EPARTM	FOR MEDICAR	H AND HUMAN SERVICES E & MEDICAID SERVICES			ORM APPROVED NO. 0938-039
ATEMENT OF DEFICIENCIES (ENGIES (X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01	
		056391	B. WING		06/03/2015
IAME OF PRO	VIDER OR SUPPLIE	R		REET ADDRESS, CITY, STATE, ZIP CODE	
GOLDEN E	MPIRE NURSING	& REHAB CENTER		1 DORSEY DRIVE RASS VALLEY, CA 95945	
(X4) 1D PREFIX TAG	ITAGU OFFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PRECIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	
K 012 \$\$=D	The following ref Department of P Life Safety Code findings are in a Federal Regulat (National Fire Pi Safety Code 200 Representing th Health: 29753 The facility is no 42 CFR 483.70 Census: 136 NFPA 101 LIFE Building construction of the following 19.3.5.1 This STANDAF Surveyor: 297 Based on obse- maintain the in	DVAL: 6/20/73 DER: 2000 EXISTING YPE: ONE STORY, TYPE V N. FULLY SPRINKLERED Hects the findings of the California rublic Health, during an annual recertification survey. The coordance with 42 CFR (Code of ions) 483.70 (a) and NFPA rotection Association) 101, Life 20 edition, Existing codes. The California Department of Public of in substantial compliance with (a) for Long Term Care Facilities. SAFETY CODE STANDARD suction type and height meets one 19.1.6.2, 19.1.6.3, 19.1.6.4,	K 012	How corrective action(s) will be accomplished for those residents four to have been affected by the desicient practice: The penetration in the ceiling above the exit sign near the Director of Nursing Office was filled and the ceiling painte. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be ta affected by this deficient practice. The penetration was filled and ceiling pain Maintenance supervisor will be checkiall walls and ceilings at least quarterly make sure all penetrations into a wall ceiling is filled in a timely manner. What measures will be put into place what systemic changes the facility we make to ensure that the deficient practice does not recur: Maintenance staff were informed that wall or ceiling penetrations need to be filled and painted in a timely manner. Maintenance supervisor has a quarter sign off sheet listing checking all wall ceilings for any penetrations that need repair.	e d. ce ken: nted. ing y to or e or ill any e

Any deficiency statement ending with an asterlak (*) 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 have documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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

Event ID: DO912

Facility ID CA230000276

If continuation sheet Page 1 of 9

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

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

IX1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES DENTIFICATION NUMBER COMPLETED A BUILDING 01 AND PLAN OF CORRECTION B MING 056391 06/03/2015 STREET ADDRESS CITY STATE ZIP CODE NAME OF PROVIDER OR SUPPLIER 121 DORSEY DRIVE GOLDEN EMPIRE NURSING & REHAB CENTER GRASS VALLEY, CA 95945 COMPLETION (XE) SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR USC IDENTIFYING INFORMATION PREFIX TAG TAG DEFICIENCY How the facility plans to mon tor its K 012 K 012 Continued From page 1 performance to make sure that solutions as evidenced by a penetration in a wall. This are sustained. The facility must develop could result in the passage of smoke in the event a plan for ensuring that correction is of a fire, and affected one of six smoke achieved and sustained. This plan must compartments be implemented, and the corrective action evaluated for its effect veness. Findings The plan for correction is integrated into the quality assurance system: During a tour of the facility with the Maintenance Supervisor on 6/3/15, the walls and ceiling were Maintenance will be required to submit observed their quarterly sign off sheets showing compliance to the Safety Coordinator who At 10:43 a.m., there was an approximately will bring them to the QA Committee. one-inch penetration in the ceiling above the exit sign near the Director of Nursing office NEPA 101 LIFE SAFETY CODE STANDARD K 062 K 062 Dates when corrective action will be SS=E completed. The corrective action Required automatic sprinkler systems are completion dates must be acceptable to continuously maintained in reliable operating condition and are inspected and tested the State. 19 7 6, 4.6.12, NFPA 13, NFPA 25 periodically 6/4/15 975 This STANDARD is not met as evidenced by K 062 How corrective action(s) will be Surveyor 29753 Based on observation, the facility failed to accomplished for those residents found maintain its automatic sprinkler system, as

> compartments NEPA 101 Life Safety Code, 2000 Edition

a fire, and affected six of six smoke

4 6 12.1 Whenever or wherever any device equipment system condition arrangement level

evidenced by a bent sprinkler deflector, and by a

missing quarter of sprinkler testing. This could result the sprinklers malfunctioning in the event of

to have been affected by the deficient practice:

- #1. In Station I's Housekeeping closet the sprinkler was replaced by Simp ex Grinnell, which specializes in sprinkler systems and repair on 7/13/15.
- #2. There are two quarterly testing documents checking the sprinkl wx. One was signed on 12/29/14, which was a Fire Drill Record which on the hottom of the

Far form states any Fire Fighting Apparatus Inspected and Tested and it list: the sprinklers and Fire Dampers. Cur. Maintenance Supervisor, had feiled 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.

FORM CMS-2567(02-95) Previous Versions Obsolete

Event 10 00912

:e: Page 2 0' 9

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.

(X2) MULTIPLE CONSTRUCTION

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES
(X1) PROVIDER/SUPPLIER/CLIA

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

(X3) DATE SURVEY

DPLAN OF	CORRECTION	IDENTIFICATION NUMBER	A BUILDIN	IG 01	COM	PLETED
		056391	B. WING		06/	03/2015
	ROVIDER OR SUPPLIES	& REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 121 DORSEY DRIVE GRASS VALLEY, CA 95945		
(X4) ID PREFIX TAG		TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL (LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	COMPLETIO DATE
TAG	as evidenced by could result in the of a fire, and affect compartments. Findings: During a tour of Supervisor on 6/ observed. At 10:43 a.m., the one-inch penetral sign near the DI NFPA 101 LIFE. Required autom continuously manual sign and all and are sending and all are continuously manual sign and all are sending and al	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. 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,		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. Dates when corrective action will be completed. The corrective action completion dates must be acceptable to the State. 6/4/15		
	Surveyor: 2976 Based on obse maintain its aut evidenced by a missing quarter result the sprin a fire, and affer compartments. NFPA 101, Life	rvation, the facility failed to omatic sprinkler system, as bent sprinkler deflector, and by a rof sprinkler testing. This could klers malfunctioning in the event of sted six of six smoke. Safety Code, 2000 Edition never or wherever any device, stem, condition, arrangement, level		How corrective action(s) will be accomplished for those resider to have been affected by the depractice: #1. In Station I's Housekeeping sprinkler was replaced by Simple Grinnell, which specializes in sprystems and repair on 7/13/15. #2. There are two quarterly test documents checking the sprinkle was signed on 12/29/14, which was signed on 12/29/14, which was signed on Tested and it lists form states any Fire Fighting Ap Inspected and Tested and it lists sprinklers and Fire Dampers. On	ts found eficient closet the ex rinkler ing rs. One was a Fire n of the operatus the	set Page 2

PRINTED: 06/11/2015 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES DENTIFICATION NUMBER AND PLAN OF CORRECTION A BUILDING 01 B. WING 056391 06/03/2015 STREET ADDRESS, CITY, STATE, ZIP COLE NAME OF PROVIDER OR SUPPLIER 121 DORSEY DRIVE GOLDEN EMPIRE NURSING & REHAB CENTER GRASS VALLEY, CA 95945 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION 10 (X9) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION CROSS-REFERENCED TO THE APPROPRIATE FAG DEFICIENCY) How the facility will identify other K 062 K 062 | Continued From page 2 residents having the potential to be of protection, or any other feature is required for affected by the same deficient practice compliance with the provisions of this Code, such and what corrective action will be taken: device, equipment, system, condition, arrangement, level of protection, or other feature All residents have the potential to be shall thereafter be continuously maintained in affected by the same deficient practice. accordance with applicable NFPA requirements or as directed by the authority having jurisdiction. Maintenance supervisor will be responsible for checking all sprinklers to make sure they are in good repair quarterly. Any hent NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection deflectors will be replaced in a timely manner. Maintenance supervisor will have Systems, 1998 Edition to submit the quarterly logs showing 2-2.1.1 Sprinklers shall be inspected from the compliance with checking sprinklers to the floor level annually, Sprinklers shall be free of Safety Coordinator corrosion, foreign materials, paint, and physical damage and shall be installed in the proper How the facility plans to monitor its orientation (e.g., upright, pendant, or sidewall). performance to make sure that solutions Any sprinkler shall be replaced that is painted, are sustained. The facility must develop corroded, damaged, loaded, or in the improper a plan for ensuring that correction is achieved and sustained. This plan must orientation. be implemented, and the corrective 2-2,1,2 Unacceptable obstructions to spray action evaluated for its effectiveness. patterns shall be corrected. The plan for correction is integrated into the quality assurance system: 2-3.3 Alarm Devices. Waterflow alarm devices including, but not limited to, mechanical water Maintenance supervisor will submit the motor gongs, vane-type waterflow devices, and quarterly logs showing compliance with pressure switches that provide audible checking the sprinklers to the Salety or visual signals shall be tested quarterly. Coordinator who will bring them to the QA committee showing that compliance has Findings: been maintained. During a tour of the facility and during document Dates when corrective action will be review with the Maintenance Supervisor on completed. The corrective action 6/3/15, the automatic sprinkler system was

observed and sprinkler maintenance and

1. At 12:31 p.m., in the Station 1 Housekeeping

inspection documents were requested.

7/13 /15

the State.

completion dates must be acceptable to

FAX NO. :2731333

PRINTED: 08/11/2015 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES IDENTIFICATION NUMBER COMPLETED A BUILDING 01 AND PLAN OF CORRECTION 056391 B. WING 06/03/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP COLE 121 DORSEY DRIVE GOLDEN EMPIRE NURSING & REHAB CENTER GRASS VALLEY, CA 95945 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL (X4) ID PREFIX EACH CORRECTIVE ACTION SHOULD BE FREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 064 K 062 Continued From page 3 K 062 How corrective action(s) will be Closet, the deflector was bent. accomplished for those residents found : to have been affected by the deficient 2. At 2:14 p.m., a review of the quarterly testing practice: documents revealed that the sprinkler system was not inspected and tested in the Fourth Quarter of 2014. A document titled, "Sprinkler #1. The fire extinguisher inside the Inspection Report" dated 1/15/15 indicated that laundry room was inspected 6/4/15 and a the last inspection date was 9/24/14. sign was installed on 6/9/15 Indicating the NEPA 101 LIFE SAFETY CODE STANDARD K 064 location of the fire extinguisher. K 064 SS=D Portable fire extinguishers are provided in all health care occupancies in accordance with #2. The fire extinguisher inside the Nurses 19.3.5.6, NFPA 10 Station in the Alzheimer's wing was 9.74.1. 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 This STANDARD is not met as evidenced by: hallway near the Dining Room in the Surveyor: 29753 Alzheimer's wing was inspected on 6/4/15. Based on observation, the facility failed to maintain its portable fire extinguishers, as #4. The fire extinguisher in the Generator evidenced by fire extinguishers that were room was inspected 6/4/15. obscured from view, and by fire extinguishers that were not inspected for one month. This could lead to the malfunctioning of the fire extinguishers How the facility will identify other in the event of a fire, and affected two of six residents having the potential to be affected by the same deficient practice smoke compartments. and what corrective action will be taken: NFPA 101, Life Safety Code, 2000 Edition All residents have the potential to be 9.7.4 Manual Extinguishing Equipment. affected by the same deficient practice. Maintenance supervisor will check all the 9.7.4.1 Where required by the provisions of fire extinguishers to make sure they are another section of this Code, portable fire checked at least annually and they are extinguishers shall be installed, inspected, and signed off. maintained in accordance with NFPA 10. Standard for Portable Fire Extinguishers.

FORM CMS-2567(02-99) Provious Versions Obsoleto

Event ID: 009121

Feclify 1D: CA230000276

If con inuation sheet Page 4 of 9

7.3.

DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/GLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES COMPLETED DENTIFICATION NUMBER A. BUILDING 01 AND PLAN OF CORRECTION A WING 056391 06/03/2015 STREET ADDRESS, CITY, STATE, ZIP CODI: NAME OF PROVIDER OR SUPPLIER 121 DORSEY DRIVE GOLDEN EMPIRE NURSING & REHAB CENTER GRASS VALLEY, CA 95945 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (Xb) COMPLETION DATE (EACH DEFICIENCY MUST BE PRECEDED BY FUI L (X4) ID (EACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APP'HOPRIATE TAG TAG DEFICIENCY What measures will be put into place or Continued From page 4 K 084 what systemic changes the facility will K 064 make to ensure that the deficient NFPA 10, Standard for Portable Fire practice does not recur: Extinguishers, 1998 Edition Maintenance has a yearly log that needs to 1-6.6 Fire Extinguishers shall not be obstructed be checked off for all fire extinguishers. or obscured from view. Maintenance supervisor will submit a yearly sign off sheets showing compliance Exception: In large rooms, and in certain to the Safety Coordinator. locations where visual obstruction cannot be completely avoided, means shall be provided to How the facility plans to monitor its indicate the location. performance to make sure that solutions are sustained. The facility must develop 4-3.2 Procedures Periodic inspection of fire a plan for ensuring that correction is extinguishers shall include a check of at least the achieved and sustained. This plan must following items: be implemented, and the corrective (a) Location in designated place action evaluated for its effectiveness. (b) No obstruction to access or visibility (c) Operating instructions on nameplate legible The plan for correction is integrated into the quality assurance system: and facing outward (d) Safety seals and tamper indicators not broken The Safety Coordinator supervisor will or missing (e) Fullness determined by weighing or "heftina" submit the yearly logs to the QA (f) Examination for obvious physical damage. Committee to show compliance in corrosion, leakage, or clogged nozzle maintaining all fire extinguishers. (g) Pressure gauge reading or indicator in the operable range or position Dates when corrective action will be (h) Condition of tires, wheels, carriage, hose, and completed. The corrective action nozzle checked (for wheeled units) completion dates must be acceptable to (i) HMIS label in place. the State. 4-3.4.2 At least monthly, the date the inspection 6/9/15 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

FROM : GENRO MED REC

FAX NO. :2731333

PRINTED: 06/11/2015 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED DENTIFICATION NUMBER A BUILDING 01 AND PLAN OF CORRECTION 056391 B. WING 06/03/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 121 DORSEY DRIVE GOLDEN EMPIRE NURSING & REHAB CENTER GRASS VALLEY, CA 95945 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X5) (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 147 K 064 Continued From page 5 K 064 How corrective action(s) will be accomplished for those residents found Findings: to have been affected by the deficient practice: During a tour of the facility with the Maintenance Supervisor on 6/3/15, the fire extinguishers were #1. The Employee break room's two observed. vending machines that were plunged into a surge protector are now plugged into 1. At 10:32 a.m., the fire extinguisher inside the Laundry Room was not inspected in May 2015. existing outlets that were not utilized. The fire extinguisher was obscured from view because it was recessed in the wall. There was #2. In the Activities Directors office the computer equipment and a small no sign that indicated its location. refrigerator are now plugged into an 2. At 12:11 p.m., the fire extinguisher inside the existing outlets that were not utilized. Nurses Station in the Alzheimer's Wing was not inspected in May 2015. The fire extinguisher was #3. In room 607 the nebulizer and a obscured from view because it was recessed in computer charger are plugged into existing the wall. There was no sign that indicated its outlets that were not utilized. location. #4. At Nurses Station II near the MDS 3. At 12:16 p.m., the fire extinguisher located in office we had an electrician install 9 new the hallway near the Dining Room in the outlets. There is no longer a muiti-outlet Alzheimer's Wing was not inspected in May 2015. adapter or 2 surge protectors at that location. The laptop, computer equipment 4. At 2:47 p.m., the fire extinguisher in the and a charger are now plugged into one of Generator Room was not inspected in May 2015. the new 9 installed outlets. K 147, NFPA 101 LIFE SAFETY CODE STANDARD K 147 #5. In room 501 the oxygen, two TV's and SS=E Electrical wiring and equipment is in accordance a radio are now all plugged into existing with NFPA 70, National Electrical Code 9.1.2 outlets that were not being utilized. #6. In room 308 the bed is now plugged into an existing outlet that was not being This STANDARD is not met as evidenced by: utilized. 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

.

FROM : GENRO MED REC

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		ENCIES (X1) PROVIDER/SUPPLIER/CLIA		PLE CONSTRUCTION G 01		(X3) DATE SURVEY COMPLETED	
		056391	B. WING _		06/0	03/2015	
	PROVIDER OR SUPPLIE	S & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 121 DORSEY DRIVE GRASS VALLEY, CA 95945			
(XA) ID PREFIX TAG	THE OUT DEEL PIE	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHICL CROSS-REFERENCED TO THE APPORTUNITY)	OULD BE	(X5) COMPLETION DATE	
K 147	increased risk of smoke comparts. NFPA 101, Life \$\frac{9}{2}\$ 9.1.2 Electric. It shall be in according to the risk of service, subject having jurisdiction. NFPA 70, Nation 400-8. Uses No permitted in Secables shall not (1) As a substitustructure (2) Where run to ceilings, susperfloors (3) Where run to similar opening (4) Where attack Exception. Flex permitted to be accordance with (5) Where conditions of the risk otherwise permitted to the risk otherwise permitted to floor (6) Where instance of the risk	inner. This could result in the ifire, and affected five of six ments. Safety Code, 2000 Edition Electrical wiring and equipment dance with NFPA 70, National unless existing installations, ermitted to be continued in to approval by the authority on. Inal Electrical Code, 1999 Edition to Permitted. Unless specifically ction 400-7, flexible cords and be used for the following: ute for the fixed wiring of a hrough holes in walls, structural inded ceilings, dropped ceilings, or sined to building surfaces wible cord and cable shall be attached to building surfaces in the provisions of Section 364-8, gs, suspended ceilings, dropped	K 14	#7. In the Alzheimer's unit's dimithe TV, radio, VCR/DVD player a microwave are now all plugged in existing outlets not being utilized. #8. In the television area the tele charger, nebulizer and VCR/DVD were plugged into existing outlet heing utilized. The night light is connected to a surge protector. #9. In room 108 the TV, and VCD plugged into an existing outlet no utilized. The lamp and clock are into a surge protector. How the facility will identify our residents having the potential in affected by the same deficient and what corrective action will all residents have the potential to affected by the same deficient promaintenance supervisor will insificulties or in an approved power. What measures will be plugged into a outlets or in an approved power. What measures will be put into what systemic changes the facilimake to ensure that the deficient practice does not recur: Maintenance supervisor will be quarterly that all electrical applitational equipment is properly put approved outlets. The Maintenance supervisor will submit the quarter showing compliance to the Safety Coordinator.	evision, a D player its not still ER/DVD is of being plugged ther to be practice I be taken: D be actice. The pect the ent or existing strip. I place or lity will int checking iances, or lugged into noce ecily logs		

FORM APPROVED

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY STATEMENT OF DEFICIENCIES DENTIFICATION NUMBER: COMPLETED A BUILDING 01 AND PLAN OF CORRECTION B WING 056391 06/03/2015 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 121 DORSEY DRIVE GOLDEN EMPIRE NURSING & REHAB CENTER GRASS VALLEY, CA 95945 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION ID (EACH DEFICIENCY MUST BE PRECEDED BY FULL COMPLÉTION (X4) 1D PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG CROSS-REFERENCED TO THE APPROPRIATE DATE TAG DEFICIENCY) Continued From page 7 K 147 How the facility plans to monitor its K 147 performance to make sure that solutions Exception: Listed portable single pole devices are sustained. The facility must develop that are intended to accommodate such tension a plan for ensuring that correction is at their terminals, shall be permitted to be used achieved and sustained. This plan must with single conductor flexible cable. be implemented, and the corrective action evaluated for its effectiveness. The plan for correction is integrated into Findings: the quality assurance system: During a tour of the facility with Maintenance Supervisor on 6/3/15, the electrical wiring and The Safety Coordinator will submit the equipment were observed. quarterly logs showing compliance to the OA committee. 1. At 10:28 a.m., in the Employee Break Room. Dates when corrective action will be two of the three vending machines were plugged completed. The corrective action into one surge protector. completion dates must be acceptable to the State. 2. At 10:54 a.m., in the Activity Director's office. computer equipment and a small refrigerator 6/17/15 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

DEPART	FOR MEDICAR	H AND HUMAN SERVICES RE & MEDICAID SERVICES		The state of the s		APPROVED 0938-039	
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER	A. BUILDING	E CONSTRUCTION 01		(X3) DATE SURVEY COMPLETED	
		056391	B WING		06/03/2015		
NAME OF P	ROVIDER OR SUPPLIE	R		TREET ADDRESS, CITY, STATE, ZIP CODE			
GOLDEN EMPIRE NURSING & REHAB CENTER				121 DORSEY DRIVE GRASS VALLEY, CA 95945			
(X4) ID PREFIX TAG	ELOU BEFICIES	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SHI CROSS-REFERENCED TO THE APP DEFICIENCY)	DUILD BE	COMPLETION DATE	
PREFIX	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				