and					86 10 11 2	

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Facility ID: CA230000031

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I.

CENTER	<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES			<u>DMB NO. 0938-039</u>		
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION A, 1B	(X3) DATE COMF	SURVEY
		055494	B. WING			02/2	26/2018
NAME OF F	ROVIDER OR SUPPLIER	A		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
CYPRES	S MEADOWS POST-	ACUTE			33 CYPRESS LANE RADISE, CA 95969		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	iD PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	LDBE	(X5) COMPLETI DATE
K 521	could result in the state event of a fire. NFPA 101 Life Saf 19.5.2 Heating, Ve 19.5.2.1 Heating, Ve 19.5.2.1 Heating, Ve 19.5.2.1 Heating, Ve 19.5.2.1 Heating, Ve 19.5.2.1 Heating, Ve 19.2.1 Air-Condition Ductwork, and Re Air-conditioning, h and related equipr with NFPA 90A, Si Air-Conditioning a NFPA 90B, Standa Air Heating and Ai applicable, unless existing installatio be continued in se NFPA 90A Standa Air-Conditioning a Edition 5.4.8.1 Fire damp be maintained in Standard for Fire Protectives. 5.4.8.2 Smoke da accordance with Door Assemblies NFPA 80, Standa Opening Protection 19.3.4 Document	spread of fire and/or smoke in ety Code, 2012 Edition ntilating, and Air-Conditioning. ventilating, and air-conditioning he provisions of Section 9.2 ed in accordance with the pecifications, unless otherwise .2. ating, and Air-Conditioning. hing, Heating, Ventilating lated Equipment. eating, ventilating ductwork, nent shall be in accordance tandard for the Installation of nd Ventilating Systems, or ard for the Installation of Warm r-Conditioning Systems, as such installations are approved ns, which shall be permitted to ervice. ard for the Installation of ind Ventilating Systems, 2012		521	Response to K 521: Facility completed damper inpon Mar.9, 2018 for 6900 Clark (cottage). The Maintenace Services Dirand staff inpsected the damp the main building (1633 Cyproto ensure compliance. Inspected dated Sept. 21, 2016 reviewer compliance on Feb. 26, 2018 The MSD department and state serviced on March 6, 2018 remaintenance of damper insporting the MSD shall conduct compliance. The MSD shall conduct compliance. The Administrator or designer review audits to ensure sustate compliance. The Administrator or designer review audits to ensure sustate compliance. The Administration and effectives and evaluated retrieves and evaluated retrieves and effectives	c Road, ector (MS er report fr ess Lane) tion report d with full aff were in ection reco bliance au arterly for e shall ained audits PI com- eness.	or t ords. dits

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	OF DEFICIENCIES F CORRECTION			E SURVEY PLETED			
		055494	B. WING			02/2	26/2018
	ROVICER OR SUPPLIER	ACUTE		16	REET ADDRESS, CITY, STATE, ZIP CODE 33 CYPRESS LANE ARADISE, CA 95969		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF OEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE	(X5) COMPLETION DATE
K 521	the fire damper, da inspector, and defi documentation sha when and how the 19.4* Periodic Insp 19.4.1 Each damp inspected 1 year a 19.4.1.1 The test a then be every 4 ye the frequency shal 19.4.2 All tests sha manner by person equipment. 19.4.3 Full unobst combination fire/s and corrected as r 19.4.4 If the damp link, the link shall ensure full closure equipped. 19.4.5 The operat verify that there is rusted, bent, misa blades, or defectiv 19.4.6 The dampe by any foreign obj damper operation 19.4.7 The dampe closure in any wa 19.4.8 The fusible testing is complet 19.4.8 The fusible testing is complet 19.4.9 All inspect documented, indi damper or combi	atte(s) of inspection, name of clencies discovered. The all have a space to indicate deficiencies were corrected. bection and Testing. er shall be tested and fter installation. and inspection frequency shall ars, except in hospitals, where 1 be every 6 years. all be completed in a safe nel wearing personal protective ructed access to the fire or smoke damper shall be verified required. er is equipped with a fusible be removed for testing to a and lock-in-place if so ional test of the damper shall no damper interference due to ligned, or damaged frame or ve hinges or other moving parts er frame shall not be penetrated ects that would affect fire s. er shall not be blocked from y. b link shall be reinstalled after e. c is damaged or painted, it shall a link of the same size,		521		IBRAR I 2	

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		A MEDICAID SERVICES					110.0	1939-0381
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION 1A, 1B	(X3) DATE SURVEY COMPLETED		
		055494	B. WING				6/2018	
	ROVIDER OR SUPPLIER	ACUTE		11	TREET ADDRESS, CITY, STATE, ZIP CODE 633 CYPRESS LANE PARADISE, CA 95969			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREP TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	ILD BE		(X5) COMPLETION DATE
	to indicate when an corrected. 19.4.10 All docume and made availabl Findings: During document if Maintenance Direct damper testing rect 1. At 11:25 a.m., f that indicated a 4 inspection and test interview, the Main finding. Fire Drills CFR(s): NFPA 10 Fire Drills Fire drills include signal and simula conditions. Fire dr unexpected timest least quarterly on with procedures a established routin between 9:00 PM announcement m alarms. 19.7.1.4 through This REQUIREM by: Surveyor: 37135 Based on docum facility failed to en	mentation shall have a space and how the deficiencies were entation shall be maintained e for review by the AHJ. review and interview with the ctor on 2/26/18, the fire/smoke cords were requested. there were no records provided year fire/smoke damper sting was completed. Upon intenance Director confirmed the 1 the transmission of a fire alarm tion of emergency fire rills are held at expected and a under varying conditions, at each shift. The staff is familiar and is aware that drills are part of the drills are conducted and 6:00 AM, a coded ay be used instead of audible 19.7.1.7 ENT is not met as evidenced	K	521			20 S. 37 21 2WM 2182	

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CENTER	OT MEDICAN.	& MEDICAID SERVICES				VID NO.	0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		CONSTRUCTION A, 1B		SURVEY
		055494	B. WING			02/2	26/2018
CYPRES: (X4) ID	ROVIDER OR SUPPLIER S MEADOWS POST- SUMMARY ST.	ACUTE	ID	163 PA	REET ADDRESS, CITY, STATE, ZIP CODE 33 CYPRESS LANE RADISE, CA 95969 PROVIDER'S PLAN OF CORRECTION (SACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION
PREFIX TAG		Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)		DATE
K 712 K 918 SS=E	not completed. The smoke compartment being unprepared NFPA 101, Life Sat 19.7.1.6 Drills shate each shift to famili interns, maintenare engineers, and ad signals and emergy varied conditions. 19.7.1.8 Employed shall be instructed devices. Findings: During document Maintenance Direction fire drill records w 1. At 10:00 a.m., the AM, PM, and the second and the completed. Upon Director confirme could not locate to Electrical System CFR(s): NFPA 10	A, and NOC shift drills that were his affected seven of seven ents and could result in staff in the event of a fire. If the event of a fire. If the conducted quarterly on arize facility personnel (nurses, nee ministrative staff) with the gency action required under es of health care occupancies I in life safety procedures and review and interview with the ctor on 2/26/18, the quarterly rere requested. records provided indicated that NOC shift quarterly fire drills for hird quarter of 2017 were not interview, the Maintenance d the finding and stated they he drill reports. s - Essential Electric Syste		712	Response to K 712: The facility identified the missin mentation issue and referred th the QAPI committee. This inform proof of identification of issue w and provided to the Life Safety evaluator on Feb. 26, 2018. The Maintenance Services Dire and staff inspected department mentation from 4th quarter 201 Feb. 2018 to ensure compliance Inspection completed with full of on Feb. 26, 2018. The MSD and staff were inserv March 6, 2018 to leave all facilit mentation intact upon change of ment. The MSD / Administrator documentation upon personne compliance. The Administrator or designee view audits to ensure sustained Results of these audits shall be to the QAPI committee and ev- implementation and effectivene	e item to nation a 'as shar Code ector (MS al docu- 7 throug e. complian ited on ity docu- of emplo shall ac 1 turnove shall re- d complian e forwar aluated	nd ed SD) h ce udit er for iance. ded
	Maintenance and The generator of and associated e service within 10 criterion is not m	s - Essential Electric System Testing r other alternate power source quipment is capable of supplyin seconds. If the 10-second et during the monthly test, a provided to annually confirm this				THE FAR	

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	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION 1A, 1B	(X3) DATE SL COMPLE	
		055494	B. WING		196160	2040
NAME OF F	ROVIDER OR SUPPLIER	000101		TREET ADDRESS, CITY, STATE, Z	02/26/	2018
				633 CYPRESS LANE		
CYPRES	S MEADOWS POST-	ACUTE	F	PARADISE, CA 95969		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO DEFICIENC	TION SHOULD BE CONTRACT	(X5) OMPLETION DATE
K 918	capability for the lif Maintenance and t transfer switches a with NFPA 110. Generator sets are under load 30 mini day intervals, and months for 4 contii under load conditio simulated cold stat transfer of all EES competent person stored energy pow accordance with N circuit breakers ar program for period components is est manufacturer requ maintenance and readily available. If circuits are marke separate from nor the possibility of d source is a design installations. 6.4.4, 6.5.4, 6.6.4 111, 700.10 (NFP/ This REQUIREMI by: Surveyor: 37135 Based on observa failed to maintain This was evidenc weekly inspection monthly full load t diesel generator. smoke compartm	e safety and critical branches. esting of the generator and are performed in accordance e inspected weekly, exercised utes 12 times a year in 20-40 exercised once every 36 muous hours. Scheduled test ons include a complete rt and automatic or manual loads, and are conducted by nel. Maintenance and testing of ver sources (Type 3 EES) are in IFPA 111. Main and feeder e inspected annually, and a dically exercising the tablished according to uirements. Written records of testing are maintained and EES electrical panels and d, readily identifiable, and mal power circuits. Minimizing amage of the emergency power o consideration for new (NFPA 99), NFPA 110, NFPA		Response to K 918:	he missing fererred the item to This information and hared with the 2018. vice Director (MSD) epartmental th quarter 2017- compliance. with full compliance nerator testing compliance since t and staff were in 2018 to leave all intact upon change MSD / Administrato ation upon personne ce. designee shall re- sustained com- ese audits shall be QAPI committee plementation and rch 12, 2018.	e e r el
FORM CMS	-2567(02-99) Previous Versio	ons Obsolete Event ID: BNE	:U21	Facility ID: CA230000031	If continuation sheet F	Page 27 o

CENTER	S FOR MEDICARE	& MEDICAID SERVICES				0		<u>1938-0391</u>	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		E CONSTRUCTION		(X3) DATE SURVEY COMPLETED		
		055494	B. WING				02/2	6/2018	
	ROVIDER OR SUPPLIER	ACUTE		16	TREET ADDRESS, CITY, STATE, ZIP COD 333 CYPRESS LANE ARADISE, CA 95969		<u> </u>		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE API DEFICIENCY)	OULE) BE	(X5) COMPLETION DATE	
K 918	Continued From pa	age 27	K	918			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	Edition. 6.4.4.1.1.3 Mainter accordance with N Emergency and St Chapter 8. NFPA 110, Standa Power Systems, 2 8.3 Maintenance a 8.3.4 A permanent inspections, tests, repairs shall be m 8.4 Operational In 8.4.1* EPSSs, inc components, shall exercised under lo 8.4.2* Diesel gene exercised at least 30 minutes, using of the following m (1) Loading that m gas temperatures manufacturer (2) Under operatin at not less than 30 kW rating. Findings: During document Maintenance Diret the 77 KW diesel 1. At 9:55 a.m., t that the weekly in through Novembo	and Operational Testing. trecord of the EPSS exercises, operations and aintained and readily available. spection and Testing. fuding all appurtenant to be inspected weekly and obad at least monthly. erator sets in service shall be once monthly, for a minimum o one					0:0:0:17 21 MM 6402		

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CENTER	IS FUR MEDICARE	& MEDICAID SERVICES					<u>D NO. U</u>	938-0391	
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILE		E CONSTRUCTION 1A, 1B	0	(X3) DATE SURVEY COMPLETED		
i		055494	B. WING	i			02/26	6/2018	
NAME OF F	PROVIDER OR SUPPLIER			ST	TREET ADDRESS, CITY, STATE, ZIP CODE				
				16	633 CYPRESS LANE				
CIPRES	S MEADOWS POST-	ACUTE		P/	ARADISE, CA 95969				
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD B		(X5) COMPLETION DATE	
K 918	through November Upon interview, the confirmed the findi change in mainten the records. Surveyor: 37135 Based on observa failed to maintain t This was evidence inspections and m kilowatt (KW) dies of two smoke com	age 28 load test from May 2017 2017 were not completed. e Maintenance Director ings and stated they had a ance staff and could not locate tion and interview, the facility the emergency power system. ed by the absence of weekly onthly full load tests on the 40 el generator. This affected two upartments and could result in enerator in the event of a	NAMES - CONTRACTOR - CANADA -	918					
	Edition. 6.4.4.1.1.3 Mainte accordance with N Emergency and S Chapter 8. NFPA 110, Standa Power Systems, 2 8.3 Maintenance 8.3.4 A permanen inspections, tests repairs shall be m 8.4 Operational In 8.4.1* EPSSs, inco components, shall exercised under I 8.4.2* Diesel gene exercised at least 30 minutes, using of the following m (1) Loading that n	and Operational Testing. It record of the EPSS , exercises, operations and anintained and readily available. Ispection and Testing. Soluting all appurtenant Il be inspected weekly and oad at least monthly. erator sets in service shall be t once monthly, for a minimum of g one	of :				2010 MAR 12 192 5: 00		

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	OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING	PLE CONSTRUCTION G 1A, 1B		E SURVEY
		055494	B. WING		02	/26/2018
AME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP	CODE	
YPRES	MEADOWS POST	ACUTE		1633 CYPRESS LANE PARADISE, CA 95969		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIC CROSS-REFERENCED TO TH DEFICIENCY	N SHOULD BE	(X5) COMPLETION DATE
K 918		age 29 g temperature conditions and percent of the EPS nameplate	K 91	8		
	During document Maintenance Dire the 40 KW diesel 1. At 9:50 a.m., th provide 51 weekly of survey. 2. At 9:51 a.m., th 11 monthly full loa	review and interview with the ctor on 2/26/18, the records for generator were requested. he facility was not able to inspection records at the time e facility was not able to provide id test records at the time of				
	inspection/test co was the annual 90 was completed or			· · · · ·		
		ent - Other	К9	19	CENTIFICATION	CALIFORNIA OF PUBL
	Chapter 10, Elect that are not addre but are deficient. applicable Life Sa	RKS section any NFPA 99 trical Equipment, requirements essed by the provided K-Tags, This information, along with the afety Code or NFPA standard e included on Form CMS-2567.			2 AM 9:09 DR PROGRAM	NEPLO HENI

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Event ID: BNEU21

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		& MEDICAID SERVICES				0.0.0 110	0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 1A, 1B				TE SURVEY MPLETED
		055494	B. WING			02	/26/2018
NAME OF F	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·		ST	REET ADDRESS, CITY, STATE, ZIP CODE		
CYPRES	S MEADOWS POST-	ACUTE			33 CYPRESS LANE NRADISE, CA 95969		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
K 919	by: Surveyor: 37135 Based on observat failed to maintain the components. This obstructed electrice seven smoke comman increased risk of NFPA 101 Life Sat 19.5.1 Utilities. Util provisions of secti 9.1.2 Electrical Sy equipment shall be National Electrical are approved exis permitted to be cont NFPA 70 National 110.26 Spaces At Access and workit maintained about permit ready and of such equipment (A) Working Space equipment operat to ground and like adjustment, servit energized shall cont 110.26(A)(1), (A)(permitted elsewh (1) Depth of Worl working space in not be less than to (1) unless the read (A)(1)(b), or (A)(1)	NT is not met as evidenced tion and interview, the facility he electrical system and its was evidenced by an al panel. This affected one of partments, and could result in of an electrical fire. Tety Code, 2012 edition lities shall comply with the on 9.1 stems. Electrical wiring and e in accordance with NFPA 70, Code, unless such installations ting installations, which shall be intinued in service. Electrical Code, 2011 edition out Electrical Equipment. ng space shall be provided and all electrical equipment to safe operation and maintenance it. we. Working space for ing at 600 volts, nominal, or less ely to require examination, cing, or maintenance while omply with the dimensions of 2), and (A)(3) or as required or		919		KVAUUSE PERINE SALATE SALAT	

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PRINTED: 03/01/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION A, 1B	(X3) DATE SURVEY COMPLETED	
		055494	B. WING			02/	26/2018
CYPRES	ROVIDER OR SUPPLIER			16	REET ADDRESS, CITY, STATE, ZIP CODE 33 CYPRESS LANE ARADISE, CA 95969		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DBE	(X5) COMPLETION DATE
K 919	enclosed. (2) Width of Workii working space in fr shall be the width of (30 in.), whichever work space shall p opening of equipm Findings: During a tour of th Maintenance Direc system and its cor 1. At 11:50 a.m., th Room were obser obstructed from an cardboard boxes to	ng Space. The width of the ront of the electrical equipment of the equipment or 762 mm is greater. In all cases, the permit at least a 90 degree tent doors or hinged panels. e facility and interview with the ctor on 2/26/18, the electrical mponents were observed. he electrical panels in the TV ved. The panel labeled AM was ccess and view by three that were stored directly in front ew, the Maintenance Director		919	Response to K 919: The obstructions were removed on F The Maintenance Services Director staff inspected all electrical panal ro non-obstruction. Inspection complet compliance on Feb. 27, 2018. The MSD department and staff were serviced on March 6, 2018 re: initiat electrical panel room log to track an strate compliance. The MSD shall c audits as necessary and at least qui compliance. The Administrator or designee shall to ensure sustained compliance. Re shall be fowarded to the QAPI comme evaluated re: implementation and e Completion date: March 12, 2018	(MSD) and oms to ensite ted with fu a in- ing an d demon- onduct arterly for review au soults of th nittee and ffectivenes	dits ese audits

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