PRINTED: 05/07/2015

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION A. BUILDING 01 COMPLETED 555801 B. WING 04/28/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1139 CIRBY WAY PINE CREEK CARE CENTER ROSEVILLE, CA 95661 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE (X4) ID PREFIX (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 000 | INITIAL COMMENTS K 000 plan of correction Surveyor: 30514 submitted shall serve K3 Building: 01 provider's letter of credible K6 Plan Approval: 4/9/1987 allegation in reference to the K7 Survey Under: 2000 Existing K12 Structure Type: One Story, Construction survey findings./ Preparation Type V Wood Frame Construction, Fully and/or execution of this plan of Sprinklered correction do not constitute admission or agreement by the The following reflects the findings of the California Department of Public Health, during an annual provider of the truth of the facts Life Safety Code recertification survey. The alleged or conclusions set forth findings are in accordance with 42 CFR (Code of on the statement of deficiencies. Federal Regulations) 483.70 (a) and NFPA plan of correction is (National Fire Protection Association) 101, Life Safety Code 2000 edition, Existing codes. prepared and/or executed solely because it is required by the Representing the California Department of Public provisions of Health and Safety Health: Code Section 1280 and 42 CFR 30514 405.1907. The facility is not in substantial compliance with 42 CFR 483,70 (a) for Long Term Care Facilities. Census = 90 K 018 | NFPA 101 LIFE SAFETY CODE STANDARD K 018 (C) SS=D K018Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or 1. Storage room door néar hazardous areas are substantial doors, such as mechanical those constructed of 1% Inch solid-bonded core 100m wood, or capable of resisting fire for at least 20 stripping Was replaced minutes. Doors in sprinklered buildings are only allowing the door to close required to resist the passage of smoke. There is properly anew. 4/2.8/15 no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 2. All other facility doors were inspected are permitted. 19.3.6.3 by the facility maintenance director to ensure LABORATOR DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE (X8) DATE TITLE Alministrate Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that

other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are discreasible 14 days following the date those documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to confinued program participation.

Gliblis Pa FORM CMS-2567(02-99) Previous Versions Obsolets

Acceptable Event ID: BVCZ21

Koly Facility ID: CA030000560

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES PRINTED: 05/07/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUP AND PLAN OF CORRECTION IDENTIFICATION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED		
		555801	B. WING	3		04/2	28/2015	
,	ND PLAN OF CORRECTION IDENTIFICATION NUMBER:	STREET ADDRESS, CITY, STATE, ZIP CODE 1139 CIRBY WAY ROSEVILLE, CA 95661						
PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	ID PREF TAG		PROVIDER'S PLAN OF CORREC EACH CORRECTIVE ACTION SHO COSS-REFERENCED TO THE APP DEPICIENCY)	OULD BE	(X6) COMPLETION DATE	
K 018	Roller latches are	prohibited by CMS regulations	κ :	018	director or designed	or closing s aintenance e will do		
	Surveyor: 30514 Based on observa failed to maintain i door that did not la	tion and interview, the facility ts doors as evidenced by a atch upon testing. This could	 		designee.	to ensure I latching In issue is be fixed facility ector or		
	of a fire, and affect compartments. NFPA 101 Life Sating 19.3.6.3 Corridor In 19.3.6.3.1* Doors other than require openings, exits, or substantial doors, 13/4-in. (4.4-cm) to of construction that 20 minutes and single passage of smoke Standard for Fire not be required. Of the door and the format secondary of the for	Ted 1 of 4 smoke fety Code, 2000 Edition Doors. protecting corridor openings in denclosures of vertical reactions areas shall be such as those constructed of hick, solid-bonded core wood or resists fire for not less than hall be constructed to resist the compliance with NFPA 80, Doors and Fire Windows, shall beconserved to receive the bottom of loor covering not exceeding 1			4. The facility madirector will report quarterly to the Assurance Commit regarding any issues through monthly redaily reports. The adjust and add intervneeded to avoid fur with doors no properly.	Quality ttee(QAC) s identified ounds and QAC will ventions as		
	Exception No. 1: I bathrooms, show similar auxiliary s	oe permitted for corridor doors. Doors to toilet rooms, er rooms, sink closets, and paces that do not contain abustible materials.	1				1 *198 * M	

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

PRINTED: 05/07/2015 FORM APPROVED OMB NO. 0938-0391

ND PLAN OF CORRECTION DENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION 01		(X3) DATE SURVEY COMPLETED		
		B. WING		04/	28/2016		
	PROVIDER OR SUPPLIER EEK CARE CENTER		1	TREET ADDRESS, CITY, STATE, ZIP 139 CIRBY WAY OSEVILLE, CA 95661	OODE		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF C (EACH CORRECTIVE ACTIO CROSS-REFERENCED TO TH DEFICIENCY	IN SHOULD BE EAPPROPRIATE	(XE) COMPLETION DATE	
PRÉFIX :	Continued From page 2 Exception No. 2: In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, the door construction requirements of 19.3.6.3.1 shall not be mandatory, but the doors shall be constructed to resist the passage of smoke. 19.3.5.3.2* Doors shall be provided with a means suitable for keeping the door closed that is acceptable to the authority having jurisdiction. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door. Roller latches shall be prohibited on corridor doors in buildings not fully protected by an approved automatic sprinkler system in accordance with 19.3.5.2. Exception No. 1: Doors to toilet rooms, bathrooms, shower rooms, sink closets, and similar auxilliary spaces that do not contain flammable or combustible materials. Exception No. 2: Existing roller latches demonstrated to keep the door closed against a force of 5 lbf (22 N) shall be permitted to be kept in service.		K 018				
	During a tour of the Director on 4/28/1 observed. Findings:	e facility with the Maintenance 5, the doors in the facility were		! !			
	At 10:33 a.m., the Room by the Mec when tested. The in the door frame. bottom of the doo closing properly.	outside door to the Storage hanical Room did not latch door stopped at the latch plate. The weather stripping at the rwas preventing the door from When interviewed, the ctor stated that he will have				5	

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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER. 555801		(X2) MULTIPLI A. BUILDING (E CONSTRUCTION 01	(X3) DATE COMI	E SURVEY PLETED	
		B, WING		04/2	28/2015	
	ROVIDER OR SUPPLIER EEK CARE CENTER		11	TREET ADDRESS, CITY, STATE, ZIP C 129 CIRBY WAY OSEVILLE, CA 95661		<u> </u>
(X4) JD PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	くさんりょう タビ	(X5) COMPLETION DATE
!	No furnishings or character are used character are used. This STANDARD Surveyor: 30514 Based on observa failed to maintain to decorations as evito an overhead ligipictures, and poster an increased risk of and affected 2 of 4 NFPA 101, Life Sa 19.7.5.4 Combust prohibited in any fitter are flame retained and affected in any fitter are flame retained in a photographs and quantities that a his spread is not present in a	ne door. AFETY CODE STANDARD decorations of highly flammable i. 19.7,5.2, 19.7,5.3, 19.7,5.4 is not met as evidenced by: tion and interview, the facility helr facility free of combustible denced by decorations tapped int, and by large decorations, ers on a wall. This could lead to of fire in resident care areas it smoke compartments. If the Code, 2000 Edition tible decorations shall be lealth care occupancy unless ardant. Lustible decorations, such as paintings, in such limited azard of fire development or		1. Tinsel taped on the light in room removed and immediately, snowman in room removed perman wall décor in room taken down an imajority of it was to a minimal amount and the did not find violations related. 3. The facility director or decomplete monthle ensure the facility compliance with avoid combustible décor that poses adjacent to light wall décor that state and federal state and fe	disgarded The 3 foot n 220A was ently. The m 220A was ently. The m 220A was nd a large paired down unt. maintenance unds of all facility and any other to K 073. % maintenance esignee will ly rounds to y remains in K 073 to e décor, other a risk of fire ts and other loes not meet standards. maintenance oort concerns egh monthly	Y/23/1-
	tinsel was tapped tinsel was approx	on the overhead light. The imately 2 feet in length. When laintenance Director stated that		rounds to the additional solution in compliance wi	ons to remain:	

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AND PLAN OF CORRECTION IDENTIFICATION NUMBER: 555801		(X2) MULTI A BUILDIN	PLE CONSTRUCTION G 01		(X3) DATE SURVEY COMPLETED		
		B. WING _		04/2	8/2015		
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD 1139 CIRBY WAY ROSEVILLE, CA 95661	Ē		
(X4) ID PREFIX TAG	(EACH DEFICIENCY MUST BE PRECEDED BY FULL			PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD BE	(Xö) COMPLETION DATE	
K 073	tinsel: 2. At 10:24 a.m.,	e resident and remove the in Room 220 Bed A, an	K 07	3			
K 147 SS=D	sitting on a table ecovering approxing the snowmen. W Maintenance Direction issue with the resident and famil NFPA 101 LIFE S	not illuminated snowman was and pictures and posters was nately 70% of the wall behind nen interviewed, the ctor stated that this has been an dent and will work with the y to reduce the decorations. AFETY CODE STANDARD and equipment is in accordance stional Electrical Code. 9.1.2	K 14	K 147 1. The surge protector 120A was removed immediately and the question was pluggedirectly to the wall	fan in ed in	4/28/1s	
	Surveyor. 30514 Based on observe maintain their ele- evidenced by the could lead to an in- fire and affected. NFPA 101, Life S 9.1.2 Electric. Ele- shall be in accord Electrical Code, to which shall be pe	is not met as evidenced by: ation, the facility failed to ctrical wiring and equipment, as use of a surge protector. This ncreased risk for an electrical of 4 smoke compartments. afety Code, 2000 Edition ctrical wiring and equipment lance with NFPA 70, National inless existing installations, rmitted to be continued in approval by the authority 1.		2. The facility mainter director did a full facheck to be sure that were no other surge being misused. No issues were identified. 3. The facility mainter director or designed monthly rounds three facility to ensure the facility remains in country with K 147. All issue identified through a rounds will be fixed.	cility t there protectors other ed. //ze//s nance will do oughout the at the compliance ues monthly		
	400-7 Uses Perm	al Electrical Code, 1999 Edition altted coords shall be used only for the		immediately. 4. All concerns identify through monthly robe reported to the Concerns identify through monthly robe reported to the Concerns if the concerns in	unds will AC. The		

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

PRINTED: 05/07/2015 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED		
		565801	B. WING				04/2	28/2015
	PROVIDER OR SUPPLIER EEK CARE CENTER			113	rert address, city, state, zip cod 39 cirby way 38eville, ca 95661	ÞΕ		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFY(NG INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION SI CROSS-REFERENCED TO THE AP DEFICIENCY)	IOULD	BE	(X8) COMPLETION DATE
K 147	mobile signs or ac 4) Elevator cables 5) Wiring of crane 6) Connection of a their frequent inter 7) Prevention of the vibration 8) Appliances who mechanical connect to permit ready re repair, and the ap for flexible cord or 9) Data processin Section 645-5 10) Connection of	es cortable lamps, portable and optiances and hoists stationary equipment to facilitate rchange are transmission of noise or are the fastening means and actions are specifically designed moval for maintenance and pliance is intended or identified or moving parts ing as permitted in Sections	K	147	address any issues to the whole facility to the issue.			
	400-8. Uses not permitted in Secticables shall not be (1) As a substitute structure (2) Where run three-ceilings suspender floors (3) Where run three-similar openings (4) Where attached exception: Flexible permitted to be a accordance with first similar structure.	Permitted. Unless specifically on 400-7, flexible cords and e used for the following: e for the fixed wiring of a ough holes in walls, structural ed cellings, dropped cellings, or ough doorways, windows, or ed to building surfaces le cord and cable shall be tached to building surfaces in the provisions of Section 364-8.					25.00.000	The Country of the Co
	, During a tour of t	he facility with the Maintenance		j	1.01			

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 05/07/2015 FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES <u>OMB NO. 09</u>38-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING Q1 555801 B. WING 04/28/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1139 CIRBY WAY PINE CREEK CARE CENTER ROSEVILLE, CA 96861 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE (X4) ID PREFIX TAG (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) K 147 Continued From page 6 K 147: Director on 4/28/15, the electrical wiring and aggipment were observed. At 9:40 a.m., in Room 120 Bed A, a fen was plugged into a surge protector instead of directly into the wall outlet. K 154 K 164 | NFPA 101 LIFE SAFETY CODE STANDARD K 154 SS=C 1. The facility maintenance Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour director corrected the facility's period, the authority having jurisdiction is notified. fire watch plan to reflect and the building is evacuated or an approved fire undated information including watch system is provided for all parties left the current administrator and unprotected by the shutdown until the sprinkler the current facility name. system has been returned to service. 9,7.6.1 2. There was no other risk from this finding due to the fire watch policy update. 3. The facility fire watch plan will be updated whenever This STANDARD is not met as evidenced by: information within the plan Surveyor: 30514 changes. Based on document review and staff interview, the facility falled to maintain an approved fire At least annually, the OAC watch plan in the event that the automatic will ensure the fire watch plan sprinkler system was out of service for more than is up to date. four hours in a twenty-four hour period. This was evidenced by an outdated fire watch policy. This could result in the lack of staff knowledge of fire : watch requirements and procedures in the event of a sprinkler system failure and affected 4 of 4 ON smoke compartments. NFPA 101 Life Safety Code, 2000 edition 19.3.5.1 Where required by 19.1.8, health care <u>,</u> facilities shall be protected throughout by an approved, supervised automatic sprinkler system

in accordance with Section 9.7

PRINTED: 05/07/2015 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0936-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 B. WING 555801 04/28/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1139 CIRBY WAY PINE CREEK CARE CENTER ROSEVILLE, CA 95661 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X\$) COMPLETION DATE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 154 | Continued From page 7 K 154 Exception: In Type I and Type II construction, where approved by the authority having jurisdiction, alternative protection measures shall be permitted to be substituted for sprinkler protection in specified areas where the authority having jurisdiction has prohibited sprinklers, without causing a building to be classified as nonsprinklered. 9.7.6.1 Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction shall be notified, and the building shall be evacuated or an approved fire watch shall be provided for all parties left unprotected by the shutdown until the sprinkler system has been

Findings:

returned to service.

During document review with Maintenance Director on 4/26/15, the fire watch plan for the sprinkler system was requested.

At 11:40 a.m., the fire watch plan provided did not include updated information for the current administrator and current facility name. When interviewed, the Maintenance Director confirmed the outdated fire watch policy information and stated that it will be updated.

K 155 NFPA 101 LIFE SAFETY CODE STANDARD

SS=C

Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8

K 155

K 155

 The facility maintenance director corrected the facility's fire watch plan to reflect updated information including 4/28/15

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

Evant | D; BVCZ21

Facility ID, CA030000660

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DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING 01

PRINTED: 05/07/2015 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY COMPLETED

			A. BUILD	ING 01			OQ (III)		
		555801	B. WING				04/2	8/2015	
NAME OF PROVIDER OR SUPPLIER PINE CREEK CARE CENTER (X4) ID SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL			STREET ADDRESS, CITY, STATE, ZIP CODE 1139 CIRBY WAY ROSEVILLE, CA 95661 ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHOL			ORRECTION IN SHOULD			
PREFIX TAG K 155	REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8			155	ioss-referenced to the deficiency)	E APPROPE	NATE '	DATE	
	This STANDARD is not met as evidenced by: Surveyor: 30514 Based on document review and staff interview, the facility failed to maintain a designated fire watch plan in the event the manual fire system were to fall or be out of service for more than four hours in a twenty-four hour period. This was evidenced by an outdated fire watch policy. This could result in the lack of staff knowledge of fire watch requirements in the event of a fire alarm system failure and affected 4 of 4 smoke compartments. NEPA 101 Life Safety Code, 2000 edition			3	the current facili There was no oth this finding due to watch policy upo The facility fire will be updated to information with changes. Least annually will ensure the fi is up to date.	ner risk fit to the fire late, watch play whenever in the play, the QA	an r an		
	be provided with a accordance with S 9.6.1.8" Where a r of service for more period, the author's notified, and the beapproved fire water parties left unprotes	Health care occupancies shall fire alarm system in ection 9.6. equired fire alarm system is out than 4 hours in a 24-hour ty having jurisdiction shall be ujiding shall be evacuated or and shall be provided for all acted by the shutdown until the has been returned to service.	ľ				SAN		
	Director on 4/28/1 manual fire alarm At 11:40 a.m., the include updated in administrator and	review with Maintenance 5, the fire watch plan for the system was requested. fire watch plan provided did not formation for the current current facility name. When laintenance Director confirmed			·	100 mm	Company of the control of the contro		

PRINTED: 05/07/2015 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A, BUILDING 01 555801 B, WING 04/28/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1139 CIRBY WAY PINE CREEK CARE CENTER ROSEVILLE, CA 95661 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFIGIENCY) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (X5) COMPLETION DATE (X4) ID PREFIX PREFIX TAQ TAG K 155 Continued From page 9 K 155 the outdated fire watch policy information and stated that it will be updated. 1 (1)

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

Eyent ID; 8VCZ21

Facility ID; CA030000580

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