P 21/58

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

PRINTED: 08/10/2016 FORM APPROVED OMB NO. 0938-0391

MAIN WEST POSTACUTE CARE MAIN WEST POSTACUTE CARE SUMMANY STATEMENT OF DEFICIENCIES STRUCTURE CORE SUMMANY STATEMENT OF DEFICIENCY DEFICIE	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	TIPLE CONSTRUING 01	(X3) DATE SURVEY COMPLETED				
MAIN WEST POSTACUTE CARE SUBMANY STATEMENT OF DEFICIPACIES TURLOCK, CA 95380 TU			055475	B. WING			08/	03/2046	
PRICE TAG INTIAL COMMENTS K 000 INITIAL COMMENTS K 3 DUILDING: 01 KS PLAN APPROVAL: 1967 K 7 SURVEY UNDER: 2000 EXISTING STRUCTURE TYPE: 0NE 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 Fodoral Regulations) 483.70 (a) agent NORAL SAFETY CODE STANDARD Representing the California Department of Public Health: 27994 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities? AN BERNARDINO ROLL SAFETY CODE STANDARD K 012 S=0 Building construction type and height meets one of the following: 19.1.62, 19.1.63, 19.1.64, 19.3.5.1 This STANDARD is not met as evidenced by: Based on observation, the facility building construction. This was evidenced by unsealed ponetrations in the walls and cellings. This affected two of seven stroke comparitments and could result in the fastler spread of fire und smoke to other areas of the facility building construction in the facility is pread of fire und smoke to other areas of the facility is sentially in sential facility of the underline and the facility of the facility of the underline and the facility of the underline and the facility of the facility of the underline and the facility of the underline and the facility of the facil			₹E		STREET ADDRESS, CHY, STATE, ZIP CODE 812 WEST MAIN STREET				
K3 BUILDING: 01 K6 PLAN APPROVAL: 1967 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 lindings are in accordance with 42 CFR (Code of Federal Regulations) 483.70 (a) aging INDRAIA DEPARTMENT OF Public Health, during an annual Life Safety Code recertification survey. The lindings are in accordance with 42 CFR (Code of Federal Regulations) 483.70 (a) aging INDRAIA DEPARTMENT OF Public Health: Safety Gode 2000 edition, Existing codes. Representing the California Department of Public Health: 27994 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities: AN BERNARD OF This STANDARD Is not met as evidenced by: Based on observation, the facility failed to maintain the integrity of the building construction. This was evidenced by unsealed penetrations in the walls and cellings. This affected two of seven strucks compartments and could result in the faster spread of fire and smoke to other areas 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: Based on observation, the facility failed to maintain the integrity of the building construction. This was evidenced by unsealed penetrations in the walls and cellings. This affected two of seven strucks and could result in the faster spread of fire and smoke to other areas of the fedicity and decreated and State tax while in his flan of Carnetion is adult set and where the completions of the california of the california in actor it comply in the facility falled and the maintain the integrity of the building constitution. This was evidenced by unsealed penetration in the walls and cellings. This affected two of seven strucks and what facility will identify other visitions and cellings. This affected two of seven strucks and what facility will identify other visitions and what corrective act	PRÉFIX	(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFI	X (1º/	NOH CORRECTIVE ACTION SHOULD SS-REFERENCED TO THE APPROP	BE	COMPLETION	
. with no taken.	К 012	K3 BUILDING: 01 K6 PLAN APPROV. K7 SURVEY UNDE STRUCTURE TYPE CONSTRUCTION, The following reflect Department of Pubil Life Safety Code re- tindings are in accordings after Safety Code 2000 of Representing the CHealth: 27994 The facility is not in 42 CFR 483.70 (a) Census: 94 NFPA 101 LIFE SA Building construction of the following: 19.1.6.2, 19.1.6.3, This STANDARD is Based on observation and the integrit. This was evidenced the walls and celling smoke compartment faster spread of fire	AL: 1967 RE: 2000 EXISTING E: ONE STORY, TYPE V FULLY SPRINKLERED sits the findings of the California lic Health, during an annual certification survey. The ordance with 42 CFR (Code of s) 483.70 (a) and NORALA DEPA cetion Association) RENGING & C edition, Existing codes. california Department of Publica substantial compliance with for Long Term Care Facilities. FETY CODE STANDARD on type and height meets one 19.1.6.4, 19.3.5.1 s not met as evidenced by: ion, the facility falled to by of the building construction. I by unsealed penetrations in gs. This affected two of seven its and could result in the	RTMENT ERTIFIC 3 1 6 AFETY C N BERNA	operate State ta ofburwis The findi comply any obje containe the men alleged from. The facili operate on program ATI ON PROGE KO12 CODE UNIT ARD NO 1	est Post Acute. Care - SNF makes its best effection in substantial compliance with beth Federal in Nothing in this Plan of Correction is an educate. It we have submitted this plan of correction in or with its regulatory obligation and does not we estions to the merits of form any officially may continue. Planse note that the facility may continue to the merits of form any of the deficiency finding below and may take reasonable stops to applicate and may take reasonable stops to applicate a substitution of compliance and the facility is submitted this plan of correction as reasonable at the facility is submitted at the plan of compliance and the facility is submitted at the plan of compliance and the facility is submitted at the practice. All penetrations in Rooms 1, it stanton and face Copier Room Room 43 will be filled by Maintenance Supervisor and qualified designee with the recapiles. Also, when vendors work on cubics, Maintenance supervisor qualified designee will visually inspect work done and ensure no penetrations are left uncovered to the facility will identify other residents having the potential to affected by the same deficient practice and what correction acid	and mission refer to mission refer to mission refer to mission and o closse mean and o closse mean the deformation deformat		

other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above lindings and plans of correction are disclosable 14 progress participation.

FORM CMS-2507(02-99) Previous Versions Obsolete

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If continuation sheet Page 1 of 34

P 22/58

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

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	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED
		055475	B. WING		08/03/2016
	PROVIDER OR SUPPLIER EST POSTACUTE CA	RE	8	TREET ADDRESS, CITY, STATE, ZIP CODE 12 WEST MAIN STREET 'URLOCK, CA 95380	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAO	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLÉTION
K 012	on 8/3/16, the walls 1. At 9:46 a.m., the inch penetration at Room 1. 2. At 9:56 a.m., the inch penetration in board, at Nurse St 3. At 10:35 a.m., the inch penetration in the Fax/Copier In NFPA 101 LIFE S/A Doors protecting or required enclosure hazardous areas as those construct core wood, or cap 20 minutes. Clears and floor covering in fully sprinklered required to resist the no impediment to open devices that pushed or pulled a provided with a middor closed. Dutch permitted. Door from made of steel or owith 8.2,3.2,1. Rol CMS regulations in 19,3.6,3	e facility with Maintenance Staff is and ceilings were observed. Bere was an approximately 1/4 found a phone line in the wall of the wall, above a dry erase action 1 Utility/FACP Room. There were two approximately one around a cord in the ceiling Room near Room 43. AFETY CODE STANDARD Bere of vertical openings, exits, or shall be substantial doors, such ted of 13/4 inch solid-bonded able of resisting fire for at least ance between bottom of door is not exceeding 1 inch. Doors a smoke compartments are only the passage of smoke. There is the closing of the doors. Hold release when the door is are permitted. Doors shall be eans suitable for keeping the hodors meeting 19.3.6.3.6 are ames shall be labeled and other materials in compliance the latches are prohibited by in all health care facilities.	K 012	inspection of all rooms in the finance cover penetrations were present. 2. Discussed the findings in the method up meeting and notified leadership team to report an penetrations an walls, floors a ceilings if they find any when the facility rounds and to put Maintenance TO DO log, What measures will be put into ply what systemic changes the five will make to ensure that the practice does not recur. 1. Quarterly walk around of recursivally inspect penetrations in the walls, floors and ceilings and Administrator and Maintenance Supervisor or qualified designs.	acility to red acraing d by your and an they do in the acro or racility deficient a

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING 01				SURVEY PLETED
		055475	B. WING			08/	03/2016
	ROVIDER OR SUPPLIER ST POSTACUTE CA	RE		812	REET ADDRESS, CITY, STATE, ZIP CODE WEST MAIN STREET RLOCK, CA 95380		
(X4) ID PREFIX TAG	REFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL		ID PREFI TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOL CROSS-REFERENCED TO THE APPR DEFICIENCY)	ILD BE	(X5) COMPLETION DATE
K 018	Based on observation maintain the corridate by four doors that and latching. This compartments and contain smoke or formal smoke smoke or formal smoke smo	ation, the facility failed to or doors. This was evidenced were obstructed from closing affected three of seven smoke if could result in the inability to fire to a room. The facility with Maintenance Staff idor doors were observed. The door to Room 2 was osing by a wheelchair. The self closing door to the oset was obstructed from	K	048	K018 (55=E) How correction (s) will be accomptor those residents found to been affected by the deficient practice. 1. Immodiately, the obstruction (chair) was removed from the Room 2. The Brish holder was removed from the House Koa Closet door. The bedside tabe relocated as not to obstruct it Room 28. The bedside tabe relocated to ensithe door will close without ob. 2. Staff were reminded that do not be abstructed for free inguiting egress and so that doors can or opened completely in an estimation. How the facility will identify other residents having the potential affected by the same deficie practice and what corrective will be taken. 1. The Administrator and Maintenance Supervisor of all rooms and made sure other doors were obstruct will be able to close and completely in an emerger situation. 2. Reminded Staff during the inspection process that no should be obstructed to a free and easy ingress and in an amergency situation.	wheel door in elso bing to was the door of in Room were that thruction. The should press and the closed emergency or all to be the closed emergency or all to be the closed end t	

P 24/58

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

PRINTED: 08/10/2016 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVLY AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 055475 B. WINC 08/03/2016 NAME OF PROVIDER OR SUPPLIFE STREET ADDRESS, CITY, STATE, ZIP CODE 812 WEST MAIN STREET MAIN WEST POSTACUTE CARE TURLOCK, CA 95380 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID (X5) COMPLETION PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC IDENTIFYING INFORMATION). TAG CROSS-RUFTERENCED TO THE APPROPRIATE DATE DEFICIENCY) K 048 | Continued From page 3 K 048 What measures will be put lata place or delayed staff response to fire or disaster what systemic changes the facility will make to ensure that the deficient emergencies. practice does not recur. Daily walk around by NFPA 101 Life Safety Code, 2000 Edition Administrator or Maintenance 19.7.2.2 A written health care occupancy fire Supervisor or qualified designoes safety plan shall provide for the following: of the facility to ensure that no (8) Extinguishment of fire obstruction will prevent the doors 19.7.1.3 Employees of health care occupancies. from completely opening and shall be instructed in life safety procedures and closing. Document/Log In Daily Walk 19.3.5.6 Portable fire extinguishers shall be rounds findings. provided in all health care occupancies in Emphasize on Monthly Fire and accordance with 9.7.4.1. internal disaster drills the 9.7.4.1 Where required by the provisions of Importance of keeping doors free another section of this Code, portable fire of obstruction. extinguishers shall be installed, inspected, and Include "Unobstructed Doors" as a maintained in accordance with NFPA 10. priority topic in the Monthly Safety Standard for Portable Fire Extinguishers. Committee Meeling NCPA 10 Standard for Portable Fire Extinguishers, 1998 Edition How the facility plans to monitor its performance to make sure that 1-4.2 The classification and rating system solutions are sustained. described in this standard is that of Underwriters Laboratories Inc. and Underwriters Laboratories of Canada, and is based on extinguishing The Administrator and MS (or qualified preplanned fires of determined size and designoes] will report their inspection and in-service activities, description as follows: findings and action plan to ensure (a) Class A Rating, Wood and excelsion compliance to the facility's Quality (b) Class B Rating, Two-In. (5.1-cm) depth Assossment and Assurance (QAA) n-heptane fires in square pans committee on a quarterly basis. (c) Class C Rating. No fire test. Agent must be a nonconductor of electricity (d) Class D Rating. Special tests on specific Include dates when corrective action will combustible metal fires be completed, (e) Class K Rating. Special tests on cooking appliances using combustible cooking media 9/01/2016 (vegetable or animal oils and fats) 2-3.2 Fire extinguishers provided for the protection of cooking appliances that use

K 048 Continued From page 4 combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. Findings: During record review and interview with Staff on 8/3/16, the emergency proparedness plan were reviewed. 1. At 11:55 a.m., the Fire and Disaster Manual provided at the time survey failed to indicate when the manual was last reviewed. A review of the fire safely procedure failed to list or describe the Class K type fire extinguisher that was observed in the Kitchen. Upon interview, three kitchon staff were asked what they would do when there was a grease fire? Two of three staff indicated that they would utilized a fire extinguisher in the Kitchen instead of the Class K fire extinguisher. 2. At 1:30 p.m., tho facility provided two Fire and Disaster Manuals at the time of survey. The Fire and Disaster manual from Nurse Station 1 and 2 provided an Oddrinistrator's contact information. The Fire and Disaster manual from Nurse Station 1 and 2 provided an Oddrinistrator information. The Fire and Disaster manual from Nurse Station 1 and 2 provided an Oddrinistrator information. The Fire and Disaster manual from Nurse Station 1 and 2 provided an Oddrinistrator information. The Fire and Disaster manual from Nurse Station 1 and 2 provided an Oddrinistrator information. The Fire and Disaster manual from Nurse Station 1 and 2 provided an Oddrinistrator information. The Fire and Disaster manual from Nurse Station 1 and 2 provided an Oddrinistrator information. The Fire and Disaster manual from Nurse Station 1 and 2 provided an Oddrinistrator information. The Fire and Disaster manual from Nurse Station 1 and 2 provided an Oddrinistrator information. The Fire and Disaster manual from Nurse Station 1 and 2 provided an Oddrinistrator information. The Fire and Disaster manual from Nurse Station 1 and 2 provided an Oddrinistrator information. The Fire and Disaster manual from Nurse Station 1 and 2 provided an Oddrinistrator information. The Fire and Disaster manual from Nurse Statio	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
MAIN WEST POŚTACUTE CARE MAIN WEST POŚTACUTE CARE SUMMARY STATEMENT OF DEBOLENCIES (PACH IN LOSANY MUST BE PRECEDED IN LUL. REGURIORY OR LSC IDENTIFYING NEGRACINO) K 048 Continued From page 4 combustible cooking media (vegetable or animal ois and fats) shall be listed and labeled for Class K files. Findings: During record review and interview with Staff on 8/3/16, the emergency proparedness plan wore reviewed. 1. At 11:55 a.m., the Fire and Disaster Manual provided at the time survey falled to indicate when the manual was last reviewed. A review of the fire safely procedure falled to list or describe the Class K type fire extinguisher that was observed in the Kitchen. Upon interview, three Kitchen staff were asked what they would do when there was a grease fire? Two of three staff indicated that they would utilized a fire extinguisher depending on the size of the grease fire. When asked what type of fire extinguisher they would use, two staff pointed toward the ABC fire extinguisher. 2. At 1:30 p.m., the tracility provided two Fire and Disaster Manuals at the time of survey. The Fire and Disaster manual from Nurse Station 1 and 2 provided no Administrator's contact information. The Fire and Disaster manual from Nurse Station 1 and 2 provided no Administrator's contact information. Upon interview, Maintenance Staff stated that the provious Administrator's contact information. The Fire and Disaster manual from Nurse Station 1 and 2 provided no Administrator's contact information. The Fire and Disaster manual from Nurse Station 1 and 2 provided no Administrator's contact information. Upon interview, Maintenance Staff stated that the provious Administrator Five and go.			055475	B. WING		- 08	/03/2016
Tas in Four right in Four Mark 18 to Destrict Mark 18 to Peter Mark 18 to	(X4) ID	ST POSTACUTE CA	ATEMENT OF DEFICIENCIES	STREET ADDRESS, CITY, STATE, ZIP CODE 812 WEST MAIN STREET TURLOCK, CA 95380			**************************************
combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires. Findings: During record review and interview with Staff on 8/3/16, the emergency proparedness plan were reviewed. 1. At 11:55 a.m., the Fire and Disaster Manual provided at the time survey failed to indicate when the manual was last reviewed. A review of the fire safety procedure failed to list or describe the Class K type fire extinguisher that was observed in the Kitchen. Upon interview, three kitchon staff were asked what they would only when there was a grease fire? Two of three staff indicated that they would utilized a fire extinguisher depending on the size of the grease fire. When asked what type of fire extinguisher they would use, two staff pointed toward the ABC fire extinguisher. 2. At 1:30 p.m., tho facility provided two Fire and Disaster Manuals at the time of survey. The Fire and Disaster manual from Nurse Station 4 had not been updated and included a prior Administrator's contact information. The Fire and Disaster manual from Nurse Station 4 had not been updated and included a prior Administrator's contact information. Upon interview, Maintenance Staff stated that the previous Administrator left a yeor ago.		ISEGUI ATORY OR L	Y MOST BE PRECIEDED BY FULL SC IDENTIFYING INFORMATION)		CROSS-REFERENCE	FIO THE APPROPRIATE	COMPLETION
SS=F FORM CMS-2567(02-90) Provious Versions Obsolete Figure ID CHIMMAN Figure ID CHIMA	K 052 SS=F	combustible cookir oils and fats) shall K fires. Findings: During record revice 8/3/16, the emerge reviewed. 1. At 11:55 a.m., the provided at the time when the manual withe fire safety processes the Class K type fire observed in the Kit. Upon interview, three willized a fire extinguisher they would defire? Two of three utilized a fire extinguisher they with the grease fire. extinguisher they with the ABC fire instead of the Class. 2. At 1:30 p.m., the Disaster Manuals and Disaster	be listed and labeled for Class be listed and labeled for Class wand interview with Staff on eacy preparedness plan were be Fire and Disaster Manual e survey falled to indicate was last reviewed. A review of edure falled to list or describe e extinguisher that was chen. The kitchen staff were asked to when there was a grease staff indicated that they would guisher depending on the size When asked what type of fire would use, two staff pointed a extinguisher in the Kitchen is K fire extinguisher. The fire and included a prior attact information instead of the tor's contact information. The nanual from Nurse Station 1 Administrator information. Internance Staff stated that the later left a year ago. FETY CODE STANDARD	K 05	How correction (s) will for those resident been affected by practice. 1. Reviewed / update the include in the description Class K Typ that was of Kitchen. 2. Maintenant Dietary Dietary Maintenant Dietary Diet	Manual and will review date. Will he policy the and use of the performation will conduct the Extra conduct the ABC fire en to Kitchen Staff of the ABC fire en via the Class K uisher. Ite the information with the New that In the Fire and tomusts. Identify other the potential to be to make deficient The potential to be to have the New Name and contact The Distary and thus the	

P 26/58

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

TATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE (A. BUILDING 01	CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		055475	B, WING		08/03/2016	
	ROVIDER OR SUPPLIER ST POSTACUTE CA	RE:	812	EET ADDRESS, CITY, STATE, ZIP CODE WEST MAIN STREET RLOCK, CA 95380		
(X4) ID PREFIX TAG	(FACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREFIX I'AG	PROVIDER'S PLAN OF CORRECTIO (FACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D.BE COMPLETION	
K 048	Continued From page 4 combustible cooking media (vegetable or animal oils and fats) shall be listed and labeled for Class K fires.		K 048	potential of affecting other residents once the Dietary Staff were proporly inserviced and knowledgeable on the use of the ABC fire extinguisher and Class Fire Extinguisher.	*.	
	8/3/16, the emerge reviewed. 1. At 11:55 a.m., the provided at the time when the manual of the Class K type from the Class K type from the Killer observed in the Killer Two of three utilized a tire extinguisher they would define.	ew and interview with Staff on ency preparedness plan were the Fire and Disaster Manual the survey failed to Indicate was last reviewed. A review of redure failed to list or describe to extinguisher that was tohen, there was a grease staff indicated that they would guisher depending on the size. When asked what type of fire would use, two staff pointed to extinguisher in the Kitchen ask fire extinguisher.		What measures will be put into place or what systemic changes the facility will make to ensure that the deficie practice does not recur. 1. Monthly in Services by the Maintoniance Supervisor or Dieja Services Supervisor or qualified dusigneous on the proper use of ABC fire extinguishers vs. K type fire extinguisher in the Kitchen. How the facility plans to monitor its performance to make sure that solutions are sustained.	ont Fy	
K 052	Disaster Manuals and Disaster manu not been updated Administrator's cocurrent Administra Fire and Disaster and 2 provided no Upon Interview, Manuals and Administration of the previous Ad	e facility provided two Fire and at the time of survey. The Fire ual from Nurse Station 4 had and included a prior ntact information instead of the tor's contact information. The manual from Nurse Station 1 Administrator information. aintenance Staff stated that the rator left a year ago.	K 052	The MS and Dietary Services, Supervise (or qualified designees) will report their inspection and inservice activities, findings and action plan to ensure compliance to the facility's Quality Assessment and Assurance (QAA) committee of a quarterly basis. Include dates when corrective action will be completed.		
SS=E				9/01/2016	·	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI. A. BUILD		CONSTRUCTION 1	(X3) DATE SURVEY COMPLETED	
		055475	B. WING			084	03/2016
	PROVIDER OR SUPPLIER EST POSTACUTE CA	RE	· pn	81	REET ADDRESS, CITY, STATE, ZIP CODE 2 WEST MAIN STREET JRLOCK, CA 95380	1 007	73/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTIO (FACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(X5) COMPLETION DATE
K 052	A fire alarm system be, tested, and man NIFPA 70 National National Fire Alarm available. The systemaintenance and (applicable requirer 9.6.1.4, 9.6.1.7, This STANDARD Based on record realled to maintain the evidenced by incorrecords for the fire seven of seven smalled in a malfunction event of a fire emetal fire alarm shall be installed, the accordance with the NIFPA 70, National National Fire Alarm installation, which continued in use, a puthority having juth 19.7.6 Maintenance 4.6.12.2 Existing lithe public, if not releither maintained on NIFPA 72 National 1-6.3 Records. A continued in the public of the rests and operate the tests and test an	in required for life safety shall intained in accordance with Electric Code and NFPA 72 in Code and records kept readily em shall have an approved esting program complying with ment of NFPA 70 and 72. Is not met as evidenced by: eview and interview, the facility he fire alarm system. This was inplete test and inspection alarm system. This affected toke compartments and could dioning tire alarm system in the irgency. Lety Code, 2000 edition dealth care occupancies shall fire alarm system in ection 9.6 in system required for life safety osted, and maintained in the applicable requirements of Electrical Code, and NFPA 72, in Code, unless an existing shall be permitted to be subject to the approval of the risdiction. Lete and Testing (see 4.6.12) for safety features obvious to quired by the Code, shall be		052	How correction (s) will be accomplished for those rosis found to have been affected the deficient practice. The vendor was duly notified schedule before September 1 another fire alarm Inspection will cover all 9 poll stations, smoke detectors, one water fone supervisory switch, 16 ho and one boll including all headelectors. How the facility will identify other residents having the potentiable affected by the same defipractice and what corrective actions will be taken. 1. The Annual Inspection of Fire Alarms will cover all 9 pull stations, 26 smold detectors, one water floores, and one bell including the affected designee will reference Supervisor qualified designee will reference float it is complete that fire safety related it were inspected by the vendor.	to that 26 flow, rms, at the the the ce w, lo ding or orlow and e and	

P 28/58

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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		NSTRUCTION	(X3) DATE SURVEY COMPLETED	
		055475	B, WING			08/	03/2016
	PROVIDER OR SUPPLIER EST POSTACUTE CA	RE		812 W	TADDRESS, CITY, STATE, ZIP CODE EST MAIN STREET OCK, CA 95380	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	LO BE	(X5) COMPLETION DATE
K 052	and, if required, re jurisdiction. Archiv shall be permitted can be provided proceed to be provided proceed to an an archive station shall be maintained for not 7-1.2.2 Service permitted in the maintenance of fir qualified personned to the shall not be lin following qualificat (1) Factory trained (2) National Institution of the shall not be lin following qualificat (1) Factory trained (2) National Institution of the shall not be lin following qualificat (1) Factory trained (2) National Institution of the shall not be lin following qualification of the alarm certified (4) Certified by a solid trained and quan organization listed by a national servicing of fire alarm Box F. heat detectorsh. Smoke Detector 7-3.2* Testing. Te accordance with the more often if requirements weekly by a control unit specification. If autoleast weekly by a control unit specification.	ported to the authority having ing of records by any means if hard copies of the records romptly when requested. emises monitoring is provided, als, one recorded at the supervising less than 1 year. It is recorded at the supervising less than 1 year. It is sent that it is a supervising and e alarm systems. Examples of a shall be permitted to include, nited to, individuals with the stons: I and certified the for Certification in mologies fire alarm certified functional Signal Association fire state or local authority calified personnel employed by a testing laboratory for the farm systems. Inspection Frequencies es es-semi-annually semi-annually	K	052	What measures will be put into per what systemic changes to facility will make to ensure the deficient practice does a recur. 1. Ensure that a Complete Annual Alarm Inspection Schedules a calendared and that reports duly reviewed and filed in the and Internal Disaster Folder. 2. Maintenance Supervisor to a report and discuss results will Administrator and Safety Committee. How the facility plans to manife performance to make sure solutions are sustained. The Administrator and MS (or designees) will report their inspection and in-service act findings and action plan to a compliance to the facility's S Committee Monthly meeting the Quality Assessment and Assurance (QAA) committee quarterly basis. Include dates when corrective a will be completed. 9/01/2016	that not val Fire are are he Fire eview th villes, ensure Safety and on a	

P 29/58

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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING 0	CONSTRUCTION 1	(X3) DATE SURVEY COMPLETED	
		055475	B. WING	, - 11 - 12 - 12	08/0	3/2016
	PROVIDER OR SUPPLIER EST POSTACUTE CA	RE	81	REET ADDRESS, CITY, STATE, ZIP CODE 2 WEST MAIN STREET JRLOCK, CA 95380		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X5) COMPLETION DATE
K 052	to be extended to a Table 7-3.2 shall a exception: Devices inaccessible for sa example, continuor energized electrical excessive height) scheduled shutdow having jurisdiction than every 18 months and the exception of the except	ennual. poply. s or equipment that are fety considerations (for us process operations, all equipment, radiation, and shall be tested during fives if approved by the authority but shall not be tested more iths. g Frequencies es other Detectors - tested (The requirement of 7-3.2.2 ally ble fixed-temperature, ectors, two or more detectors each initiating circuit annually, a shall be tested each year, with e building owner specifying ave been tested. Within 5 years all have been tested, s-annually ectors - Functional-annually inotification appliances annually notification appliances-annually notification appliances-annually ent record of all inspections, enance shall be provided that ving information regarding tests able information requested in				

STATEMENT OF DEFICIENCIES (X1 AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD	TIPLE CONSTRUCTION BING 01		(X3) DATE SURVEY COMPLETED		
		055475	B. WING		08	/03/2016_		
	PROVIDER OR SUPPLIER EST POSTACUTE CA	RE		STREET ADDRESS, CITY, STATE, ZIF 812 WEST MAIN STREET TURLOCK, CA 95380	CODE			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		ON SHOULD BE HE APPROPRIATE	(X5) COMPLETION DATE		
K 052	(5) Name of person maintenance, tests affillation, business number (6) Name, address approving agency (7) Designation of example, "Tests is Section (8) Functional test (9) *Functional test operations (10) Check of all s (11) Loop resistant line-type heat detec (12) Other tests as manufacturers (13) Other tests as manufacturers (13) Other tests as having jurisdiction (14) Signatures of representative (15) Disposition of (for example, own corrected/success abandoned in place 7-5.3 Supervising records, pertaining supervising station inspection, and teless than 12 mont record shall be prijurisdiction. Paper permitted. Findings: During record rev Maintenance Staf	n performing inspection, s, or combination thereof, and s address, and telephone s, and representative of ies) the detector(s) tested, for performed in accordance with of detectors t of required sequence of moke detectors ce for all fixed-temperature, sectors s required by equipment s required by the authority tester and approved authority f problems identified during test er notified, problem sfully retested, device						

P 31/58

		AND HUMAN SERVICE & MEDICAID SERVICE					FORM	08/10/2016 APPROVED 0938-0391
	OF DEFICIENCIES OF GORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MUI A. BUILE		L CONSTRUCTION	(X3) DAT	E SURVEY IPLETED
	_	055475		B. WING	. ,		08/	03/2016
NAME OF I	ROVIDER OR SUPPLIER				Si	TREET ADDRESS, CITY, STATE, ZIP CODE	1 00	0072010
MAIN W	EST POSTACUTE CA	DE	· ·		81	12 WEST MAIN STREET		
inzait ()	STI OSINGUIL GA	IXL	: 1		Ţ	URLOCK, CA 95380		
(X4) (D PREFEX FAG	(EACH DIRECTION)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATI		ID PRET IAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REPURENCED TO THE APPRO DEFICIENCY)	LD BE	(XS) COMPLETION DATE
K 052	requested.		i i	K)52			
	one page, with no tinspection report de indicated that the framoke detectors, conswitch, 16 horns, a it indicated, "Annua detector tested, mo or are out of date." how many devices each device test, a interview, Maintena contact the vendor The facility was give-mail the completineport by 8/4/16 al		lons, 26 ervisory inments, leat ked up dicate me of i ould fort. ond via					
K 054 SS⊐F	monitoring compar completed annual review of the custo that five pull station tested. The activity a tamper alarm, and detectors, and a hemonitoring comparal fire alarm device tested. There were all fire alarm deviced tested and inspected NFPA 101 LIFE SA All required smoke activating door hold maintained, inspect	a.m., the facility e-mails of activity reports instead fire alarm inspection remer activity report indicates (1, 6, 7, 8, and 9) way reports further indicate waterflow, six smoke eat detector were tested and components was and components that cast and components has adduring the past 12 market CODE STANDA detectors, including the detectors, including the detectors and components has adduring the past 12 market CODE STANDA detectors, including the detectors are applied and tested in accounter's specifications.	ad of a port. A pated pre- jed that it confirm a portion		054			

P 32/58

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

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILO		E CONSTRUCTION 11	(X3) DATE SURVEY COMPLETED	
		055475	B. WING			08/03/2016	
	PROVIDER OR SUPPLIER	RE		81	TREET ADDRESS, CITY, STATE, ZIP CODE 12 WEST MAIN STREET URLOCK, CA 95380		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FÜLL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	COMPLETION DATE
K 054	This STANDARD Based on observatinterview, the facilities to complete test for all smoke of seven smoke of seven smoke of seven smoke of a delayed notificatine. NFPA 101, Life Sa 19.3.4.5.1 Detections a delayed notificatine. NFPA 101, Life Sa 19.3.4.5.1 Detections a delayed notificatine. NFPA 101, Life Sa 19.3.4.5.1 Detections in a delayed notificatine. NFPA 101, Life Sa 19.3.4.5.1 Detections in a delayed notification and conditions intended to provide abnormal conditional propriate aid, and facilities to enhance and the applicable requirements of the seven shall be installed, accordance with the NFPA 70, National National Fire Alarminstallation, which continued in use, authority having jurised in the applicable requirements.	is not met as evidenced by: ation, record review, and ty falled to maintain the smoke as evidenced by a battery effector that failed to alarm e failure to test the battery effector weekly, and by the a smoke detector sensitivity detectors. This affected seven empartments and could result cation of smoke, in the event of the Code, 2000 edition on systems, where required, ance with Section 9.6 ions of the Section 9.6 ions of the Section 9.6 ions of the a complete fire alarm fire detection, alarm, and These systems are primary e the indication and warning of ns, the summoning of nd the control of occupancy be protection of life. In system required for life safety tested, and maintained in the applicable requirements of I Electrical Code, and NFPA 72, and Code, unless an existing shall be permitted to be subject to the approval of the		054			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	(X3) DATE SURVEY COMPLETED		
	·	. 055475	B. WING		08/03/2016
1	(EACH DEFICIENC	RE ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	STREET ADDRESS, CITY, STATE, ZIP CODE 812 WEST MAIN STREET TURLOCK, CA 95380 PROVIDER'S PLAN OF CORRECTS (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRODEFICIENCY)	LD BE COMPLETION
K 054	NFPA 72, National 2-3.3* Sensitivity. 2-3.3.1 Smoke det their nominal prodification to production tolerans sensitivity also sha 2-3.3.2 Smoke defield adjustment range foot obscuration. It the detector, a merestore the detector that have program-controlle be permitted to be programmable seconds, shall conformanufacturer's reverify correct oper 7-3.2.1 Detector within 1 year after year thereafter. A calibration test, if detector has remained sensitivity obscuration light glength of time bet permitted to be expears. If the frequence of the first permitted to be expears. If the frequence of the first permitted to be expears. If the frequence of the first permitted to be expears. If the frequence of the first permitted to be expears. If the frequence of the first permitted to be expears. If the frequence of the first permitted to be expears. If the frequence of the first permitted to be expears. If the frequence of the first permitted to be expears. If the frequence of the first permitted to be expears. If the frequence of the first permitted to be expears. If the frequence of the first permitted to be expears. If the frequence of the first permitted to be expears. If the frequence of the first permitted to be expears. If the frequence of the first permitted to be expears. If the frequence of the first permitted to be expears. If the frequence of the first permitted to be expears and the first permitted to be expeared to the first permitted to the firs	Fire Alarm Code, 1999 edition ectors shall be marked with uction sensitivity (percent per as required by the listing. The ce around the nominal all be indicated. Ectors that have provision for sensitivity shall have an of not less than 0.6 percent per f the means of adjustment is on thod shall be provided to or to its factory calibration. The provision for adjustment of sensitivity shall be adjustment of sensitivity shall		How correction (s) will be accomplished for those rest found to have been affected the deficient practice. 1. Battery operated smake defin Social Service office will be replaced with a brand new and will be tested weekly branintenance with correspond Monitor Log Report. 2. Contact vendor and schedule complete Smake Sensitivity I all Smake detectors in the fallity will identify office affected by the same de practice and what corrective actions will be taken.	d by tector pe unit y ding fest on adlity. per ial to fictor

P 34/58

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

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDENSUPPLIET/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. HUILDING	LE CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		055475	D. WING		08/	03/2016
,	PROVIDER OR SUPPLIER	RE ,	1 :	STREET ADDRESS, CITY, STATE, ZIP CODE 812 WEST MAIN STREET TURLOCK, CA 95380	<u> </u>	33.2013
(X4) ID PREFIX I'AG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY BULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DICTICIENCY)	BE	(XI) COMPLETION DATE
K 054	tested using any of (1) Calibrated test in (2) Manufacturor's instrument (3) Listed control en purpose (4) Smoke detector whereby the detect control unit where the listed sensitivity rand (5) Other calibrated approved by the audited and marked scleaned and recalibrated and marked scleaned and recalibrated and recalibrated. Exception No. 1: Disadjustable shall be within the listed and cleaned and recalibrated. Exception No. 2: The detector sensitive measured using an unmeasured conceaerosol into the detectors and smol records for the detectors and smol requested.	the following methods: method calibrated sensitivity test quipment arranged for the r/control unit arrangement or causes a signal at the its sensitivity is outside its age I sensitivity test methods athority having jurisdiction have a sensitivity outside the censitivity range shall be orated or be replaced. A marked sensitivity range and orated, or they shall be and requirement shall not apply tectors referenced in 7-3.3 and divity shall not be tested or by device that administers an entration of smoke or other ector. I facility, record review, and tenance Staff on 8/3/16, the moke detectors were observed battery operated smoke te sensitivity test reports were	K 054		tace e hat pect for	
E() MA () MC OF	1. At 10:42 a.m., the battery operated sn	e facility was observed with a noke detector in the Social	-1/2	9/01/2016		

	TATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/ÉLIA IDENTIFICATION NUMBER:		CLIA ER:	(X2) MULTIPLE CONSTRUCTION A, BUILDING 01			(X3) DATE SURVEY COMPLETED	
		055475	! !	B. WING	·	03/	03/2016	
MAIN W	PROVIDER OR SUPPLIER EST POSTACUTE CA		i	STREET ADDRESS, CHY, STATE, ZIP CODE 812 WEST MAIN STREET TURLOCK, CA 95380				
(X4) II) PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SCHDENTIFYING INFORMATI		ID PREM TAG	IX (EACH CORRECTIVE ACTION SHOU	D BE	(XS) COMPLETION DATE	
K 054 K 062 SS=E	Service Office. Whe pressed, the smoke audible sound. 2. At 12:29 p.m., the provide any weekly operated smoke deservice Office. The smoke detector indinterview, Maintenanot have a log for tidetector. 3. At 12:30 p.m., the indicated the facility detector sensitivity within the past two NFPA 101 LIFE SAR Required automatic continuously maintenant condition and are in periodically. 9.7.5 This STANDARD is Based on record in maintain the automic components. This to complete one of waterflow alarm tesseven smoke compiled and the seven smoke compiled and the seven all NFPA 101, 2000 ed 9.7.5 Maintenance	en the test button was a detector failed to emise detector failed to emise detector failed to emise testing records for the steetor located in the See direction on the covelicated "test weekly." Unice Staff stated the faile battery operated smoothest on all smoke detector all smoke detectors. FETY CODE STANDATES PRINCHES STANDATES PRINCHES STANDATES PRINCHES STANDATES PRINCHES STANDATES PRINCHES STANDATES PRINCHES PRINCHE	battery scial of the pon cility did oke at the thory ing FPA 25, to nd failuro system n of sult in a stomatic		K062 (55=E) How correction (s) will be accomplished for those resident found to have been affected to the deficient practice. 1. Third quarter sprinkler system inspection completed on //15/1 did not indicate that a water flat alarm was tested thus we have contacted vendor to schedule another inspection before 9/01/16 that will document a water (low test compliance. How the facility will identify other residents having the potential to affected by the same deficie practice and what corrective actions will be taken. 1. All quarterly Sprinkler Inspection by the vendor must include a water flow alarm test. 2. Quarterly Sprinkler Inspection Report by Vendor should be immediately reviewed with Administrator by Maintenance Supervisor or qualified designee.	y 5 w		
	Sprinkler and stand Code shall be inspe	pipo systems required ected, tested, and mail	by this stained					

P 36/58

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

MAIN WEST POSTACUTE CARE TROUBLE CARE SERVING PRECEDED SY PILL REGULATORY OR LSC DENTIFYING BILD ORMANID BILL REGULATORY OR LSC DENTIFY BILL REGULATORY OR LSC DENTIFYING BILD ORMANID BILL REGULATORY OR LSC DENTIFY BILL REGULATOR	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MULTIPLE A. BUILDING 0	(X3) DAYE SURVEY COMPLETED	
MAIN WEST POSTACUTE CARE (X4) D (X4) D (X5) D (X6)			055475	B, WING		08/03/2016
FREGULATORY OR ISC IDENTIFYING IN CRAMMENT IN TAG CROSS-REFFERENCE OF TO THE APPROPRIATE DEPTIEMENTY) K 062 Continued From page 14 in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems 1998 edition Chapter 2 Sprinkler Systems, Zable 2-1 shall be used to determined the minimum requirements for inspection, testing, and maintenance of systems requirements for inspection, testing, and maintenance of inspections, testing, and maintenance of the expartment connections shall be inspected, tested, and maintained in accordance with Chapter 9. 1-8*. Records of inspections, tests, and maintenance of the system and its components shall be made available to the authority having jurisdiction upon request. Typical records include, but are not limited to, valve inspections; flow, drain, and pump tests; and irip tests of dry pipe, deluge, and pre-action valves. 1-8.1 Records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. 2-2.6 Alarm Devices. Alarm devices shall be inspected quarterly to verify that they are free of physical damage. 2-3.3* Alarm Devices. Waterflow alarm devices including, but not infinited to, mechanical without and the date was a deficient practic does not recur. K 082 What measures will be put into place or what system is the deficient practic does not recur. Countries Values will be put into place or what system is the deficient practic does not recur. 1. Guerrery lapacitor for full the deficient practic does not recur. 2. Extraction with varied to a wash before via place or standalud. 2. Extraction with varied to a flowing for each question of the venture for a full year. Confirment or the date wash before v			RE	61:	2 WEST MAIN STREET	
in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems 1998 edition Chapter 2 Sprinkler Systems, 2-1 General. This chapter 2 Sprinkler Systems, 2-1 General. This chapter provides the minimum requirements for the routine inspection, testing, and maintenance of sprinkler systems. Table 2-1 shall be used to determined the minimum required frequencies for inspections, testing, and maintenance with Chapter 9. 1-8*. Records of inspections, tests, and maintenance of the system and its components shall be made available to the authority having jurisdiction upon request. Typical records include, but are not limited to, valve inspections; flow, drain, and pump tests; and trip tests of dry pipe, deluge, and pre-action valves. 1-8.1 Records shall indicate the procedure performed (e.g., inspection, test, or maintenance), the organization that performed the work, the results, and the date. 2-2.6 Alarm Devices. Alarm devices shall be inspected quarterly to verify that they are free of physical damage. 2-3.3* Alarm Devices. Waterflow alarm devices including, but not limited to, mechanical water	PREFIX	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE COMPLETION
pressure switches that provide audible or visual signals shall be tested quarterly. Findings: During record review with Maintenance Staff on FORM CMS-2567(02-99) Previous Vorcious Obsolete. Distributional Control of Staff on		in accordance with Inspection, Testing Water-Based Fire Inspection, Testing Water-Based Fire Inspection 1998 edit Chapter 2 Sprinkle chapter 2 Sprinkle chapter provides the routine inspection of sprinkler system determined the mininspections, testing Valves and fire deprinspected, tested, with Chapter 9. 1-8*. Records of inmaintenance of the shall be made availurisdiction upon rebut are not limited drain, and pump tedeluge, and pre-action 1-8.1 Records shall performed (e.g., inmaintenance), the the work, the result 2-2.6 Alarm Devictinspected quarterly physical damage. 2-3.3* Alarm Devictincluding, but not limited gongs, vane pressure switches signals shall be testingling.	NFPA 25, Standard for the and Maintenance of Protection Systems. For the Inspection, Testing, of Water-Based Fire Protection for Systems, 2-1 General. This is minimum requirements for ion, testing, and maintenance is. Table 2-1 shall be used to himum required frequencies for grand maintenance. Exception: partment connections shall be and maintained in accordance inspections, tests, and is expections, tests, and is expections, tests, and include, to, valve inspections; flow, sts; and trip tests of dry pipe, attonicate the procedure spection, test, or organization that performed is, and the date. But the date. Bu		or what systemic changes the facility will make to ensure the deficient practice does not recor. 1. Quarterly inspection report of vendor for water flow alarm should be calendared for a fit year. Confirm visit date a webbafore via phone call to ensure that tests are done as schedul. 2. Extraview with vendor by Maintenance supervisor or qualified designee of fludings each quarterly visit and verify 100% testing was done for the water flow alarm tests. How the facility plans to monitar performance to make sure the solutions are sustained. The Maintenance Supervisor or qualified designees will report their inspection and the Vendor Water flow Alarm Tost finding and action plan to ensure compilance to the facility's Questional and Assurance (Questional and Assur	f lest all ek ev od. its at tors its at tors is for all tors its at tors is so all to a tors is so all tors its at

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION NG 01		TE SURVEY MPLETED
		055475	B. WING		08	/03/2016
	PROVIDER OR SUPPLIER	RE		STREET ADDRESS, CITY 812 WEST MAIN STRE TURLOCK, CA 9538	, STATE, ZIP CODE ET	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	X (EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE INCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 064 SS=D	8/3/16, the quarter reviewed. 1. At 12:03 p.m., it system inspection, indicate that a wat completed NFPA 101 LIFE S/Portable fire exting inspected, and made occupancies in accupancies and saffacted one of second result in a main the event of a extinguisher system of extinguishers shall maintained in accupancies in accupancies in accupancies in accupancies in accupancies in accupancies shall maintained in accupancies in ac	he third quarter sprinkler completed on 7/15/15 did not erflow alarm test was AFETY CODE STANDARD quishers shall be installed, intained in all health care cordance with 9.7.4.1, NFPA is not met as evidenced by: ation, the facility falled to xtinguishers. This was extinguisher that had tamper ety seals dislodged. This ven smoke compartments and alfunctioning fire extinguisher mergency. fety Code, 2000 edition Fire Extinguishers shall be alth care occupancies in	K	K064 (SS=D) How correction accomplished found to the defice. ABC fire will be recone before. Ensure the of the Fire tamper is are intace regulation Extinguish Monitor I. How the facility residents be affect practice actions v. 1. A 10 extinuation of the production of the produ	on (s) will be ished for those residents have been affected by ient practice. extinguisher in the kitchon eplaced with a brand now pro September 1, 2016. and during monthly chacks are Extinguishers that indicators and safety seal at and compliant with ons. Include in the Fire her Monitor Monthly	

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:		Α :	(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING 01	(X3) DATE SURVEY COMPLETED	
		055475		B. WING		08/	03/2016
1	PROVIDER OR SUPPLIER EST POSTACUTE CAI SUMMARY STA	RE JEMENT OF DEFICIENCIES		10	STREET ADDRESS, CITY, STATE, ZIP COU 812 WEST MAIN STREET TURLOCK, CA 95380 PROVIDER'S PLAN OF CORRE	Ë	
PREPAX TAG		/ MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION		PREFE TAG	X (EACH CORRECTIVE ACTION ST	10ULD BE	(X5) COMPLETION DAFE
K 064	(c) Operating instru- and facing outward (d) Safety seals and or missing (e) Fullness determ (f) Examination for corrosion, leakage, (g) Pressure gauge operable range or p (h) Condition of the nozzle checked (for (i) HMIS label in plate	gnated place to access or visibility actions on namoplate legi- d tamper indicators not be timed by weighing or "he obvious physical damage or clogged nozzle treading or indicator in the bosition s, wheels, cantage, hose wheeled units) ace	roken Hing " e, ne e, and	K 0	or what systemic chain facility will make to an the deficient practice director. 1. A Monthly Inspection by Maintenance Supervisor qualified dosignee of 11 fire extinguishers in the 2. Document through a Mon Extinguisher Monitor Log How the facility plans to maperformance to make st solutions are systemed. The Maintenance Supervisor of qualified designees will a second to the state of the systems of the sy	ges the course that ones not or 00% of the building, building, building the inter its are that	
K 066 SS⇒D	on 8/3/16, the fire of 1. At 2:00 p.m., an Kitchen was observed hanging out and the NFPA 101 LIFE SA Smoking regulation less than the follow (1) Smoking is protocompartment when combustible gases and in any other had area is posted with or with the internation (2) Smoking by pat	a facility with Maintenance extinguishers were observed with the tamper indicates safety soal missing. FETY CODE STANDARI is are adopted and including provisions: hibited in any room, ward, a flammable flquids, or oxygen is used or sto zardous location, and successions that read NO SMO onal symbol for no smoking ellassified as not libited, except when under	ved. Ithe ator D le no red ch iKING	ΚC	metrinspection and their and action plan to ensure compliance to the facility Assessment and Assurance committee on a quarterly	findings 's Quality y (QAA) basts.	

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MUL A. BUILD		E CONSTRUCTION 11		SURVEY PLETED
	ROVIDER OR SUPPLIER	055475 RE		B. WING	\$T 81	TREET ADDRESS, CITY, STATE, ZIP CODE 12 WEST MAIN STREET URLOCK, CA 95380	08/	03/2016
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATIO		ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BE	(XS) COMPLETION DATE
K 066 K 069 SS≖D	design are provide permitted. (4) Metal container devices into which readily available to permitted. 19.7. This STANDARD Based on observe maintain the design was evidenced by containers with coone of seven smol result in a cigarette Findings: During a tour of the on 8/3/16, the desobserved. 1. At 10:50 a.m., smoking area was that was for disposentaining trash in NFPA 101 LIFE S. Cooking facilities with 9.2.3. 19.3 This STANDARD Based on record failed to maintain system. This was	accombustible material and in all areas where small areas where small areas where smoking all areas where smoking areas where smoking areas. Cigarette butts disposed moustible trash. This area compartments and compartments are all compartments and compartments and compartments are all compartments and compartments and compartments are all compartments and compa	r d are of is loy: I by: I his lof in ffected build ce Staff were deadle been deadle been deadle start were defined by: I have a facility start y's	K	066	How correction (s) will be accomplished for those reside found to have been affected the deficient practice. 1. The Maintenance Supervisor worked with the Housekeepin Supervisor and the Red Receives immediately emptied of 2. The Housekeeping Supervisor qualified designee will do a check and emptying of the recombustible materials are instanced and ensure that no combustible materials are instanced that are a of the daily check a emptying of the red receptace that are a of the daily check a emptying of the red receptace. How the facility will identify other residents having the patentia be affected by the same defipractice and what corrective actions will be taken. 1. No other red receptacle was in the facility. Only one in the Designated Smoking area. hat measures will be put into plat what systemic changes the facility will make to ensure the deficient practice does no recur.	by g otacle trash. or daily d d to nd teles. er al to icient	

P 40/58

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

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/\$LIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MUI A. BUILD		(X3) DATE SURVEY COMPLETED		
		055475	B. WING			08/	03/2016
	PROVIDER OR SUPPLIER	RE .		812	RIET ADDRESS, CITY, STATE, ZIP CODE 2 WES'T MAIN STREET IRLOCK, CA 95380		
(X4) (f) PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DELICIENCY)	BE	(X6) COMPLETION DATE
K 069	kitchen grease fire. NFPA 101 Life Safe 19.3.2.6 Cooking F shall be protected i 9.2.3 Commercial cookin accordance with NI Ventilation Control: Commercial Cookin installations, which continued in service authority having jurn NFPA 96 Standard Protection of Commercial Cookin installations, which continued in service authority having jurn NFPA 96 Standard Protection of Commercial Cooking 8-2.3 If required, commintenance shall having jurisdiction. Table 8-3.1 Exhaus Systems serving moperations - Semia 8-3.1.2 When a ver certificate showing shall be maintained cleaning is completed place or display with indicating the date servicing company, cleaned. Findings: During record revise.	ety Code, 2000 edition acilities. Cooking facilities in accordance with 9.2.3 Cooking Equipment, grequipment shall be in EPA 96, Standard for and Fire Protection of ing Operation, unless existing shall be permitted to be expected, subject to approval by the isdiction. For Ventilation Control and Fire inercial Cooking Operation, entificates of inspection and be forwarded to the authority set System Inspection Schedule oderate-volume cooking innually int cleaning service is used, a date of inspection or cleaning in the premises. Aftered, the vent cleaning shall him the kitchen area a liabel cleaned and the name of the it shall also indicate areas not we and interview with		069	1. A Daily check and emptying red receptacle by the Housekeeping Supervisor or qualified designees. 2. If noncompliance is found an daily check and emptying of red receptacle, the Houseke supervisor will document find and report to the Administrat qualified designee during the Daily Stand up Meeting or afternoon Stand Down meeting. How the facility plans to monitor performance to make sure the solutions are sustained. The Housekeeping Supervisor or qualified designees will report their inspection and their find and action plan to ensure compliance to the facility's Q Assessment and Assurance (Q committee on a quarterly basingle dates when corrective act will be completed.	the the eping lings tor or or or or its hat ort ings uality AA)	
	Maintenance Staff	on 8/3/16, the kitchen hood					

P 41/58

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

STATEMENT OF DEHICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL) A. BUILDING (E CONSTRUCTION	(X0) DATE SURVEY COMPLETED
	055475	B. WING		08/03/2016
NAME OF PROVIDER OR SUPPLIER MAIN WEST POSTACUTE CAI	-1,53	81	TREET ADDRESS, CHY, STAIF, ZIP CODE 12 WEST MAIN STREET URLOCK, CA 95380	1 00103/2018
PREEDX (EACH DEFICIENCY	TEMENT OF DETICITIONES MIST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	DIBL COMPLETION
1. At 12:07 p.m., the provide one of two exhaust system cles survey. The last kill performed on 5/25/Maintenance Staffinger it done. K 070 SS=D Portable space header of the prohibited in all header of the permitted staffind employee elements of such did degrees F (100 degrees F (100 degrees F (100 degrees F), 18.7.8 This STANDARD in Based on observating interview, the facility regulations regarding devices. This was manufacturer's specific confirm portable space header of the portable space header of the provisions of sections. The sections of sections and the provisions of sections are gradied to the provisions of sections. The sections of sections are gradied to the provisions of sections are gradied to the provisions of sections. The sections are gradied to the provisions of sections are gradied to the provisio	aning records were requested to be facility was not able to semiannual kitchen hood aning records at the time of schen hood cleaning was 16. Upon interview, stated that the facility did not FETY CODE STANDARD uting devices shall be alth care occupancies. Except to be used in non-sleeping areas where the heating evices do not exceed 212 grees C). Is not met as evidenced by: the state to comply with the neg portable space heating evidenced by failure to follow defications and by the failure exceed the eaters would not exceed the exceed the eaters would not exceed the	K 070	How correction (s) will be accomplished for those residence of the deficient practice. 1. The Maintenance Supervisor contacted vendor and schedu Klichen Hood Exhaust System Cleaning on or before Novem 24, 2016. 2. The Klichen Hood Exhaust System Cleaning Schedule was communicated to the Dietary Services Supervisor. How the facility will identify other residents having the potential be affected by the same definition and what carrective actions will be taken. 1. There is no other Kitchen Hood the facility. What measures will be put into plear or what systemic changes the facility will make to ensure the deficient practice does no recur. 1. Calendar the semiannual schedules of the next 18 months to ensure that no semiannual schedules of missed.	led a wher tem if to cient if in iacu e hat if

P 42/58

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

NAME OF PROVIDER OR SUPPLIER MAIN WEST POSTACUTE CARE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES STREET ADDRESS, CITY, STATE, ZIP CODE 812 WEST MAIN STREET TURLOCK, CA 95380 PROVIDER'S PLAN OF CORRECTION	AND PLAN O	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMB					DATE SURVEY COMPLETED	
MAIN WEST POSTACUTE CARE B12 WEST MAIN STREET TURLOCK, CA 95380			055475		B. WING_		- MICE	08/	03/2016
PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) K 070 Continued From page 20			RE			812 WES	T MAIN STREET		
C-1	PRÉFIX :	(EACH DEFICIENC)	Y MUST BE PRECEDED BY FL		PREFIX		(EACH CORRECTIVE ACTION SHOU ROSS-REFERENCED TO THE APPRO	LD BE	(X5) COMPLETION DATE
19.7.6 Maintenance and Testing (see 4.6.12) 19.7.8 Portable Space-Heating Devices. Portable space-heating devices shall be prohibited in all health care occupancies. Exception: Portable space-heating devices shall be permitted to be used in nonsleeping staff and employee areas where the heating elements of such devices do not exceed 212.< F (100. C). 4.6.12 Maintenance and Testing. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or other feature is required for compliance with the provision of this code, such device, equipment, system, condition, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction. NFPA 70 National Electrical Code, 1999 edition 110-3 Examination, Identification, Installation and use of Equipment (b) Installation and use. Listed or labeled equipment shall be installed and used in accordance with any instructions included in the listing or labeling. NFPA 99 Health Care Facilities, 1999 edition 2-1 Labeled. Equipment or materials to which has been attached a label, symbol, or other identifying mark of an organization that is acceptable to the authority having jurisdiction and concerned with	K 070	authority having jur 19.7.6 Maintenance 19.7.8 Portable Sp space-heating devident care occupate Exception: Portable be permitted to be employee areas who such devices do not device and devices do not device and devices do not device on dition, arranger other feature is recondition, arranger other feature is recondition, or other continuously maintapplicable NFPA rethe authority having NFPA 70 National 110-3 Examination use of Equipment (b) Installation and equipment shall be accordance with a listing or labeling. NFPA 99 Health C 2-1 Labeled. Equipment attached a lamark of an organization of an organization and continuously maintapplicable.	e and Testing (see 4.6. ace-Heating Devices. Fices shall be prohibited ancies. e space-heating device used in nonsleeping state the heating element exceed 212 < F (100 de and Testing. Whenever, equipment, system, ment, level of protection quired for compliance worde, such device, equipment arrangement, level of a feature shall thereafter tained in accordance we equirements or as directly installed and used in the first led and used in a compliance of the first led and used in the f	ortable in all shall shall aff and hts of C). er or any ith the inent, be dittion the high and lin the lentifying to the		70	2. Document the Semi Annual Schedulo in the Kitchen Holle to make sur solutions are sustained. The Housekeeping Supervisor of qualified designees will retheir inspection and their and action plan to ensure compliance to the facility's Assessment and Assurance committee on a quarterly include dates when corrective will be completed.	ood C itor its to that or eport indings s Quality (QAA) basis.	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		(X2) MUL A. BUILD	TIPLE CONSTRUCTION ING 01		(X3) DATE SURVEY COMPLETED	
		055475		B. WING		08/03	3/2016	
	ROVIDER OR SUPPLIER ST POSTACUTE CA	RE			STREET ADDRESS, CITY, STATE, ZIP CODE 812 WEST MAIN STREET TURLOCK, CA 95380			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY F SC IDENTIFYING INFORMAT		ID PREFI TAG		O BE	DATE COMPLETION (X5)	
K 076	appropriate standa specified manner. 9-2.1.8.1 Manuals. appliance shall furrand repair manuals shall include opera details, and testing shall include the forall include the foral step-by-step propriates (e) Safety consider servicing. Findings: During a tour of the interview with Mair portable space heare records were required. At 10:42 a.m., a observed in the Scheater was station bags and a carpet the space heater in keep electrical confurnishing at least the heater and aw. There was no doc to show any inspesspace heater to er maximum tempera degrees Fahrenhe Maintenance Staff NFPA 101 LIFE S.	ates compliance with rds or performance in The manufacturer of the nish operator's mainters with all units. These rating instructions, main procedures. The marklowing where applicationed with all units applications in application are facility, record review the nance Staff on 8/3/1 aters were observed at	ne hance, hance hance hance hance hance hance has been derived as the hance has the hance hance has the hance has		How correction (s) will be accomplished for those reside found to have been affected the deficient practice. 1. The portable space heater was immediately removed from the Social Service Office. 2. No Portable Space heater shat used in the facility unless in an emergency situation and beforthey are deployed will be cheated will be duly documented wan Emergency Use Portable Heater Log. How the facility will identify other residents having the potential be affected by the same deficie practice and what corrective actions will be taken. 1. There is no other Portable heater thuse in the facility. A 100% check of all rooms were done by the Maintenance Supervisor and Housekeeping Supervisor. What measures will be put into place or what systemic changes the facility will make to ensure that	by Il be e ked with		
S\$=D								

DEPARTMENT OF HEALTH AND HUMAN SERVICES CHNTERS FOR MEDICARE & MEDICAID SERVICES
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLICIONAL PRINTED: 08/10/2016 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVLY

MAIN WEST POSTACUTE CARE MAIN WEST POSTACUTE CARE SUMMARY STATEMENT OF DEPICIENCIES TAG SUMMARY STATEMENT OF DEPICIENCIES TOULLOCK, CA 95300 MEDITAL REGULATORY OR USE DEPICE PROJECTION PARTY AND CORPECTION PARTY AND CORPECTION PARTY AND CORPECTION TAG. K 076 Continued From page 22 Medical gas storage and administration areas shall be protected in accordance with NFFA 99, Standard for Health Care Facilities, 1,12 (NFPA 99), 0-3.1.1.1.1 (NFPA 99), 18.3.2.4, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the oxygen storage locations. This was evidenced by the finiture to secure oxygen storage or origination. This affected one of seven smoke compartments and could result in an increased safety disk due to the unauthorized entry, by unsecured cylinders, and by the mixed storage of protyp and tull cylinders that were not clearly segregated. This affected one of seven smoke compartments and could result in an increased safety disk due to the unauthorized access to oxygen cylinders, damage to cylinders, or a delay in locating a full oxygen cylinder. NFPA 101 Life Safety Code, 2000 edition 19.3.2.4 Medical Gas. Medical gas storage and administration areas shall be protected in accordance with NFTA 99, Standard for Health Care Facilities, 1999 edition. 1. In a convict compliance in the facility of define an Emergency Portable Heater use Policy. 1. In a convict compliance in the particle does not receive use from the maintain the oxygen storage locations. This was evidenced by: Based on observation, the facility failed to maintain the oxygen storage for proper storage of cripty and tull cylinders that were not clearly segregated. This affected one of seven smoke compartments and could result in an increased safety disk due to the unauthorized soccess to oxygen cylinders, damage to cylinders, damage to cylinders, damage to cylinders, and by the mixed storage of cripty and tull cylinders that were not clearly segregated. NFPA 101 Life Safety Code, 2000		IF CORRECTION	DENTIFICATION NUMB		A. BUILD		01		PLETED
MAIN WEST POSTACUTE CARE MAIN WEST POSTACUTE CARE SIMMARY STATEMENT OF DEFICIENCES SIMMARY STATEMENT OF DEFICIENCES (FACH DEFICIENCY MUST SE PRECEDED BY ULL REGULATORY OR USC DENTIFYING MECHANISM) K 076 Continued From page 22 Medical gas storage and administration steas shall be protected in accordance with NFFA 99. Standard for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are wented to the outside. 4-3,1.1.2 (MFIPA 99), 8-3,1.11.1 (NFPA 99), 18.3.2.4, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the oxygen storage locations. This was evidenced by the failure to secure oxygen storage rooms from unathbroized entry, by unacodived cylinders, and by the mixed storage of craphy and full cylinders that were not clearly segregated. This affected one of seven smoke compartments and could rosult in an increased safety risk due to the unauthorized extry, by unsoelved cylinders, and by the mixed storage of craphy and full cylinders that were not clearly segregated. This affected one of seven smoke compartments and could rosult in an increased safety risk due to the unauthorized extry, by unsoelved cylinders, and by the mixed storage of craphy and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities. NFPA 99 Standard for Health Care Facilities, 1999 citition 1-2 Application.			055475		B. WING			08/	03/2046
FREGULTORY OR USE IDENTIFYING INFORMATION) K 076 Continued From page 22 Medical gas storage and administration areas shall be protected in accordance with NFFA 99, Standard for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are vented to the outside. 4-3.1.1.2 (NFPA 99), 8-3.1.1.1 (NFPA 99), 18.3.2.4, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation, the facility failed th maintain the oxygen storage locations. This was evidenced by the finiture to secure oxygen storage rooms from unauthorized entry, by unsecured cylinders, and could result in an increased safety risk due to the unauthorized secess to oxygen cylinders, damage to cylinders or a delay in locating a full oxygen cylinder. NFPA 101 Life Safety Code, 2000 edition 19.3.2.4 Medical Gas. Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities. NFPA 99 Standard for Health Care Facilities, 1999 edition .	MAIN WE	EST POSTACUTE CAR				8	12 WEST MAIN STREET URLOCK, CA 95380		
Medical gas storage and administration areas shall be protected in accordance with NFFA 99. Standard for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cut.t are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cut.t are vented to the outside. 4-3.1.1.2 (NFPA 99), 8-3.1.11.1 (NFPA 99), 18.3.2.4, 19.3.2.4 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the oxygen storage locations. This was evidenced by the failure to secure oxygen storage rooms from unauthorized entry, by unsecured cylinders, and by the mixed storage of orribity and full cylinders that were not clearly sepreptided. This affected one of seven smoke compartments and could result in an increased safety disk due to the unauthorized access to oxygen cylinders, damage to cylinders, or a delay in locating a full oxygen cylinder. NFPA 101 Life Safety Code, 2000 edition 19.3.2.4 Medical Gas. Medical gas storage and administration areas shall be protected in accordance with NFPA 99, Standard for Health Care Facilities. NFPA 99 Standard for Health Care Facilities, 1999 edition 1-2 Application.	PREFIX	(FACH DEFICIENCY	MUST BE PRECEDED BY L		FISEE		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	BE	COMPLETION
Chapters 12-18 specify the conditions under which the requirement of Chapters 3 though 11 shall apply in Chapters 12 through 18 Chapter 16-Nursing Home Requirement 16-3.8.1 Patient. Equipment shall conform to requirement for patients equipment in Chapter 8	K 076	Medical gas storage shall be protected in Standard for Health (a) Oxygen storage 3,000 cu.ft. are end separation. (b) Locations for su 3,000 cu.ft. are ven 4-3,1,1,2 (NFPA 99 18.3,2,4, 19.3,2,4 This STANDARD is Based on observat maintain the oxyger evidenced by the forcems from unauthory cylinders, and by the full cylinders that wo This affected one of and could result in a fine unauthorized addinage to cylinders oxygen cylinder. NFPA 101 Life Safet 19.3,2,4 Medical Gardinistration area accordance with NFC are Facilities. NFPA 99 Standard 1999 edition 1-2 Application Chapters 12-18 spowhich the requirements hall apply in Chapter 16-Nursing 16-3,8,1 Patient, Fo	e and administration and accordance with NFI Care Facilities. locations of greater the losed by a one-hour pply systems of greated ted to the outside. b), 8-3.1.11.1 (NFPA 98 one more more as evidenced in storage locations. The illure to secure oxygen orized entry, by unsecuted entry, by unsecute mixed storage of ordere not clearly segregal seven smoke compared increased safety risports to oxygen cylindes, or a delay in locating shall be protected in FPA 99, Standard for Health Care Facilities of Chapters 3 thousers 12 through 18 Home Requirement quipment shall conform	A 99, an than by: bis was storage red ted. timents k due to ers, a full ealth es, ther gh 11	K	076	I. To ensure compliance the fact will define an Emergency Por Heater use Policy. How the facility plans to monitor performance to make sure the solutions are sustained. The Housekcoping Supervisor or qualified designees will report their inspection and their finding and action plan to ensure compliance to the facility's Qui Assessment and Assurance (Q/committee on a quartorly basic include dates when corrective activalled be completed.	fity table its at tags aftry	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			E SURVEY IPLETED
		055475		B. WING		08/	03/2016
	(EACH DEFICIENC)	RE TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATIO			STREET ADDRESS, CITY, STATE, ZIP CODE 812 WEST MAIN STREET TURLOCK, CA 95380 PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOT CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(XS) COMPLETION DATE
K 076	Chapter 8-Gas equ 8-3.1.11.1 storage 8-3.1.11.1 storage for than 3000 ff.3 shall 4-3.5.2.2 8-3.1.11.2 storage than 3000 ff.3 (85 in a storage location enclosure or within noncombustible or construction, with a can be secured ag 4-3.5.2.2 (2) If storage enclosure or within noncombustible or construction, with a can be secured ag 4-3.5.2.2 (2) If storage enclosured and confusion and needed hurriedly. (3) 4-3.1.1.2 Provisor fastenings to provide with a document of the construction of	dipment requirement or nonflammable gases of nonflammable of nonflammable gases of nonfl	less an ace of s) that full to is racks idental be ocked. ce Staff torage ired s inside	K 07		n to the ey by to prized linders ther no nders. Impty :	

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE	:D: (MULTIPLL DEDING 0	CONSTRUCTION	MB NO. 01 (X3) DATE S COMPL	URVEY
		055475	D. W		•		
IAME OF I	PROVIDER OR SUPPLIER	053475	15, 41		DESTABORES CITY STATE TO COOK	08/03	3/2016
,	EST POSTACUTE CA	RC.		813	REET ADDRESS, CITY, STATE, ZIP CODE 2 WEST MAIN STREET JRLOCK, CA 95380		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICE NOISS Y MUST BE PRECEDED BY FU SC IDENTIFYING INFORMATIO		JD REFIX TAG	PROVIDER'S PLAN OF CORRECTION (FACH CORRECTIVE ACTION SHOULD GROSS-RUTERENGED TO THE APPROPE DEFICIENCY)	Bir C	(XII) COMPLETION DATE
K 076	Continued From pa	age 24		K 076	There is only one Oxygen Storage Room in the facility.		
K 144 SS=E	Room 5 was obser racks had two full of one empty oxygen cylinders were not some provided for 30 m in accordance with 3-4.4.1 and 8-4.2 (110). This STANDARD is Based on record maintain the emerg (EPSS). This was failure to complete load tests for a durminutes. This affectompartments and failure of the generoutage. NEPA 101 Life Safe 19.5.1 Utilities, Utilities, Utilities, Utilities, Utilities Code, shall be accordance with Ni Emergency and Standard Power System, 198	ted weekly and exercise iniutes per month and serious NFPA 99 and NFPA 11 NFPA 99), Chapter 6 (NFPA 99), Chapter 9 Seven serious of 12 monthly generation of not less than 30 cted seven of seven serious of 12 monthly generation of not less than 30 cted seven of seven serious of 12 monthly generator in the event of a position of the event of a position of 12 monthly compliance tested and maintained for and by Power System. If or Emergency and Stop Edition maintenance and operations and poerations and operations are serious	d with empty RD d shall be D. FPA by: to teem /'s rator ooke intial ower andby	K 144	What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. 1. Daily check by Mointenance Supervisor or qualified designees and Charge Nurse to ensure compliance for Oxygen Cylinder storage. 2. Document in Oxygen Storage Monitor Log Daily by the Charge Nurse. How the facility plans to monitor its performance to make sure that solutions are sustained. The DON and Maintenance Supervisor or qualified designees will report their inspection and their findings and action plan to ensure compilance to the facility's Quality Assessment and Assurance (QAA) committee on a quarterly basis. Include dates when corrective action will be completed.		

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

CENTE	43 FOR MEDICARE	O MEDICVID SERVICE	<u> </u>					OWRING), 0 <u>938</u> -0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBE		(X2) MUU A. BOILE	TIPLE CON ING 01	STRUCT	TION	(X3) DATE SURVEY COMPLETED	
		055475		B. WING		-	···	08	3/03/2016
NAME OF	PROVIDER OR SUPPLIER				STREET	ADDRE	ESS, CHY, STATE, ZIP C	CODIE	
MAIN WI	EST POSTACUTE CA	RE					IN STREET		
				ا ــــــــــــــــــــــــــــــــــــ	TURLO	CK, C	A 95380		
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K 144	Continued From parmanuals, and the manuals, and the endoctors are as a vertice of supplying service the type and for the class. 6-3.4 A written receivests, exercising, of maintained on the polaritation of the folion of the manual composition of the corrective action replaced (d). Testing of any manual composition of the polaritation of the corrective action replaced (d). Testing of any manual composition of the polaritation of the polaritation of the corrective action of the polaritation of the	ge 25 Ininimum requirements of thority having jurisdiction hall be maintained to enter that the system is cape within the time specified ord of the EPSS Inspect peration, and repairs shoremises. The written relowing: I maintenance report if the servicing personne unsatisfactory condition taken, including parts between the manufacturer Level 2 EPSSs, including the manufacturer Level 2 EPSSs, including the manufacturer the exercised under load a set in Level 1 and Level exercised at least once and minutes, using one of g temperature condition reent of the EPS name paintains the minimum enter recommended by the	of this nusure to pable ad for the ions, all be accord. I and and a time a gall ad all least 2 anthly, the son at plate adhaust.	.,	144	Ho 1. 2.	OUTCHENCY) 144 (SS=E) ow correction (s) will accomplished for the found to have been the deficient practic. The Maintenance Supposed the compliance of 12 monthly 30min for emergency general states.	be those residents in affected by co. porvisor duly a requirements into load test rators. It and and ency to a continuous load test ency to a continuous load Test ency to a continuous load to come deficient corrective ency to the ency to a continuous load ency to a continuous load the list or or will ensure and enthly 30 one correctly.	
	not meet the require exercised monthly and exercised annual 25 percent of natifications of the followed by 50 percents.	rered EPS installations to ements of 6-4.2 shall be with the available EPSS rally with supplemental to meplate rating for 30 mile ent of nameplate rating by 75 percent of namepla	load loads oads nutes, for 30						

PRINTED: 08/10/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: STATEMENT OF DEFICIENCIES (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY AND PLAN OF CORRECTION COMPLETED A. BUILDING 01 055475 B. WINC 08/03/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 812 WEST MAIN STREET MAIN WEST POSTACUTE CARE TURLOCK, CA 95380 (X4) ID PREFIX SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION. (X5) COMPLETION (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREHX (LACH CORRECTIVE ACTION SHOULD BE TAG REGULATORY OR LSC (DENTH YING INLORMATION) TAG CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY) K 144 | Continued From page 26 K 144 rating for 60 minutes, for a total of 2 continuous Calendar the scheduled monthly hours. 30 minute load test for the emorgency generator. Findings: 2. Document each monthly 30 minute load test for emergency During record review with Maintenance Staff on generator in the Emergency Generator Monthly Load Test 8/3/16, the diesel generator test and inspection Monitor/Log. records were reviewed. 1. At 11:40 a.m., the monthly generator load test How the facility plans to monitor its records were reviewed. Six of 12 monthly performance to make sure that generator load tests, conducted on 8/13/15. solutions are systained. 9/18/15, 10/30/15, 11/27/15, 12/24/15, and 1/15/16, indicated that the load test was ran for The Mointenance Supervisor or 18 minutes. The facility failed to complete six of qualified designees will report 12 monthly 30 minute generator load tests during their inspection and their findings the past year. and action plan to ensure NEPA 101 LIFE SAFETY CODE STANDARD K 147 compliance to the facility's Quality K 147 SSHE Assessment and Assurance (QAA) committee on a quarterly basis. Electrical wiring and equipment shall be in accordance with National Electrical Code, 9-1,2 (NFPA 99) 18.9.1, 19.9.1 Include dates when corrective action This STANDARD is not met as evidenced by: will be completed. Based on observation, the facility failed to maintain the electrical devices and wiring i connections. This was evidenced by the use of 9/01/2016 extension cords, use of adapters, medical equipment plugged into power strips, power strips suspended off the floor, missing cover plates, and electrical panels circuit that were not labeled or had gaps. This affected seven of seven smoke compartments and could result in an increased risk of an electrical fire. NEPA 101 Life Safety Code, 2000 edition 19.5.1 Utilities, Utilities shall comply with the

FORM CMS-2667 (02-99) Previous Versions Obsolute

provisions of section 9.1

9.1.2 Electric, Electrical wiring and equipment

Event ID; GUBW21

Facility ID: CA030000050

If continuation sheet Page 27 of 34

MAIN WEST POSTACUTE CARE MAIN WEST POSTACUTE CARE (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICENCY MIST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMANDIS) K 147 Continued From page 27 shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued it service, subject to approval by the authority having jurisdiction. NFPA 70 National Electrical Code, 1999 edition 110-12 Mechanical Execution of Work. Electrical equipment shall be installed in a neat and workmanike manner. (c) Integrity of Electrical Equipment and Connections, linear parts of electrical equipment, including busbars, wiring terminals, insulators, and other surfaces, shall not be damaged or contaminated by foreign materials such as paint, plaster, cleaners, abrasives, or corrosive residues. There shall be no damaged parts that may adversely affect safe operation or mechanical strength of the equipment such as parts that are broken; bent; cut; or deteriorated by corrosion, chemical action, or overheating, 110-22 identification of Discornecting Means. Each disconnecting means required by this Code for motors and appliances, and each service, feeder, or branch circuit at the point where it originates, shall be legibly marked to include it purposes unless located and arranged so (the purpose is evident. The marking shall be explained to the content involved. 240-9.33 Marking (a) Durability and Visible. Circuit breakers shall be marked with heir ampere rating in a manner that will be durable and visible after installation. Such marking shall be permitted to be made visible by removal of a trim or cover. 384-13 General. All paneliboards shall have a	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MUL A. BUILD	E SURVEY IPLETED			
MAIN WEST POSTACUTE CARE ((A)) D SUMMARY STATEMENT OF DEFICIENCIES PRETIX TAG (CA) DEFICIENCY MIST SEPRECEDED BY PULL TAG K 147 Continued From page 27 shall be in accordance with NFPA 70, National Electrical Code, unless existing installations, which shall be permitted to be continued it service, subject to approval by the authority having jurisdiction. NFPA 70 National Electrical Code, 1939 edition 110-12 Mechanical Execution of Work. Electrical equipment shall be installed in a neat and workmanike manner. (c) Integrity of Electrical Equipment and Connections. Internal parts of electrical equipment, including busbars, witing terminals, insulators, and other surfaces, shall not be damaged or contaminated by foreign materials such as paint, plaster, cleaners, abrasives, or corrosive residues. There shall be no damaged parts that may adversely affect safe operation or mechanical strength of the equipment such a parts that are broken; bent; cut; or deteriorated by corrosion, chemical action, or overheating, 110-22 Identification of Discornecting Means, Each disconnecting means required by this Code for motors and appliances, and each service, feedor, or branch circuit at the point where it originates, shall be leighby marked to indicate it purposes unless located and arranged so the purpose is evident. The marking shall be sufficient durability to withstand the environment involved. 240-33 Marking (a) Durability and visible. Circuit breakers shall be marked with their ampere rating in a manner that will be durable and visible after installation. Such marking shall be permitted to be made visible by removal of a tim or cover.			055475	B, WING		08/	03/2016
FREENT TAG REGULATORY OR LSC IDENTIFYING INFORMATION) K 147 Continued From page 27 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 110-12 Mechanical Execution of Work. Electrical equipment shall be installed in a neat and workmanlike manner. (c) Integrity of Electrical Equipment and Connections. Internal parts of electrical equipment, including busbars, writing terminals, insulators, and other surfaces, shall not be damaged or contaminated by foreign materials such as paint, plaster, cleaners, albrasives, or corrosive residues. There shall be no damaged parts that may adversely affect safe operation or mechanical strength of the equipment such as parts that are broken; bent; cut; or deteriorated by corrosion, chemical action, or overheating, 110-22 Identification of Disconnecting Means. Each disconnecting means required by this Code for motors and appliances, and each service, feeder, or branch circuit at the point where it originates, shall be legibly marked to indicate it purposes unless located and arranged so (the purpose surface). The marking shall be a sufficient durability to withstand the environment involved. 240.83 Marking (a) Durability and Visible. Circuit breakers shall be marked with their ampere rating in a manner that will be durable and visible after installation. Such marking shall be permitted to be made visible by removal of a trim or cover.	MAIN WE	EST POSTACUTE CA			812 WEST MAIN STREET TURLOCK, CA 95380	ODĘ	
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 110-12 Mechanical Execution of Work. Electrical equipment shall be installed in a neat and workmanlike manner. (c) Integrity of Electrical Equipment and Connections. Internal parts of electrical equipment, including busbers, wiring terminals, insulators, and other surfaces, shall not be damaged or contaminated by foreign materials such as paint, plaster, cleaners, abrasives, or corrosive residues. There shall be no damaged parts that may adversely affect safe operation or mechanical strength of the equipment such as parts that are broken; bent, cut; or deteriorated by corrosion, chemical action, or overheating. 110-22 Identification of Disconnecting Means. Each disconnecting means required by this Code for motors and appliances, and each service, feeder, or branch circuit at the point where it originates, shall be legibly marked to indicate it purposes unless located and arranged so the purpose is evident. The marking shall be sufficient durability to withstand the environment involved. 240-83 Marking (a) Durability and Visible. Circuit breakers shall be marked with their ampere rating in a manner that will be durable and visible after installation. Such marking shall be permitted to be made visible by removal of a trim or cover.	PREFIX	(EACH DEFICIENC	Y MUST BE PRECEDED BY FULL	PREF	X (EACH CORRECTIVE ACTION : CROSS-REFERENCED TO THE A	SHOULD BE	COMPLETION
rating not less than the minimum feeder capacity required for the load computed in accordance	K 147	shall be in accorda Electrical Code, un which shall be perr service, subject to having jurisdiction. NFPA 70 National 110-12 Mechanica equipment shall be workmanlike mann (c) Integrity of Electronections. Interequipment, includingulators, and oth damaged or conta such as paint, plas corrosive residues parts that may advinechanical streng parts that are brok corrosion, chemical 110-22 Identification Each disconnectin for motors and appreciate, or branch coriginates, shall be purpose is evident sufficient durability involved. 240-83 Marking (a) Durability and marked with their will be durable and marking shall be premoval of a trime 384-13 General. A rating not less tha	nce with NFPA 70, National cless existing installations, mitted to be continued in approval by the authority. Electrical Code, 1999 edition of Execution of Work. Electrical enstalled in a neat and mal parts of electrical engineers, wiring terminals, er surfaces, shall not be minated by foreign materials after, cleaners, abrasives, or an attended by foreign materials after, cleaners, abrasives, or an attended by foreign materials after, cleaners, abrasives, or an attended by foreign materials after, cleaners, abrasives, or an attended by all action, or overheating, on of the equipment such as en; bent; cut; or deteriorated by all action, or overheating, on of Disconnecting Means, and each service, circuit at the point where it is legibly marked to indicate it broated and arranged so the attended to indicate it or to withstand the environment of visible. Circuit breakers shall be ampere rating in a manner that it visible after installation. Such be made visible after installation. Such permitted to be made visible by or cover. All panelboards shall have a nother minimum feeder dapacity		How correction (s) will be accomplished for those found to have been aff the deficient practice. 1. The Power Strip was remove Room 1 and ensured that oxy concentrator and the bed are the wall outlet without the use Strips. 2. The alarm unit in Room 1 were placed with a unit with a complete by the Maintenance Supervist. 3. In Room 2 near Bed B, the bed was unplugged from the light outlet and was plugged correct wall outlet. 4. In Room 3 near Bed B, and was unplugged from the over outlet and plugged into the coutlet. 5. In Room 3, the missing vent replaced by new exhaust movent cavers by the Maintenan Supervisor or qualified design September 1, 2016. 6. In Room 7, the throe plug were removed and and the thooses were plugged to the complete that the second control of the complete that the second control of the complete that the plugged to the complete that the plugged that the plu	ed form gen plugged in of Power ras ever plate or. electric ovarhead into the electric bed rhead light orrect wall will be stors with nice nee before adapter wa cable correct wall	

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/SLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE A. BUILDING 0	CONSTRUCTION 1	(X3) DATE SURVEY COMPLETED	
		055475	B, WING		08	/03/2016
	PROVIDER OR SUPPLIER	RE	81:	RFET ADDRESS, CITY, STATE, ZIP (2 WEST MAIN STREET IRLOCK, CA 95380		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTILYING INLORMATION)	ID PREFIX YAG	PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTION CROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE	COMPLETIO DATE
K 147	with Article 220. Paramarked by the marthe current rating a which they are desimanufacturer name manner so as to vis disturbing the interipanelboard circuits be legibly identified circuit directory locathe panel doors. 400-8 Unless specified the following: (1) As a substitute structure (2) Where run through the following: (3) Where run through the followings of loors. (3) Where attached structural cellings, scillings, or floors (6) Where installed otherwise permitted 400-10. Flexible of connected to devict tension will not be formulated fraceptacle faceptacle faceptacle faceptacle faceptacle faceptacle faceptacle faceptacle mounting surfarmounted inside a brigging which will be formulated in the formulated inside a brigging which will be formulated inside a brigging which will be formulated in the formulated inside a brigging which will be formulated in the formulated inside a brigging which will be formulated in the formulated inside a brigging which will be formulated in the formu	nelboards shall be durably nufactured with the voltage and the number of phases for igned and with the error trademark in such a sible after installation, without or parts of wiring. All and circuit modification shates to purpose or use on a steed on the face or inside of ifically permitted in Section and cables shall not be use for the fixed wiring of a lightholes in walls, structural diceilings, dropped ceilings, dropped ceilings, dropped behind building walls, suspended ceilings, dropped in raceways, except as if in this Code. In this Code or shall be ostand to fittings so that transmitted to joints or laceplates (Cover Plates). The copening and seaf against on the cetively close the opening and seaf against on the cetively close the opening and sectively close the opening and sectiv	or or	7. Maintenance supervisor a vendor to schedule and fix the panel near Nurse Station 1 & approximately 1/4 inch gap a breaker Switch one. Fix should compliance before September 8. In the Nurse Station 1 and Utility/FACP room the transfor flex conduit that was running junction box without a cover progressed by installing a cover this was done by the Mainten Supervisor. The celling vent with plate before September 1, 20 9. In Nurse Station 1 and electrical panel had a cleatiful before supervisor in the position but was not lab anything. The Maintenar Supervisor or qualified will relabel all the switch breakers before Septem 2016. In the Medical Records O power strip was suspend floor. The power strip was protector was relocated upright on the floor by the Maintenance Supervisor. 11. In Room 14, a clock was pinto a black extension conducted and unphelectrical clock. The clocal plugged into the wall out 12. Electrical panel located A Kitchen had circuit break switch that was on the O but was not labelled for The Maintenance Supervisor.	e electrical 2 that had bove circuit d be in or1, 2016. and 2 ormer motal out of a blate was or plate. conce fill be cover on 6. 2, the incuit was not ON elled for noe dosignee h circuit nber 1, office, a local off the ith surge flat and he colugged ord. The and Social tack was tlet. Llocated in tor 3 N position anything, isor or	

		AND HUMAN SERVIC & MEDICAID SERVIC					FORM A	08/10/2016 APPROVED 0938-0391
TATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/O IDENTIFICATION NUMBER	LIA	(X2) MUU A. BUILD		CONSTRUCTION	(X3) DATE COMP	SURVEY LETED
		055475		B, WING			08/0	3/2016
NAME OF P	ROVIDER OR SUPPLIER	,			l	REET ADDRESS, CITY, STATE, ZIP CODE		
MAIN WE	ST POSTACUTE CAI	RE				WEST MAIN STREET RLOCK, CA 95380		
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K 147	on 8/3/16, the electronnections were of the connections and the connections are cover plants. At 9:47 a.m., and a overhead light of the connections are connected to the connection of the connections are connected to the connections are connected to the connection of the connections are conducted to the connection of the connecti	e facility with Maintenar trical devices and wiring beserved. electric bed and a oxygolugged into a power's alarm unit in the ceiling ate in Room 1. electric bed was pluggetlet near Bed B in Room electric bed was pluggetlet near Bed B in Room electric bed was pluggetlet near Bed B in Room electric bed was missing or in the Soiled Linen or cable boxes were pludapter in Room 7. corridor electrical panel of 2 had an approximation of a puer late. A ceiling vent was running out of a juer plate. A ceiling vent by 12 inch cover.	en into in 2. ed into in 3. ed into in 3. ed into in 4. ed into in 4. ed into in 4. ed into in 5. ed into in 6. ed into in 6. ed into in 7. ed into in 7. ed into in 8. ed into in 9. ed in 10. ed in 10	K	147	determine what the Circuit Break is for. If it is not dedicated to a specific unit to supply power, will label and put to OFF position before September 1, 2016. 13. At 10:30 am, a corridor electrical panel EM logated near the Dining Room had Circuit Breaker Switch that was on the ON position but was not labelled for anything. Between circuit breaker switches 21 and 23, there was an approximately 1/8 inch gap. The maintenance Supervisor or qualified designee will determine what this Switch is specifically for and will label appropriately. If a powering any specific unit will to to OFF position and label appropriately, the Maintenance Supervisor corrected the 1/8 inc gap by adjusting the switch position and ensuring that no gal is present between circuit breake switches 21 and 23. 14. In Room 43 a cellphone charger was plugged into a white extension cord near Bed A. The extension cord near Bed A. The extension cord near Bed A was unplugged and removed by the Maintenance Supervisor. 15. A suspended power strip/surge protector was suspended off the floor in the Business Office. The Maintenance person relocated the power strip and was laid flat an on the floor. 16. In Room 22, Bed 8 and oxygen concentrator was plugged into the overhead light outlet. The Maintenance Supervisor and Charge Nurse plugged the concentrator to the correct wall	s 5 control of the co	
	Nurse Station 1 ar	i electrical panel locate nd 2 had circuit breakel on position but was no	switch					

-4-5	A	AND BEOMBERIONS		(Ver) and II billion of	ACHIOTOMATICAL	- T	E OUTUS	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/C IDENTIFICATION NUMBER		(X2) MULTIPLE CONSTRUCTION A, BUILDING 01			(X3) DATE SURVEY COMPLETED	
		055475		B. WING		08/	03/2016	
	PROVIDER OR SUPPLIER EST POSTACUTE CA	RE		812	REET ADDRESS, CITY, STATE, ZIP GODE 2 WEST MAIN STREET IRLOCK, CA 95380			
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K 147	the floor in the Med 11, At 10:01 a.m., a black extension co 12. At 10:11 a.m., a Kitchen had circuit the on position but 13. At 10:13 a.m., a located near the Di switch 5 that was in labeled for anything switches 21 and 23 1/8 inch gap.	power strip was susper dical Record Office. a clock was plugged into rd near Bed B in Room electrical panel A locate breaker switch 3 that w was not labeled for any a corridor electrical pand ining Room had circuit to in the on position but wat g. Between circuit breat 3, there was an approxim	o a 14. d in the as in thing. el EM oreaker s not ker mately	K 147	 In Room 17, Bod A a radio plugged into a white extension cord connected to an overhilight outlet. The Maintenance Supervisor and Social Service removed the white extension and explained to resident a family that white extension are not compliant with State requirements. In the Fax/Copier Room there approximately 1/4 inch gap between Circuit Breaker Swit 24 and 26. The Maintenance Supervisor fixed the gap betwee 2 cited switches. In the Business Office Telaphon Equipment Room a power strip suspended off the floor. The Maintenance person relocated power strip and laid it flat on floor. 	ion coad coad cord nd cords safety is an ches ween		
	plugged into a white Room 43. 15. At 10:15 a.m., off the floor in the land of the floor in the	a cell phone charger was extension cord near Ea power strip was suspendingly an oxygen concentrator rhead light outlet near Ea radio was plugged interest that was connected the rear Bed A in Room	Bed Ain ended was Bed Bin as Bed Bin		How the facility will identify oth residents having the potentibe affected by the same delipractice and what corrective actions will be taken. 1. The Maintenance Supervisor Qualified Designee conducte 100% visual check of all the in the facility to ensure that are no existing gaps in the electrical panels and betwee arcuit breaker switches. 2. The Maintenance Supervisor Qualified Designee impleme 100% visual check of all roows of extension cords and not seem to the same and the same arcuit breaker switches.	al to icient and d a rooms there and and ms for		

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/GLIA (DENTIFICATION NUMBER:		1 ' '	(X2) MULTIFLE CONSTRUCTION A. BUILDING 01			
		. 055475	B. WING		08/03/2016	
MAIN WE	PROVIDER OR SUPPLIE	ARE	81 Tt	REET ADDRESS, CITY, STATE, ZIP CODE 2 WEST MAIN STREET JRLOCK, CA 95380 PROVIDER'S PLAN OF CORREC		
(X4) ID PREFIX TAG	(EAÇH DEFICIEN	STATEMENT OF DEFICIENCIES ICY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE COMPLETIO	
K 154 SS=C	inch gap between 26. 20. At 10:45 a.m off the floor with Business Office NFPA 101 LIFE 3. Where a require out of service for period, the authorated by the system has been This STANDARD Based on record failed to provide if the automatic service for four of that the authority be notified. This documentation, smoke compartribeing unable to a sprinkler system 1. At 12:00 p.m an approved fire system did not in system did not in simple control of the contr	n circuit breaker switches 24 and a power strip was suspended items plugged into it, in the Telephone Equipment Room. SAFETY CODE STANDARD automatic sprinkler system is more than 4 hours in a 24-hour brity having jurisdiction is notified is evacuated or an approved fire provided for all parties left a returned to service, 9.7.8.1 is not met as evidenced by: a written protocol to ensure that sprinkler system was out of or more hours in a 24 hour period having jurisdiction (AHJ) would was evidenced by incomplete. This affected seven of seven ments and could result in the AH, exercise oversight in the event or shut down.	K 154	additional noncompliance were found. 3. The Maintenance Supervisor an Qualified Designee conducted 100% visual check of suspende power strips and no additional noncompliance were found. 4. The Maintenance Supervisor an Qualified Designee conducted 100% visual check of all rooms any noncompliant plug ins of C concentrators and nebulizer equipments. There were no additional non compliant plug to overhead light autiets. What measures will be put into plug to overhead light autiets. What measures will be put into plug to averhead light autiets. What measures will be put into plug to overhead light outlets. In Service Nurses and CN and staff to notify Maintenance Supervisor of official Designee via the Maintenance Daily Log of any use of extension cord the facility. Educate them it is not in compliance with safety requirements. 2. Monthly visual checks of a electrical panels and Crown breaker switches and ensithed there is no significant gaps in the panel and the circuit breaker switches. Document/ log in the Monelectrical Panel and Circuit breaker switches. Document/ log in the Monelectrical Panel and Circuit Breaker Log. 3. Monthly 100% visual check or all rooms and ensure	d condition of the cond	
		e California Department of Public	;		that	

P 54/58

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUM		(X2) MULTIPL A. BUILDING (E CONSTRUCTION 01		E SURVEY IPLETED
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NAME OF PROVIDER OR SUPPLIES MAIN WEST POSTACUTE CA			a	TREET ADDRESS, CITY, STATE, ZIP CODE 12 WEST MAIN STREET URLOCK, CA 95380		
PREFIX (EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY F LSC IDENTIFYING INFORMAT	FULL TION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
service for four or Upon interview, M findings. NFPA 101 LIFE S. SS=C Where a required service for more the authority havin building is evacual provided for all pashutdown until the returned to service. This STANDARD Based on record failed to provide a if the fire alarm syor more hours in authority having junctified. This was documentation. Is smoke compartmed being unable to a fire alarm system fire watch. During record revidence of the maintenance Starts system fire watch. 1. At 12:00 p.m., an approved fire did not include guard california Depart the fire alarm system more hours in more hours in more hours in the fire alarm system for alar	the sprinkler system was more hours in a 24 ho laintenance Staff confir AFETY CODE STAND fire alarm system is outlean 4 hours in a 24-hours jurisdiction is notified atted or an approved fire alarm system has e. 9.6.1.8 is not met as evidence a written protocol to ensystem was out of service a 24 hour period that the urisdiction (AHJ) would be evidenced by incomposition of services affected seven of sents and could result in exercise oversight in the	ur period. med the ARD It of ur period, d, and the watch is y the been ed by: he facility ure that e for four e be even the AHJ event of arm vided for system ion of the CDPH) if for four	K 154	use. Document Findit Monthly Log for Non use of extension core 4. Monthly 100% visual use of power strips of ensure that there are suspended power strips that they are flat on or secured to a stab location. Document of noncompliance or fin the Monthly Mainten How the facility plans to man performance to make su solutions are sustained. The Maintenance Supervisor or qualified designees will their inspection and their and action plan to ensure compliance to the facility. Assessment and Assurance committee on a quarterly Include dates when corrective will be completed. 9/01/2016	al check of and e no rips and in the floor old in the flo	

		AND HUMAN SERVIC			,	FORM A	PPROVED
		& MEDICAID SERVIC	 				0938-0391
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/G IDENTIFICATION NUMBER	(X2) MUI A. BUILE		ECONSTRUCTION 11	(X3) DATE SURVEY COMPLETED	
		055475	B. WING	i		08/0	3/2016
NAME OF F	ROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	 	ST	REET ADDRESS, CITY, STATE, ZIP CODE		
MAIN WEST POSTACUTE CARE				i	2 WEST MAIN STREET URLOCK, CA 95380		
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K 155	Continued From pa findings.	nge 33	К	155	K154 (SS=C)		
					How correction (s) will be accomplished for those residents found to have been affected by the deficient practice. 1. The documentation for the Fire Watch for the Automatic Sprinkler system did not include the guidance for the Notification of the California Department of Public Health if the Sprinkler system was out for four hours or more in a 24 hour period. The Manual will be updated to include the Guidance for CDPH notification. Update will be made before September 1, 2016. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective actions will be taken. 1. All Facility Fire and Disaster Manuals in Nurses Stations and Administrator Office will be updated with the guidance for Notification of the CDPH if the Sprinkler system was out for four hours or more in a 24 hour period.		
	,				Update of the Manual will be made before September 1, 2016.		

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/GI IDENTIFICATION NUMBE	o, lìi	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
		055475	B. W	ING		08/03/2016	
	PROVIDER OR SUPPLIER	RE		8	TREET ADDRESS, CITY, STATE, ZIP CODE 112 WEST MAIN STREET 'URLOCK, CA 95380		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FUL SC IDENTIFYING INFORMATIO		ID REFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DIBE COMPLÉT	TION
K 155	Continued From pa	age 33		K 155	What measures will be put into plater or what systemic changes the facility will make to ensure the the deficient practice does not recur. 3. Annual review of Fire and Disc Manual to ensure that all Politinformation and guidance are compliance. How the facility plans to monitor if performance to make sure the solutions are sustained. The Administrator or qualified designation of their findings and action planensure compliance to the facility Quality Assessment and Assure (QAA) committee on a quarter basis.	at ster ey in ts tr to ty to ty snee	
					Include dates when corrective acti will be completed.	on	
					9/01/2016		
					CALIFORNIA DEPARTMEN LICENSING & CERTIFI	f	
					SEL 17	2016	
					LIFE SAFETY (SAN BERN		
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P 57/58

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/ IDENTIFICATION NUMB		V. BRITTING (XS) WRITHER	(X3) DATE SURVIEY COMPLETED	
	055475		B. WING	and the same of th	08/03/2016
NAME OF PROVIDER OR SUPPLIER MAIN WEST POSTACUTE CA	RE		8*	TREET ADDRESS, CITY, STATE, ZIP CODE 12 WEST MAIN STREET URLOCK, CA 95380	3370072010
PREFIX (EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FI SC IDENTIFYING INFORMATI		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE COMPLETION
K 155 Continued From pa	age 33		K 155	K155 (\$\$=C)	
				How correction (s) will be accomplished for those resi found to have been affected the deficient practice.	
				I. the documentation for I Watch for the Fire Alor Systmem did not include guidance for the Notific of the California Depart of Public Health if the I Alarm system was out four hours or more in a hour period. The Manual be updated to include the Guidance for CDPH notification. Update with made before September 2016.	on the cation tracent ire cor 224 - 24 bho
				How the facility will identify off residents having the potent be affected by the same do practice and what corructive actions will be taken.	ial to ficient
	CALIFORNIA DEPARTMENT LICENSING & CERTIFIC SERVICE LIFE SAFETY (2916 ODE UNI	ROGRAM	2. All Facility Fire and Disaster Manuals in Nurses Stations a Administrator Office will be updated with the guidance of Notification of the CDPH if it Alarm system was out for for hours or more in a 24 hour pupdate of the Manual will be made before September 1, What measures will be put into	nd or ne Fire or eriod. e 2016.
	SAN BERN	AKDINU		or what systemic changes to facility will make to ensure the deficient practice does a recur. 2. Annual review of Fire a	he that tot
FORM CMS-2687(02-00) Previous Versions	(Obvolala	t ID: GUBW		Disaster Manual to ensu	

PRINTED: 08/10/2016 DEPARTMENT OF HEALTH AND HUMAN SERVICES FORM APPROVED CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 (X1) PROVIDER/SUPPLIER/dLIA (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION IDENTIFICATION NUMBER: COMPLETED A. BUILDING 01 055475 B. WING 08/03/2016 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 812 WEST MAIN STREET MAIN WEST POSTACUTE CARE TURLOCK, CA 95380 SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (XS) COMPLETION DATE Ю (X4) 1D (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE TAG TAG DEFICIENCY) K 155 l Continued From page 33 K 155 all Policy information and findings. guidance are in compliance. How the facility plans to monitor its performance to make sure that solutions are sustained. The Administrator or qualified designee will report their inspection and their findings and action plan to ensure compliance to the facility's Quality Assessment and Assurance (QAA) committee on a quarterly basis. Include dates when corrective action will be completed. 9/01/2016 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM SEC 1 7 2016 LIFE SAFETY CODE UNIT SAN BERNARDINO

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Event ID: GU8W21

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