STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555004	A. BUILDING _____ B. WING _____	03/23/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PLAYA DEL REY CENTER	7716 MANCHESTER AVENUE PLAYA DEL REY, CA 90293

(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 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: Surveyor number#: 06646, REHS, Life Safety Code Specialist The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities Licensed: 99 beds Census:: 87 residents No deficiencies were cited during this survey	E 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Karen Marcy Pham - Administrator | 04/01/2022

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.

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	555004	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/23/2022

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K 000	INITIAL COMMENTS This facility was surveyed under 42 CFR Part 483.70(a), Life Safety Code NFPA 101, 2000 Edition, Chapter 19 Existing Health Care Occupancies and other applicable codes. The Following reflects the findings of the Department of Public Health during the Life Safety Code Survey. Representing the Department of Public Health: Surveyor number#: 06646, HFE I, Life Safety Code Specialist Licensed = 99 Beds Census = 87 Highest Severity and Scope = E	K 000	Preparation, submission, and /or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared, submitted and/or executed solely because it is required by the provision of Federal and State law.	
K 353 SS=E	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	K 353	K353 Sprinkler System - Maintenance and Testing CFR(s):NFPA 101 Corrective Action 1. Sprinkler head located in the clean linen closet was replaced on 4/4/22 by GNA - Brook Fire Protection Inc. Exhibit 1 2. Sprinkler head in the hallway near room 21 was dusted off by maintenance supervisor on 3/24/22. Exhibit 2 3. Sprinkler head in the hallway outside room 18 was dusted off by maintenance supervisor on 3/24/22. Exhibit 3 4. The penetration by the sprinkler located outside of the building was patched by maintenance supervisor on 4/8/22. Exhibit 4	4/11/22

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Karen Marcy Pham - Administrator		04/11/22

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.

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K 353	Continued From page 1 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 by: 2-2.1.1 Sprinklers shall be inspected from the floor level annually. Sprinklers shall be free or corrosion, foreign materials, paint and physical damage and shall be installed in proper orientation (e.g., upright, pendant, or sidewall.) Any sprinkler shall be replaced that is painted corroded, damage, loaded, or the improper orientation. Based on observation and interview the facility failed to maintain sprinkler heads free of dust and debris. In the event of fire, the activation and effective operation of the automatic sprinkler system may occur if all valves/sprinkler heads are free of dust and debris. Findings: On March 23, 2022, from 2:23 p.m. to 3:30 p.m., the evaluator , the maintenance supervisor and the maintenance workers conducted a Life safety Code (SC) tour of the facility. The following observations were made. 1. At 2:28 pm the sprinkler head in the clean linen closet was green in color. 2. At 2:29 pm the sprinkler head in the hallway near room 21, had an accumulation of dust and debris. 3. At 2:35 pm the sprinkler in the hallway outside of room 18 had an accumulation of dust and	K 353	How to Identify Others at Risk Maintenance Supervisor and Administrator conducted facility rounds on 4/4/22. Other identified areas with penetration by the sprinkler head was patched on 4/8/22. Measures in Place Maintenance supervisor will visually inspect the sprinkler heads throughout the facility monthly to check for accumulation of dust and debris. Any identified sprinkler heads will be dusted off immediately. Any corroded or damaged sprinkler heads identified will be referred to GNA - Brook Fire Protection, Inc. for service and replacement. GNA will continue to inspect facility sprinkler system quarterly and annually. Monitoring Process Maintenance Supervisor will report monthly to the QA Committee any findings or trends for evaluation and recommentation times 3 months. If it is determined by the QA Committee that the facility has accomplished the objevtive in the Plan of Correction, the QA Committee will consider the matter resolved. Completion date: 4/11/22	

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K 353	Continued From page 2 debris. 4. At 2:41 pm there was a 1/8 penteration around the sprinkler located outside on the north east corner of the building. During an interview at the time of the observation, the maintenance supervisor stated he was unaware of the problem with the sprinkler heads. This deficiencies affected 2 of 4 smoke compartments. On March 23, 2022 the above findings were acknowledge during the survey process and during the exit conference with the administrator and the maintenance supervisor.	K 353		
K 741 SS=D	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	K 741	K741 Smoking Regulations CFR(s): NFPA 101 Corrective Action A "No Smoking" sign was immediately posted on the emergency crash cart by the Maintenance Supervisor on 3/23/22. Exhibit 5 How to Identify Others at Risk Maintenance Supervisor and Administrator checked all other crash carts on 4/4/22, and noted that all the crash carts have a "No Smoking" sign posted. Other areas where oxygen is used and stored was checked, no other deficient findings was noted. Measures in Place Random rounds three times a week by Maintenance Supervisor /designee to	4/11/22

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	556004	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	03/23/2022

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K 741	Continued From page 3 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 by: Based on observation, interview and record review, the facility failed to post "No Smoking" signs in areas where oxygen is used or stored. Areas where oxygen tanks and oxygen equipment are used or stored without the proper signs could lead to accident hazards and/or fire emergencies. Findings: On March 23, 2022, between 2:23 p.m. to 3:30 p.m., the evaluator and the maintenance supervisor conducted a Life Safety Code (LSC) tour of the facility. During this LSC tour, the following were observed: During the LSC tour, at 2:12 p.m., there was an emergency crash cart with a liter of oxygen being stored on the cart (A medical device which provides liquid or pressurized oxygen to residents who need assistance breathing), which was not in use, on the cart however, there was not a "No Smoking" sign posted on the crash cart.. During an interview at 2:37 p.m., conducted with the administrator regarding the missing "No Smoking" signs outside and on the emergency crash cart, stated that "No Smoking" signs should	K 741	ensure that areas where oxygen are stored have a "No Smoking" sign posted. Administrator and Maintenance supervisor in-serviced staff on 4/7, 4/8, and 4/11/22 on the use of "No Smoking" sign on all areas where oxygen is in use or stored. Exhibit 6 Monitoring Process Maintenance Supervisor will report monthly to the QA Committee any findings or trends for evaluation and recommendation times 3 months. If it is determined by the QA committee that the facility has accomplished the objective in the Plan of Correction, the QA committee will consider the matter resolved. Completion date: 4/11/22	

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K 741	Continued From page 4 be posted at all areas where oxygen is stored or is being used. At the end of the interview, the adminstrator stated that a "No Smoking" sign would be posted. During a reiew of records at 3:30 p.m., a review of the facility's smoking policy and procedure indicated that there will be no smoking in any room where oxygen is used or stored and "No Smoking" signs will be posted in these areas. The deficient practice affected one of four smoke compartments. On Marceh 23, 2022, the above findings were acknowledged during the survey process and during the exit conference, with the administrator and the maintenance supervisor.	K 741		