STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055956	A. BUILDING 02 B. WING _____	12/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIARWOOD POST ACUTE	5901 LEMON HILL AVE SACRAMENTO, CA 95824

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	INITIAL COMMENTS Surveyor: 29753 K3 BUILDING: 02 K6 PLAN APPROVAL: 11/1/69 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED. The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 CFR (Code of Federal Regulations) 483.70 (a), NFPA (National Fire Protection Association) 101, Life Safety Code 2012 Edition, and NFPA 99 Health Care Facilities Code 2012 Edition. Representing the California Department of Public Health: 29753 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census: 46	K 000	This Plan of Correction constitutes my written credible allegation of compliance for the deficiencies noted. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This plan of Correction is prepared and/or executed solely because it is required by the provisions of the Health and Safety Code Section 1280 and 42 C.F.R. 483 et seq. A new QAPI project has been initiated and medical records designee will report any discrepancies to the QA committee monthly under the direction of the facility Administrator. This QAPI will stay in effect until substantial compliance has been maintained for 3 months. This QAPI will stay in effect until substantial compliance has been maintained for 3 months. The Administrator is responsible for compliance. Completion date 01/07/17	01/07/17
K 161 SS=D	NFPA 101 Building Construction Type and Height Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories	K 161		

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
LICENSING & CERTIFICATION PROGRAM
JAN 10 2017
LIFE SAFETY CODE UNIT
SAN BERNARDINO

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE — (X6) DATE

Zacarias — Administrator — 12/29/16

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 disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 161	Continued From page 1 non-sprinklered and sprinklered 2 II (111) non-sprinklered — One story Maximum 3 stories sprinklered 3 II (000) non-sprinklered — Not allowed 4 III (211) sprinklered — Maximum 2 stories 5 IV (2HH) 6 V (111) 7 III (200) non-sprinklered — Not allowed 8 V (000) sprinklered — Maximum 1 story Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This STANDARD is not met as evidenced by: Surveyor: 29753 Based on observation and interview, the facility failed to maintain the integrity of the building construction, as evidenced by a penetration in the ceiling. This could result in the passage of smoke in the event of a fire, and affected one of two smoke compartments. Findings:	K 161	K161 The attic access door was put back in place and the penetration sealed by maintenance. All residents have the potential to be affected by this deficient practice. Maintenance will include checking the attic access in his daily rounds to ensure that there is no open penetration. These rounds will be documented on the enclosed daily rounds form. The Administrator will make weekly rounds with the maintenance supervisor to ensure compliance. A new QAPI project has been initiated and the Administrator will report the findings monthly to the QA committee for further evaluation. Process improvements and recommendations will be determined at that time.	

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K 161	Continued From page 2 During a tour of the facility with maintenance staff on 12/7/16, the construction of the building, including the walls and ceiling, was observed. At 1:30 p.m., the attic access door inside a Utility Closet was observed. The attic access door was removed. The penetration measured 22 inches by 16 inches. According to Maintenance Staff 1, the attic access door was removed by a vendor when installing "Internet interrupters" and the vendor failed to replace the door after the installation was completed.	K 161	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JAN 10 2017 K 324 LIFE SAFETY CODE UNIT SAN BERNARDINO The semi-annual servicing of the fire protection system in the kitchen was completed on 04/13/16 and 10/18/16. The Administrator obtained a copy of the service documentation on 12/9/16. All residents have the potential to be affected by this deficient practice. The Administrator will assist maintenance in organizing his files related to required services and the administrator will keep additional copies of all outside vendor services in the future. A new QAPI project has been initiated and the Administrator will report the findings monthly to the QA committee for further evaluation. Process improvements and recommendations will be determined at that time.	
K 324 SS=E	NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4. Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor. 18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2	K 324		

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K 324	Continued From page 3 This STANDARD is not met as evidenced by: Surveyor: 29753 Based on observation and interview, the facility failed to maintain the kitchen facilities, as evidenced by the lack of semi-annual servicing of the fire protection system. This could result in the malfunction of the fixed fire suppression system in the event of a fire, and affected one of two smoke compartments. NFPA 101, Life Safety Code, 2012 Edition 4.6 General Requirements. 4.6.1.2 Any requirements that are essential for the safety of building occupants and that are not specifically provided for by this Code shall be determined by the authority having jurisdiction. NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2011 Edition Chapter 11 Procedures for the Use, Inspection, Testing, and Maintenance of Equipment 11.2 Inspection, Testing, and Maintenance of Fire-Extinguishing Systems. 11.2.1 Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at least every 6	K 324	This QAPI will stay in effect until substantial compliance has been maintained for 3 months. The Administrator is responsible for compliance. Completion date 01/07/17 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JAN 10 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO	

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K 324	Continued From page 4 months. Finding: During document review with Maintenance Staff 1 on 12/7/16, the kitchen hood fire extinguishing system (Ansul) semiannual inspection records were requested and reviewed. At 10:47 a.m., review of the Ansul inspection and maintenance documents revealed that the Ansul system was inspected once in 2016, on 9/15/16 and once in 2015, on 5/29/15. Maintenance Staff 1 acknowledged and confirmed this finding.	K 324	K347 The smoke detector sensitivity test was completed on 12/29/16. A copy of the sensitivity test documentation is attached. The Administrator will assist maintenance in organizing his files related to required services and the administrator will keep additional copies of all outside vendor services in the future. A new QAPI project has been initiated and the Administrator will report the findings monthly to the QA committee for further evaluation. Process improvements and recommendations will be determined at that time. This QAPI will stay in effect until substantial compliance has been maintained for 3 months. The Administrator is responsible for compliance. Completion date 01/07/17	
K 347 SS=E	NFPA 101 Smoke Detection Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This STANDARD is not met as evidenced by: Surveyor: 29753 Based on document review and interview, the facility failed to maintain the smoke alarm system, as evidenced by the absence of documentation indicating that sensitivity testing was performed on the smoke detectors. This could result in failure of the smoke detectors in the event of a fire, and affected two of two smoke compartments. NFPA 101, Life Safety Code, 2012 Edition 4.6 General Requirements. 4.6.1 Authority Having Jurisdiction. 4.6.1.1 The authority having jurisdiction shall	K 347		

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K 347	Continued From page 5 determine whether the provisions of this Code are met. 4.6.1.2 Any requirements that are essential for the safety of building occupants and that are not specifically provided for by this Code shall be determined by the authority having jurisdiction. NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition Chapter 14 Inspection, Testing, and Maintenance 14.4.5.3.2 Sensitivity shall be checked every alternate year thereafter unless otherwise permitted by compliance with 14.4.5.3.3. Finding: During document review with Maintenance Staff 1 on 12/7/16, the smoke detector maintenance and testing records were requested and reviewed. At 11:33 a.m., a document titled, "Fire System Service and Inspection Report" dated 1/24/14, indicated that to smoke detectors were replaced "to meet sensitivity test requirements." There was no further documentation available to determine if sensitivity testing was done on that date, and no further documentation available to determine if sensitivity testing was done in 2016.	K 347	K 355 The fire extinguisher in the patio has been replaced by a fully serviced extinguisher with the proper service tag attached. All residents have the potential to be affected by this deficient practice. Maintenance will include checking the all fire extinguishers in his daily rounds to ensure that the service tag remains attached to the extinguisher. These rounds will be documented on the enclosed daily rounds form. The Administrator will make weekly rounds with the maintenance supervisor to ensure compliance. A new QAPI project has been initiated and the Administrator will report the findings monthly to the QA committee for further evaluation. Process improvements and recommendations will be determined at that time.	
K 355 SS=D	NFPA 101 Portable Fire Extinguishers Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10	K 355		

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K 355	Continued From page 6 This STANDARD is not met as evidenced by: Surveyor: 29753 Based on observation and interview, the facility failed to maintain the portable fire extinguishers, as evidenced by a fire extinguisher that was obstructed from easy access, and by a fire extinguisher that was not inspected within a 30-day period. This could result in delayed extinguishment in the event of a fire, and affected one of six smoke compartments. NFPA 101, Life Safety Code, 2012 Edition 4.6.12 Maintenance, Inspection, and Testing. 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or other feature shall thereafter be continuously maintained. Maintenance shall be provided in accordance with applicable NFPA requires or requirements developed as part of a performance-based design, or as directed by the authority having jurisdiction. 9.7.4 Manual Extinguishing Equipment. 9.7.4.1 Where required by the provisions of another section of this Code, portable fire extinguishers shall be selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition	K 355	This QAPI will stay in effect until substantial compliance has been maintained for 3 months. The Administrator is responsible for compliance. Completion date 01/07/17 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JAN 10 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO	

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K 355	Continued From page 7 7.2.1.1 Fire extinguishers shall be manually inspected when initially placed in service. 7.2.1.2 Fire extinguishers shall be inspected either manually or by means of an electronic monitoring device/system at a minimum of 30-day intervals. 7.2.4.1 Manual Inspection Records. 7.2.4.1.1 Where manual inspections are conducted, records for manual inspections shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or by an electronic method. 7.2.4.1.2 Where manual inspections are conducted, the month and year the manual inspection was performed and the initials of the person performing the inspection shall be recorded. Finding: During a tour of the facility with maintenance staff on 12/7/16, the portable fire extinguishers were observed. At 1:40 p.m., the portable fire extinguisher in the residents' Designated Smoking Area was observed without a service tag. A label affixed to the fire extinguisher indicated a date of 2004. Maintenance Staff 1 stated the fire extinguisher was serviced along with all the others, and that the tag may have been removed by a resident.	K 355	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JAN 10 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO	
K 363 SS=D	NFPA 101 Corridor - Doors	K 363	K 363 The housekeeping staff was in-serviced on 12/29/16 regarding placement of the housekeeping utility cart in the Janitor closet so that the door latches properly. All residents have the potential to be affected by this deficient practice. The spring-loaded hinge on the door of the Oxygen Storage Room has been replaced with a self-closing door closure. The spring-loaded hinge on the door of the Oxygen Storage Room has been replaced with a self-closing door closure. All residents have the potential to be affected by this deficient practice. Maintenance has checked all corridor doors to make sure they latch properly when closed.	

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K 363	Continued From page 8 Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This STANDARD is not met as evidenced by: Surveyor: 29753 Based on observation and interview, the facility failed to maintain all corridor doors, as evidenced by a self-closing corridor door that did not latch	K 363	Maintenance will make daily rounds to ensure all facility corridor doors latch. These rounds will be documented on the enclosed daily rounds form. The Administrator will make weekly rounds with the maintenance supervisor to ensure compliance. A new QAPI project has been initiated and the Administrator will report the findings monthly to the QA committee for further evaluation. Process improvements and recommendations will be determined at that time. This QAPI will stay in effect until substantial compliance has been maintained for 3 months. The Administrator is responsible for compliance. Completion date 01/07/17	

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K 363	Continued From page 9 when tested. This could result in the spread of smoke in the event of a fire, and affected one of two smoke compartments. Findings: During a tour of the facility with maintenance staff on 12/7/16, the corridor doors were observed and tested. 1. At 12:40 p.m., the self-closing door to the Janitor Utility Closet located between Rooms 107 and 108 failed to latch when tested. The door failed to latch because of the placement of a Housekeeping utility cart. 2. At 12:43 p.m., the self-closing door to the Oxygen Storage Room failed to latch when tested. According to Maintenance Staff 1, the door failed to latch because the spring-loaded hinge was stripped at the adjustment screw. 3. At 1:20 p.m., the self-closing door to the Director of Staff Development Office failed to latch when tested. According to Maintenance Staff 1, the door failed to latch because the spring-loaded hinge needed adjustment.	K 363	 K712 The nursing staff will be in-serviced by maintenance on 12/29/16, regarding what the sprinkler tamper switch alarm sounds like, what it means and what to do when they hear that alarm.	
K 712 SS=E	NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership.	K 712	All residents have the potential to be affected by this deficient practice. Maintenance will set the tamper switch alarm off quarterly to train staff what the sprinkler tamper switch alarm sounds like, what it means and what to do when they hear that alarm.	

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K 712	Continued From page 10 Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7 This STANDARD is not met as evidenced by: Surveyor: 29753 Based on observation and interview, the facility failed to ensure that all employees are familiar with fire safety procedures, as evidenced by staff who were unaware of the use and sound of a fire alarm device. This could result in delayed extinguishment in the event of a fire, and affected two of two smoke compartments. NFPA 101, Life Safety Code, 2012 Edition 19.7 Operating Features. 19.7.1.4 Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions. 19.7.1.8 Employees of health care occupancies shall be instructed in life safety procedures and devices. Finding: During a tour of the facility with maintenance staff on 12/7/16, nursing staff were interviewed regarding the use and sound of a fire alarm device. At 2:20 p.m., a group of approximately five nursing staff were interviewed during fire alarm testing regarding the sound produced from a device when the tamper alarm was tested. All of	K 712	A new QAPI project has been initiated and the Administrator will report the findings monthly to the QA committee for further evaluation. Process improvements and recommendations will be determined at that time. This QAPI will stay in effect until substantial compliance has been maintained for 3 months. The Administrator is responsible for compliance. Completion date 01/07/17 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JAN 10 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO	

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K 712	Continued From page 11 the nursing staff stated that the sound meant "fire drill." Nursing Staff 1 stated they did not know what the sound meant. Nursing Staff 1 also stated they had never heard that sound before. When asked how long they had worked at the facility, Nursing Staff 1 stated, "four and a half years."	K 712	K741 Resident B is no longer a resident of this facility. All residents have the potential to be affected by this deficient practice.	
K 741 SS=D	NFPA 101 Smoking Regulations Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4 This STANDARD is not met as evidenced by: Surveyor: 29753 Based on observation and interview, the facility	K 741	Resident B did not smoke. He was mentally alert and would not need any supervision. All residents who smoke are assessed for safety in whether or not they need supervision. The facility smoking policy is given to all residents at the time of admission. A new QAPI project has been initiated and the Administrator will report the findings monthly to the QA committee for further evaluation. Process improvements and recommendations will be determined at that time.	

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
LICENSING & CERTIFICATION PROGRAM

JAN 10 2017

LIFE SAFETY CODE UNIT
SAN BERNARDINO

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055956	A. BUILDING 02 B. WING	12/07/2016

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BRIARWOOD POST ACUTE	5901 LEMON HILL AVE SACRAMENTO, CA 95824

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K 741	Continued From page 12 failed to secure all smoking paraphernalia, as evidenced by a resident in possession of a lighter. This could result in the potential risk of a fire, and affected one of two smoke compartments. Finding: During fire alarm testing with maintenance staff on 12/7/16, the smell of burning hair was detected. At 1:54 p.m., an odor of burning hair was detected coming from Room 116. Upon investigation, the occupant of Bed B stated he had shaved his head and subsequently burned the remainder off. When asked how he burned the remainder of the hair off, Resident responded, "With a lighter." Resident B stated he does not smoke. Nursing Staff 1 confiscated the lighter owned by Resident 116 B, and was observed going through Resident 116 B ' s belongings. Nursing Staff 1 stated to Resident 116 B that the search was to check for any additional lighters. Nursing Staff 1 further stated that staff would need to evaluate Resident 116 B to make sure Resident 116 B was not injured by the use of the lighter in such a manner. According to Resident 116 B, they were due for discharge on 12/9/16. This was confirmed by Administrative Staff 1. Administrative Staff 1 stated Resident 116 B " has never done anything like this before. "	K 741	The Administrator is responsible for compliance. Completion date 01/07/17	
K 914 SS=D	NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general	K 914		

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K 914	Continued From page 13 anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This STANDARD is not met as evidenced by: Surveyor: 29753 Based on document review and interview, the facility failed to maintain the emergency generator, as evidenced by the absence of complete documentation regarding monthly load testing, and by one missed weekly inspection. This could result in a malfunction of the generator in the event of an emergency, and affected two of two smoke compartments. NFPA 101, Life Safety Code, 2012 Edition 4.6 General Requirements. 4.6.1 Authority Having Jurisdiction. 4.6.1.1 The authority having jurisdiction shall determine whether the provisions of this Code are met.	K 914	This QAPI will stay in effect until substantial compliance has been maintained for 3 months. The Administrator is responsible for compliance. Completion date 01/07/17 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JAN 11 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO	

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

PRINTED: 12/16/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
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K 914	Continued From page 14 4.6.1.2 Any requirements that are essential for the safety of building occupants and that are not specifically provided for by this Code shall be determined by the authority having jurisdiction. 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or other feature shall thereafter be continuously maintained. Maintenance shall be provided in accordance with applicable NFPA requires or requirements developed as part of a performance-based design, or as directed by the authority having jurisdiction. NFPA 99, Health Care Facilities Code, 2012 Edition 6.3.4.2 Record Keeping. 6.3.4.2.1 General. 6.3.4.2.1.1 A record shall be maintained of the tests required by this chapter and associated repairs or modification. Findings: During document review with Maintenance Staff 1, the emergency generator maintenance records were requested and reviewed. 1. At 10:09 a.m., there was no indication that a full load was performed in the month of November 2016. Maintenance Staff 1 stated	K 914	K914 Maintenance will follow all regulatory requirements with respect to testing of the generator. All residents have the potential to be affected by this deficient practice. Maintenance will visually inspect the generator every 7 days and run the generator on full load every 14 days. The Administrator will review the documentation of the generator maintenance logs with the maintenance supervisor weekly to ensure compliance. A new QAPI project has been initiated and the Administrator will report the findings monthly to the QA committee for further evaluation. Process improvements and recommendations will be determined at that time.	

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K 914	Continued From page 15 there was a loss of power to the building due to an accident, whereby a vehicle hit a transfer pole on November 1 or November 2. Maintenance Staff 1 further stated the power loss lasted approximately two and a half hours, and the generator ran a full load the entire time, but the event was not documented. 2. At 10:22 a.m., a review of the maintenance documents revealed that a weekly inspection was not performed the week of 8/7/16. The generator was inspected 8/1/16 and again 8/15/16.	K 914	K920 The multi-outlet extension cord in Room 106 was removed immediately and the resident was educated as to the reason for removal of the extension cord. All residents have the potential to be affected by this deficient practice. Maintenance has checked all all other rooms to ensure no other extension cords were being utilized by residents. Maintenance will make daily rounds to ensure that no extension cords or power strips are being utilized by residents. These rounds will be documented on the enclosed daily rounds form. The Administrator will make weekly rounds with the maintenance supervisor to ensure compliance. A new QAPI project has been initiated and the Administrator	
K 920 SS=D	NFPA 101 Electrical Equipment - Power Cords and Extens Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5	K 920		

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K 920	Continued From page 16 This STANDARD is not met as evidenced by: Surveyor: 29753 Based on observation, the facility failed to maintain the electrical equipment, as evidenced by the use of a multi-outlet extension cord. This could result in the increased risk of a fire, and affected one of two smoke compartments. NFPA 101, Life Safety Code, 2012 Edition 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, fire-resistive construction, or other feature shall thereafter be continuously maintained. Maintenance shall be provided in accordance with applicable NFPA requires or requirements developed as part of a performance-based design, or as directed by the authority having jurisdiction. NFPA 70, National Electrical Code, 2011 Edition 400.8 Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces Exception to (4): Flexible cord and cable shall be permitted to be attached to building surfaces in	K 920	will report the findings monthly to the QA committee for further evaluation. Process improvements and recommendations will be determined at that time. This QAPI will stay in effect until substantial compliance has been maintained for 3 months. The Administrator is responsible for compliance. Completion date 01/07/17 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JAN 10 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO	

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K 920	Continued From page 17 accordance with the provisions of 365.56(B) (5) Where concealed by walls, floors, or ceilings or located above suspended or dropped ceilings (6) Where installed in raceways, except as otherwise permitted in this Code (7) Where subject to physical damage Findings: During a tour of the facility with maintenance staff on 12/7/16, the electrical equipment and wiring were observed. At 12:35 p.m., a radio and a cell phone charger in Room 106 were connected to a multi-outlet extension located at Bed B.	K 920		