

Approved 12/10/2021
by 43244

PRINTED: 11/24/2021
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555348	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - ROYAL OAKS CARE CENTER B. WING _____		(X3) DATE SURVEY COMPLETED 11/16/2021
NAME OF PROVIDER OR SUPPLIER GRANADA POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 3565 E IMPERIAL HWY LYNWOOD, CA 90262		
(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	
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 Represents the findings of the Department of Public Health Services during the Life Safety Code Survey. Representing the Department of Public Health Services: Surveyor ID Number: 43244, REHS, HFE 1 Licensed beds: 98 Resident Census: 81	K 000			
K 211 SS=E	Highest Severity and Scope = E Means of Egress - General CFR(s): NFPA 101 Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to ensure that the hallways remain clear of equipment stored on both sides of the hallways. In the event of a fire emergency, an emergency exit route is to be free from impediments, and	K 211	This plan of correction constitutes the facility's credible allegation of compliance for the deficiency noted. Granada Post Acute makes its best effort to operate in full compliance with both Federal and State law. Nothing included in this Plan of Correction is an admission otherwise Granada Post Acute 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.	11/23/21	

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

TITLE

(X6) DATE

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 211	Continued From page 1 allow occupants to safely evacuate the facility. All equipment should be stored on one side of the hallway to ensure the exit route is readily accessible. Findings: On November 16, 2021 between 10:00 a.m. and 1:00 p.m., the evaluator and the maintenance supervisor conducted a Life Safety Code (LSC) tour of the facility At 11:21 a.m., medical equipment and linen bins were observed being stored on both sides of the hallway near rooms 10 through 17. During a concurrent interview, the maintenance supervisor stated that he will correct the problem. The deficient practice affected one of two smoke compartments. On November 16, 2021, the above findings were acknowledged during the survey process and during the exit conference, with the administrator and the maintenance supervisor.	K 211	K211 For the residents identified Soiled linen carts near rooms 10 and 17 were moved immediately to the left side to ensure all hallways are maintained free of obstructions to ensure full use in case of emergency. For all residents Facility staff was inserviced on 11/17/21 regarding aisles, passageways, corridors, exit discharges, exit locations, and accessed are in accordance with Chapter 7, and means of egress is continuously maintained free of all obstructions to full use in case of emergency. In the event of a fire emergency, an emergency exit route is to be free from impediments and allow occupants to safely evacuate the facility. All equipment should be stored on one side of the hallway to ensure the exit route is readily accessible Measures to ensure compliance Maintenance Director, Administrator and Department managers will make daily rounds to ensure all hallways are free of all obstructions for full use in case of emergency and all equipment should be stored on one side of the hallway to ensure the exit route is readily accessible Monitoring of corrective action Maintenance Director/Administrator will report monthly to QAPI committee any negative findings of hallways not maintained free of all obstructions to ensure full use in case of emergency and that the exit route is readily accessible.	11/23/21	
K 351 SS=E	Sprinkler System - Installation CFR(s): NFPA 101 Sprinkler System - Installation 2012 EXISTING Nursing homes, and hospitals where required by construction type, are protected throughout by an approved automatic sprinkler system in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems. In Type I and II construction, alternative protection measures are permitted to be substituted for sprinkler protection in specific areas where state	K 351			

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K 351	<p>Continued From page 2</p> <p>or local regulations prohibit sprinklers. In hospitals, sprinklers are not required in clothes closets of patient sleeping rooms where the area of the closet does not exceed 6 square feet and sprinkler coverage covers the closet footprint as required by NFPA 13, Standard for Installation of Sprinkler Systems. 19.3.5.1, 19.3.5.2, 19.3.5.3, 19.3.5.4, 19.3.5.5, 19.4.2, 19.3.5.10, 9.7, 9.7.1.1(1) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to ensure and maintain an 18-inch clearance below the sprinkler deflectors at storage areas throughout the facility. Unobstructed areas below the sprinkler deflectors will ensure an effective response of the fire sprinklers to provide water discharge in a horizontal plane and will function as designed, in case of fire emergencies.</p> <p>Findings:</p> <p>On November 16, 2021 between 10:00 a.m. and 1:00 p.m., the evaluator and the maintenance supervisor conducted a Life Safety Code (LSC) tour of the facility. The following observations were made:</p> <ol style="list-style-type: none"> 1. At 11:12 a.m., approximately twenty-four gallons of water (four six-packs), stored eleven inches from the sprinkler deflector in the emergency water storage closet. 2. At 11:50 a.m., more than five boxes of holiday decorations and supplies were being stored fifteen inches from the sprinkler deflector in the activities storage office. 3. At 12:00 p.m., approximately five packages of paper goods stored twelve inches from the 	K 351	<p>K351</p> <p>For the residents identified</p> <p>All gallons of water, holiday decorations and dietary paper goods were moved to ensure and maintain 18 inch clearance below the sprinkler deflectors at storage areas throughout the facility.</p> <p>For all residents Maintenance, Dietary and Activity Directors were all inserviced on 11/16/2021 that all items must be at least 18 inches below the sprinkler deflector. Unobstructed areas below the sprinkler deflectors will ensure an effective response of the fire sprinklers to provide water discharge in a horizontal plan and will function as designed, in case of emergency</p> <p>Measures to ensure compliance</p> <p>Maintenance Director and Administrator will make frequent rounds to ensure non items are stored within 18 inches from the sprinkler deflectors.</p> <p>Monitoring of corrective action</p> <p>Administrator will report monthly to Qapi meeting that all storage areas maintain 18 inch clearance of items throughout the facility.</p>	11/23/21

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K 351	<p>Continued From page 3</p> <p>sprinkler deflector in the dry food storage area of the kitchen.</p> <p>During the LSC tour, the maintenance supervisor was informed that all items shall be stored at least 18-inches the below fire sprinkler deflectors. The maintenance supervisor stated these items would be removed immediately.</p> <p>The deficient practice affected one of two smoke compartments.</p> <p>On November 16, 2021, the above findings were acknowledged during the survey process and during the exit conference, with the administrator and the maintenance supervisor.</p>	K 351			