

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

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055935	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 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	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 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.	E 000			
K 000	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. Representing the California Department of Public	K 000			

LABORATORY DIRECTOR'S OR PROVIDER/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

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K 000	Continued From page 1 Health: 40596 The facility is not in substantial compliance with 42 CFR 483.90 for Long Term Care Facilities.	K 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 This REQUIREMENT is not met as evidenced	K 741		7/9/19	

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K 741	<p>Continued From page 2</p> <p>by: Surveyor: 40596</p> <p>Based on observation and interview, the facility failed to maintain the designated smoking area. This was evidenced by a smoking receptacle with mixed combustibles. This affected two of two smoke compartments and could result in the increased risk of a fire.</p> <p>NFPA 101 Life Safety Code, 2012 Edition</p> <p>19.7.4 Smoking. Smoking regulations shall be adopted and shall include not less than the following provisions:</p> <p>(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(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.</p> <p>Findings:</p> <p>During a tour of the facility and interview with staff on 6/24/19, the facility's designated smoking area was observed.</p> <p>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.</p>	K 741	<p>Ceres Post Acute Care-SNF makes its best effort to operate in substantial compliance with both Federal and State Law. Nothing in this plan of correction is an admission otherwise.</p> <p>The facility has submitted this plan of correction in order to comply with its regulatory obligation and does not waive 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 alleged below and may take reasonable steps to appeal them.</p> <p>The facility is submitting this plan of correction as required by law as its written credible allegation of compliance for alleged deficiencies.</p> <p>Tag 0741-NFPA 101 Smoking Regulations (LSC 2012 Health Existing)</p> <p>How corrections will be accomplished for those residents found to have been affected by the deficient practice.</p> <p>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.</p> <p>How the facility will identify other residents having the potential to be affected by this</p>		

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K 741	Continued From page 3	K 741	<p>deficient practice.</p> <p>No other residents will have the potential to be affected by this deficient practice as the Red Smoking Receptacle was immediately removed and replaced with a goose neck type smoking receptacle by the Maintenance Supervisor on 6.24.2019.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that deficient practice does not recur?</p> <p>Effective July 09 , 2019, the facility will implement the use of a Smoking Area log checklist for the smoking receptacle. The Housekeepers or Qualified Designee will 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.</p> <p>Beginning July 09, 2019, the Administrator during his weekly environmental rounds will include the check of the Smoking Receptacle Logs and will physically check the goose neck type smoking receptacle during the weekly environmental rounds.</p> <p>Beginning July 09, 2019, the Social Service Designee will talk to the Smokers and will educate them on not throwing combustibles in the goose neck type</p>		

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K 741	Continued From page 4	K 741	<p>smoking receptacle.</p> <p>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.</p> <p>Effective July 9, 2019, the Safety Committee headed by the Administrator will review the logs during the monthly meetings and ensure that compliance is strictly adhered to.</p> <p>How the facility plans to monitor that solutions are sustained.</p> <p>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.</p> <p>Final Completion Date for this plan of correction is July 09, 2019.</p>		