

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

PRINTED: 12/19/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055650	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/15/2016
NAME OF PROVIDER OR SUPPLIER HIGHLAND CARE CENTER OF REDLANDS			STREET ADDRESS, CITY, STATE, ZIP CODE 700 EAST HIGHLAND AVENUE REDLANDS, CA 92374		
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K 000	INITIAL COMMENTS Surveyor: 21101 K3 BUILDING: 01 K6 PLAN APPROVAL: 1971 K7 SURVEY UNDER: 2012 Existing STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V(111), 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 CFR (Code of Federal Regulations) 483.70 (a) 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 Health: 21101 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census = 78	K 000	Highland Care Center of Redlands submits this response and Plan of Correction as part of the requirements under state and federal law. The Plan of Correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or liability. The provider submits this Plan of Correction with the intention that is inadmissible by any third party to any civil or criminal action or proceeding against the provider or its employees, agents, officers, directors or share holders. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JAN - 4 - 17 LIFE SAFETY CODE UNIT SAN BERNARDINO		
K 291 SS=D	NFPA 101 Emergency Lighting Emergency Lighting Emergency lighting of at least 1-1/2-hour duration is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1 This STANDARD is not met as evidenced by: Surveyor: 21101 Based observation, the facility failed to maintain the emergency lighting as evidenced by the failure of an emergency light to provide continuous illumination during a 30 second test.	K 291	K291 Emergency lighting unit replacement ordered December 19, 2016, for Emergency light number 17. Entire unit will be replaced and tested as soon as it arrives.		

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.

1/4/17 - POC Acceptable Per Joel Yaling

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K 291	<p>Continued From page 1</p> <p>This could result in failure to provide emergency lighting in the event of a loss of power and affected 1 of 2 smoke compartments in memory care unit.</p> <p>NFPA 101, Life Safety Code 2012 Edition 7.9 Emergency Lighting. 7.9.2.1 Emergency illumination shall be provided for a minimum of 1 1/2 hours in the event of failure of normal lighting. Emergency lighting facilities shall be arranged to provide initial illumination that is not less than an average of 1 ft-candle (10.8 lux) and, at any point, not less than 0.1 ft-candle (1.1 lux), measured along the path of egress at floor level. Illumination levels shall be permitted to decline to not less than an average of 0.6 ft-candle (6.5 lux) and, at any point, not less than 0.06 ft-candle (0.65 lux) at the end of 1 1/2 hours. A maximum-to-minimum illumination uniformity ratio of 40 to 1 shall not be exceeded.</p> <p>7.9.2.3 The emergency lighting system shall be arranged to provide the required illumination automatically in the event of any interruption of normal lighting due to any of the following: (1) Failure of a public utility or other outside electrical power supply (2) Opening of a circuit breaker or fuse (3) Manual act(s), including accidental opening of a switch controlling normal lighting facilities</p> <p>Findings:</p> <p>During a tour of the facility with maintenance on 12/15/16, the emergency lights were tested and observed.</p> <p>At 1:13 p.m., the emergency light in the memory</p>	K 291	<p>K291 continues.</p> <p>All other emergency lights were tested throughout the facility. No negative findings.</p> <p>All emergency lighting will be tested monthly to ensure that all are functioning properly. Any needed corrections will be made immediately.</p> <p>Completion Date: January 13, 2017</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JAN - 4 - 2017</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 291	Continued From page 2 care unit number seventeen failed to illuminate when maintenance pressed the test button. Maintenance tested the light twice and confirmed the light was not working.	K 291			
K 293 SS=D	NFPA 101 Exit Signage Exit Signage 2012 EXISTING Exit and directional signs are displayed in accordance with 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 (Indicate N/A in one-story existing occupancies with less than 30 occupants where the line of exit travel is obvious.) This STANDARD is not met as evidenced by: Surveyor: 21101 Based observation and interview, the facility failed to maintain the exit signs as evidenced by an exit sign failing to illuminate during a test. This could result in failure to provide direction to an emergency exit during a loss of power and affected 1 of 2 smoke compartments in memory care unit. NFPA 101, Life Safety Code 2012 Edition 7.10.5 Illumination of Signs. 7.10.5. General. Every sign required by 7.10.1.2, 7.10.1.5, or 7.10.8.1, other than where operations or processes require low lighting levels, shall be suitably illuminated by a reliable light source. Externally and internally illuminated signs shall be legible in both the normal and emergency lighting mode. 7.10.5.2 Continuous Illumination.	K 293	K293 Emergency lighting unit, including EXIT sign, replacement ordered December 16, 2016, for EXIT sign number 17. Exit sign will be replaced and tested as soon as it arrives. All Exit and directional signs were checked for proper functioning. No negative findings. All EXIT lighting will be tested monthly to ensure that all are functioning properly. Completion Date: January 13, 2017 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JAN - 2 - 17 LIFE SAFETY CODE UNIT SAN BERNARDINO		

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K 293	Continued From page 3 7.10.5.2.1 Every sign required to be illuminated by 7.10.6.3, 7.10.7, and 7.10.8.1 shall be continuously illuminated as required under the provisions of Section 7.8 unless otherwise provided in 7.10.5.2.2. Findings: During a tour of the facility with maintenance on 12/15/16, the exit signs were tested and observed. At 1:14 p.m., the emergency exit sign in the memory care unit number seventeen failed to illuminate when maintenance pressed the test button. During interview, maintenance confirmed the exit sign was not working.	K 293	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM 374 - 4 117 LIFE SAFETY CODE UNIT SAN BERNARDINO		
K 353 SS=D	NFPA 101 Sprinkler System - Maintenance and Testing 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 any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This STANDARD is not met as evidenced by:	K 353	K353 Blocked sprinkler has been unblocked and escutcheon ring replaced as of December 16, 2016. All other sprinklers were checked and found to be free of blockage. All other escutcheon rings were checked and present. All sprinklers and the presence of the escutcheon rings will be inspected monthly. Any needed corrections will be made immediately and all results will be reported to the Administrator.		

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K 353	<p>Continued From page 4</p> <p>Surveyor: 21101</p> <p>Based on document review and interview, the facility failed to maintain the automatic sprinkler system. This was evidenced by a blocked sprinkler, by a missing sprinkler escutcheon ring, by failing to complete monthly and quarterly visual inspections of components to the wet pipe sprinkler system and by no documentation for the annual inspection and testing of the automatic sprinkler system. This had the potential to affect the operation of the sprinkler system and could delay in extinguishing or containing a fire. This affected 6 of 6 smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5. 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. 9.7.8 Record Keeping. Testing and maintenance records required by NFPA, Standard for the Inspection, Testing, and Maintenance of</p>	K 353	<p>K 353 continues</p> <p>Annual inspections by Industrial Fire Protection Company will be conducted and documented.</p> <p>Completion Date: December 16, 2017</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>12 - 4 - 17</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 353	<p>Continued From page 5</p> <p>Water-Based Fire Protection Systems, shall be maintained at an approved, secured location.</p> <p>5.2.1 Sprinklers.</p> <p>5.2.1.1* Sprinklers shall be inspected from the floor level annually.</p> <p>5.2.1.1.1* Sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., upright, pendent, or sidewall).</p> <p>5.2.4.1* Gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained.</p> <p>5.2.5 Waterfowl Alarm and Supervisory Devices. Waterfowl alarm and supervisory alarm devices shall be inspected quarterly to verify that they are free of physical damage.</p> <p>5.2.6* Hydraulic Design Information Sign. The hydraulic design information sign for hydraulically designed systems shall be inspected quarterly to verify that it is attached securely to the sprinkler riser and is legible.</p> <p>13.3.2.1.1 Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly.</p> <p>13.3.2.1.2 After any alterations or repairs, an inspection shall be made by the property owner or designated representative to ensure that the system is in service and all valves are in the normal position and properly sealed, locked, or electrically supervised.</p> <p>13.3.2.2* The valve inspection shall verify that the valves are in the following condition:</p> <p>(1) In the normal open or closed position</p> <p>(2)* Sealed, locked, or supervised</p> <p>(3) Accessible</p>	K 353	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION DIVISION</p> <p>JAN - 6 - 17</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 353	<p>Continued From page 6</p> <p>(4) Provided with correct wrenches (5) Free from external leaks (6) Provided with applicable identification 13.4.1.1* Alarm valves and system riser check valves shall be externally inspected monthly and shall verify the following: (1) The gauges indicate normal supply water pressure is being maintained. (2) The valve is free of physical damage. (3) All valves are in the appropriate open or closed position. (4) The retarding chamber or alarm drains are not leaking.</p> <p>Findings:</p> <p>During document review and interview with maintenance on 12/15/16, the sprinkler system's testing and inspection records were reviewed.</p> <p>1. At 11:39 a.m., the sprinkler deflector inside the Physical Therapy storage room was obstructed by a large piece of foam that was used for therapy.</p> <p>2. At 11:42 a.m., the sprinkler escutcheon ring was missing inside the closet for bed A/B and the sprinkler escutcheon ring inside the closet for bed C/D had paper wedge between the escutcheon ring in room 123.</p> <p>3. At 2:02 p.m., the testing and inspection records provided for the wet pipe sprinkler system, failed to include the monthly visual inspections of the gauges, control valves, quarterly visual inspections of the hydraulic design information sign, the waterfowl alarm devices, and the supervisory alarm devices. The inspection records also failed to include the</p>	K 353			

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K 353	Continued From page 7	K 353			
K 355 SS=D	<p>annual inspection and test of the automatic sprinkler system. During interview, maintenance stated he could not find any additional records for review.</p> <p>NFPA 101 Portable Fire Extinguishers</p> <p>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 STANDARD is not met as evidenced by: Surveyor: 21101 Based on observation, the facility failed to maintain the fire extinguishers as evidenced by a fire extinguisher that need to be recharged and a broken safety seal. This could result in the fire extinguisher failing to contain or extinguish a fire. This affected 1 of 6 smoke compartments. NFPA 10: Standard for Portable Fire Extinguishers, 2010 Edition Chapter 7 Inspection, Maintenance, and Recharging of Portable Fire Extinguishers 7.2.2 Procedures. Periodic inspection or electronic monitoring of fire extinguishers shall include a check of at least the following items: (1) Location in designated place (2) No obstruction to access or visibility (3) Pressure gauge reading or indicator in the operable range or position (4) Fullness determined by weighing or hefting for self-expelling-type extinguishers, cartridge-operated extinguishers, and pump tanks (5) Condition of tires, wheels, carriage, hose, and nozzle for wheeled extinguishers (6) Indicator for non rechargeable extinguishers using push-to-test pressure indicators</p>	K 355	<p>K355</p> <p>Portable Fire extinguisher has been inspected and determined to be in good working order by Industrial Fire Protection Company on December 20, 2016.</p> <p>All other Portable Fire extinguishers were inspected and determined to be in working order.</p> <p>Visual inspections of each portable fire extinguisher will be performed and no negative findings.</p> <p>Documented monthly inspections will be performed to ensure all are in proper working condition. Any negative findings will be corrected immediately and all results will be reported to the Administrator.</p> <p>Completion Date: December 18, 2016</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p>		

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K 355	Continued From page 8 7.2.2.2 Where required by 7.2.2.1, the following inspection procedures shall be in addition to those addressed in 7.2.2 (1) Verifying that operating instructions on nameplates are legible and face outward (2) Checking for broken or missing safety seals and tamper indicators (3) Examination for obvious physical damage, corrosion, leakage, or clogged nozzle Findings: During a tour of the facility with maintenance on 12/15/16, the fire extinguisher where observed. At 1:01 p.m., the portable fire extinguisher next to room 129 had a broken safety seal and the pressure gauge was in the recharge position.	K 355	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM 12-2-17 LIFE SAFETY CODE UNIT SAN BERNARDINO		
K 363 SS=D	NFPA 101 Corridor - Doors Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates	K 363	K363 In order to maintain proper smoke and fire protection, rubber door stops have been removed allowing doors to close as designed. All other fire doors were inspected and none were found to have rubber stoppers. Facility staff has been re-educated to not use rubber wedge type or other type door stops. All doors including Physical Therapy doors will be inspected weekly until substantial compliance has been sustained.		

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K 363	<p>Continued From page 9</p> <p>of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 21101</p> <p>Based on observation, the facility failed to maintain doors to resist the passage of smoke as evidenced by impediments to the closing of the doors. This could result in the failure to contain the transfer of smoke in the event of a fire and affected 2 of 6 smoke compartments.</p> <p>Findings:</p> <p>During a tour of the facility with the Director of Social Services and Maintenance staff on 12/15/16, the doors were observed.</p> <p>1. At 10:45 a.m., the door to Physical Therapy room was held open by a rubber wedge that was placed under the corridor door.</p> <p>2. At 11:28 a.m., the door to resident room 118 was difficult to close and open. The door bottom of the door was dragging on the floor. This was confirmed by maintenance during the survey.</p> <p>3. At 12:11 p.m., the door to the employee break</p>	K 363	<p>K363 continue</p> <p>Resident room 118 door has been fixed to correct dragging on the floor while closing.</p> <p>All other doors inspected to ensure they do not drag when closing. No negative findings.</p> <p>Kick stand door stop has been removed from employee break room door.</p> <p>All doors have been inspected to confirm that there are no kick stands holding doors open. No new kick stand door stoppers will be installed.</p> <p>Completion Date: Jan 3, 2017</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055650	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING		(X3) DATE SURVEY COMPLETED 12/15/2016
NAME OF PROVIDER OR SUPPLIER HIGHLAND CARE CENTER OF REDLANDS			STREET ADDRESS, CITY, STATE, ZIP CODE 700 EAST HIGHLAND AVENUE REDLANDS, CA 92374		
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K 363	Continued From page 10	K 363			
K 374 SS=D	room was held open by a kick stand. NFPA 101 Subdivision of Building Spaces - Smoke Barrie Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This STANDARD is not met as evidenced by: Surveyor: 21101 Based on observation, the facility failed to maintain the smoke barrier doors as evidenced by doors equipped with latching devices failing to fully close and latch. This failure affected 3 of 6 smoke compartments. NFPA 101, Life Safety Code 2012 Edition 4.5.8 Maintenance. Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be maintained, unless the Code exempts such maintenance.	K 374	K374 Each smoke barrier doors identified as not closing completely were lubricated to ensure complete closure. All smoke barrier doors have been tested and observed to ensure complete closure. No additional negative findings. Smoke barrier Doors will be further inspected each month by the maintenance dept. Immediate corrective action will be taken to ensure complete closure of the smoke barrier doors. Industrial Fire Protection Company will conduct smoke barrier door inspections Quarterly. The report will be provided in writing to the Administrator. Completion Date: December 20, 2016 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM		

LIFE SAFETY CODE UNIT
SAN BERNARDINO

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CENTERS FOR MEDICARE & MEDICAID SERVICES

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K 374	Continued From page 11 Findings: During the testing of the fire alarm system by maintenance on 12/15/16, the smoke barrier doors were observed. 1. At 2:44 p.m., the smoke barrier door near room 101 failed to latch upon release of its hold open device during the testing of the fire alarm system. This was acknowledged by maintenance during survey. 2. At 2:51 p.m., the smoke barrier door near room 129 failed to latch upon release of its hold open device during the testing of the fire alarm system. This was acknowledged by maintenance during survey.	K 374	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM - 4 - LIFE SAFETY CODE UNIT SAN BERNARDINO		
K 712 SS=D	NFPA 101 Fire Drills Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 18.7.1.4 through 18.7.1.7, 19.7.1.4 through 19.7.1.7 This STANDARD is not met as evidenced by: Surveyor: 21101 Based on document review and interview, the facility failed to ensure quarterly fire drills were held at unexpected times as evidenced by 3 of 4 NOC (night) shift fire drills held around the same time. This failure could result in staff becoming	K 712	K712 Fire drills will be scheduled at random times to prevent fire drills from being conducted at expected times. The random scheduling of fire drills will be done in a manner that will not be anticipated by employees. Scheduling and coordination of fire drills will be reviewed by the Administrator to ensure fire drills are regularly conducted at different times for each shift. All fire drills will be documented and reported to the Administrator to ensure substantial compliance.		

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K 712	<p>Continued From page 12</p> <p>complacent to assigned fire drill times on the NOC shift and not responding to an emergency at an unexpected time. This affected 6 of 8 smoke compartments</p> <p>NFPA 101, Life Safety Code 2012 Edition 19.7.1.4 Fire drills in health care occupancies shall include the transmission of a fire alarm signal and simulation of emergency fire conditions.</p> <p>19.7.1.5 Infirm or bedridden patients shall not be required to be moved during drills to safe areas or to the exterior of the building.</p> <p>19.7.1.6 Drills shall be conducted quarterly on each shift to familiarize facility personnel (nurses, interns, maintenance engineers, and administrative staff) with the signals and emergency action required under varied conditions.</p> <p>19.7.1.7 When drills are conducted between 9:00 p.m. and 6:00 a.m. (2100 hours and 0600 hours), a coded announcement shall be permitted to be used instead of audible alarms.</p> <p>Findings:</p> <p>During document review and interview with the maintenance on 12/15/16, the documentation for the quarterly fire drills were requested.</p> <p>At 1:41 p.m., maintenance provided fire drill reports for the past 4 quarters. The reports documented the NOC shift fire drills were held at 1:40 a.m., 12:15 a.m., 1:45 a.m., and 1:15 a.m. The fire drill for the third quarter NOC shift was held in July and the fourth quarter NOC shift fire</p>	K 712	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 712	Continued From page 13 drill was held in December, the noc shift fire drill exceeded 4 months before the next NOC shift fire drill was held.	K 712			
K 918 SS=D	NFPA 101 Electrical Systems - Essential Electric Syste 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 and readily identifiable. 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	K 918	K918 Review of the available visual and monthly load testing for continuous 30 minutes was conducted to ensure the previous 6 months had been completed correctly. Will continue weekly visual and monthly load testing for continuous 30 minutes of the reserve power source will be scheduled, conducted and documented by maintenance supervisor. Documentation of both weekly visual and monthly load testing for no less than 30 continuous minutes will be reported to the Administrator to insure substantial compliance. Completion Date: December 23, 2016 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM		

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K 918	<p>Continued From page 14</p> <p>111, 700.10 (NFPA 70)</p> <p>This STANDARD is not met as evidenced by: Surveyor: 21101</p> <p>Based on document review and interview, the facility failed to exercised the emergency generator once a month for a continuous 30 minutes and visually inspect the emergency generator weekly. This was evidenced by incomplete documentation of the testing if the generator. This could result in the emergency generator failing to provide emergency power and affected 6 of 6 smoke compartments. NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition Chapter 8, Routine Maintenance and Operational Testing</p> <p>8.4 Operational Inspection and Testing.</p> <p>8.4.1 EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly.</p> <p>8.4.1.1 If the generator set is used for standby power or for peak load shaving, such use shall be recorded and shall be permitted to be substituted for scheduled operations and testing of the generator set, providing the same record as required by 8.3.4.</p> <p>8.4.2 Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>(1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer</p> <p>2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating</p> <p>8.4.2.1 The date and time of day for required</p>	K 918	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 918	<p>Continued From page 15</p> <p>testing shall be decided by the owner, based on facility operations.</p> <p>8.4.2.2 Equivalent loads used for testing shall be automatically replaced with the emergency loads in case of failure of the primary source.</p> <p>8.4.2.3 Diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours.</p> <p>Findings:</p> <p>During document review and interview with maintenance on 12/15/16, the generator maintenance and testing records were reviewed.</p> <p>At 2:30 p.m., there was no documentation provided for 30 minute load test during the month of November, January, April, May and June of 2016. In addition there was no documentation for the weekly visual inspections in January, April, May and June of 2016. During interview, maintenance stated there was no additional documentation for review.</p>	K 918	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		
K 920 SS=D	<p>NFPA 101 Electrical Equipment - Power Cords and Extens</p> <p>Electrical Equipment - Power Cords and Extension Cords</p> <p>Power strips in a patient care vicinity are only</p>	K 920	<p>K920</p> <p>All unauthorized power strips were removed.</p>		

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K 920	<p>Continued From page 16</p> <p>used for components of movable patient-care-related electrical equipment (PCREE) assemblies 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 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.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This STANDARD is not met as evidenced by: Surveyor: 21101</p> <p>Based on observation and interview, the facility failed to maintain electrical safety. This was evidenced by appliances plugged into multi outlet power strips, by the use of extension cords and by a missing electrical face plate. This had the potential to increase the risk of a fire and affected 2 of 6 smoke compartments.</p> <p>Findings:</p> <p>During a tour of the facility with maintenance on 12/15/16, the electrical equipment and appliances were observed.</p> <p>1. At 10:59 a.m., Doctors lounge had a 3 outlet extension cord in use and the electrical</p>	K 920	<p>K920 continues</p> <p>All rooms including patient rooms, office's and storage have been inspected to determine all rooms are compliant with regulations and any power strip in use meets the required UL standards.</p> <p>Doctors lounge 3 outlet extension cord was removed and outlet face plate installed to bring Doctors lounge into compliance. Refrigerator in the Director of Staff Development has been plugged directly into the wall receptacle, removing the extension cord.</p> <p>Staff re-education has been provided via internal communication methods.</p> <p>Rooms will be inspected during Department Head rounds and monthly inspections will be done by Maintenance Director to ensure substantial compliance.</p> <p>Maintenance Director will remove and report any power cords not in compliance to the Administrator.</p> <p>Date Completed: Jan 3, 2017</p>		

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K 920	Continued From page 17 receptacle under the desk was missing a face plate. 2. At 12:02 p.m., the refrigerator inside the Director of Staff Development office was plugged into a multi outlet power strip and not directly into the wall receptacle.	K 920			

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