


# ENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555080	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED  08/08/2012
---	---	---	---

NAME OF PROVIDER OR SUPPLIER  RACONVALESCENT AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 545 WEST BEVERLY PLACE TRACY, CA 95376
--	--

(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  K3 BUILDING: 01 K6 PLAN APPROVAL: FEBRUARY 1, 1978 K7 SURVEY UNDER: 2000 EXISTING  STRUCTURE TYPE: TYPE (V) (111)  The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code re-certification survey. The findings are in accordance with 42 CFR (Code of Federal Regulations) 483.70 (a) and NFPA (National Fire Protection Association) 101, Life Safety Code 2000 edition, Existing codes.  Representing the California Department of Public Health: 27961  The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.  Census = 46 NFPA 101 LIFE SAFETY CODE STANDARD	K 000	<i>Pac accepted per JORD 8/30/12 HPET</i>	
K 012 SS-B	Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.  This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the integrity of their building construction as evidenced by unsealed penetrations in the facility walls and ceilings. This affected 3 of 4 smoke compartments which could result in the spread of smoke or fire to other locations in the	K 012		

RATOF DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ADMINISTRATOR	(X6) DATE 8/24/12
---	------------------------	----------------------

efficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that  
safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days  
ing 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  
following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued  
am participation.

# ENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555080	(X2) MULTIPLE CONSTRUCTION		(X3) DATE SURVEY COMPLETED  08/08/2012
		A. BUILDING 01	B. WING	

NAME OF PROVIDER OR SUPPLIER  TRACY CONVALESCENT AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 545 WEST BEVERLY PLACE TRACY, CA 95376
--	--

(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 012	Continued From page 1 facility.  Findings:  During a tour of the facility with the Maintenance Director on August 8, 2012, the building construction was observed.  1. At 12:23 P.M., there was a penetration in the wall approximately 1/2 inch wide by 2 inches long across the top of the 4 plug electrical outlet cover behind Bed A and Bed C in Room 12.  2. At 12:30 P.M., there was a penetration in the wall approximately 1 inch round with a cable running through it in Room 16.  3. At 1:05 P.M., there was a penetration in the wall approximately 1 inch round in the Medical Records Office across from the Nursing Station.	K 012	The wall penetration in Room 12 was patched with an appropriate wall patch. The penetration in Room 16 was fire caulked with Fire Stopper 5000 caulking. The penetration in the wall in medical records was fire caulked with Fire Stopper 5000 caulking.  These repairs were done by the facility maintenance supervisor.  The maintenance supervisor will perform quarterly visual inspections and will look for breaches and/or penetrations. The facility will also continue to use a maintenance log, which allows staff to report any pertinent maintenance issues.  Issues or trends relating to wall penetrations will be brought to the monthly Quality Assessment and Assurance committee meeting and addressed appropriately to ensure that the process set forth within this corrective action is followed.	8/24/12 8/24/12 8/24/12
K 018 SS=0	NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3  Roller latches are prohibited by CMS regulations in all health care facilities.	K 018		

## CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES  
ID PLAN OF CORRECTION(X1) PROVIDER/SUPPLIER/CLIA  
IDENTIFICATION NUMBER:

555080

(X2) MULTIPLE CONSTRUCTION

A. BUILDING 01

B. WING

(X3) DATE SURVEY  
COMPLETED

08/08/2012

NAME OF PROVIDER OR SUPPLIER

TRACY CONVALESCENT AND REHABILITATION CENTER

STREET ADDRESS, CITY, STATE, ZIP CODE

545 WEST BEVERLY PLACE

TRACY, CA 95376

(X4) IS  
PREFIX  
TAGSUMMARY STATEMENT OF DEFICIENCIES  
(EACH DEFICIENCY MUST BE PRECEDED BY FULL  
REGULATORY OR LSC IDENTIFYING INFORMATION)ID  
PREFIX  
TAGPROVIDER'S PLAN OF CORRECTION  
(EACH CORRECTIVE ACTION SHOULD BE  
CROSS-REFERENCED TO THE APPROPRIATE  
DEFICIENCY)(X5)  
COMPLETION  
DATE

K 018 Continued From page 2

K 018

This STANDARD is not met as evidenced by:  
Based on observation, the facility failed to maintain their doors to resist the passage of smoke as evidenced by a resident door that was blocked from closing. This affected 1 of 4 smoke compartments which had the potential to allow the migration of smoke and causing harm to residents and staff.

## Findings:

During a tour of the facility with Maintenance Director on August 8, 2012, the facility doors were observed.

1. At 12:45 P.M., the door to Resident Room 24 was blocked by a resident bed which prohibited the door from closing and positive latching.

NFPA 101 LIFE SAFETY CODE STANDARD

There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1

This STANDARD is not met as evidenced by:  
NFPA 101, 2000 Edition  
19.7.1 Evacuation and Relocation Plan and Fire Drills.  
19.7.1.1 The administration of every health care

The maintenance supervisor moved the bed away from the door, which allows the door to close and latch.

The maintenance supervisor will continue to train the direct care staff about the proper location of beds to allow for the doors to close and latch.

Issues or trends relating to doors being able to close and latch will be brought to the monthly Quality Assessment and Assurance committee meeting and addressed appropriately to ensure that the process set forth within this corrective action is followed.

8/15/12

K 048

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555080	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  08/08/2012
---	---	---	---

NAME OF PROVIDER OR SUPPLIER  RACON CONVALESCENT AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 545 WEST BEVERLY PLACE TRACY, CA 95376
--	--

(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 048	<p>Continued From page 3</p> <p>occupancy shall have, in effect and available to all supervisory personnel, written copies of a plan for the protection of all persons in the event of fire, for their evacuation to areas of refuge, and for their evacuation from the building when necessary. All employees shall be periodically instructed and kept informed with respect to their duties under the plan. A copy of the plan shall be readily available at all times in the telephone operator's position or at the security center. The provisions of 19.7.1.2 through 19.7.2.3 shall apply.</p> <p>19.7.1.3 Employees of health care occupancies shall be instructed in life safety procedures and devices.</p> <p>19.7.2 Procedure in Case of Fire.</p> <p>19.7.2.1 For health care occupancies, the proper protection of patients shall require the prompt and effective response of health care personnel. The basic response required of staff shall include the removal of all occupants directly involved with the fire emergency, transmission of an appropriate fire alarm signal to warn other building occupants and summon staff, confinement of the effects of the fire by closing doors to isolate the fire area, and the relocation of patients as detailed in the health care occupancy's fire safety plan.</p> <p>19.7.2.2 A written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> <li>(1) Use of alarms</li> <li>(2) Transmission of alarm to fire department</li> <li>(3) Response to alarms</li> <li>(4) Isolation of fire</li> <li>(5) Evacuation of immediate area</li> <li>(6) Evacuation of smoke compartment</li> </ol>	K 048		



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

OMB NO. 0938-0391

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555080	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  08/08/2012
--	---	--

NAME OF PROVIDER OR SUPPLIER  TRACY CONVALESCENT AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 545 WEST BEVERLY PLACE TRACY, CA 95376
--	--

(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 048	<p>Continued From page 4</p> <p>(7) Preparation of floors and building for evacuation</p> <p>(8) Extinguishment of fire</p> <p>19.7.2.3 All health care occupancy personnel shall be instructed in the use of and response to fire alarms. In addition, they shall be instructed in the use of the code phrase to ensure transmission of an alarm under the following conditions:</p> <p>(1) When the individual who discovers a fire must immediately go to the aid of an endangered person</p> <p>(2) During a malfunction of the building fire alarm system Personnel hearing the code announced shall first activate the building fire alarm using the nearest manual fire alarm box and then shall execute immediately their duties as outlined in the fire safety plan.</p> <p>Based on document review and interview, the facility failed to instruct all staff on their disaster drills at least semi-annually as evidenced by no documentation that 70 of 70 employees had participated in a disaster drill. This affected 4 of 4 smoke compartments and could result in staff's inability to respond to a disaster.</p> <p>Findings</p> <p>During document review with the Maintenance Director on August 8, 2012, the facilities disaster drills were requested.</p> <p>At 10:30 A.M., the disaster drills were requested and the facility failed to provide documentation that any disaster drills were conducted in a 12 month period. The Maintenance Director and the</p>	K 048	<p>The facility disaster drill records were located after a search of the former director of staff development's office. The records, copies of which are attached to this plan of correction, indicate that in the previous 12 month period, two disaster drills were undertaken – one on 11/5/11 and one on 1/17/12.</p> <p>The maintenance supervisor and administrator will ensure that disaster drills are undertaken at least twice per twelve month period and documented appropriately.</p> <p>Disaster drill records will be kept in an accessible place for proper review.</p> <p>Issues or trends relating to disaster drill records will be brought to the monthly Quality Assessment and Assurance committee meeting and addressed appropriately to ensure that the process set forth within this corrective action is followed.</p>	8/24/12

## CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555080	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED  08/08/2012
NAME OF PROVIDER OR SUPPLIER  TRACY CONVALESCENT AND REHABILITATION CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 545 WEST BEVERLY PLACE TRACY, CA 95376		
(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 048	Continued From page 5 Administrator were interviewed and stated that the facility was just purchased from the previous owner 4 weeks ago and knew they had the records but did not know where they were. The facility was asked to provide disaster drill records when available, by Monday, 8/13/12. No documentation was provided.	K 048			
K 052 SS=	NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4  This STANDARD is not met as evidenced by: NFPA 72, National Fire Alarm Code®, 1999 Edition. 7-5.2.2 A permanent 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 7-5.2.2. (1) Date (2) Test frequency (3) Name of property (4) Address (5) Name of person performing inspection, maintenance, tests, or combination thereof, and	K 052			

## CENTERS FOR MEDICARE &amp; MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555080	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  08/08/2012
---	---	---	---

NAME OF PROVIDER OR SUPPLIER  RACONVALESCENT AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 545 WEST BEVERLY PLACE TRACY, CA 95376
--	--

(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 052	<p>Continued From page 6</p> <p>affiliation, business address, and telephone number</p> <p>(6) Name, address, and representative of approving agency(ies)</p> <p>(7) Designation of the detector(s) tested, for example, "Tests performed in accordance with Section _____"</p> <p>(8) Functional test of detectors</p> <p>(9) *Functional test of required sequence of operations</p> <p>(10) Check of all smoke detectors</p> <p>(11) Loop resistance for all fixed-temperature, line-type heat detectors</p> <p>(12) Other tests as required by equipment manufacturers</p> <p>(13) Other tests as required by the authority having jurisdiction</p> <p>(14) Signatures of tester and approved authority representative</p> <p>(15) Disposition of problems identified during test (for example, owner notified, problem corrected/successfully retested, device abandoned in place)</p> <p>Based on document review and interview the facility failed to maintain the fire alarm system as evidenced by the documentation from the vendor that failed to list testing for 1 of 5 Manual Fire Alarm Boxes. This could result in the Manual Fire Alarm Boxes not functioning properly which could cause harm to residents and staff. This affected 4 of 4 smoke compartments.</p> <p>Findings:</p> <p>During document review, alarm testing and an interview with the Maintenance Director on August 6, 2012, the Fire Alarm Inspection and</p>	K 052	<p>The fire alarm system vendor will return to inspect and report on all five manual fire alarm boxes.</p> <p>The maintenance supervisor and administrator will ensure that the corrective action is taken.</p> <p>The maintenance supervisor will remind the vendor about the presence and location of all five manual fire alarm boxes on future tests.</p> <p>Issues or trends relating to manual fire alarm boxes will be brought to the monthly Quality Assessment and Assurance committee meeting and addressed appropriately to ensure that the process set forth within this corrective action is followed.</p>	9/7/12

ITEMS OF DEFICIENCIES (X1) PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555080	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  08/08/2012
--	---	---	---

NAME OF PROVIDER OR SUPPLIER  RACAY CONVALESCENT AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 545 WEST BEVERLY PLACE TRACY, CA 95376
--	--

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 052	Continued From page 7 Testing report for the Fire Alarm Control Panel and alarm devices dated 6/20/12 was reviewed, alarm testing was conducted and the Maintenance Director was interviewed.  The annual report from the vendor dated 6/20/12 listed 4 Manual fire Alarm Boxes that were tested at the facility. The report did not state which Manual fire Alarm Boxes were tested. When the Maintenance Director was interviewed, he stated that the facility actually had 5 Manual fire Alarm Boxes and did not know why they had only tested 4. During alarm testing, 5 Manual fire Alarm Boxes were observed and tested.	K 052		
< 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2  This STANDARD is not met as evidenced by: NFPA 70, National Electrical Code, 1999 Edition. An International Electrical Code (Trademark) Series 400-7 Uses Permitted. (a) Uses. Flexible cords and cables shall be used only for the following: 1) Pendants 2) Wiring of fixtures 3) Connection of portable lamps, portable and mobile signs, or appliances 4) Elevator cables 5) Wiring of cranes and hoists 6) Connection of stationary equipment to facilitate their frequent interchange 7) Prevention of the transmission of noise or vibration	K 147		



# ENTERS FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

ITEMS OF DEFICIENCIES 3 PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555080	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  08/08/2012
---	---	---	---

NAME OF PROVIDER OR SUPPLIER  TRACY CONVALESCENT AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 545 WEST BEVERLY PLACE TRACY, CA 95378
--	--

(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 147	<p>Continued From page 8</p> <p>(8) Appliances where the fastening means and mechanical connections are specifically designed to permit ready removal for maintenance and repair, and the appliance is intended or identified for flexible cord connection</p> <p>(9) Data processing cables as permitted by Section 645-5</p> <p>(10) Connection of moving parts</p> <p>(11) Temporary wiring as permitted in Sections 305-4(b) and 305-4(c)</p> <p>NFPA 70: National Electrical Code, 1999 Edition, An International Electrical Code (Trademark) Series 400-8. Uses Not Permitted. Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used for the following:</p> <p>(1) As a substitute for the fixed wiring of a structure</p> <p>Based on observation, the facility failed to maintain the electrical wiring and equipment as evidenced by missing covers and the extension cords used to extend power. This could result in an increased risk of electrical fire and potential injury to residents and staff. This affected 1 of 4 smoke compartments.</p> <p>Findings:</p> <p>During a tour of the facility with the Maintenance Director on August 8, 2012, the facility's electrical wiring and equipment was observed.</p> <p>1. At 12:30 P.M., there was a 2-plug outlet in the Nursing Station missing a cover plate.</p> <p>2. At 12:35 P.M., there was an orange extension</p>	K 147	<p>The 2-plug outlet (it is actually a light switch) at the nursing station will have a cover plate placed onto it. The orange extension cord for the card swipe machine will be removed. The orange extension cord in the generator storage location will also be removed.</p> <p>The maintenance director and/or designees will complete these corrective actions.</p> <p>Regular rounds by the maintenance supervisor will ensure that outlets have cover plates and extension cords are not in use in the facility. The maintenance director will perform a weekly inspection of the generator to ensure that there are no extension cords in the generator storage area.</p> <p>Issues or trends relating to outlet cover plates and use of extension cords in the building will be brought to the monthly Quality Assessment and Assurance committee meeting and addressed appropriately to ensure that the process set forth within this corrective action is followed.</p>	<p>8/31/12</p> <p>9/7/12</p> <p>8/15/12</p>

# ENTRIES FOR MEDICARE & MEDICAID SERVICES

OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  555080	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED  08/08/2012
---	---	---	---

NAME OF PROVIDER OR SUPPLIER  LACY CONVALESCENT AND REHABILITATION CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 545 WEST BEVERLY PLACE TRACY, CA 95376
---	--

(K4) 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 147	Continued From page 9 cord used to provide power to an ADP Employee card swipe machine in the Nursing Station.  3. At 1:20 P.M., there was an orange extension cord used to provide power to a battery charger in the shed where the propane generator is stored.	K 147		