PRINTED: 07/10/2019 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02		1 ' '	(X3) DATE SURVEY COMPLETED	
055935		B. WING		06	/24/2019		
NAME OF PROVIDER OR SUPPLIER CERES POSTACUTE CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 1711 RICHLAND AVENUE CERES, CA 95307	·		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PREFIX (EACH CORRECTIVE ACTION SHOULD		(X5) COMPLETION DATE	
E 000	Initial Comments		E 0	00			
K 000	Initial Comments Surveyor: 40596 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. Representing the California Department of Public Health: 40596 The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities. Census: 41 INITIAL COMMENTS Surveyor: 40596 K3 BUILDING: 02 K6 PLAN APPROVAL: 1977 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (000), 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.		ΚO	00			
ABORATORY		ifornia Department of Public SUPPLIER REPRESENTATIVE'S SIGNATURE		TITLE		(X6) DATE	

Electronically Signed 07/09/2019

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.

7/10/19 Accepted by Janine Smith-Farmer

Facility ID: CA030000066

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K 000	42 CFR 483.90 for Lo	e 1 ubstantial compliance with ong Term Care Facilities.	К	000			
K 741 SS=D	Census: 41 Smoking Regulations CFR(s): NFPA 101 Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4		K	741			7/9/19
	This REQUIREMENT	is not met as evidenced					

PREFIX TAG (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING	LE CONSTRUCTION		E SURVEY PLETED
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NFPA 101 Life Safety Code, 2012 Edition 19.7.4 Smoking. Smoking regulations shall be adopted and shall include not less than the following provions: (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. Findings: During a tour of the facility and interview with staff on 6/24/19, the facility's designated smoking area was observed. 1. At 12:45 p.m., the Designated Smoking Area in the Patio was observed. One red smoking receptacle was observed with a mixture of cigarette butts, ash, paper, plastic, and mixed combustibles. Upon interview, Staff 2 confirmed the finding and stated that the container should not be used for both cigarettes and trash. any objections to the merits or form any allegations contained herein. Please note that the Facility may contest the merit and/or form any deficiency findings allegations contained herein. Please note that the Facility may contest the merit and/or form any deficiency findings allegations or diamined herein. Please note that the Facility and contest the merit and/or form any deficiency findings allegations or deficiency findings allegations or design and with the Facility is submitting this plan of correction as required by law as its written credibe allegation of compliance for alleged deficiencies. Tag 0741-NFPA 101 Smoking Regulations (LSC 2012 Health Existing) How corrections will be accomplished for those residents found to have been affected by the deficient practice. On 6/24/2019, the Maintenance Supervisor immediately removed the Red can smoking receptacle and replaced with a goose neck type smoking receptacle for cigarette butts. The goose neck type smoking receptacle has a smaller opening and will deter the throwing of mixed combustibles into the receptacle.	K 741	by: Surveyor: 40596 Based on observa failed to maintain to This was evidence mixed combustible smoke compartme increased risk of a NFPA 101 Life Saft 19.7.4 Smoking. Sadopted and shall following provions (5) Ashtrays of not design shall be prosmoking is permitt (6) Metal containe devices into which be readily availabl permitted. Findings: During a tour of the on 6/24/19, the fact was observed. 1. At 12:45 p.m., to the Patio was observed. 1. At 12:45 p.m., to the Patio was observed.	tion and interview, the facility the designated smoking area. Ed by a smoking receptacle with es. This affected two of two ents and could result in the fire. Tety Code, 2012 Edition Temoking regulations shall be include not less than the include not less than the incombustible material and safe evided in all areas where ed. The with self-closing cover ashtrays can be emptied shall e to all areas where smoking is The facility and interview with staff cility's designated smoking area The Designated Smoking Area in the eved. One red smoking served with a mixture of the paper, plastic, and mixed on interview, Staff 2 confirmed atted that the container should	K 74	Ceres Post Acute Care-SNF is best effort to operate in substate compliance with both Federal Law. Nothing is this plan of coan admission otherwise. The facility has submitted this correction in order to comply viregulatory obligation and does any objections to the merits on allegations contained herein. If that the Facility may contest the and/or form any deficiency find alleged below and may take resteps to appeal them. The facility is submitting this procorrection as required by law a credible allegation of compliant alleged deficiencies. Tag 0741-NFPA 101 Smoking (LSC 2012 Health Existing) How corrections will be accompliant those residents found to have affected by the deficient praction of the compliant alleged deficients found to have affected by the deficient praction of the compliant alleged deficients found to have affected by the deficient practical consistency immediately remove a goose neck type smoking receptacle and read goose neck type smoking receptacle has a small and will deter the throwing of the combustibles into the receptace.	antial and State arrection is plan of with its a not waive a form any Please note the merit dings the assonable are for the plan of the assonable are for the plan of the plan	

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K 741	Continued From page	÷ 3	K	741	deficient practice. No other residents will have the potentit to be affected by this deficient practice the Red Smoking Receptacle was immediately removed and replaced witt goose neck type smoking receptacle by the Maintenance Supervisor on 6.24.2019. What measures will be put into place of what systemic changes the facility will make to ensure that deficient practice does not recur? Effective July 09, 2019, the facility will implement the use of a Smoking Area is checklist for the smoking receptacle. The Housekeepers or Qualified Designee with implement the log daily. The purpose of the log is to record the checking of the smoking receptacle for mixed combustibles. If there are mixed combustibles the housekeeper will immediately dispose of the contents with mixed combustibles. Beginning July 09, 2019, the Administrated uring his weekly environmental rounds will include the check of the Smoking Receptacle Logs and will physically checked the goose neck type smoking receptacle during the weekly environmental round. Beginning July 09, 2019, the Social Service Designee will talk to the Smoking Receptacle Logs not the goose neck type smoking receptacle and will educate them on not throwing combustibles in the goose neck type	as h a y r og heill f th ator s eck le s.		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 02			(X3) DATE SURVEY COMPLETED	
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K 741	Continued From page	3.4	K	741	smoking receptacle. Beginning July 09, 2019, all new Admissions who are smokers will be educated on the safety issues pertaining to throwing mixed combustibles into the goose neck type smoking receptacle. Effective July 9, 2019, the Safety Committee headed by the Administrato will review the logs during the monthly meetings and ensure that compliance is strictly adhered to. How the facility plans to monitor that solutions are sustained. The Quality Assurance and Performance Improvement Committee will review and monitor the effectiveness of this plan of correction at least quarterly through December 31, 2019. Final Completion Date for this plan of correction is July 09, 2019.	e or s ce id		