PRINTED: 08/04/2017

CENTERS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES			OMB NO.	\PPRQVEI 0938-039
TATEMENT OF DEFICIENCIES NO PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	(X3) DATE		
	055987	B. WING		07/2	6/2017
NAME OF PROVIDER OR SUPPLIER	.,	l l	TREET ADDRESS, CITY, STATE, ZIP CODE		
BROADWAY VILLA POST ACL	ΠÉ		250 Broadway Conoma, CA 95476		<u></u>
DEFEN REACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION BHOIS CROSS-REFERENCED TO THE APPROFICIENCY)	JLD BE	(X5) COMPLETION DATE
K 000 INITIAL COMMENT Surveyor: 31201 K3 Building: 01 K6 Plan Approval: K7 Survey Under: K12 Structure Type Fully Sprinklered	7/1/1974	K 000	Preparation and execution of tresponse and PO do not constadmission or agreement by the or of truth or accuracy of the afacts odr conclusions set forti Statement of Deficiencies. This prepared and/or executed sole to the provisions of federal and law require itilki. This POC is a admission of noncompliance.	titute an e provid- illeged in this s POC is ly due d state not an	
Department of Pub Life Safety Code re findings are in accor Federal Regulation Fire Protection Ass Safety Code, 2012 Care Facilities Cod Representing the (Health: 31201 The facility is not in 42 CFR 483.70 (a) CENSUS: 129 NFPA 101 Building SS=D Building Construct 2012 EXISTING Building construct Table 19.1.6.1, un 19.1.6.2 through 1 19.1.6.4, 19.1.6.5 Construct	California Department of Public in substantial compliance with for Long Term Care Facilities. Construction Type and Height ion Type and Height on type and stories meets less otherwise permitted by 9.1.6.7	K 161	K 161- NEPA 101 Building Colorective action for resident to have been affected by this cov.	A Struction struction room a under the sealed vere no ing affect- nat may	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other sateguards 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 clied, an approved plan of correction is requisite to continued program participation.

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TSHMOD: CI 10

Facility ID: CA010000068

If continuation sheet Page 1 of 7

PRINTED: 08/04/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE BURVEY COMPLETED A. BUILDING 02 055987 B. WING 07/26/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1250 BROADWAY **BROADWAY VILLA POST ACUTE** SONOMA, CA 98476 PROVIDER'S PLAN OF CORRECTION SUMMARY STATEMENT OF DEFICIENCIES (XS) COMPLETION MEACH DEFICIENCY MUST BE PRECEDED BY FULL TEACH CORRECTIVE ACTION SHOULD BE PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-HEFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY This was immediate addressed on 7/26/17 K 161 Continued From page 1 7/26/17 at 4PM by the Maintenance sprinklered Director. The penetration of the wall, next to the pipe was patched and repaired with II (111) One story the appropriate fire calking. non-sprinklered Maximum 3 stories Measures that will be put into place to sprinklered ensure that this deficiency does not recur: 11 (000) Not allowed non-sprinklered The Maintenance Director will conduct Meximum 2 stories III (211) monthly assessment and inspection of sprinklered laundry the room. If there are issues with IV (2HH) 5 wall penetrations, this will be reported 6 V (111) to the Executive Director and corrective actions will be taken immediately. Initial 7/27/17 III (200) Not allowed assessment was completed on 7/26/2017. non-sprinklered No other corrective actions in the laundry V (000) Maximum 1 story room were necessary. sprinklered Sprinklered stories must be sprinklered Measures that will be implemented to throughout by an approved, supervised automatic monitor the continued effectiveness of the system in accordance with section 9.7. (See corrective action taken to ensure that this deficiency has been corrected and will not Give a brief description, in REMARKS, of the recur: construction, the number of stories, including basements, floors on which patients are located, The Housekeeping staff shall be trained location of smoke or fire barriers and dates of on observing and reporting damages to approval. Complete sketch or attach small floor any wall that result in penetrations. The plan of the building as appropriate. Maintenance Department will conduct This STANDARD is not met as evidenced by: monthly rounds to identify and repair Surveyor, 31201 damage to any walls in the facility. Based on observation, the facility failed to maintain the integrity of the building construction. The POC for this deficient practice will This was evidenced by an unsealed penetration also be review and monitored in the in the wall. This affected one of four smoke Quality Assurance meeting on a quarterly compartments, and could result in the spread of basis for effectiveness and competency of smoke or fire to other areas of the facility. the plan. Findings: If configuration affect Page FORM CMS-2567 (02-99) Previous Versions Obsolete Event ID: GOMH21 Facility ID: CA010000068

PRINTED: 08/04/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED AND PLAN OF CORRECTION A. BUILDING 02 055987 B. WING 07/26/2017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1250 BROADWAY BROADWAY VILLA POST ACUTE SONOMA, CA 95476 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION COMPLETION (X4) ID IEACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LEC IDENTIFYING INFORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DAT DEFICIENCY) K 161 Continued From page 2 K 161 During a tour of the facility with staff on 7/26/17, the walls were observed. At 12:26 p.m., in the Laundry room, there was an K 511 - NFPA 101 Utilities - Gas and approximately 1/2 inch penetration above a water Electric pipe underneath a sink. The finding was confirmed by the Maintenance Director. Corrective action for residents found to K 511 NFPA 101 Utilities - Gas and Electric have been affected by this deficiency: SS=E Utilities - Gas and Electric During facility tour there were seven Equipment using gas or related gas piping broken or missing light fixture covers. compiles with NFPA 54, National Fuel Gas Code, Fixtures were replaced and there were electrical wiring and equipment complies with not any residents found to be negatively NFPA 70. National Electric Code. Existing affected. installations can continue in service provided no hazard to life. Corrective action for residents that may 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 be affected by this deficiency: All residents can be affected by this 7/27/17 deficient practice. Corrective action was taken on 7/27/17 to replace all broken light fixtures. This STANDARD Is not met as evidenced by: Surveyor: 31201 1. On 7/27/17 at 9:00AM the Maintenance Based on observation, the facility failed to Director Assistant replaced the light maintain their wiring and electrical equipment. fixture cover in the Housekeeping closet This was evidenced by light fixtures that had no near room 206. cover. This could result in an electrical fire, and/or electrical shock. This affected four of four On 7/27/17 at 9;15AM the Maintenance smoke compartments. Director Assistant replaced the light fixture cover in the Biohazardous Waste Storage NFPA 101, Life Safety Code, 2012 Edition riear Room 610. 19,5,1 Utilities. 19.5.1.1 Utilities shall comply with the provisions 3. On 7/27/17 at 9:30AM the Maintenance of Section 9.1. Director Assistant replaced the light fixture cover in the Janitor's Closet near 9.1.2 Electric Systems. Electrical wiring and room 507. equipment shall be in accordance with NFPA 70. National Electrical Code, unless such installations On 7/27/17 at 9:45AM the Maintenance

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Event ID: GCMH21

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

FORM APPROVED 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 055987 B. WING 07/26/2017 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1250 BROADWAY BROADWAY VILLA POST ACUTE SONOMA, CA 95476 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL PROVIDER'S PLAN OF CORRECTION (XB) COMPLETION (X4) ID (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE PREFIX TAG PRÉFIX DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY Director Assistant replaced the light fixture cover in the TV closet, located in the Continued From page 3 K 511 Business Office. are approved existing installations, which shall be permitted to be continued in service. 5. On 7/27/17 at 10:00AM the Maintenance Director Assistant replaced the light NFPA 70, National Electrical Code, 1999 Edition fixture cover in Housekeeping Storage 370-25 In completed installations, each box shall near room 502. have a cover, faceplate, or fixture canopy. 6. On 7/27/17 at 10:15 AMathe Mainte-410-12 Outlet Boxes to Be Covered. In a nance Director Assistant replaced the completed installation each outlet box shall be light fixture cover in Activity Storage near provided with a cover unless covered by means room 506. of a fixture canopy, lampholder, receptacle, or similar device. 7. On 7/27/17 at 10:30 AM the Maintenance Director Assistant replaced the Findings: light fixture cover in the Medical Storage near room 609. During a tour of the facility with staff on 7/26/17, the electrical wirling and equipment were Measures that will be put into place to ensure that this deficiency does not observed. recur: At 12:21 p.m., there was a missing light flature. cover in the Housekeeping closet near Acom The Maintenance department will conduct monthly assessment by preforming visual 7/27/17 checks of all light fixtures, insuring they are in good repair. If there are issues it 2. At 12:50 p.m., there was a missing light fixture will be reported to the Executive Director cover in the Biohazardous Waste Storage near and corrective action will be taken imme-Room 610. diately. Initial assessment was conducted on 7/27/2017. 3. At 1:03 p.m., there was a missing light fixture cover in the Janitor's Closet near Room 507. Measures that will be implemented to monitor the continued effectiveness of 4. At 1:33 p.m., there was a missing light fixture the corrective action taken to ensure cover in the TV closet, located in the Business that this deficiency has been corrected Offica. and will not recur: 5. At 1:50 p.m., there was a missing light fixture The Maintenance Director shall report cover in the Housekeeping Storage near Room any findings to the QA&A committee on a 502. quarterly basis. The QA&A committee shall review any 6. At 1:52 p.m., there was a missing light fixture

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PRINTED: 08/04/2017 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA (XS) DATE SURVEY STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 02 055987 A. WING 07/26/2017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 1250 BROADWAY BROADWAY VILLA POST ACUTE SONOMA, CA 95476 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (75) COMPLETION DATE (X4) ID PREFIX m (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR USC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG DEFICIENCY) findings on a quarterly basis to ensure ongoing compliance. The POC for this K 511 Continued From page 4 deficient practice will also be reviewed cover in the Activity Storage near Room 506. and monitored in the Quality Assurance meeting on a quarterly basis for effective-7. At 2 p.m., there was a missing light fixture ness and competency of the plan. cover in the Medical Storage near Room 609. NFPA 101 Electrical Equipment - Power Cords K 920 K 920 K 920 - NFPA 101 Electrical Equipment and Extens SS=D - Power Cords and Extension Electrical Equipment - Power Cords and Corrective action for residents found to **Extension Cords** have been affected by this deficiency: Power strips in a patient care vicinity are only used for components of movable No specific residents were identified patient-care-related electrical equipment to have been affected by this deficient (PCREE) assembles that have been assembled practice. by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity Corrective action for residents that may not be used for non-PCREE (e.g., personal may be affected by this deficiency: 7/27/17 electronics), except in long-term care resident All residents have the potential to be rooms that do not use PCREE. Power strips for affected. 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 1. On 7/26/17 at 3PM the Maintenance Director removed the suspended power care rooms, power strips meet other UL strip in the laundry room and plugged the standards. All power strips are used with general iron and radios into wall outlets. precautions. Extension cords are not used as a 2, On 7/26/17 at 3:10PM the Maintenance substitute for fixed wiring of a structure. Director removed the yellow extension Extension cords used temporarily are removed cord from the lounge room and plugged immediately upon completion of the purcose for the air conditioner and two microwaves which it was installed and meets the conditions of into wall outlets. 10.2.4. Measures that will be put into place to 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 ensure that this deficiency does not recur. (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This STANDARD is not met as evidenced by: On a weekly basis the Maintenance Di-Surveyor: 31201 rector shall do a visual check throughout Based on observation, and interview, the facility the building to look for the use of power failed to maintain their electrical wiring. This was strips and extension cords, If there are evidenced by the use of an extension cord, and a issues it will be reported to the Executive power strip as substitutes for fixed wiring. This Director and corrective action will be take

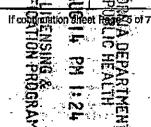
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affected two of four smoke compartments, and

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Facility ID: GA010000088

en immediately.



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FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION IDENTIFICATION NUMBER: COMPLETED AND PLAN OF CORRECTION A. BUILDING 02 B. WING 055987 07/26/2017 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 12SO BROADWAY BROADWAY VILLA POST ACUTE SONOMA, CA 95476 PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE SUMMARY STATEMENT OF DEFICIENCIES (X5) COMPLETION (X4) JD PREFIX PREFIX IEACH DEFICIENCY MUST BE PRECEDED BY FULL DATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) K 920 All suspended power strips or extension Continued From page 5 cords shall be removed if observed. could result in the ignition of an electrical fire. Measures that will be implemented to NFPA 101, Life Safety Code, 2012 Edition monitor the continued effectiveness of 19.5.1 Utilities. the corrective action taken to ensure 19.5.1.1 Utilities shall comply with the provisions that this deficiency has been corrected of Section 9.1. and will not recur: 9.1.2 Electrical Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, The Maintenance Director shall report National Electrical Code, unless such installations any findings to the QA&A committee on a are approved existing installations, which shall be monthly basis. permitted to be continued in service. The QA&A committee shall review any NFPA 70, National Electrical Code, 2011 Edition findings on a quarterly basis to ensure 400.8 Uses Not Permitted, Unless specifically ongoing compliance. The POC for this permitted deficient practice will also be reviewed in 400.7, flexible cords and cables shall not be and monitored in the Quality Assurance used for the following: meeting on a quarterly basis for effective-(1) As a substitute for the fixed wiring of a ness and competency of the plan. structure... (2) Where run through holes in walls, structural cellings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces Exception to (4): Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of 368.56(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 staff on 7/26/17, the electrical wiring and equipment was

observed.

		AND HUMAN SERVICES & MEDICAID SERVICES				FORM A	08/04/2017 \PPROVED 0938-0391
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/DLIA IDENTIFICATION NUMBER:		(X1) PROVIDER/SUPPLIER/DLIA	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
		B. WING	. <u></u>		07/26/2017		
NAME OF PROVIDER OR SUPPLIEF					TREET ADDRESS, CITY, STATE, ZIP CODE		
BROADV	YAY VILLA POST ACI	TE.			250 BROADWAY SONOMA, CA 95476		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	Х	PROVIDER'S PLAN OF CORRECTION SHOUL CROSS-REFERENCED TO THE APPROPRIEMACY)	D BEL	(NS) COMPLETION DATE
K 920	Continued From pa	age 6 hot iron, and two radios were pended power strip in the	к	920			•
	Laundry Room. 2. At 12:33 p.m., a microwaves were poord in the Lounge	n air conditioner, and two blugged into a yellow extension Room. The findings were faintenance Director.					
					CERTIFICATION PROGRAM	2017 AUG 14 PM 1: 24	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH