

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICESPRINTED: 12/06/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056444	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 12/01/2016
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NAME OF PROVIDER OR SUPPLIER

COMMUNITY EXTENDED CARE HOSPITAL OF MONTCLAIR

STREET ADDRESS, CITY, STATE, ZIP CODE

9620 FREMONT AVENUE
MONTCLAIR, CA 91763

(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: 21101 K3 BUILDING: 01 K6 PLAN APPROVAL: 1974 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) National Fire Protection Association (NFPA) 101, Life Safety Code 2012 Edition, and NFPA 99 Health Care Facilities Code 2012 Edition. Representing the California Department of Public Health: 21101 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census = 121	K 000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of truth of the facts alleged or conclusion set forth in the statement of deficiencies. This plan of correction is prepared and/or executed because it is required by the provision of Health and Safety Code Section 1250 and 42 C.F.R. 405 7907	
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	K 161	The facility shall maintain the building construction as evidenced by sealed penetrations. On 12-1-16 Maintenance staff sealed penetrations with fire rated caulking in the fire alarm control room.	12-30-16

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

TITLE

(X8) DATE

deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that
safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days
wing 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
following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued
ram participation.

12/15/16 - POC Acceptable for final Yalung

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NAME OF PROVIDER OR SUPPLIER COMMUNITY EXTENDED CARE HOSPITAL OF MONTCLAIR	STREET ADDRESS, CITY, STATE, ZIP CODE 8620 FREMONT AVENUE MONTCLAIR, CA 91763
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K 161	<p>Continued From page 1</p> <p>1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered</p> <p>2 II (111) One story non-sprinklered Maximum 3 stories sprinklered</p> <p>3 II (000) Not allowed non-sprinklered</p> <p>4 III (211) Maximum 2 stories sprinklered</p> <p>5 IV (2HH)</p> <p>6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 21101</p> <p>Based on observation and interview, the facility failed to maintained the building construction as evidenced by unsealed penetrations. This failure could result in the transfer of smoke during a fire and affected 1 of 6 smoke compartments.</p>	K 161	<p>On 12-2-16 Maintenance staff checked the facility for unsealed penetrations with no negative findings.</p> <p>On 12-13-16 Maintenance Supervisor gave an inservice to his Maintenance Assistants about the need to maintain the building construction by sealing all penetrations.</p> <p>Maintenance staff will do weekly rounds and utilize newly created log, to insure there are no more unsealed penetrations</p> <p>The Administrator and Maintenance Supervisor shall randomly monitor POC to ensure compliance.</p> <p>Maintenance Supervisor will report to QA Committee monthly to ensure compliance and for any further recommendations.</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>DEC 13 2016</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>	

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K 161	Continued From page 2 Findings: During a tour of the facility with the Maintenance Supervisor on 12/01/16, the walls and ceiling were observed. At 12:31 p.m., two unsealed penetrations were observed in the left corner ceiling inside fire alarm control room. One was a two inch penetration with conduits running through it and one was a one inch penetration with gray and white wires running through. During interview, the Maintenance Supervisor stated he did not know why the fire stop was removed.	K 161	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM DEC 13 2016 LIFE SAFETY CODE UNIT SAN BERNARDINO	
K 232 SS=D	NFPA 101 Aisle, Corridor, or Ramp Width Aisle, Corridor or Ramp Width 2012 EXISTING The width of aisles or corridors (clear or unobstructed) serving as exit access shall be at least 4 feet and maintained to provide the convenient removal of nonambulatory patients on stretchers, except as modified by 19.2.3.4, exceptions 1-5. 19.2.3.4, 19.2.3.5 This STANDARD is not met as evidenced by: Surveyor: 21101 Based on observation and interview, the facility failed to maintain a clear and unobstructed exit corridor. This was evidenced by carts obstructing both sides of an exit corridor. This failure could delay the evacuation of residents in the event of a fire or other emergency in 1 of 6 smoke compartments. NFPA 101, Life Safety Code 2012 Edition 19.2 Means of Egress Requirements. 19.2.3.4 Any required aisle, corridor, or ramp	K 232	The facility shall maintain a clear and unobstructed exit corridor, On 12-1-16 the Maintenance Supervisor moved all 4 carts to one side of the hallway allowing for clear and unobstructed path of egress. On 12-2-16 the maintenance staff checked the facility to maintain a clear and unobstructed exit corridor with no negative findings. On 12-15-16, 12-20-16, and 12-21-16 Maintenance Supervisor and Director of Staff Development will give an all staff inservice about the need to maintain a clear and unobstructed exit corridor. Aisles, corridors, and exit corridors shall be arranged to avoid any obstructions in case of evacuation of residents in the event of a fire or other emergency.	12-30-16

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K 232	Continued From page 3 shall be not less than 48 in. (1220 mm) in clear width where serving as means of egress from patient sleeping rooms, unless otherwise permitted by one of the following: (1) Aisles, corridors, and ramps in adjunct areas not intended for the housing, treatment, or use of inpatients shall be not less than 44 in. (1120 mm) in clear and unobstructed width. (2) Where corridor width is at least 6 ft (1830 mm), noncontinuous projections not more than 6 in. (150 mm) from the corridor wall, above the handrail height, shall be permitted. (3) Exit access within a room or suite of rooms complying with the requirements of 19.2.5 shall be permitted. (4) Projections into the required width shall be permitted for wheeled equipment, provided that all of the following conditions are met: (a) The wheeled equipment does not reduce the clear unobstructed corridor width to less than 60 in. (1525 mm). (b) The health care occupancy fire safety plan and training program address the relocation of the wheeled equipment during a fire or similar emergency. (c) The wheeled equipment is limited to the following: i. Equipment in use and carts in use ii. Medical emergency equipment not in use iii. Patient lift and transport equipment 19.2.3.5 The aisle, corridor, or ramp shall be arranged to avoid any obstructions to the convenient removal of nonambulatory persons carried on stretchers or on mattresses serving as stretchers. Findings: During a tour of the facility with the Maintenance	K 232	Maintenance staff will do daily rounds and utilize newly created log, to insure that aisles, corridors and exit corridors are not obstructed and egress path is maintained at 4 feet by keeping carts on one side of the hallway. The Administrator and Maintenance Supervisor shall randomly monitor POC to ensure compliance. Maintenance Supervisor will report to QA Committee monthly to ensure compliance and for any further recommendations.		

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
LICENSING & CERTIFICATION PROGRAM

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K 232	Continued From page 4 Supervisor on 12/01/16, the egress corridors were observed. At 12:44 p.m., the egress corridor exiting to laundry was obstructed on both sides of the corridor reducing the egress path to less than 4 feet. There were four house keeping carts on one side of the corridor and two laundry carts on the opposite side of the corridor. During interview; the Maintenance Supervisor stated house keeping staff must have been on a lunch break.	K 232		
K 324 SS=D	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	<p>The facility will ensure that the kitchen exhaust hood is maintained in accordance with NFPA 96, 2011 Edition.</p> <p>The exhaust hood in the kitchen cooking area was last cleaned on October 10-31-16. We have a new agreement with a company to provide grease exhaust cleaning for the hoods and ducts twice a year. This company has been scheduled to come back to clean in April 2017.</p> <p>On 12-13-16 Administrator gave an inservice to Maintenance Supervisor and Dietary Supervisor about the need to ensure the exhaust hood in the kitchen cooking area is cleaned at least every 6 months as required.</p> <p>A log has been created to keep track of such cleanings and will be the responsibility of the Dietary Supervisor to ensure that this gets done every 6 months. Dietary Supervisor will retain a copy of such service and will also provide a copy to the Maintenance Supervisor for his records.</p> <p>Dietary Supervisor will report to QA Committee monthly to ensure compliance and for any further recommendations.</p>	12-30-16

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K 324	<p>Continued From page 5</p> <p>This STANDARD is not met as evidenced by: Surveyor: 21101 Based on document review and interview, the facility failed to ensure the kitchen exhaust hood was maintained in accordance with NFPA 96, 2011 Edition. This was evidenced by no documentation for 1 of 2 kitchen hood grease removal reports. This had the potential to increase the risk of a grease fire and affected 3 of 6 smoke compartments. NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2011 Edition 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 months. Findings: During document review and interview with the Maintenance Supervisor on 12/01/16, the records for the maintenance of the exhaust hood were requested. At 12:02 p.m., the Maintenance Supervisor provided two reports for the cleaning of the exhaust hood in the kitchen cooking area. The reports were dated 11/1/16 and 12/1/15, during interview the Maintenance Supervisor, he stated he did not have any additional documentation for review. The facility failed to ensure the exhaust hood in the kitchen cooking area was cleaned at least every 6 months as required.</p>	K 324	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>DEC 13 2016</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>	

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K 374 K 374 SS=D	<p>Continued From page 6</p> <p>NFPA 101 Subdivision of Building Spaces - Smoke Barrie</p> <p>Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This STANDARD is not met as evidenced by: Surveyor: 21101 Based on observation and interview, the facility failed to maintain its smoke barrier doors to resist the passage of smoke as evidenced by a smoke barrier door with a penetration and missing door hardware. This could result in the door failing to resist the passage of smoke from one compartment to the next and affected 2 of 6 smoke compartments.</p> <p>NFPA 101, Life Safety Code 2012 Edition</p> <p>19.3.7.6 Openings in smoke barriers shall be protected using one of the following methods: (1) Fire-rated glazing (2) Wired glass panels in steel frames (3) Doors, such as 1 3/4 in. (44 mm) thick, solid-bonded wood-core doors (4) Construction that resists fire for a minimum of 20 minutes.</p>	K 374 K 374	<p>The facility shall maintain its smoke barrier doors to resist the passage of smoke.</p> <p>On 12-1-16 the Maintenance Supervisor fixed the smoke barrier door by room 133 by installing the bolt and screws that it needed to maintain its smoke barrier doors.</p> <p>On 12-2-16 the maintenance staff checked the facility to maintain smoke barrier doors with no negative findings.</p> <p>On 12-13-16 Maintenance Supervisor gave an inservice to maintenance staff about the need to maintain smoke barrier doors to resist the passage of smoke.</p> <p>Maintenance staff will do weekly rounds and utilize newly created log, to insure that all smoke barrier doors do not have any penetrations and are not missing any hardware.</p> <p>The Administrator and Maintenance Supervisor shall randomly monitor POC to ensure compliance.</p> <p>Maintenance Supervisor will report to QA Committee monthly to ensure compliance and for any further recommendations.</p>	12-30-16

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K 374	Continued From page 7 Findings: During a tour of the facility with the Maintenance Supervisor on 12/01/16, the smoke barrier doors were observed. At 3:27 p.m., the smoke barrier door leaf near room 133 had an approximately 3/4 inch hole where a bolt was missing and the door hardware was missing some screws. This was acknowledged by the Maintenance Supervisor during the survey.	K 374	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM DEC 13 2016 LIFE SAFETY CODE UNIT SAN BERNARDINO	
K 712 SS=D	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. 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: 21101 Based on document review and interview, the facility failed to ensure quarterly fire drills were held at unexpected and varying times. This was evidenced by 3 of 4 PM shift fire drills held around the same time and failed to include the transmission of a fire alarm signal when drills were held before 9:00 p.m. This failure could	K 712	The facility shall ensure that fire drills are held at unexpected times under varying conditions and will include the transmission of a fire alarm signal when drills are held before 9:00 pm. On 12-7-16 the Maintenance Supervisor contacted the company that conducts the fire drills and told them of their deficient practice of not activating the fire alarm system during the PM fire drills. The company has provided a letter on 12-8-16 stating that they will make sure that they come at varying times and will activate the fire alarm system in the evening shift. Maintenance Supervisor will do routine checks of the fire drills that are being held to ensure that the corrective action remains in place and the deficient practice does not recur. Maintenance Supervisor will report to QA Committee monthly to ensure compliance and for any further recommendations.	12-30-16

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K 712	<p>Continued From page 8</p> <p>result in staff becoming complacent to assigned fire drill times and not familiar with fire alarm activation. This affected 6 of 6 smoke compartments.</p> <p>NFPA 101, Life Safety Code 2012 Edition 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.</p> <p>19.7.1.5 Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building.</p> <p>19.7.1.6 Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions.</p> <p>19.7.1.7 When drills are conducted between 9:00 p.m. and 6:00 a.m. (2100 hours and 0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.</p> <p>Findings:</p> <p>During document review and interview with the Maintenance Supervisor on 12/01/16, the documentation for the quarterly fire drills were requested.</p> <p>At 10:51 a.m., the maintenance supervisor provided the quarterly fire drill reports. The fire drills during the PM shift documented the drills were held at 9:30 p.m., 9:15 p.m., 9:10 p.m., and 3:15 p.m. There was no activation of the fire</p>	K 712	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>DEC 13 2016</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>	

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K 712	Continued From page 9 alarm system during the PM fire drills including the fire drill that was held at 3:15 p.m., the report stated fire alarm simulated. During interview, the Maintenance Supervisor stated the PM shift hours start at 2:30 p.m., and end at 11:00 p.m.	K 712		
K 918 SS=C	NFPA 101 Electrical Systems - Essential Electric Syste Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked and readily identifiable. Minimizing the possibility of damage of the emergency power source is a design	K 918	<p>The facility will ensure that the emergency generator will be tested once every 36 months for 4 continuous hours by a properly instructed individual.</p> <p>On 12-12-16 the Maintenance Supervisor contacted the licensed company that services our generator to schedule the 4 hour load bank testing. The testing has been scheduled for 12-20-16.</p> <p>On 12-12-16, The Administrator gave an inservice to the Maintenance Supervisor about the need to ensure that the emergency generator is maintained and tested per regulations.</p> <p>The Administrator shall randomly monitor POC to ensure compliance.</p> <p>Maintenance Supervisor will report to QA Committee monthly to ensure compliance and for any further recommendations.</p>	12-30-16

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056444	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 12/01/2016
NAME OF PROVIDER OR SUPPLIER COMMUNITY EXTENDED CARE HOSPITAL OF MONTCLAIR			STREET ADDRESS, CITY, STATE, ZIP CODE 8620 FREMONT AVENUE MONTCLAIR, CA 91763		
(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 918	<p>Continued From page 10 consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This STANDARD is not met as evidenced by: Surveyor: 21101 Based on document review and interview, the facility failed to exercised the emergency generator once every 36 months for 4 continuous hours. This was evidenced by no documentation for a four hour generator load bank test in a facility with a sub-acute unit. This failure affected 6 of 6 smoke compartments. NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition Chapter 8, Routine Maintenance and Operational Testing 8.4 Operational Inspection and Testing. 8.4.1 EPSSs, including all appurtenant components, shall be Inspected weekly and exercised under load at least monthly.</p> <p>8.4.1.1 If the generator set is used for standby power or for peak load shaving, such use shall be recorded and shall be permitted to be substituted for scheduled operations and testing of the generator set, providing the same record as required by 8.3.4.</p> <p>8.4.2 Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer 2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating</p> <p>8.4.2.1 The date and time of day for required</p>	K 918	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>DEC 13 2016</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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NAME OF PROVIDER OR SUPPLIER COMMUNITY EXTENDED CARE HOSPITAL OF MONTCLAIR			STREET ADDRESS, CITY, STATE, ZIP CODE 9620 FREMONT AVENUE MONTCLAIR, CA 91763		
(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 918	<p>Continued From page 11</p> <p>testing shall be decided by the owner, based on facility operations.</p> <p>8.4.2.2 Equivalent loads used for testing shall be automatically replaced with the emergency loads in case of failure of the primary source.</p> <p>8.4.2.3 Diesel-powered EPS Installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours.</p> <p>8.4.8 The routine maintenance and operational testing program shall be overseen by a properly instructed individual.</p> <p>8.4.9 Level 1 EPSS shall be tested at least once within every 36 months.</p> <p>8.4.9.1 Level 1 EPSS shall be tested continuously for the duration of its assigned class (see Section 4.2).</p> <p>8.4.9.2 Where the assigned class is greater than 4 hours, it shall be permitted to terminate the test after 4 continuous hours.</p> <p>8.4.8 The routine maintenance and operational testing program shall be overseen by a properly instructed individual.</p> <p>8.4.9 Level 1 EPSS shall be tested at least once within every 36 months.</p>	K 918	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>DEC 13 2016</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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NAME OF PROVIDER OR SUPPLIER

COMMUNITY EXTENDED CARE HOSPITAL OF MONTCLAIR

STREET ADDRESS, CITY, STATE, ZIP CODE

9620 FREMONT AVENUE

MONTCLAIR, CA 91783

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K 918	<p>Continued From page 12</p> <p>8.4.9.1 Level 1 EPSS shall be tested continuously for the duration of its assigned class.</p> <p>8.4.9.2 Where the assigned class is greater than 4 hours, it shall be permitted to terminate the test after 4 continuous hours.</p> <p>8.4.9.3 The test shall be initiated by operating at least one transfer switch test function and then by operating the test function of all remaining ATSS, or initiated by opening all switches or breakers supplying normal power to all ATSS that are part of the EPSS being tested.</p> <p>8.4.9.4 A power interruption to non-EPSS loads shall not be required.</p> <p>8.4.9.5 The minimum load for this test shall be as specified in 8.4.9.5.1, 8.4.9.5.2 or 8.4.9.5.3.</p> <p>8.4.9.5.1 For a diesel-powered EPS, loading shall be not less than 30 percent of the nameplate kW rating of the EPS. A supplemental load bank shall be permitted to be used to meet or exceed the 30 percent requirement.</p> <p>8.4.9.5.2 For a diesel-powered EPS, loading shall be that which maintains the minimum exhaust gas temperatures as recommended by the manufacturer.</p> <p>8.4.9.6 The test required in 8.4.9 shall be permitted to be combined with one of the monthly tests required by 8.4.2 and one of the annual tests required by 8.4.2.3 as a single test.</p> <p>8.4.9.7 Where the test required in 8.4.9 is combined with the annual load bank test, the first 3 hours shall be at not less than the minimum</p>	K 918	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>DEC 13 2016</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>	

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NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

COMMUNITY EXTENDED CARE HOSPITAL OF MONTCLAIR

9620 FREMONT AVENUE
MONTCLAIR, CA 91763

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K 918	Continued From page 13 loading required by 8.4.9.5 and the remaining hour shall be at not less than 75 percent of the nameplate kW rating of the EPS. Findings: During document review and interview with the Maintenance Supervisor on 12/01/16, the maintenance and testing documentation was reviewed. At 11:23 a.m., the documentation provided by the Maintenance Supervisor for the emergency generator did not include a 4 hour load bank in the past 36 months. During interview, the maintenance supervisor stated he was not aware of the regulation.	K 918	The facility will maintain electrical safety in accordance with NFPA Standards. On 12-1-16 the Maintenance Supervisor removed the extension cord from room 50. On 12-2-16 the maintenance staff checked the facility to ensure that no other extension cords were being used in patient care areas, with no negative findings.	12-30-16
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) assemblies 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.	K 920	On 12-13-16 Maintenance Supervisor gave an inservice to maintenance staff about the need to maintain electrical safety and ensure that extension cords are not being used in patient care areas. Maintenance staff will do weekly rounds and utilize newly created log, to insure that extension cords and power strips are not being used in patient care areas. The Administrator and Maintenance Supervisor shall randomly monitor POC to ensure compliance. Maintenance Supervisor will report to QA Committee monthly to ensure compliance and for any further recommendations.	

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K 920	<p>Continued From page 14</p> <p>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.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This STANDARD is not met as evidenced by:</p> <p>Surveyor: 21101</p> <p>Based on observation and interview, the facility failed to maintain electrical safety in accordance with NFPA Standards. This was evidenced by the use of an extension cord in a patient care area. This affected residents in 1 of 6 smoke compartments.</p> <p>Findings:</p> <p>During a tour of the facility with the Maintenance Supervisor on 12/01/16, the electrical equipment and wiring was observed.</p> <p>At 12:22 p.m., a white extension cord was in use next to bed "B" inside resident room 50. During interview, the Maintenance Supervisor stated the facility does not allow the use of extension cords and the family may have brought the cord into the facility.</p>	K 920		

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