PRINTED: 12/16/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 B. WING 055956 12/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 LEMON HILL AVE **BRIARWOOD POST ACUTE** SACRAMENTO, CA 95824 PROVIDER'S PLAN OF CORRECTION (X5) MPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES ID (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) This Plan of Correction **INITIAL COMMENTS** K 000 K 000 constitutes my written credible allegation of compliance for the deficiencies noted. CALIFORNIA DEPARTMENT OF PUBLIC Surveyor: 29753 LICENSING & CERTIFICATION PROG K3 BUILDING: 02 K6 PLAN APPROVAL: 11/1/69 Preparation and/or execution of K7 SURVEY UNDER: 2012 EXISTING this Plan of Correction does not 2017 constitute admission or STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY agreement by the provider of the LIFE SAFETY CODE UNIT SPRINKLERED. truth of the facts alleged or SAN BERNARDINO conclusions set forth on the The following reflects the findings of the California Statement of Deficiencies. This Department of Public Health, during an annual Life Safety Code recertification survey. The plan of Correction is prepared findings are in accordance with 42 CFR (Code of and/or executed solely because it Federal Regulations) 483.70 (a), NFPA (National is required by the provisions of Fire Protection Association) 101, Life Safety Code the Health and Safety Code 2012 Edition, and NFPA 99 Health Care Facilities Section 1280 and 42 C.F.R. 483 et Code 2012 Edition. Representing the California Department of Public Health: A new QAPI project has been 29753 initiated and medical records designee will report any The facility is not in substantial compliance with discrepancies to the QA committee 42 CFR 483.70 (a) for Long Term Care Facilities. monthly under the direction of the facility Administrator. This QAPI will Census: 46 stay in effect until substantial K 161 K 161 NFPA 101 Building Construction Type and Height compliance has been maintained for SS=D Building Construction Type and Height 3 months.

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

I (442), I (332), II (222) Any number of stories

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

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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 ollowing 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 lays 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.

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 055956 B. WING 12/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 LEMON HILL AVE **BRIARWOOD POST ACUTE** SACRAMENTO, CA 95824 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) DATE TAG TAG DEFICIENCY) K161 K 161 Continued From page 1 K 161 The attic access door was put non-sprinklered and sprinklered back in place and the penetration sealed by maintenance. II (111) One story non-sprinklered All residents have the potential Maximum 3 stories to be affected by this deficient sprinklered practice. Not all WEDRNIA DEPARTMENT OF PUBLIC HEALTH 11(000)LICENSING & CERT FICATION PROGRAMmtenance will include non-sprinklered III (211) Maximum 2 stories checking the attic access in his sprinklered daily rounds to ensure that there IV (2HH) 5 JAN 0 2017 ĥ V (111) is no open penetration. These rounds will be documented on III (200) Not allowed LIFE SAFETY CODE UNIT the enclosed daily rounds form. non-sprinklered Maximum 1 story SAN BERNARDINO 8 V (000) The Administrator will make sprinklered Sprinklered stories must be sprinklered weekly rounds with the throughout by an approved, supervised automatic maintenance supervisor to system in accordance with section 9.7. (See ensure compliance. 19.3.5) Give a brief description, in REMARKS, of the A new QAPI project has been construction, the number of stories, including basements, floors on which patients are located, initiated and the Administrator location of smoke or fire barriers and dates of will report the findings monthly approval. Complete sketch or attach small floor plan of the building as appropriate. to the QA committee for further This STANDARD is not met as evidenced by: evaluation, Process Surveyor: 29753 improvements and Based on observation and interview, the facility failed to maintain the integrity of the building recommendations will be construction, as evidenced by a penetration in the determined at that time. ceiling. This could result in the passage of smoke in the event of a fire, and affected one of two smoke compartments. Findings:

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		1 0014		SURVEY PLETED	
		055956	B. WING			12/0	7/2016	
	PROVIDER OR SUPPLIER			59	REET ADDRESS, CITY, STATE, ZIP CODE 01 LEMON HILL AVE ACRAMENTO, CA 95824			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
K 161	Continued From pa	CALIFORNIA DEPARTMENT OF PUBLIC HEAD LICENSING & CERTIFICATION PROGRA						
	on 12/7/16, the coi	e facility with maintenance staff nstruction of the building, and ceiling, was observed.	-	}	JAN 10 2017			
K 324 SS=E	Closet was observed removed. The perby 16 inches. Acc the attic access downer installing "Invendor failed to reinstallation was converted by 10 Cooking Facilities. Cooking Facilities Cooking equipment with NFPA 96, Stand Fire Protection Operations, unless residential cooking appliances such a toasters) are used cooking in according to cooking facilities compartments with the conditions.	g Facilities Int is protected in accordance ndard for Ventilation Control of Commercial Cooking	K	324	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 the service documentation on 12/9/16. All residents have the potentia to be affected by this deficient practice. The Administrator will assist maintenance in organizing his files related to required service and the administrator will keep additional copies of all outside vendor services in the future.	of !		
	30 or fewer patier 18.3.2.5.4, 19.3.2 Cooking facilities per 9.2.3 are not r hazardous areas, corridor.	protected according to NFPA 96 required to be enclosed as but shall not be open to the n 18.3.2.5.4, 19.3.2.5.1 through			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.	у		

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 02 055956 B. WING 12/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 LEMON HILL AVE **BRIARWOOD POST ACUTE** SACRAMENTO, CA 95824 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) K 324 | Continued From page 3 K 324 This QAPI will stay in effect until substantial compliance has been maintained for 3 months. The This STANDARD is not met as evidenced by: Surveyor: 29753 Administrator is responsible for Based on observation and interview, the facility compliance. failed to maintain the kitchen facilities, as Completion date 01/07/17 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 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH Chapter 11 Procedures for the Use, Inspection, LICENSING & CERTIFICATION PROGRAM Testing, and Maintenance of Equipment 11.2 Inspection, Testing, and Maintenance of JAN 1.0 2017 Fire-Extinguishing Systems. 11.2.1 Maintenance of the fire-extinguishing LIFE SAFETY CODE UNIT systems and listed exhaust hoods containing a SAN BERNARDINO 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

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4.6.1.1 The authority having jurisdiction shall

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CENTER	RS FOR MEDICARE	& MEDICAID SERVICES			<u> </u>	MR NO.	<u>0938-0391</u>	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION 2	(X3) DATE COMP	SURVEY PLETED	
		055956	B. WING		 	12/0	7/2016	
NAME OF F	PROVIDER OR SUPPLIER			ST	REET ADDRESS, CITY, STATE, ZIP CODE			
BRIARW	OOD POST ACUTE				01 LEMON HILL AVE ACRAMENTO, CA 95824			
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K 347	determine whether met. 4.6.1.2 Any require the safety of building specifically provided determined by the NFPA 72, National Code, 2010 Edition Chapter 14 Inspection 14.4.5.3.2 Sensitival alternate year therepermitted by comparing document ron 12/7/16, the smatesting records we At 11:33 a.m., a document indicated that to sriving meet sensitivity	the provisions of this Code are ments that are essential for ng occupants and that are not d for by this Code shall be authority having jurisdiction. Fire Alarm and Signaling	K	347	The fire extinguisher in the pa has been replaced by a fully serviced extinguisher with the proper service tag attached. All residents have the potentic to be affected by this deficien practice. Maintenance will include checking the all fire extinguish in his daily rounds to ensure the service tag remains attact to the extinguisher. These rounds will be documented on the enclosed daily rounds for The Administrator will make weekly rounds with the maintenance supervisor to ensure compliance.	al t hers that ned n m.		
K 355 SS=D	determine if sensit date, and no furthe determine if sensit NFPA 101 Portable Portable Fire Extin Portable fire exting	ivity testing was done on that er documentation available to ivity testing was done in 2016. Fire Extinguishers guishers guishers are selected, installed, intained in accordance with		355	evaluation. Process improvements and	or hly		
•	NFPA 10, Standar Extinguishers.	d for Portable Fire CALIFORNIA DE	FARTME & CERTII	NT O	PUB [ค.cammendations will be ON P determined at that time.			

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Event ID: C5HGP/// 1 () Fadily/D: CA030000091

If continuation sheet Page 6 of 18

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TATEMENT	ATEMENT OF DEFICIENCIES DEPLAY OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
	•	055956	B. WING		and the second s	12/0	
	PROVIDER OR SUPPLIER	·		59	REET ADDRESS, CITY, STATE, ZIP CODE 01 LEMON HILL AVE ACRAMENTO, CA 95824		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
K 355	This STANDARD Surveyor: 29753 Based on observate failed to maintain the astructed from eastinguisher that will 30-day period. The extinguishment in the one of six smoke of the NFPA 101, Life Saturday A.6.12.1 Whenever equipment, system of protection, or arcompliance with the device, equipment arrangement, lever construction, or off continuously mainting provided in accordance or requires or requires.	ion and interview, the facility ne portable fire extinguishers, fire extinguisher that was sy access, and by a fire as not inspected within a s could result in delayed the event of a fire, and affected compartments. Fety Code, 2012 Edition ce, Inspection, and Testing. For or wherever any device, and condition, arrangement, level by other feature is required for e provisions of this Code, such a system, condition, of protection, fire-resistive mer feature shall thereafter be ance with applicable NFPA ments developed as part of a d design, or as directed by the		355	This QAPI will stay in effect usubstantial compliance has be maintained for 3 months. The Administrator is respons for compliance. Completion date 01/07/17 CALIFORNIA DEPARTMENT OF PUBLICIENSING & CERTIFICATION PRO		
	9.7.4 Manual Exti 9.7.4.1 Where red another section of extinguishers shal	nguishing Equipment. quired by the provisions of this Code, portable fire I be selected, installed, with			JAN 1 0 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO		
	NFPA 10, Standar Extinguishers, 201						

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 055956 B. WING 12/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 LEMON HILL AVE **BRIARWOOD POST ACUTE** SACRAMENTO, CA 95824 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PREFIX ID PREFIX (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) DATE CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) CALIFORNIA DEPARTMENT OF PUBLIC HEALTH K 355 LICENSING & CERTIFICATION PROGRAM Continued From page 7 K 355 7.2.1.1 Fire extinguishers shall be manually JAN 1-0-20**17** inspected when initially placed in service. 7.2.1.2 Fire extinguishers shall be inspected LIFE SAFETY CODE UNIT either manually or by means of an electronic K 363 K 363 SAN BERNARDINO The housekeeping staff was inmonitoring device/system at a minimum of 30-day intervals. serviced on 12/29/16 regarding 7.2.4.1 Manual Inspection Records. placement of the housekeeping utility cart in the Janitor closet so 7.2.4.1.1 Where manual inspections are that the door latches properly. conducted, records for manual inspections shall be kept on a tag or label attached to the fire All residents have the potential extinguisher, on an inspection checklist maintained to be affected by this deficient on file, or by an electronic method. practice. 7.2.4.1.2 Where manual inspections are The spring-loaded hinge on the conducted, the month and year the manual door of the Oxygen Storage inspection was performed and the initials of the person performing the inspection shall be Room has been replaced with a recorded. self-closing door closure. Finding: The spring-loaded hinge on the door of the Oxygen Storage During a tour of the facility with maintenance staff on 12/7/16, the portable fire extinguishers were Room has been replaced with a observed. self-closing door closure. At 1:40 p.m., the portable fire extinguisher in the All residents have the potential residents' Designated Smoking Area was to be affected by this deficient observed without a service tag. A label affixed to the fire extinguisher indicated a date of 2004. practice. Maintenance Staff 1 stated the fire extinguisher was serviced along with all the others, and that Maintenance has checked all

NFPA 101 Corridor - Doors

K 363

SS≍D

the tag may have been removed by a resident.

K 363

corridor doors to make sure they

latch properly when closed.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB_NO_0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION **IDENTIFICATION NUMBER:** COMPLETED A. BUILDING 02 055956 B. WING 12/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5901 LEMON HILL AVE BRIARWOOD POST ACUTE** SACRAMENTO, CA 95824 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (X5) COMPLETION (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) Maintenance will make daily K 363 | Continued From page 8 K 363 rounds to ensure all facility Corridor - Doors corridor doors latch. These 2012 EXISTING Doors protecting corridor openings in other than rounds will be documented on required enclosures of vertical openings, exits, or the enclosed daily rounds form. hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded The Administrator will make core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke weekly rounds with the compartments are only required to resist the maintenance supervisor to passage of smoke. Doors shall be provided with a ensure compliance. means suitable for keeping the door closed. There is no impediment to the closing of the A new QAPI project has been doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller initiated and the Administrator latches are prohibited by CMS regulations on will report the findings monthly corridor doors and rooms containing flammable or combustible materials. Powered doors to the QA committee for further complying with 7.2.1.9 are permissible. Hold open evaluation. Process devices that release when the door is pushed or pulled are permitted. Nonrated protective plates improvements and of unlimited height are permitted. Dutch doors recommendations will be meeting 19.3.6.3.6 are permitted. determined at that time. 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 This QAPI will stay in effect until window assemblies are allowed per 8.3. In substantial compliance has been sprinklered compartments there are no maintained for 3 months. restrictions in area or fire resistance of class or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483. The Administrator is responsible for compliance. Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, Completion date 01/07/17 This STANDARD is not met as evidenced by: Surveyor: 29753 Based on observation and interview, the facility CALIFORNIA DEPARTMENT OF PUBLIC HEALTH failed to maintain all corridor doors, as evidenced

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by a self-closing corridor door that did not latch

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LICENSING & CERTIFICATION PROGRAM

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

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION 2	(X3) DATE SURVEY COMPLETED		
	055956 AME OF PROVIDER OR SUPPLIER BRIARWOOD POST ACUTE			B. WING 12/07/2016 STREET ADDRESS, CITY, STATE, ZIP CODE 5901 LEMON HILL AVE SACRAMENTO, CA 95824				
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL! CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE	
K 363	smoke in the event two smoke compared two smoke compared two smoke compared two smokes. During a tour of the on 12/7/16, the contested. 1. At 12:40 p.m., to Janitor Utility Close and 108 failed to lease	could result in the spread of of a fire, and affected one of the the threats. a facility with maintenance staff ridor doors were observed and the self-closing door to the at located between Rooms 107 atch when tested. The door has of the placement of a	K	863	CALIFORNIA DEPARTMENT OF PUBL LICENSING & CERTIFICATION PR JAN 1 0 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO			
К 712 ss=E	Oxygen Storage R tested. According door failed to latch hinge was stripped. 3. At 1:20 p.m., th Director of Staff Dolatch when tested. Staff 1, the door fa spring-loaded hing NFPA 101 Fire Drills Fire drills include the signal and simulate conditions. Fire drills include the signal and	he self-closing door to the com failed to latch when to Maintenance Staff 1, the because the spring-loaded at the adjustment screw. e self-closing door to the evelopment Office failed to According to Maintenance siled to latch because the le needed adjustment. Ils he transmission of a fire alarm ion of emergency fire ills are held at unexpected ag conditions, at least quarterly staff is familiar with procedures drills are part of established collity for planning and as assigned only to competent qualified to exercise leadership.		712	K712 The nursing staff will be inserviced by maintenance on 12/29/16, regarding what the sprinkler tamper switch alarm sounds like, what it means a what to do when they hear talarm. All residents have the potent to be affected by this deficient practice. Maintenance will set the tam switch alarm off quarterly to staff what the sprinkler tamp switch alarm sounds like, who means and what to do when hear that alarm.	n hat ial nt per train er at it		

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED IDENTIFICATION NUMBER: A. BUILDING 02 B. WING 055956 12/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 LEMON HILL AVE **BRIARWOOD POST ACUTE** SACRAMENTO, CA 95824 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID Œ (X5) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PRÉFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) K 712 | Continued From page 10 K712 A new QAPI project has been Where drills are conducted between 9:00 PM and initiated and the Administrator 6:00 AM, a coded announcement may be used will report the findings monthly instead of audible alarms. 18.7.1.4 through 18.7.1.7, 19.7.1.4 through to the QA committee for further 19.7.1.7 evaluation. Process This STANDARD is not met as evidenced by: improvements and Surveyor: 29753 Based on observation and interview, the facility recommendations will be failed to ensure that all employees are familiar determined at that time. 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 This QAPI will stay in effect until extinguishment in the event of a fire, and affected substantial compliance has been two of two smoke compartments. maintained for 3 months. NFPA 101, Life Safety Code, 2012 Edition The Administrator is responsible 19.7 Operating Features. for compliance. 19.7.1.4 Fire drills in health care occupancies shall include the transmission of a fire alarm Completion date 01/07/17 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. CALIFORNIA DEPARTMENT OF PUBLIC REALTH LICENSING & CERTIFICATION PROGRAM. Finding: During a tour of the facility with maintenance staff 710S O 1 MAL on 12/7/16, nursing staff were interviewed regarding the use and sound of a fire alarm device. LIFE SAFETY CODE UNIT At 2:20 p.m., a group of approximately five SAN BERNARDINO nursing staff were interviewed during fire alarm testing regarding the sound produced from a device when the tamper alarm was tested. All of

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

(X1) PROVIDER/SUPPLIER/CLIA

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

(X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 055956 R. WING 12/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 LEMON HILL AVE BRIARWOOD POST ACUTE SACRAMENTO, CA 95824 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX CROSS-REFERENCED TO THE APPROPRIATE DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K741 K 712 | Continued From page 11 K 712 Resident B is no longer a resident the nursing staff stated that the sound meant "fire of this facility. drill." Nursing Staff 1 stated they did not know what the sound meant. Nursing Staff 1 also All residents have the potential stated they had never heard that sound before. When asked how long they had worked at the to be affected by this deficient facility, Nursing Staff 1 stated, "four and a half practice. vears." K 741 NFPA 101 Smoking Regulations K 741 Resident B did not smoke. He SS=D was mentally alert and would not Smoking Regulations need any supervision. Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room. All residents who smoke are ward, or compartment where flammable liquids, assessed for safety in whether or combustible gases, or oxygen is used or stored not they need supervision. and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the The facility smoking policy is international symbol for no smoking. given to all residents at the time (2) In health care occupancies where smoking is of admission. prohibited and signs are prominently placed at all major entrances, secondary signs with language A new QAPI project has been that prohibits smoking shall not be required. (3) Smoking by patients classified as not initiated and the Administrator responsible shall be prohibited. will report the findings monthly (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. to the QA committee for further (5) Ashtrays of noncombustible material and safe evaluation. Process design shall be provided in all areas where smoking is permitted. improvements and (6) Metal containers with self-closing cover recommendations will be devices into which ashtrays can be emptied shall determined at that time. be readily available to all areas where smoking is permitted. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH 18.7.4, 19.7.4 LICENSING & CERTIFICATION PROGRAM This STANDARD is not met as evidenced by: Surveyor: 29753 JAN 1 0 2017 Based on observation and interview, the facility

PRINTED: 12/16/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED **CENTERS FOR MEDICARE & MEDICAID SERVICES** OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER; (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A. BUILDING 02 055956 B. WING 12/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 LEMON HILL AVE **BRIARWOOD POST ACUTE** SACRAMENTO, CA 95824 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES lD. (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 741 | Continued From page 12 K 741 The Administrator is responsible failed to secure all smoking paraphernalia, as for compliance. evidenced by a resident in possession of a lighter. This could result in the potential risk of a fire, and Completion date 01/07/17 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 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Electrical Systems - Maintenance and Testing
Hospital-grade receptacles at patient bed

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

Testing

K 914

SS=D

manner. According to Resident 116 B, they were

Administrative Staff 1 stated Resident 116 B "

NFPA 101 Electrical Systems - Maintenance and

locations and where deep sedation or general

has never done anything like this before. "

due for discharge on 12/9/16. This was confirmed by Administrative Staff 1.

Event ID:C5HG21

Facility ID: CA030000091

K 914

If continuation sheet Page 13 of 18

LICENSING & CERTIFICATION PROGRAM

JAN 1-0-2017.

LIFE SAFETY CODE UNIT SAN BERNARDINO

		AND HUMAN SERVICES & MEDICAID SERVICES			0	FORMA MB NO. 0	PPROVEI 1938-0391
ATEMENTO ID PLAN OF	ENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
		055956	B. WING		·	12/07	7/2016
ANE OF PR	OVIDER OR SUPPLIER		<u> </u>	STR	REET ADDRESS, CITY, STATE, ZIP CODE		
RIARWO	OD POST ACUTE				1 Lemon Hill ave Cramento, ca 95824		•
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	IO PREFII TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X6) COMPLETION DATE
	installation, replace testing is performed documented performed documented performed as hospital-glasted at intervals resolution monitors (intervals of less that actuating the LIM to which activates both Limital test is perfequal to 12 months (a.3.3.3.2 after any electric distribution maintained of requirepairs or modification area tested, and refeatly failed to magnetator, as evidentify failed to magnetator. As failed to magnetator, as evidentify failed to magnetator, as evidentify failed to magnetator. As failed to magnetator as evidentification and the failed to magnetator as evidentification. As failed to magnetator as evidentification as evidentification as evidentification. As failed to magnetator as evidentification as evidentification as evidentification. As failed to magnetator as evidentification as evidentification as evidentification. As failed to magnetator as evidentification as evidentification as evidentification as evidentification. As failed to magnetator as evidentification as evidentific	nistered, are tested after initial ment or servicing. Additional dat intervals defined by mance data. Receptacles not rade at these locations are not exceeding 12 months. Line LIM), if installed, are tested at an or equal to 1 month by est switch per 6.3.2.6.3.6, the visual and audible alarm. For atomated self-testing, this cormed at intervals less than or a. LIM circuits are tested per repair or renovation to the system. Records are interested at associated at tests and associated at itoms, containing date, room or esults. Is not met as evidenced by: Interview and interview, the intain the emergency enced by the absence of intation regarding monthly load a missed weekly inspection. In a malfunction of the generator emergency, and affected two of itments. If the code, 2012 Edition for the ments.		014	This QAPI will stay in effect ur substantial compliance has be maintained for 3 months. The Administrator is responsit for compliance. Completion date 01/07/17 CALIFORNIA DEPARTMET LICENSING & CERTIFICATION LICENSING & CERTIFICATION SAN BERITAIN SAN	oble NT OF PUE ICATION F	ROGRAM

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

STATEMENT OF DEFICIENCIES (X1) AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION 2	(X8) DATE SUI COMPLET		
_		055956	B. WING			12	07/2016	
/ 	PROVIDER OR SUPPLIER OOD POST ACUTE	•		STREET ADDRESS, CITY, STATE, ZIP CODE 5901 LEMON HILL AVE SACRAMENTO, CA. 95824				
(X4) ID PRÉFIX TAG	(EACH DEFICIENC	IATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S FLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X8) COMPLETION DATE	
K 914	Continued From p	age 14	K	914	K914			
	the safety of build specifically provid determined by the 4.6.12.1. Wheneve quipment, system of protection, or a compliance with tidevice, equipment arrangement, leve construction, or o continuously main provided in acconrequires or requires.	ements that are essential for ing occupants and that are not ed for by this Code shall be authority having jurisdiction. er or wherever any device, in, condition, arrangement, level ny other feature is required for the provisions of this Code, such t, system, condition, all of protection, fire-resistive ther feature shall thereafter be trained. Maintenance shall be dance with applicable NFPA ements developed as part of a ed design, or as directed by the urisdiction.			Maintenance will follow all regulatory requirements wit respect to testing of the generator. All residents have the potento be affected by this deficient practice. Maintenance will visually in the generator every 7 days run the generator on full lo every 14 days. The Administrator will review.	tial ent spect and ad		
	NFPA 99, Health Edition	Care Facilities Code, 2012			documentation of the generator maintenance logs with the			
 	6.3.4.2 Record K	CALIFORNIA DEPARTMENT	OF PUE	BLIC	maintenance supervisor w to ensure compliance. HEALTH			
		LICENSING & CERTIFIC ord shall be maintained of the this chapter and associated eation.	2017	'KUG	initiated and the Administ	rator onthly		
	Findings:	t review with Maintenance Staff generator maintenance records	ODE UNI	T	to the QA committee for f evaluation. Process improvements and recommendations will be determined at that time.			
	full load was perf	there was no Indication that a formed in the month of Maintenance Staff 1 stated			WO WHITTING WAS A STREET	re can continued to		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 055956 B. WING 12/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 5901 LEMON HILL AVE **BRIARWOOD POST ACUTE** SACRAMENTO, CA 95824 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 1D (X4) ID (X5) PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 914 Continued From page 15 K920 K 914 there was a loss of power to the building due to an accident, whereby a vehicle hit a transfer pole The multi-outlet extension cord on November 1 or November 2. Maintenance in Room 106 was removed Staff 1 further stated the power loss lasted immediately and the resident approximately two and a half hours, and the was educated as to the reason generator ran a full load the entire time, but the for removal of the extension event was not documented. cord. 2. At 10:22 a.m., a review of the maintenance documents revealed that a weekly inspection was All residents have the potential not performed the week of 8/7/16. The generator to be affected by this deficient was inspected 8/1/16 and again 8/15/16. K 920 NFPA 101 Electrical Equipment - Power Cords K 920 practice. and Extens SS≃D Maintenance has checked all all Electrical Equipment - Power Cords and other rooms to ensure no other **Extension Cords** extension cords were being Power strips in a patient care vicinity are only utilized by residents. used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled Maintenance will make daily by qualified personnel and meet the conditions of rounds to ensure that no 10.2.3.6. Power strips in the patient care vicinity extension cords or power strips may not be used for non-PCREE (e.g., personal are being utilized by residents. electronics), except in long-term care resident rooms that do not use PCREE. Power strips for These rounds will be PCREE meet UL 1363A or UL 60601-1. Power documented on the enclosed strips for non-PCREE in the patient care rooms daily rounds form. (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL The Administrator will make standards. All power strips are used with general precautions. Extension cords are not used as a weekly rounds with the substitute for fixed wiring of a structure. maintenance supervisor to Extension cords used temporarily are removed ensure compliance. immediately upon completion of the purpose for which it was installed and meets the conditions of A new QAPI project has been 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 CALINGTIATE DISTANCE THE CALING T (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 LICENSING & CERTIFICATION PROGRAM

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

Event ID:C5HG21

Facility ID: CA030000091

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JAN 10 2017

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 055956 B. WING 12/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5901 LEMON HILL AVE BRIARWOOD POST ACUTE** SACRAMENTO, CA 95824 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 920 Continued From page 16 K 920 This STANDARD is not met as evidenced by: Surveyor: 29753 will report the findings monthly Based on observation, the facility failed to to the QA committee for further maintain the electrical equipment, as evidenced by the use of a multi-outlet extension cord. This evaluation. Process could result in the increased risk of a fire, and improvements and affected one of two smoke compartments. recommendations will be NFPA 101, Life Safety Code, 2012 Edition determined at that time. 4.6.12.1 Whenever or wherever any device, This QAPI will stay in effect until equipment, system, condition, arrangement, level of protection, or any other feature is required for substantial compliance has been compliance with the provisions of this Code, such maintained for 3 months. device, equipment, system, condition, arrangement, level of protection, fire-resistive The Administrator is responsible construction, or other feature shall thereafter be continuously maintained. Maintenance shall be for compliance. provided in accordance with applicable NFPA requires or requirements developed as part of a performance-based design, or as directed by the Completion date 01/07/17 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: CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural JAN 10 2017 ceilings, suspended ceilings, dropped ceilings, or (3) Where run through doorways, windows, or LIFE SAFETY CODE UNIT similar openings SAN BERNARDINO (4) Where attached to building surfaces Exception to (4): Flexible cord and cable shall be permitted to be attached to building surfaces in

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 12/16/2016

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 02 B. WING 055956 12/07/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE **5901 LEMON HILL AVE BRIARWOOD POST ACUTE** SACRAMENTO, CA 95824 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE PREFIX PRÉFIX DATE CROSS-REFERENCED TO THE APPROPRIATE TAG REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) K 920 Continued From page 17 K 920 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. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JAN 10 1017 LIFE SAFETY CODE UNIT SAN BERNARDINO

DEPARTMENT OF HEALTH AND HUMAN SERVICES

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