

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

PRINTED: 12/31/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>056315</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/18/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>CYPRESS GARDENS CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9025 COLORADO AVENUE RIVERSIDE, CA 92503</b>		
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E 000	Initial Comments  The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities.  The facility is in substantial compliance with 42 CFR §483.73 for Long Term Care Facilities.  Representing the California Department of Public Health: 40597	E 000			
K 000	Census: 115 INITIAL COMMENTS  K3 BUILDING: 01 K6 PLAN APPROVAL: 11/1/1971 K7 SURVEY UNDER: 2012 EXISTING  STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED.  The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) §483.90(a)(b)(c)(j), National Fire Protection Association (NFPA) 101 - Life Safety Code, 2012 Edition, and NFPA 99 - Health Care Facilities Code, 2012 Edition.  Representing the California Department of Public Health: 40597  The facility is not in substantial compliance with	K 000			

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

TITLE

(X6) DATE

Electronically Signed

12/31/2018

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Approved 12/31/18 per Jose Gonzalez

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K 000	Continued From page 1 42 CFR §483.90 for Long Term Care Facilities.	K 000			
K 291 SS=D	<p>Census = 136</p> <p>Emergency Lighting CFR(s): NFPA 101</p> <p>Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9. 18.2.9.1, 19.2.9.1 This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to maintain the exit lights. This was evidenced by the failure to test the exit lights for 90 minutes annually. This could result in failure of the emergency lights to operate during a disaster. This affected four of four smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 7.8.2.2 Battery-operated electric lights and other types of portable lamps or lanterns shall not be used for primary illumination of means of egress. Battery-operated electric lights shall be permitted to be used as an emergency source to the extent permitted under Section 7.9. 7.9.1 General. 7.9.1.1* Emergency lighting facilities for means of egress shall be provided in accordance with Section 7.9 for the following: (1) Buildings or structures where required in Chapters 11 through 43 (2) Underground and limited access structures as addressed in Section 11.7 (3) High-rise buildings as required by other sections of this Code (4) Doors equipped with delayed-egress locks</p>	K 291	<p>This Plan of Correction constitutes Cypress Gardens Care Centers written credible allegation of compliance. Cypress Gardens Care Center (hereinafter CGCC) makes its best effort to operate in full compliance with both federal and state laws. Nothing included in this plan of correction is an admission otherwise. CGCC has submitted this plan of correction in order to comply with its regulatory obligation and does not waive any objections to the allegations contained herein. Please note that CGCC may contest the merits and/or from any deficiency findings alleged below and may take appropriate actions to appeal them.</p> <p>K 291</p> <p>It is the practice of CGCC to maintain exit lights.</p> <p>IMMEDIATE CORRECTIVE ACTION Under direction and supervision of the Administrator, the exit lights underwent</p>	1/18/19	

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K 291	Continued From page 2 (5) Stair shafts and vestibules of smokeproof enclosures, for which the following also apply: (a) The stair shaft and vestibule shall be permitted to include a standby generator that is installed for the smokeproof enclosure mechanical ventilation equipment. (b) The standby generator shall be permitted to be used for the stair shaft and vestibule emergency lighting power supply. (6) New access-controlled egress doors in accordance with 7.2.1.6.2  Finding:  During a document review and interview with the Maintenance Supervisor on 12/18/18, the records for the emergency exit lights were requested.  At 12:07 p.m., the facility did not provide the record for the annual emergency exit lights test. During an interview with the Maintenance Supervisor at 12:08 p.m., he did not test the lights annually for 90 minutes because he did not know it was required. He confirmed that the exit lights have a back up battery.	K 291	90-minute testing.  RESIDENTS AFFECTED No other residents were affected by the alleged deficient conduct.  CORRECTIVE ACTION The Director of Maintenance was in-serviced by the Administrator on annually testing the exit signs for 90-minutes.  MONITORING OF CORRECTIVE ACTION At the direction of the QAPI Committee, the Director of Maintenance will test the exit signs annually for 90-minutes.  The results of the test will be submitted to the QAPI Committee on an annual basis for further monitoring and/or action planning as needed.		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101  Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless: * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2 * cooking facilities open to the corridor in smoke	K 324		1/18/19	

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K 324	<p>Continued From page 3</p> <p>compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or</p> <p>* cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.</p> <p>Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.</p> <p>18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, document review, and interview, the facility failed to maintain their cooking equipment. This was evidenced by failure to provide the inspection and servicing documents at least annually for the cooking equipment. This could result in cooking equipment to malfunction and could cause a fire in the kitchen. This affected one of four smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.3.2.5 Cooking Facilities. 19.3.2.5.1 Cooking facilities shall be protected in accordance with 9.2.3, unless otherwise permitted by 19.3.2.5.2, 19.3.2.5.3, or 19.3.2.5.4.</p> <p>9.2.3 Commercial Cooking Equipment. Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless such</p>	K 324	<p>K 324</p> <p>It is the practice of CGCC to maintain its cooking equipment.</p> <p>IMMEDIATE CORRECTIVE ACTION Under direction and supervision of the Administrator, the inspection and servicing of the cooking equipment was completed as required on 12/21/2018.</p> <p>RESIDENTS AFFECTED No other residents were affected by the alleged deficient conduct.</p> <p>CORRECTIVE ACTION The facility will continue its practice of requesting and performing annual inspection and servicing of its cooking equipment as required.</p>		

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K 324	Continued From page 4 installations are approved existing installations, which shall be permitted to be continued in service.  NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2011 Edition  11.7.1 Inspection and servicing of the cooking equipment shall be made at least annually by properly trained and qualified persons.  11.7.2 Cooking equipment that collects grease below the surface, behind the equipment, or in cooking equipment flue gas exhaust, such as griddles or charbroilers, shall be inspected and, if found with grease accumulation, cleaned by a properly trained, qualified, and certified person acceptable to the authority having jurisdiction.  Findings:  During a tour of the facility, document review, and interview with the Maintenance Supervisor on 12/18/18, the cooking equipment was observed and inspection documents were requested.  At 4:18 p.m., the facility failed to provide the annual inspection and servicing documents for the cooking equipment. The kitchen was observed with 6 gas burner stove, two ovens, and one griddle. At 4:19 p.m., the Dietary Supervisor stated the inspection has been scheduled for the cooking equipment.	K 324	<b>MONITORING OF CORRECTIVE ACTION</b> At the direction of the QAPI Committee, the Director of Maintenance will verify the cooking equipment and inspected and serviced annually as required.  The results of the inspections will be provided to the QAPI Committee on an annual basis for further monitoring and/or action planning as needed.		
K 345 SS=D	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101  Fire Alarm System - Testing and Maintenance	K 345		1/18/19	

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K 345	<p>Continued From page 5</p> <p>A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available.</p> <p>9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on document review and interview, the facility failed to maintain the fire alarm systems. This was evidenced by the failure to inspect and test the fire alarm control panel batteries every six months. This could result in malfunction of the batteries to power the fire alarm control panel during an emergency. This affected four of four smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition</p> <p>9.6.1.3 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code, unless it is an approved existing installation, which shall be permitted to be continued in use.</p> <p>9.6.1.5* To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code.</p> <p>NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition</p> <p>14.4.5 Testing Frequency. Unless otherwise permitted by other sections of this Code, testing shall be performed in accordance with the</p>	K 345	<p>K 345</p> <p>It is the practice of CGCC to maintain the fire alarm systems.</p> <p><b>IIIMMEDIATE CORRECTIVE ACTION</b></p> <p>Under the direction and supervision of the Administrator, the Director of Maintenance inspected and tested the fire alarm control panel batteries.</p> <p><b>RESIDENTS AFFECTED</b></p> <p>No residents were affected by the alleged deficient conduct.</p> <p><b>CORRECTIVE ACTION</b></p> <p>The Administrator in-serviced the Director of Maintenance beginning 12/18/2018 on inspecting and testing fire alarm control panel batteries every six months.</p> <p><b>MONITORING OF CORRECTIVE ACTION</b></p> <p>At the direction of the QAPI Committee, the Director of Maintenance will perform the testing and inspection of fire alarm control panel batteries every six months.</p> <p>The results of these tests and inspections</p>		

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K 345	Continued From page 6 schedules in Table 14.4.5, or more often if required by the authority having jurisdiction.  Finding:  During document review and interview with the Maintenance Supervisor on 12/18/18, the records for the semi-annual fire alarm system inspection was requested.  At 12:41 p.m., the facility did not provide the record for the semi-annual testing of the batteries connected to the fire alarm control panel. During an interview with the Maintenance Supervisor at 12:42 p.m., he did not know this was required.	K 345	will be presented to the QAPI Committee on a minimum quarterly basis for further monitoring and/or action planning as needed.		
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____  Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced	K 353		1/18/19	

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K 353	<p>Continued From page 7</p> <p>by: Based on observation and interview, the facility failed to maintain the sprinkler system free of physical damage. This was evidenced by the failure to secure the cover on the Post Indicator Valve (PIV) due to missing hardware. This could result in malfunction of the valve cover during an emergency event. This affected four of four smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition 13.4.1 Inspection of Alarm Valves. Alarm vales shall be inspected as described in 13.4.1.1 and 13.4.1.2. 13.4.1.1* Alarm valves and stem risers check valves shall be externally inspected monthly and shall verify the following: (1) The gauges indicate normal supply water pressure is being maintained. (2) The valve is free of physical damage. (3) All valves are in the appropriate open or closed position. (4) The retarding chamber or alarm drains are not leaking.</p> <p>Finding:</p> <p>During a tour and interview with the Maintenance Supervisor on 12/18/18, the PIV was observed.</p>	K 353	<p>K 353</p> <p>It is the practice of CGCC to maintain the sprinkler system free of damage.</p> <p><b>IMMEDIATE CORRECTIVE ACTION</b> Under direction and supervision of the Administrator, the Director of Maintenance replaced the missing hex-nut screw.</p> <p><b>RESIDENTS AFFECTED</b> No residents were affected by the alleged deficient conduct.</p> <p><b>CORRECTIVE ACTION</b> The Administrator in-serviced the Director of Maintenance beginning 12/18/2018 on maintaining the sprinkler system free of physical damage.</p> <p><b>MONITORING OF CORRECTIVE ACTION</b> At the direction of the QAPI Committee, the Director of Maintenance will continue to complete the monthly inspection of the sprinkler system. The Administrator or his designee will verify the inspection was completed and the sprinkler system is free of physical damage.</p> <p>The results of these inspections will be presented to the QAPI Committee on a minimum quarterly basis for further monitoring and/or action planning as needed.</p>		



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K 353	Continued From page 8	K 353			
K 920 SS=D	<p>At 3 p.m., the cover on the PIV was not secured. It was missing one of the hex nut screws. At 3:01 p.m., the locking wrench was used to turn the PIV to a closed position. The valve cover was loose as the operating nut was turned. During an interview with the Maintenance Supervisor at 3:02 p.m., he stated the screw was not missing during his last monthly inspection.</p> <p>Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101</p> <p>Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by:</p>	K 920		1/18/19	

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K 920	<p>Continued From page 9</p> <p>Based on observation and interview, the facility failed to maintain the electrical equipment. This was evidenced by the use of a power tap in a resident care vicinity. This could result in an electrical fire. This affected one of four smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.5.1 Utilities. 19.5.1.1 Utilities shall comply with the provisions of Section 9.1.</p> <p>9.1.2 Electrical Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 70, National Electrical Code, 2011 Edition 400.8 Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following:</p> <p>(1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings, or floors (3) Where run through doorways, windows, or similar openings (4) Where attached to building surfaces Exception to (4): Flexible cord and cable shall be permitted to be attached to building surfaces in accordance with the provisions of 368.56(8) (5) Where concealed by walls, floors, or ceilings or located above suspended or dropped ceilings (6) Where installed in raceways, except as otherwise permitted in this Code (7) Where subject to physical damage 400.10 Pull at Joints and Terminals. Flexible cords and cables shall be connected to devices and to</p>	K 920	<p>K 920</p> <p>It is the practice of CGCC to maintain electrical equipment.</p> <p><b>IMMEDIATE CORRECTIVE ACTION</b> Under the direction and supervision of the Administrator, the Director of Maintenance removed the power tap.</p> <p><b>RESIDENTS AFFECTED</b> No other power strips were identified. Therefore, no other residents were affected by the alleged deficient conduct.</p> <p><b>CORRECTIVE ACTION</b> The Administrator in-serviced the Director of Maintenance beginning 12/18/2018 on unapproved power taps.</p> <p><b>MONITORING OF CORRECTIVE ACTION</b> At the direction of the QAPI Committee, the Director of Maintenance will conduct daily room rounds to verify unauthorized power taps are removed from facility premises.</p> <p>The results of these rounds will be reported to the QAPI Committee on a minimum quarterly basis for further monitoring and/or action planning as needed.</p>		

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

PRINTED: 12/31/2018  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>056315</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>12/18/2018</b>
NAME OF PROVIDER OR SUPPLIER  <b>CYPRESS GARDENS CARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>9025 COLORADO AVENUE RIVERSIDE, CA 92503</b>		
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K 920	<p>Continued From page 10</p> <p>fittings so that tension is not transmitted to joints or terminals.</p> <p>Exception: Listed portable single-pole devices that are intended to accommodate such tension at their terminals shall be permitted to be used with single-conductor flexible cable.</p> <p>Finding:</p> <p>During a tour and interview with the Maintenance Supervisor on 12/18/18, the electrical equipment was observed.</p> <p>At 3:31 p.m., a personal computer was connected to a power tap in Room 36 bed A. The power tap was not compliant. At 3:32 p.m., Maintenance immediately disconnected the power tap from the wall receptacle.</p>	K 920			