PRINTED: 06/11/2015
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056391	A. BUILDING 01 B. WING	06/03/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GOLDEN EMPIRE NURSING & REHAB CENTER	121 DORSEY DRIVE GRASS VALLEY, CA 95945

(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: 01 K6 PLAN APPROVAL: 6/20/73 K7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: ONE STORY, TYPE V CONSTRUCTION. 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) and NFPA (National Fire Protection Association) 101, Life Safety Code 2000 edition, Existing codes. 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: 136	K 000		
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This STANDARD is not met as evidenced by: Surveyor: 29753 Based on observation, the facility failed to maintain the integrity of the building construction,	K 012	**K 012** **How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** *The penetration in the ceiling above the exit sign near the Director of Nursing Office was filled and the ceiling painted.* **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** *All residents have the potential to be affected by this deficient practice. The penetration was filled and ceiling painted. Maintenance supervisor will be checking all walls and ceilings at least quarterly to make sure all penetrations into a wall or ceiling is filled in a timely manner.* **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:** *Maintenance staff were informed that any wall or ceiling penetrations need to be filled and painted in a timely manner. Maintenance supervisor has a quarterly sign off sheet listing checking all walls and ceilings for any penetrations that need repair.*	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Vicki Howard — TITLE: Administrator — (X6) DATE: 7-13-15

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.

KPOC accepted 7/14/15 per Robert Compston

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K 012	Continued From page 1 as evidenced by a penetration in a wall. This could result in the passage of smoke in the event of a fire, and affected one of six smoke compartments. Findings: During a tour of the facility with the Maintenance Supervisor on 6/3/15, the walls and ceiling were observed. At 10:43 a.m., there was an approximately one-inch penetration in the ceiling above the exit sign near the Director of Nursing office.	K 012	**How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan for correction is integrated into the quality assurance system:** *Maintenance will be required to submit their quarterly sign off sheets showing compliance to the Safety Coordinator who will bring them to the QA Committee.*	
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by Surveyor: 29753 Based on observation, the facility failed to maintain its automatic sprinkler system, as evidenced by a bent sprinkler deflector, and by a missing quarter of sprinkler testing. This could result the sprinklers malfunctioning in the event of a fire, and affected six of six smoke compartments. NFPA 101, Life Safety Code, 2000 Edition 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level	K 062	**Dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State.** 6/4/15 **K 062** **How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** *#1. In Station 1's Housekeeping closet the sprinkler was replaced by Simplex Grinnell, which specializes in sprinkler systems and repair on 7/13/15.* *#2. There are two quarterly testing documents checking the sprinklers. One was signed on 12/29/14, which was a Fire Drill Record which on the bottom of the form states any Fire Fighting Apparatus Inspected and Tested and it list: the sprinklers and Fire Dampers. Our Maintenance Supervisor, had failed to then sign off his quarterly inspection report proving compliance. He also failed to remember that we document checking the sprinklers off during quarterly AM Fire Drill Records.*	

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K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Surveyor: 29753 Based on observation, the facility failed to maintain its automatic sprinkler system, as evidenced by a bent sprinkler deflector, and by a missing quarter of sprinkler testing. This could result the sprinklers malfunctioning in the event of a fire, and affected six of six smoke compartments. NFPA 101, Life Safety Code, 2000 Edition 4.6.12.1 Whenever or wherever any device, equipment, system, condition, arrangement, level	K 062	**Dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State.** 6/4/15 **K 062** **How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** *#1. In Station 1's Housekeeping closet the sprinkler was replaced by Simplex Grinnell, which specializes in sprinkler systems and repair on 7/13/15.* *#2. There are two quarterly testing documents checking the sprinklers. One was signed on 12/29/14, which was a Fire Drill Record which on the bottom of the form states any Fire Fighting Apparatus Inspected and Tested and it lists the sprinklers and Fire Dampers. Our Maintenance Supervisor, had failed to then sign off his quarterly inspection report proving compliance. Frank failed to remember that we also document checking the sprinklers off during quarterly 4M Fire Drill Records.*	

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K 062	Continued From page 2 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, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction. NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 1998 Edition 2-2.1.1 Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free of corrosion, foreign materials, paint, and physical damage and shall be installed in the proper orientation (e.g., upright, pendant, or sidewall). Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper orientation. 2-2.1.2 Unacceptable obstructions to spray patterns shall be corrected. 2-3.3 Alarm Devices. Waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly. Findings: During a tour of the facility and during document review with the Maintenance Supervisor on 6/3/15, the automatic sprinkler system was observed and sprinkler maintenance and inspection documents were requested. 1. At 12:31 p.m., in the Station 1 Housekeeping	K 062	**How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** *All residents have the potential to be affected by the same deficient practice. Maintenance supervisor will be responsible for checking all sprinklers to make sure they are in good repair quarterly. Any bent deflectors will be replaced in a timely manner. Maintenance supervisor will have to submit the quarterly logs showing compliance with checking sprinklers to the Safety Coordinator* **How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan for correction is integrated into the quality assurance system:** *Maintenance supervisor will submit the quarterly logs showing compliance with checking the sprinklers to the Safety Coordinator who will bring them to the QA committee showing that compliance has been maintained.* **Dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State.** 7/13/15	

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K 062	Continued From page 3 Closet, the deflector was bent. 2. At 2:14 p.m., a review of the quarterly testing documents revealed that the sprinkler system was not inspected and tested in the Fourth Quarter of 2014. A document titled, "Sprinkler Inspection Report" dated 1/15/15 indicated that the last inspection date was 9/24/14.	K 062	**K 064** **How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** *#1. The fire extinguisher inside the laundry room was inspected 6/4/15 and a sign was installed on 6/9/15 indicating the location of the fire extinguisher.* *#2. The fire extinguisher inside the Nurses Station in the Alzheimer's wing was inspected on 6/4/15. There was a sign installed 6/9/15 indicating the location of the fire extinguisher.* *#3. The fire extinguisher located in the hallway near the Dining Room in the Alzheimer's wing was inspected on 6/4/15.* *#4. The fire extinguisher in the Generator room was inspected 6/4/15.* **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** *All residents have the potential to be affected by the same deficient practice. Maintenance supervisor will check all the fire extinguishers to make sure they are checked at least annually and they are signed off.*	
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This STANDARD is not met as evidenced by: Surveyor: 29753 Based on observation, the facility failed to maintain its portable fire extinguishers, as evidenced by fire extinguishers that were obscured from view, and by fire extinguishers that were not inspected for one month. This could lead to the malfunctioning of the fire extinguishers in the event of a fire, and affected two of six smoke compartments. NFPA 101, Life Safety Code, 2000 Edition 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 installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.	K 064		

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K 064	Continued From page 4 NFPA 10, Standard for Portable Fire Extinguishers, 1998 Edition 1-6.6 Fire Extinguishers shall not be obstructed or obscured from view. Exception: In large rooms, and in certain locations where visual obstruction cannot be completely avoided, means shall be provided to indicate the location. 4-3.2 Procedures. Periodic inspection of fire extinguishers shall include a check of at least the following items: (a) Location in designated place (b) No obstruction to access or visibility (c) Operating instructions on nameplate legible and facing outward (d) Safety seals and tamper indicators not broken or missing (e) Fullness determined by weighing or "hefting" (f) Examination for obvious physical damage, corrosion, leakage, or clogged nozzle (g) Pressure gauge reading or indicator in the operable range or position (h) Condition of tires, wheels, carriage, hose, and nozzle checked (for wheeled units) (i) HMIS label in place. 4-3.4.2 At least monthly, the date the inspection was performed and the initials of the person performing the inspection shall be recorded. 4-3.4.3 Records shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or in an electronic system (e.g., bar coding) that provides a permanent record.	K 064	**What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:** *Maintenance has a yearly log that needs to be checked off for all fire extinguishers. Maintenance supervisor will submit a yearly sign off sheets showing compliance to the Safety Coordinator.* **How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan for correction is integrated into the quality assurance system:** The Safety Coordinator supervisor will submit the yearly logs to the QA Committee to show compliance in maintaining all fire extinguishers. **Dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State.** 6/9/15	

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K 064	Continued From page 5 Findings: During a tour of the facility with the Maintenance Supervisor on 6/3/15, the fire extinguishers were observed. 1. At 10:32 a.m., the fire extinguisher inside the Laundry Room was not inspected in May 2015. The fire extinguisher was obscured from view because it was recessed in the wall. There was no sign that indicated its location. 2. At 12:11 p.m., the fire extinguisher inside the Nurses Station in the Alzheimer's Wing was not inspected in May 2015. The fire extinguisher was obscured from view because it was recessed in the wall. There was no sign that indicated its location. 3. At 12:16 p.m., the fire extinguisher located in the hallway near the Dining Room in the Alzheimer's Wing was not inspected in May 2015. 4. At 2:47 p.m., the fire extinguisher in the Generator Room was not inspected in May 2015.	K 064	**K 147** **How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:** *#1. The Employee break room's two vending machines that were plugged into a surge protector are now plugged into existing outlets that were not utilized.* *#2. In the Activities Directors office the computer equipment and a small refrigerator are now plugged into an existing outlets that were not utilized.* *#3. In room 607 the nebulizer and a computer charger are plugged into existing outlets that were not utilized.* *#4. At Nurses Station II near the MDS office we had an electrician install 9 new outlets. There is no longer a multi-outlet adapter or 2 surge protectors at that location. The laptop, computer equipment and a charger are now plugged into one of the new 9 installed outlets.*	
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code 9.1.2 This STANDARD is not met as evidenced by: Surveyor: 29753 Based on observation, the facility failed to maintain the electrical wiring and equipment, as evidenced by the use of surge protectors in an	K 147	*#5. In room 501 the oxygen, two TV's and a radio are now all plugged into existing outlets that were not being utilized.* *#6. In room 308 the bed is now plugged into an existing outlet that was not being utilized.*	

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K 147	Continued From page 6 unauthorized manner. This could result in the increased risk of fire, and affected five of six smoke compartments. NFPA 101, Life Safety Code, 2000 Edition 9.1.2 Electric. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued in service, subject to approval by the authority having jurisdiction. NFPA 70, National Electrical Code, 1999 Edition 400-8. Uses Not Permitted. Unless specifically permitted in Section 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: Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of Section 364-8. (5) Where concealed behind building walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (6) Where installed in raceways, except as otherwise permitted in this Code 400-10. Pull at Joints and Terminals. Flexible cords and cables shall be connected to devices and to fittings so that tension will not be transmitted to joints or terminals.	K 147	*#7. In the Alzheimer's unit's dining room the TV, radio, VCR/DVD player and a microwave are now all plugged into existing outlets not being utilized.* *#8. In the television area the television, a charger, nebulizer and VCR/DVD player were plugged into existing outlets not being utilized. The night light is still connected to a surge protector.* *#9. In room 108 the TV, and VCR/DVD is plugged into an existing outlet not being utilized. The lamp and clock are plugged into a surge protector.* **How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken:** *All residents have the potential to be affected by the same deficient practice. The Maintenance supervisor will inspect the facility to make sure all equipment or appliances will be plugged into existing outlets or in an approved power strip.* **What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur:** *Maintenance supervisor will be checking quarterly that all electrical appliances, or medical equipment is properly plugged into approved outlets. The Maintenance supervisor will submit the quarterly logs showing compliance to the Safety Coordinator.*	

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K 147	Continued From page 7 Exception: Listed portable single pole devices that are intended to accommodate such tension at their terminals, shall be permitted to be used with single conductor flexible cable. Findings: During a tour of the facility with Maintenance Supervisor on 6/3/15, the electrical wiring and equipment were observed. 1. At 10:28 a.m., in the Employee Break Room, two of the three vending machines were plugged into one surge protector. 2. At 10:54 a.m., in the Activity Director's office, computer equipment and a small refrigerator were plugged into a surge protector. 3. At 11:18 a.m., in Room 607, a nebulizer and a computer charger were plugged into a surge protector located near Bed B. 4. At 11:23 a.m., there were two surge protectors and one multi-outlet adapter located in Nurses Station Two near the MDS office. A laptop was plugged into the multi-outlet adapter. Computer equipment and a charger were plugged into Surge Protector 1, which was elevated 10 inches above the floor. The adapter with the laptop and Surge Protector 1 (with the computer equipment and charger) were both connected to Surge Protector 2. 5. At 11:37 a.m., in Room 501, an oxygen concentrator, two televisions, and a radio were plugged into a surge protector located near Bed B.	K 147	**How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The plan for correction is integrated into the quality assurance system:** *The Safety Coordinator will submit the quarterly logs showing compliance to the QA committee.* **Dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State.** 6/17/15	

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GOLDEN EMPIRE NURSING & REHAB CENTER	121 DORSEY DRIVE GRASS VALLEY, CA 95945

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K 147	Continued From page 8 6. At 11:58 a.m., in Room 308, Bed A was plugged into a surge protector. 7. At 12:15 p.m., in the Alzheimer's Wing Dining Room, a television, radio, VCR/DVD player, and a microwave oven were plugged into a surge protector. 8. At 12:35 p.m., there were two surge protectors located in the television area. A television, a charger, and a night light were plugged into Surge Protector 1. A nebulizer, a VCR/DVD player, and Surge Protector 1 (with the television, charger, and night light) were connected to Surge Protector 2. 9. At 12:43 p.m., in Room 108, a lamp, a television, a VCR/DVD player, and a clock were plugged into a multi-outlet non surge-protected adapter.	K 147		