STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055001	A. BUILDING **02** B. WING _____	**02/13/2024**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
REDLANDS HEALTHCARE CENTER	**1620 WEST FERN AVENUE** **REDLANDS, CA 92373**

(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: 49370 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: 49370 The facility is not in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities. Census = 74	E 000		
E 032 SS=D	Primary/Alternate Means for Communication CFR(s): 483.73(c)(3) §403.748(c)(3), §416.54(c)(3), §418.113(c)(3), §441.184(c)(3), §460.84(c)(3), §482.15(c)(3), §483.73(c)(3), §483.475(c)(3), §484.102(c)(3), §485.68(c)(3), §485.542(c)(3), §485.625(c)(3), §485.727(c)(3), §485.920(c)(3), §486.360(c)(3), §491.12(c)(3), §494.62(c)(3). [(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following: (3) Primary and alternate means for communicating with the following: (i) [Facility] staff.	E 032		3/12/24

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

Electronically Signed | 03/13/2024

3/19/24 POC approved by Brian Fenton, SSM-I

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E 032	Continued From page 1 (ii) Federal, State, tribal, regional, and local emergency management agencies. *[For ICF/IIDs at §483.475(c):] (3) Primary and alternate means for communicating with the ICF/IID's staff, Federal, State, tribal, regional, and local emergency management agencies. This REQUIREMENT is not met as evidenced by: Surveyor: 49370 Based on document review and interview, the facility failed to maintain the Emergency Preparedness Plan (EPP). This was evidenced by missing an alternate means of communication. This could result in the facility being unprepared during an emergency. This affected 74 of 74 residents. Findings: During a document review and interview with the Administrator on 2/13/24, the EPP was requested and reviewed. At 3:52 p.m., the policy and procedures indicated the facility had satellite phones as an alternate means of communication. Upon interview, the Administrator stated they do not have satellite phones.	E 032	E032 1.No patients were directly impacted by the practice. Facility purchased a satellite phone on 3/10/2024. 2.All patients have the potential to be directly affected. Administrator in-serviced Maintenance Director on 3/10/2024 regarding EPP as it relates to ensuring alternate communication is in place via satellite phone. 3.Maintenance Director in serviced environmental services staff on 3/11/2024 regarding EPP as it relates to ensuring alternate communication is in place via satellite phone. 4.Maintenance Director or designee will audit for presence of functioning satellite phone monthly. Facility will integrate plan of correction into the facility quarterly QA meeting for further recommendations. 5.Corrective action will be completed by 3/12/2024	
K 000	INITIAL COMMENTS	K 000		

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K 000	Continued From page 2 Surveyor: 49370 K3 BUILDING: 01 K6 PLAN APPROVAL: 1978 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED. Resident Certified Beds: 75 Resident Census: 74 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. The facility is not in substantial compliance with 42 CFR §483.90 for Long Term Care Facilities. Representing the California Department of Public Health: 49370	K 000		
K 211 SS=D	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	K 211		3/12/24

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K 211	Continued From page 3 by: Surveyor: 49370 Based on observation and interview, the facility failed to maintain the means of egress. This was evidenced by a medicine cart obstructing an office corridor door. This could result in a delay of evacuation. This affected 16 of 74 residents, and one of three smoke compartments. Findings: During tour of the facility and interview with the Nurse on 2/13/24, the paths of egress were observed. At 9:34 a.m., a medicine cart located in Nurse Station One was obstructing the door to the Activities/Social Services office. Upon interview, Nurse states the medicine care is usually stored there.	K 211	K211 1.No patients were directly impacted by the practice. Facility properly placed Med Cart 1 away from the activities/social services office. 2.All patients have the potential to be directly affected. Administrator in-serviced Maintenance Director Exits or Means of Egress policy on 3/10/2024. 3.Maintenance Director in serviced staff on 3/11/2024 regarding facility□s Exits or Means of Egress policy and proper storage of medication carts when not in use. 4.Maintenance Director Assistant will round weekly and keep a log of findings. Any findings in violation of current Exits or Means of Egress policy will be immediately corrected and reported to Maintenance Director. Maintenance will audit compliance monthly. Facility will integrate plan of correction into the facility quarterly QA meeting for further recommendations. 5.Corrective action will be completed by 3/12/2024	
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National	K 345		3/12/24

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K 345	Continued From page 4 Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Surveyor: 49370 Based on observation, document review and interview, the facility failed to maintain the fire alarm system. This is evidenced by and unlabeled circuit breaker, and missing fire alarm system inspection/testing records. This could result in a malfunction of the fire alarm system. This affected 74 of 74 residents, and three of three smoke compartments. NFPA 101- Life Safety Code, 2012 Edition 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with section 9.6 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. 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.' NFPA 72- National Fire Alarm and Signaling Code, 2010 Edition	K 345	E0345 1.No patients were directly impacted by the practice. Facility properly labeled fire alarm panel. 2.All patients have the potential to be directly affected. Administrator in-serviced Maintenance Director on 3/10/2024 regarding testing and maintenance fire alarm system as well as duct detectors. 3.Maintenance Director in serviced environmental services staff on 3/11/2024 regarding testing and maintenance fire alarm system as well as duct detectors. 4.Maintenance Director or designee will audit to ensure for the testing and maintenance of fire alarm system as well as duct detectors. Maintenance Director or designee will be responsible in ensuring documentation of testing is current and up to date. Facility administrator will audit for compliance monthly. Facility will integrate plan of correction into the facility quarterly QA meeting for further recommendations. 5.Corrective action will be completed by 3/12/2024	

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K 345	Continued From page 5 10.5.5.2 Circuit Identification and Accessibility. 10.5.5.2.1 The location of the dedicated branch circuit disconnecting means shall be permanently identified at the control unit. 10.5.5.2.2 For fire alarm systems the circuit disconnecting means shall be identified as "FIRE ALARM CIRCUIT." 10.5.5.2.3 For fire alarm systems the circuit disconnecting means shall have a red marking. 10.5.5.2.4 The circuit disconnecting means shall be accessible only to authorized personnel. 14.3 Inspection. 14.3.1 * Unless otherwise permitted by 14.3.2 visual inspections shall be performed in accordance with the schedules in Table 14.3.1 or more often if required by the authority having jurisdiction. Table 14.3.1 Subsection (9) Initiating Devices (b) Duct Detectors-Initial/Reacceptance, Semiannually 14.4.5 * Testing Frequency. Unless otherwise permitted by other sections of this Code, testing shall be performed in accordance with the schedules in Table 14.4.5, or more often if required by the authority having jurisdiction. Table 14.4.5 Subsection (6) Batteries--Fire Alarm Systems (d) Sealed lead-acid type (1) Charger Test (Replace Battery 5 years after manufacture or more frequently as needed.)-Initial/Reacceptance, Annually (2) Discharge Test (30 minutes)-Initial/Reacceptance, Annually	K 345		

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K 345	Continued From page 6 (3) Load Voltage Test- Initial/Reacceptance, Semiannually Subsection (15) (a) Duct Detectors- Initial/Reacceptance, Annually 14.6.2.1 Records shall be retained until the next test and for 1 year thereafter. 14.6.2.3 The records shall be on a medium that will survive the retention period. Paper or electronic media shall be permitted. 14.6.2.4 * A record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 14.6.2.4: (1) Date (2) Test frequency (3) Name of property (4) Address (5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number (6) Name, address, and representative of approving agency(ies) (7) Designation of the detector(s) tested (8) Functional test of detectors (9) * Functional test of required sequence of operations (10) Check of all smoke detectors (11) Loop resistance for all fixed-temperature, line-type heat detectors (12) Functional test of mass notification system control units (13) Functional test of signal transmission to mass notification systems	K 345		

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K 345	Continued From page 7 (14) Functional test of ability of mass notification system to silence fire alarm notification appliances (15) Tests of intelligibility of mass notification system speakers (16) Other tests as required by the equipment manufacturer's published instructions (17) Other tests as required by the authority having jurisdiction (18) Signatures of tester and approved authority representative (19) Disposition of problems identified during test (e.g., system owner notified, problem corrected/successfully retested, device abandoned in place) Findings: During observation, document review, and interview with the Maintenance Director (MD) on 2/13/24, the fire alarm system was observed, and inspection/testing records were requested and reviewed. 1. At 10:14 a.m., the control panel labeled E.A. located in the Maintenance Shop was missing the red labeling/identification for the Fire Alarm Control Panel. Upon interview, MD states he is unsure why it was not labeled in red. 2. At 2:37 p.m., the provided document titled "Smoke Detector Functionality and Manual Pull Station Report" failed to indicate the inspection/testing of the facilities duct detectors. Upon interview, MD states he barely took over this position. 3. At 2:43 p.m., the facility was missing one of two semiannual load voltage tests, the annual	K 345		

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K 345	Continued From page 8 charger and annual 30-minute discharge test for the Fire Alarm Control Panel (FACP) sealed lead acid batteries. Upon interview, the MD stated they barely completed the inspection, and have not received the report yet.	K 345		
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Surveyor: 49370 Based on observation and interview, the facility failed to maintain their portable fire extinguishers. This was evidenced by a fire extinguisher mounted over the height requirement and a fire extinguisher needing to be recharged. This could result in a delay in extinguishing a fire. This affected 18 of 74 residents, and two of three smoke compartments. NFPA 101 - Life Safety Code, 2012 Edition 19.3 Protection 19.3.5.12 Portable Fire Extinguishers shall be provided in all health care occupancies in accordance with 9.7.4.1. 9.7.4 Manual Extinguishing Equipment. 9.7.4.1 * Where required by the provisions of another section of this Code, portable fire extinguishers shall be selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.	K 355	K355 1.No patients were directly impacted by the practice. The fire extinguisher in the Maintenance Office was mounted to a proper height and the kitchen extinguisher replaced. 2.All patients have the ability to be directly impacted. Administrator in-serviced Maintenance Director on 3/10/2024 regarding fire extinguisher installation, inspection and maintenance. 3.Maintenance Director in serviced environmental services staff on 3/11/2024 regarding fire extinguisher installation, inspection and maintenance 4.Maintenance Director Assistant will conduct daily rounds to ensure all fire extinguishers are within installed within the appropriate height requirement range	3/12/24

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K 355	Continued From page 9 NFPA 10 - Standard for Portable Fire Extinguishers, 2010 Edition 6.1.3.8 Installation Height. 6.1.3.8.1 Fire extinguishers having a gross weight not exceeding 40 lb. (18.14 kg) shall be installed so that the top of the fire extinguisher is not more than 5 ft (1.53 m) above the floor. 7.4 Recharging. 7.4.1 * General. 7.4.1.1 All rechargeable-type fire extinguishers shall be recharged after any use or as indicated by an inspection or when maintenance is performed. 7.4.1.2 * When the recharging is performed, the recommendations of the manufacturer shall be followed. (For recharge chemicals, see 7.4.3.1.) 7.4.1.3 * The amount of recharge agent shall be verified by weighing. 7.4.1.3.1 The recharged gross weight shall be the same as the gross weight that is marked on the nameplate. 7.4.1.3.1.1 Weight scales used for the maintenance and recharge of fire extinguishers shall have the reading increments and the accuracy necessary to verify the charge weights required in the service manuals and on the nameplates. 7.4.1.3.2 For those fire extinguishers that do not have the gross weight marked on the nameplate or valve, a permanent label that indicates the gross weight shall be affixed to the cylinder. 7.4.1.3.3 The added label containing the gross weight shall	K 355	and are ready to be utilized. Maintenance Director Assistant will immediately address any improper findings and notify Maintenance Director. Maintenance Director will conduct weekly audits in order to ensure compliance is in place. Facility will integrate plan of correction into the facility quarterly QA meeting for further recommendations. 5.Corrective action will be completed by 3/12/2024	

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K 355	Continued From page 10 be a durable material of a pressure-sensitive, self-destruct type. (For stored-pressure water-type extinguishers, see 7.4.3.10.) 7.4.1.3.4 Pump tank water and pump tank calcium chloride-based antifreeze types shall not be required to have weight marked. 7.4.1.3.5 * After recharging, a leak test shall be performed on stored-pressure and self-expelling types of fire extinguishers. Findings: During a facility tour and interview with the Maintenance Director (MD) on 2/13/24, the portable fire extinguishers were observed. 1.At 10:11 a.m., the fire extinguisher in the Maintenance Office was mounted approximately five feet and three inches from the top of the fire extinguisher to the floor. Upon interview, MD stated the fire extinguishers were seen for maintenance recently. 2. At 10:39 a.m., the pressure guage for the ABC type fire extinguisher located in the kitchen indicated the extinguisher needed to be recharged. Upon interview, the MD stated they were seen for maintenance recently.	K 355		
K 711 SS=D	Evacuation and Relocation Plan CFR(s): NFPA 101 Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept	K 711		3/12/24

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K 711	Continued From page 11 informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This REQUIREMENT is not met as evidenced by: Surveyor: 49370 Based on observation, interview, the facility failed to ensure staff were trained in all components of their evacuation and relocation plan. This was evidenced by staff untrained in fire safety procedures. This could delay facility and fire department notification of a fire. This affected 32 of 74 residents, and one of three smoke compartments. Findings: During a survey tour and interview with the Maintenance Director (MD), and the Dietary Aide (DA) on 2/13/24, kitchen staff were interviewed.one At 10:41 a.m., the Dietary Aide was interviewed about the fire safety procedures during a kitchen fire. Upon interview, the Dietary Aide stated she would go and notify other staff of a stove fire in the kitchen upon interview.	K 711	K711 1.No patients were directly impacted by the practice. 2.All patients have the potential to be directly affected. Administrator in-serviced Maintenance Director on 3/10/2024 regarding evacuation in the event of an emergency plan/fire safety procedures. 3.Maintenance Director in serviced all staff on 3/11/2024 regarding the location of the written evacuation and relocation plan as well as the particulars of the evacuation and relocation plan. 4.Maintenance Director or designee will conduct weekly interview audits through asking five staff members various questions testing their knowledge as it relates to the facility evacuation and relocation plan, in the event of an emergency plan/ fire safety procedures. Facility Administrator will conduct a similar interview audit of five staff members monthly in order to ensure that the facility staff are knowledgeable of facility emergency plan/ fire safety procedures	

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K 711	Continued From page 12	K 711	and relocation plan. Facility will integrate plan of correction into the facility quarterly QA meeting for further recommendations. 5.Corrective action will be completed by 3/12/2024.	
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 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:	K 741		3/12/24

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	055001	A. BUILDING **02** B. WING _____	**02/13/2024**

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K 741	Continued From page 13 Surveyor: 49370 Based on observation and interview, the facility failed to maintain their designated smoking areas. This was evidenced by cigarette butts on the floor of the smoking area. This could result in a fire. This affected 38 of 74 residents, and one of three smoke compartments. Findings: During a survey tour and interview with the Maintenance Director (MD) on 2/13/24, the facility's designated smoking area was observed. At 8:44 a.m., approximately nine cigarette butts were under the bushes located next to the designated smoking area. Upon interview, the MD stated staff have told the residents and they do not listen. This is a repeat finding from the prior survey conducted on 6/15/22.	K 741	K741 1.No patients were directly impacted by the practice. 2.All patients have the potential to be directly affected. Administrator in-serviced Maintenance Director on 3/10/2024 regarding smoking regulations. 3.Maintenance Director in serviced all staff on 3/11/2024 regarding smoking regulations. Smoking residents were informed by social services on the facilities designated smoking area and designated smoking times. Additional non-smoking postage were placed in the areas identified with smoking buds. 4.Maintenance Director Assistant will conduct four rounds daily at strategically different times in order to ensure that the facility□s smoking are is the only area in use and that it is kept clean/void of cigarette butts. Any observed practice that deviates from current policy in place will be promptly corrected and reported to Facility Maintenance Director. Facility Maintenance Director will conduct weekly rounds in order to ensure compliance is in place. Facility will integrate plan of correction into the facility quarterly QA meeting for further recommendations. 5.Corrective action will be completed by 3/12/2024	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101	K 918		3/12/24

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K 918	Continued From page 14 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Surveyor: 49370 Based on document review and interview, the	K 918	K918	

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K 918	Continued From page 15 facility failed to maintain the Emergency Power Supply System (EPSS). This was evidenced by missing weekly visual inspections of the emergency generator. This could result in a malfunction of the emergency generator. This affected 74 of 74 residents, and three of three smoke compartments.. NFPA 101 Life Safety Code, 2012 edition 19.5.1.1 Utilities shall comply with the provisions of section 9.1 9.1.3.1 Emergency Generators and standby power systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110 Standard for Emergency and Standby Power Systems, 2010 edition. 8.3.3 A written schedule for routine maintenance and operational testing of the EPSS shall be established. 8.3.4 A permanent record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained and readily available. 8.3.4.1 The permanent record shall include the following: (1) The date of the maintenance report (2) Identification of the servicing personnel (3) Notation of any unsatisfactory condition and the corrective action taken, including parts replaced (4) Testing of any repair for the time as recommended by the manufacturer 8.3.7 Storage batteries, including electrolyte	K 918	1.No patients were directly impacted by the practice. 2.All patients have the potential to be directly affected. Administrator in-serviced Maintenance Director on 3/10/2024 regarding weekly documentation as it relates to inspection/testing generator. 3.Maintenance Director in serviced environmental services staff on 3/11/2024 regarding weekly documentation as it relates to inspection/testing generator as well as emergency generator batteries. 4.Maintenance Director Assistant will conduct weekly visual inspections of generator and ensure weekly documentation of generator is in place. Maintenance Director will conduct monthly audit in order to ensure compliance is in place. Findings that deviate from current policy in place will promptly be corrected and Administrator will be notified. Facility will integrate plan of correction into the facility quarterly QA meeting for further recommendations. 5.Corrective action will be completed by 3/12/2024	

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K 918	Continued From page 16 levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. 8.3.7.1 Maintenance of lead-acid batteries shall include the monthly testing and recording of electrolyte specific gravity. Battery conductance testing shall be permitted in lieu of the testing of specific gravity when applicable or warranted. 8.4.1 EPSSs, including all appurtenant components, shall be inspected weekly and excercised under load at least monthly. 8.4.2.4 Spark-ignited generator sets shall be exercised at least once a month with the available EPSS loads for 30 minutes or until the water temperature and the oil pressure have stabilized. 8.4.3 The EPS test shall be initiated by simulating a power outage using the test switch(es) on the ATSs or by opening a normal breaker. Opening a normal breaker shall not be required. 8.4.4. Load tests of generator sets shall include complete cold starts. 8.4.6 Transfer switches shall be operated monthly 8.4.6.1 The monthly test of a transfer switch shall consist of electrically operating the transfer switch from the standard position to the alternate position and then a return to the standard position. 8.4.9* Level 1 EPSS shall be tested at least once within every 36 months. 8.4.9.5 The minimum load for this test shall be as specified in 8.4.9.5.1, 8.4.9.5.2, or 8.4.9.5.3. 8.4.9.6 The test required in 8.4.9 shall be permitted to be combined with one of the monthly tests required by 8.4.2 and one of the annual tests required by 8.4.2.3 as a single test.	K 918		

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K 918	Continued From page 17 8.4.9.7 Where the test required in 8.4.9 is combined with the annual load bank test, the first 3 hours shall be at not less than the minimum loading required by 8.4.9.5 and the remaining hour shall be at not less than 75 percent of the nameplate kW rating of the EPS. Findings: During a document review and interview with the Maintenance Director (MD) on 2/13/24, the inspection/testing documents for the emergency generator batteries were requested. At 2:36 p.m., the facility was missing weekly genertor visual inspections for March, April, May, June, July, August, September, October, November, and December of 2023. Upon Interview, the MD stated he is unaware of what was missing since the old maintenance inspected them monthly.	K 918		
K 920 SS=D	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 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) assembles 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	K 920		3/12/24

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K 920	Continued From page 18 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: Surveyor: 49370 Based on observation and interview, the facility failed to maintain their electrical equipment. This is evidenced by a surge protector plugged in and placed over a sink. This could result in an electrical fire or shock. This affected 18 of 74 residents, and one of three smoke compartments. NFPA 101- Life Safety Code, 2012 Edition 19.5 Building Services. 19.5.1 Utilities. 19.5.1.1 Utilities shall comply with the provisions of Section 9.1. 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. 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:	K 920	K920 1.No patients were directly impacted by the practice. Fridge placed at a location that meets current electrical code in place 3/10/2024. 2.All patients have the potential to be directly affected. Administrator in-serviced Maintenance Director on 3/10/2024 regarding NFPA 70 document as it relates to ensuring proper storage of electrical equipment. 3.Maintenance Director in serviced environmental services staff on 3/11/2024 regarding NFPA 70 document as it relates to ensuring proper storage of electrical equipment. 4.Maintenance Director or designee will conduct weekly audits in order to ensure that electrical equipment are properly stored and in agreement with the current electrical code in place. Findings that deviate from the current electrical code standards will be immediately addressed	

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K 920	Continued From page 19 (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) Were 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(B) (5) Were 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 Findings: During a survey tour and interview with the Maintenance Director (MD) on 2/13/24, the electrical equipment was observed. At 9:30 a.m., one black mini refrigerator was plugged in to a power strip in the Medicine Room located in Nurses Station 1. The power strip was plugged in to the receptacle next to the sink and directly placed over the sink and next to the faucet. Upon interview, the MD stated he did not know why the power strip was placed there, and does not usually enter the medicine room.	K 920	and reported to the Administrator. Facility will integrate plan of correction into the facility quarterly QA meeting for further recommendations. 5.Corrective action will be completed by 3/12/2024	