DDINTED: 45/44/2040

		AND HUMAN SERVICES P	0C	ACCEPIABL	FORM.	APPROVED 0938-0391
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/OLIA IDENTIFICATION NUMBER	(X2) MULTI A. BUILDIN	PLE CONSTRUCTION 6 01	(X3) DATE	SURVEY PLETED
	•	058063	B WING	<i>‡16279</i>		26/2019
NAME OF F	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO		
INFINITY	CARE OF EAST LOS	ANGELES		101 \$ FICKETT STREET LOS ANGELES, CA 90033		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREFIX TAG	FROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(x5) COMPLETION DATE
E 000	Initial Comments		E 00).		
·	California Departm	cts the findings of the ent of Public Health, during an edness recertification survey.	,			
	Code of Federal R	ong Term Care Facilities, Icy Preparedness			•	
K 000	Representing the I Evaluator #: 16279 INITIAL COMMEN		Ko	00		
	Federal Regulation Code NFPA 101, 2	urveyed under 42 Code of ns. Part 483.70(a), Life Safety 012 Edition, Chapter 19 tre Occupancies, and other			• .	
	The following refle Department of Pul Safety Code Surve	cts the findings of the California blic Health during the Life ey.				
 .	Representing the Evaluator #: 16279	Department of Public Health: 9, REHS, HFE I				
	Resident census: Bed capacity: 99	92				
K 321 S\$=D	1	- Enclosure	K3	21		
,	having 1-hour fire	are protected by a fire barrier resistance rating (with 3/4 hour				(X8) DATE
LABORATOR	RY DIRECTOR'S OR PROL	IDERISUPPLIER REPRESENTATIVES SI	GNATURE	TITLE	,	(un) aute

Any deficiency statement ending with an esterisk (*) 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 80 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 evaliable to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility IQ: CA970000070

If continuation sheet Page 1 of 18

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DEPART	iment of Health	AND HUMAN SERVICES			, P		: 12/11/2019
		& MEDICAID SERVICES			O	MB NO	APPROVED <u>. 0938-0391</u>
STATEMENT AND PLAN C	OF DEFICIENCIES * OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILDI		E CONSTRUCTION ·	(X3) DAT	E SURVEY (PLETED
	•	058063	B. WING			. 11/	26/2019
NAME OF	PROVIDER OR SUPPLIER			Si	TREET ADDRESS, CITY, STATE, ZIP CODE		7,
INFINITY	CARE OF EAST LOS	ANGELES	.		ot s fickett street Os angeles, ca 80033		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Tement of deficiencies Must be preceded by full BC IDENTIFYING INFORMATION)	ID PREFIX TAG	ĸ .	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPA DEFICIENCY)	BE	(X5) COMPLETION DATE
K 321	system in accordent When the approved system option is use separated from other partitions and doors Doors shall be self-and permitted to ha protective plates the from the bottom of it Describe the floor a hazardous areas the 19.3.2.1, 19.3.5.9 Area Separation N/A a. Boller and Fuel-Fb. Laundries (larger c. Repair, Maintena d. Soiled Linen Roote. Trash Collection if (exceeding 64 gaillof. Combustible Store (over 50 square feet g. Laboratories (if cit Hazard - see K322) This REQUIREMEN by: Based on observatifialed to ensure that maintained with a orconstruction, regard	an automatic fire extinguishing ce with 8.7.1 or 19.3.5.9. I automatic fire extinguishing ed, the areas shall be ar spaces by smoke resisting in accordance with 8.4. Closing or automatic-closing we nonrated or field-applied at do not exceed 48 inches he door, and zone locations of at are deficient in REMARKS. Automatic Sprinkler Automatic Sp	К3	21			
•	the medical records	nt of a fire, the separation of office would not be achieved, moke and/or fire to travel other.					
					· · · · · · · · · · · · · · · · · · ·		

DEPAK	IMENT OF HEALTH	AND HUMAN SERVICES			. F		APPROVED
CENTE	<u>RS FOR MEDICARE</u>	& MEDICAID SERVICES			0		0938-0391
STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	O(2) MUL		E CONSTRUCTION	(XS) DAT	E SURVEY PLETED
	:	056063	B. WING			11/	28/2019
NAMEOFI	PROVIDER OR SUPPLIER			·S	TREET ADDRESS, CITY: STATE, ZIP CODE		
INFINITY	CARE OF EAST LOS	: ANGELEG			01 S FICKETT STREET		
		ANGELEG	- 1	Ļ	OS ANGELES, CA 90033		
· {X4}(D	SUMMARY STA	TEMENT OF DEFICIENCIES	(1)		PROVIDER'S PLAN OF CORRECTION	J	1000
PREFIX	(EACH DEFICIENCY REGULATORY OR L	MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX	X	(EACH CORRECTIVE ACTION SHOULD	BE:	(X5) COMPLETION
			TAG		CROSS-REFERENCED TO THE APPROPED DEFICIENCY)	RIATE	DATE
			···········	•			
K 321	Continued From pa	ge 2	V2	24	South the same		
		1019, between 8:15 a.m. and	1.3	Z I	rielf-clising benice for Med. Ordered on; installed on;	Rec.	
	11:10 a.m., the eval	luator and the maintenance			and it		•
	supervisor conducte	ed a Life Safety Code (LSC)		ı	algerse a		
	tour of the facility.	, , , , , , , , , , , , , , , , , , ,			installed on		
·	A. O. 70						
	At 9:58 a.m., upon o	entering the medical records			•		
·	onice, it was observed	ed that there were papers throughout the office. A		- 1			
	closer observation i	revealed that the medical			•	į	1
· {	records office door	did not have a self-closing					
	device to automatic	ally close, latch and maintain		- 1			
	the door in the close	ed position. During a brief		ı	٠.		j
	interview with the m	aintenance supervisor, it was		ı	•		
	determined that this	room was 280 square feet				•	·
	(sq. tt.). According t	o NFPA 101, Life Safety Code		ı			
	Hazaric 10 3 2 1 5	lition, Protection from. (7), all hazardous areas or		J	•		
	inazaius, 19.3.2.1.3 inoms and snaces i	arger than 50 sq. ft., used for		- 1			
	storage of combust	ble supplies and equipment in		į		ļ	
	quantities deemed i	nazerdous by the authority		ĺ			
	having jurisdiction, a	and shall have doors that are		- 1			
ļ.]	self-closing.			- 1	·		
	In an Internal court at	- 4 4 4 1 88-4 1		ļ			
	in an interview at the	e time of the LSC tour, the		l		١- ١	,
	persuse the medical	visor was informed that al records office is considered		1			
	a hazardous area. Il	he door requires a self-closing		-	•		
	device to prevent th	e possibility of fire and/or		Ì			
.]	smoke from spread	ing. At the end of the		ļ			
	interview, the maint	enance supervisor stated he		į	•		
		closing device on the door, as		١			
•	scon as possible.		•				
	The definient prostle	ca affected one of six smoke				}	
	compartments.	ea suecian cità di six swoke		ł	•		
	parminu.	•	•				
		019, the above findings were	•				4
ļ	acknowledged durin	ng the survey process and					1
	during the exit confi	erence, with the administrator			•		

CENTER	S FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES					FORM.	12/11/2019 APPROVED 0938-0391
	of deficiencies f correction	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) MULTIF A. BUILDING		CONSTRUCTION		(X3) DATE COMI	SURVEY PLETED
		056063	B. WING				11/2	8/2019
NAME OF F	ROVIDER OR SUPPLIER	•	<u> </u>	STR	EET ADDRESS, CITY, STATE, ZIP CO	DE		
INFINITY	CARE OF EAST LOS	ANGELES	1		S FICKETT STREET S ANGELES, CA 90033			
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX TAG		PROVIDER'S PLAN OF CORI (EACH CORRECTIVE ACTION 8 CROSS-REFERENCED TO THE A DEPIGIENCY)	HOULD	BE (COMPLETION DATE
K 321	Continued From pa		K 321	1				
K 331 SS=E	and the maintenant interior Wall and Co CFR(s): NFPA 101		K 331	1	·			
	exposed interior surfixed or movable with have a flame sprea. The reduction in classification in class	illing finishes, including rfaces of buildings such as alls, partitions, columns, and d rating of Class A or Class B. ass of interior finish for a prescribed in 10.2.8.1 is						
	11:10 a.m.; the eva	2019, between 8:15 a.m. and luator and the maintenance			•			
	tour of the facility. It following were observed. 1. At 8:30 a.m., in the was: a) a 4-inch by	ed a Life Safety Code (LSC) During the LSC tour, the erved: he ice machine room there 4-inch penetration (where a late was missing), which			⇒ switch cover plate installed on	ardene	d on .	

		AND HUMAN SERVICES		•	FORM): 12/11/2019 1 APPROVED): 0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPFLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	TIPLE CONSTRUCTION ING 01	'ACI (EK)	TE SURVEY MPLETED
	•	Q58Q63	B. WING		11	/26/2019
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP COD		IZUIZU 13
INFINITY	CARE OF EAST LOS	S ANGELES		101 S FICKETT STREET LOS ANGELES, CA 90033		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	ITEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	(D PREFIX TAG	FROVIDER'S PLAN OF CORRECTIVE ACTION SH (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE AP DEFICIENCY)	OULD BE	COMPLETION DATE
· K 331	Continued From pa	Ig e 4	K 3:	31		
!	extended through a	ne wall, and b) two				•
	1-and-1/2-inch pend	etration (with two 1-inch pipes penetration), which extended		peretrotion sealed	90	
	through the same v	vall.		sussing approved fire De	zh.	
	2. At 10:07 a.m., th	ere was a 2-inch penetration		foodback	`	
	which extended the	ough the bathroom well (under				
	the sink), inside Ro inside this room.	om 201. Two residents were		peretrition sealed	· · ·	}
	3. At 10:32 a.m., the	ere was a 1-inch penetration				
	extended through o	ible going through), which — ne wall (above the doorway),		scaled on		
	Inside the rehabilita	tion room,				
		the first floor dining room				
•	mere was: a) a 3-in (where an electrical	ch by 4-inch penetration —— loutlet cover plate was		switch cover plate all	tacher	1
	missing), which ext	ended through one wall, and		90		
	going through), whi	tion (with a computer cable ch extended through another		- peretrution sealed on		
	wall,	•	•	(10.011.1/101. 10100.01/		
	5. At 10:48 a.m., the	ere was a 2-inch penetration			•	
	(with two computer extended through a	cables going through), which ne wall, inside the assistant		> peretrotion sealed on "	1/26/19	[
	administrator's offic	6. ·		\$ 42.00 Man : 22/100 M		
	6. At 10:52 a.m., the	ere was a 2-inch penetration				
		ough the ceiling (with two ing through), inside the		> sealed on 11/26/19		
	business office.	wang amonguly (d <i>aine t</i> ite		300/100		' '
	. In an interview at th	ne time of the LSC tour, the		,		
	maintenance super	visor stated that he penetrations must be sealed		·].
	to prevent the possi	billty of fire and/or smoke	•			
	from spreading. At I	the end of the interview, the visor added that he would seal				
	amonanee aapar	MAAAA KIGCIID MAAIU 2001				<u> </u>

FORM CMS-2587(02-99) Previous Versions Obsciste

Event ID; P8T521

Padiky ID: CA970000070

If continuation sheet Page 5 of 18

DEPAR*	IMENT OF HEALTH RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES				FORM): 12/11/2019 I APPROVED): 0938-0391	
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILD		PLE CONSTRUCTION	(X3) DAT	TE SURVEY MPLETED	
		056963	B. WING			11	11/26/2019	
NAME OF	PROVIDER OR SUPPLIER				STREET ADDRESS, CITY, STATE, ZIP CODE	· · · · · ·	<u> </u>	
INFINITY	CARE OF EAST LOS	ANGELES			101 S FICKETT STREET			
(X4) ID	SUMMARY STA	TEMENT OF DEFICIENCIES	· /n		LOS ANGELES, CA 90033			
PREFIX TAG	EACH DEFICIENCY	MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D RF	COMPLETION DATE	
K 331	Continued From pa	ne 5	10.					
		with an approved fire retardant	r K	331	1			
	The deficient practic compartments.	ce affected four of six smoke						
K 346 SS=F	acknowledged during the exit confe and the maintenance Fire Alarm System -	019, the above findings were ig the survey process and erence, with the administrator e supervisor. Out of Service	, K S	346	3			
	services for more the period, the authority notified, and the bul approved fire watch parties left unprotective alarm system has 9.6.1.6	alarm system is out of an 4 hours in a 24-hour having jurisdiction shall be iding shall be evacuated or an shall be provided for all ted by the shutdown until the as been returned to service.						
	by: Based on interview failed to establish a	IT is not met as evidenced and record review, the facility detailed fire watch policy	•					
	when the fire alarm for more than 4 hour	system goes out of service rs in a 24-hour period. In the	•					
	event the fire elarm fire watch policy will	System goes out of service, a assist with the appropriate res to be implemented;						
	FindIngs:		•]]	
	the facility's fire water conducted. The policy	D19, at 1:05 p.m., a review of ch policy and procedure was cy, dated August 1, 2007, re department and the DHS						

		AND HUMAN SERVICES & MEDICAID SERVICES		•	FORM.	APPROVED
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BÜİLDIN	PLE CONSTRUCTION	(X3) DAT	0938-0391 SURVEY PLETED
		056083	8. WING_		11/:	26/2019
NAME OF I	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE		
INFINITY	CARE OF EAST LOS	ÄNGELES		101 S FICKETT STREET LOS ANGELES, CA 90033		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
K 346 K 351 SS=E	(Department of Heafire alarm system. It did not state that the watch when the fact out of service for m. At 2:50 p.m., an interest administrator and the regarding this fire w. The administrator as supervisor was informed detailed procedures being implemented goes out of service 24-hour period. The fire watch policy wo the deficient practic compartments. On November 26, 2 acknowledged during the exit confeand the maintenance Sprinkler System - It 2012 EXISTING Nursing fromes, and construction type, a approved automatic accordance with NF Installation of Sprinkler System in Type I and II conseasures are permagninkler protection	alth Service) of the loss of the twas noticed that this policy e facility will began a fire dility's fire alarm system goes ore than 4 hours. Erview was conducted with the ne maintenance supervisor ratch policy and procedure, and the maintenance remed that there were no after the fire alarm system for more than 4 hours in a sedministrator stated that the uld be revised. Ce affected six of six smoke affected six of six smoke the survey process and seence, with the administrator is supervisor. Installation Installation In hospitals where required by re protected throughout by an exprinkler system in FPA 13, Standard for the kier Systems. Struction, alternative protection in specific areas where state	K 34	the watch policy was revised on which is revised on which it was fine which is be implemented of in-service given to the revision	<i>2</i>	
•	or local regulations	prohibit sprinklers.		<u> </u>		

		AND HUMAN SERVICES): 12/11/2019 APPROVED
STATEMENT	S FOR MEDICARE OF DEFICIENCIES F CORRECTION	& MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(XZ) MU		PLE CONSTRUCTION	(X3) DA	. 0938-0391 TE SURVEY MPLETED
		056083	B. WING			44	
NAME OF	PROVIDER OR SUPPLIER		1	Ť	STREET ADDRESS, CITY, STATE, ZIP CODE	11	/26/2019
MENNEY				1	101 S FICKETT STREET	•	
naratit t	CARE OF EAST LOS	AUGELES			LOS ANGELES, CA 90033		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL BC (DENTIFYING INFORMATION)	ID PREF TAG	FIX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D BE	(X5) COMPLETION DATE
K 351	Continued From pa		i i	35			
		ers are not required in clothes	, r.	30	14		
	closets of patient si	eeping rooms where the area					1 1
	of the closet does n	not exceed 6 square feet and			. •		
	required by NFPA 1	covers the closet footprint as 3, Standard for Installation of			1.		1
ļ	Sprinkler Systems,				Ĭ .	•	
	19.3.5.1, 19.3.5.2, 1	19.3.5.3, 19.3.5.4, 19.3.5.5,	}		·		
	19.4.2, 19.3.5.10, 9	1.7, 9.7.1.1(1) NT is not met as evidenced			1]
	by:	A1 19 Upt mist \$2 Galdeuced					
	Based on observat	tion and interview, the facility					1 . 1
	failed to ensure and	i maintain an 18 inch					1
	clearance below the storage areas throu	s sprinkler deflectors at			·		
j	Unobstructed areas	ignout the lacility. S below the sprinkler deflectors			'		
	will ensure an effec	tive response of the fire					
		e water discharge in a	}				
•	case of fire emerge	d will function as designed, in					
	rese of the citicide	niucą.					1
	Findings:						
	On November 60. 6	040 habitaan 045 a uu			ł		1 1
	11:10 a m the evel	2019, between 8:15 a.m. and luster and the maintenance			.		
• .	supervisor conduct	ed a Life Safety Code (LSC)			,		
	tour of the facility. D	During the LSC tour, the					1
	following were obse	erved:	1		·		1
	1. At 10:25 a.m the	ere were three cardboard file :	 				
	boxes (measuring 9	3 inches by 11 inches by 17			poker removed to anoi	0	
		ne top shelf, inside the staff			abstruction of spanisher(s)	and	
		closet (by Room 210), These les from the deflector.	1		sololy street chambers.		
	PROPERTY 12	ies nom we deliedin.	1		mil since character.		
		ere was a 3-inch binder and a	Ŀ		1111	_	
		s (measuring 4-inches by			ballater: convote us de	iu	
		s) stored on the top shelf, medication room. These	Ì		frest than rod. noon, on -		
		s from the deflector.	}		This stelving has a week clear	ene o	ا ـــــــ ا

FORM CMS-2567(02-99) Provious Versions Obsolete

Event ID: P8T521

Facility ID: GA970000070

If continuation sheet Page 8 of 18

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2)-MULTIP	LE CONSTRUCTION	OMB NO. (X3) DATE COMF	
	·	056063	B. WING		4419	6/2019
NAME OF	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE	11/2	012019
INFINITY	CARE OF EAST LO	s angeles		101 S FICKETT STREET LOS ANGELES, CA 90033		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	.D 8E	(X5) GOMPLETION DATE
K 351	Continued From pa	age 8	K 351			
•	was informed that clearance between	or, the maintenance supervisor there should be an 18-inch I the deflectors and the nearest enance supervisor stated that aid be removed.	,			
	The deficient pract compartments.	ice affected two of six smoke				
K 354 SS=F	acknowledged duri	Out of Service	K 354	revised on, by		
	extent and duration determined, areas inspected and risks recommendations or designated reprodepartment and objurisdiction have be sprinkler system is hours in a 24-hour of the building affer	r system is impaired, the n of the impairment has been or buildings involved are		revised on, by to now include procedures implementing fine which the outo. sprinkler syste out of service for 10 hrs more in a 24-hour pe	er is	
	system has been in 18.3.5.1, 19.3.5.1. This REQUIREME by: Based on Interview failed to establish a when the automatic			. •		

		AND HUMAN SERVICES & MEDICAID SERVICES			• .	FORM	12/11/2019` APPROVED 0938-0391
	of deficiencies F correction	(X1) PROVIDER/SUPFLIER/CLIA IDENTIFICATION NUMBER;	(X2) MU A. BUILI		LE CONSTRUCTION 6 01		SURVEY PLETED
	:	056063	B. WING	.	· · · · · · · · · · · · · · · · · · ·	11/26/2019	
NAME OF F	PROVIDER OR SUPPLIER			9	STREET ADDRESS, CITY, STATE, ZIP CODE		
INFINITY	CARE OF EAST LOS	ANGELES			101 8 FICKETT STREET LOS ANGELES, CA 80033		·
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREP TAG	ΊX	PROVIDER'S PLAN OF CORRECTI (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO DEFICIENCY)	D BE '	(X8) COMPLETION DATE
K 354	system goes out of assist with the appr procedures to be in Findings: On November 26, 2 the facility's fire wal conducted. The pol stated to notify the (Department of Heautomatic sprinkler policy did not indicate a fire watch when it system goes out of hours (as Indicated Inspection, Testing	t the automatic sprinkler service, a fire watch policy will opriate emergency	K	354			
	administrator and the regarding this fire was administrator as supervisor were infectabled procedures being implemented system goes out of hours in a 24-hour stated that the fire was a compartments. On November 26, 2 acknowledged duris	erview was conducted with the me maintenance supervisor yatch policy and procedure. and the maintenance ormed that there were no a regarding the fire watch after the automatic sprinkler service for more than 10 period. The administrator watch policy would be revised. The above findings were not the survey process and erence, with the administrator ce supervisor.					

PRINTED: 12/11/2019

		AND RUMAN SERVICES					APPROVED
		& MEDICAID SERVICES					<u>0938-0391</u>
	OF-DEFICIENCIES F CORRECTION	(X1) PROVIDENSUPPLIENCUA IDENTIFICATION NUMBER;	-(X2) MUL A. BUILD		E CONSTRUCTION 01	(X3) DATE COMF	SURVEY PLETED
		086063	B. WING			11/2	8/2019
NAME OF P	ROVIDER OR SUPPLIER			Ş	TREET ADDRESS, CITY, STATE, ZIP CODE		
TANGUARISM	0105 0H 510F 1 05			10	01 S FICKETT STREET		<u> </u>
INFINITY	CARE OF EAST LOS	ANGELES		L	OS ANGELES, CA 90033		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	Tement of deficiencies Y must be preceded by full SC (Dentifying Information)	(D PREF) TAG	X	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	DBE	(XS) COMPLETION DATE
		•	Î.				
K 364	Continued From pa		K3		•		
		5	∤ K3	364		ļ	
SS=E	CFR(s): NFPA 101	•					
	Canddan Onanina	_		.	· ·	· I	
	Corridor - Openings	not used in corridor walls or	Ì				
		aces that do not contain	Ì			,	
		ustible materials are permitted		1			
	to have louvers or t						
		e compartments containing					
	patient sleeping roo	oms, miscellaneous openings		.			
·		ion panels or doors, provided		-	•		
		om do not exceed 20 square					
		r below half the distance from					
		prinklered rooms, the openings	ļ				•
•		ceed 80 square inches.	1				
		rridor walls or doors shall be			•		
		mblies in approved frames. (In toke compartments, there are					
		e area and fire resistance of				-	
	glass and frames.)				`		
	18.3.6.5.1, 19.3.6.5		1				
,		NT is not met as evidenced					
	by:						
		tion and interview, the facility.					
		xed window assemblies in					,
		n corridor doors. Two			ſ·		
	unapproved window	w assemblies on corridor doors	1				
	may compromise to	he Integrity of these doors and	1				
	corridors, during a	to pass from rooms into the			ĺ	,	
	counions' anima s	me emergency.					
,	Findings:	•					
]	On November 26	2019, between 8:16 ai.m. and	1				ļ ·
1		eluator and the maintenance	1 .		·		
		ted a Life Safety Code (LSC)					
ļ		During this LSC tour, it was					}
	observed that then	e were a few corridor doors	1	•			
	that had fixed wind	ow assemblies and the	l			_	<u> </u>

		AND HUMAN SERVICES			. · ·		APPROVED
CENTE	RS FOR MEDICARE	& MEDICAID SERVICES					0938-0391
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		LE CONSTRUCTION 01		SURVEY PLETED
		058083	B. WING	·		111	26/2019
NAME OF	PROVIDER OR SUPPLIER	· · · · · · · · · · · · · · · · · · ·	,	S	TREET ADDRESS, CITY, STATE, ZIP CODE		
INFINITY	CARE OF EAST LOS	ANGELES		1	01 S FICKETT STREET		
				Լւ	OS ANGELES, CA 90033		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ITEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)) BÉ	(XE) COMPLETION DATE
K 364	following were obse 1. At 9:59 a.m., the	-	к: 	364	-> Mal Bar Jan's -1	•	
	assembly on it. A c	oser observation revealed that bly was not the approved type.			was replaced with approx	5	•
	19-inch wide by 30- it. A closer observa assembly was not t During this LSC tou was informed that t	ır, the maintenance supervisor he window assemblies on		_	nor repores rify alternes	5 s	
	glazing window ass inch thickness) with approved frames. A maintenance super	be fire protection-rated tembiles, or wired glass (1/4 in fire-rated glazing materials in at the end of the interview, the visor stated that these replaced with the approved fire mbiles.			materials on -	•	
	The deficient practl compartments.	ce affected two of six smoke					·
K 511 85=E	acknowledged duri during the exit conf and the maintenand Utilities - Gas and I		K	511			
	complies with NFP/ electrical wiring and NFPA 70, National	Electric as or related gas piping A 54, National Fuel Gas Code, I equipment complies with Electric Code, Existing ntinue in service provided no					

S FOR MEDICARE					
	& MEDICAID SERVICES				APPROVED 0938-0391
of deficiencies Correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			(X3) DAT	E SURVEY
	066083	B. WING_		11/	26/2019
ROVIDER OR SUPPLIER			STREET ACCRESS, CITY, STATE, ZIP CODE		
CARE OF EAST LOS	ANGELES		101 8 FICKETT STREET LOS ANGELES, CA 90033		
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	ID PREFIX TAG	(EACH CORRECTIVE ACTION SKO	ULD BE	(X8) COMPLETION OATE
hazard to life.		K 51	11		
by: Based on observat failed to maintain al related gas piping a electrical equipmen National Fuel Gas (Electrical Code, res lint screens were ur	tion and interview, the facility I equipment using gas or and/or electrical wiring and It in compliance with NFPA 54, Code, and NFPA 70, National spectively. Two of four dryers' asscured and allowed lint to				
Findings:				,	
11:10 a.m., the eval	luator and the maintenance				
was observed that the dryer squared frames (minches by 12 inches five sides (A 16-me and 16 columns equare inch of the srevealed that two of unsecured lint screet through the dryer at hazard. Dryer #2 hallnt screen and Dryer it's lint screen.	there were four dryers. It was stillnt traps were metal easuring 20 Inches by 12 s) with 16-mesh screens on sh screen consists of 16 rows ualing 256 squares, per every screen). A closer observation i the four dryers had eans, which allowed lint to pass and possibly cause a fire at a 1-inch separation on it's er #4 had a 2-inch separation		The was fore or	hereind in	
	CORRECTION ROVIDER OR SUPPLIER CARE OF EAST LOS SUMMARY STA (EACH DEFICIENCY REGULATORY OR D Continued From pa hazard to life. 18.5.1.1, 19.5.1.1, 5 This REQUIREMENT by: Based on observed falled to maintain al related gas piping a electrical equipmen National Fuel Gas (Electrical Code, res lint screens were un pass through the dr hazard. Findings: On November 26, 2 11:10 a.m., the eval supervisor conduct tour of the facility. At 8:35 a.m., upon of was observed that the control of the server square from of the s revealed that two of unsecured lint screen through the oryer al hazard. Dryer ar lint screen and Drye on it's lint screen.	ROVIDER OR SUPPLIER CARE OF EAST LOS ANGELES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSO IDENTIFYING INFORMATION) Continued From page 12 hazard to life. 18.6.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain all equipment using gas or related gas piping and/or electrical wiring and electrical equipment in compliance with NFPA 54, National Fuel Gas Code, and NFPA 70, National Electrical Code, respectively. Two of four dryers lint screens were unsecured and allowed lint to pass through the dryer, which could lead to a fire hazard. Findings: On November 26, 2019, between 8:15 a.m. and 11:10 a.m., the evaluator and the maintenance supervisor conducted a Life Safety Code (LSC) tour of the facility. At 8:35 a.m., upon entering the laundry room, it was observed that there were four dryers. It was noted that the dryers' lint traps were metal squared frames (measuring 20 Inches by 12 inches by 12 inches by 12 inches with 18-mesh screens on five sides (A 16-mesh screen consists of 16 rows and 16 columns equaling 256 squares, per every square inch of the screen). A closer observation revealed that two of the four dryers had unsecured lint screens, which allowed lint to pass through the dryer and possibly cause a fire hazard. Dryer #2 had a 1-inch separation on it's lint screen.	ROVIDER OR SUPPLIER CARE OF EAST LOS ANGELES SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FILL REGULATORY OR LSO IDENTIFYING INFORMATION) Continued From page 12 hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility falled to maintain all equipment using gas or related gas piping and/or electrical wiring and electrical equipment in compliance with NFPA 54, National Fuel Gas Code, and NFPA 70, National Electrical Code, respectively. Two of four dryers' lint screens were unsecured and allowed lint to pass through the dryer, which could lead to a fire hazard. Findings: On November 26, 2019, between 8:15 a.m. and 1:10 a.m., the evaluator and the maintenance supervisor conducted a Life Safety Code (LSC) tour of the facility. At 8:35 a.m., upon entering the laundry room, it was observed that there were four dryers. It was noted that the dryers' lint traps were metal squared frames (measuring 20 Inches by 12 Inches) with 18-mesh screens on five sides (A 16-mesh screen consists of 16 rows and 16 columns equaling 256 squares, per every square inch of the screen). A closer observation revealed that two of the four dryers had unsecured lint screens, which allowed lint to pass through the dryer and possibly cause a fire hazard. Dryer #2 had a 1-inch separation on it's lint screen and Dryer #4 had a 2-inch separation on it's lint screen.	ROMIDER OR SUPPLIER OBGORS ROMIDER OR SUPPLIER CARE OF EAST LOS ANGELES SUMMARY STATEMENT OF DETICIONCIES CEACH DEPOCRECION VINUS DE PRECEDED BY TILL REGULATORY OR LSO DEMTIFYING INFORMATION) COntinued From page 12 hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This RECUliREMENT is not met as evidenced by: Based on observation and interview, the facility falled to maintain all equipment using gas or related gas piping and/or electrical wiring and electrical equipment in compilance with NFPA 54, National Fluel Gas Code, and NFPA 70, National Fluel Gas Code, and NFPA 70, National Fluel Gas Code, and NFPA 70, National Fluel Gas Code, and the maintenance supervisor conducted a Life Safety Code (LSC) tour of the facility. At 8.35 a.m., upon entering the lsundry room, it was observed that there were four dryers. It was noted that the dryers' link 18-mesh screens on five sides (A 18-mesh screen consists of 18 rows and 16 columns equaling 256 squares, per every square inch of the screen). A closer observed that two of the four dryers had unsecured lint screens, which allowed lint to pass through the dryer and possibly cause a fire hazard. Dryer #2 had a 1-inch separation on it's link screen.	ROWINGER OR SUPPLIER CARE OF EAST LOS ANGELES SIMMARY STATEMENT OF DESCRICENCIES GROWNING ROWING HEAD COMMISSION OF THE RECOLOR OF THE APPROPRIATE DESCRICES OF THE RECOLOR OF THE APPROPRIATE DESCRICES OF THE APPRO

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		AND HUMAN SERVICES & MEDICAID SERVICES	• •		•	•	FORM	APPROVED
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		ONSTRUCTION		(X3) DAT	0938-0391 E SURVEY IPLETED
		056083	B. WING_		·	<u> </u>	11/	26/2019
NAME OF F	PROVIDER OR SUPPLIER					Y, STATE, ZIP CODE	1	
INFINITY	CARE OF EAST LOS	ANGELES			S FICKETT STREE ANGELES, CA			į
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL BC (DENTIFYING INFORMATION) .	, ID PREFIX TAG	K	(EACH CORRE CROSS-REFERE	9 PLAN OF CORRECT ECTIVE ACTION BHOL INCED TO THE APPRI DEFICIENCY)	TON PLD BE OPRIATE	(X5) COMPLETION DATE
K 511	Continued From pa	ge 13	K 5	11				•
K 918 SS=F	During this LSC tout with the maintenant unsecured lint screet supervisor was info allowed lint to trave the flame, which he accumulate in the dair from circulating cause a fire hazard the maintenance sureplace these fint screens, immediate the deficient practic compartments. On November 26, 2 acknowledged during the exit confiand the maintenance Electrical Systems CFR(s): NFPA 101 Electrical Systems Maintenance and Telectrical Systems	or, an interview was conducted the supervisor regarding the ears. The maintenance regarding the ears. The maintenance regarding the ears. The maintenance regarding the that these screens I through the dryer and near lats up the dryer. The lint can invers' tubing, preventing the through the dryer, and can. At the end of the interview, upervisor stated that he would creens with tight-fitting linters. The above findings were agone the survey process and erence, with the administrator as supervisor. Essential Electric System esting	K 91					
	and associated equiverservice within 10 secretarion is not metoprocess shall be process and to transfer switches and the NFPA 110. Generator sets are under load 30 minutions.	ther alternate power source ilpment is capable of supplying aconds. If the 10-second during the monthly test, a ovided to annually confirm this a safety and critical branches, esting of the generator and re performed in accordance inspected weekly, exercised tes 12 times a year in 20-40 exercised once every 36	·					

		AND HUMAN SERVICES 8 MEDICAID SERVICES			•	FORM	APPROVED 0938-0391
	of deficiencies f correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILD		LE CONSTRUCTION 01		E SURVEY PLETED
		056083	B. WING			11/2	26 <i>i</i> 2019
NAME OF F	ROVIDER OR SUPPLIER			ı	TREET ADDRESS, CITY, STATE, ZIP CODE		
INFINITY	CARE OF EAST LOS				01 S FICKETT STREET .OS ANGELES, CA 90033		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES 'MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(XB) COMPLETION DATE
K 918	under load conditions simulated cold start transfer of all EES I compatent personnestored energy power accordance with Nicircult breakers are program for periodic components is estart manufacturer requirmaintenance and to readily available. El circults are marked separate from normathe possibility of dasource is a design dinstallations. 6.4.4, 6.5.4, 6.6.4 (Inc. 111, 700.10 (NFPA) This REQUIREMED by: Based on interview falled to provide do generator had four once every 36 mon performed four hou once every 36 mon accordance with Nicemergency and Statedition, Routine Materials. Findings: On November 26, 2	uous hours. Scheduled test ns Include a complete and automatic or manual loads, and are conducted by el. Maintenance and testing of er sources (Type 3 EES) are in FPA 111. Main and feeder inspected annuelly, and a cally exercising the iblished according to rements. Written records of esting are maintained and ES electrical panels and readily identifiable, and nal power circuits. Minimizing mage of the emergency power consideration for new NFPA 99), NFPA 110, NFPA 70) NT is not met as evidenced or and record review, the facility's hours of continuous exercise ths. The facility had not are of continuous exercise ths to its generator in FPA 110, Standards for landby Power Systems, 2010 eintenance and Operational	K	918			
- !	the facility's fire insidecumentation was	pection reports and conducted. During this that the generator was				•	

	CENTER	RS FOR MEDICARE	AND HUMAN SERVICES & MEDICAID SERVICES			FORM	: 12/11/2019 APPROVED . 0938-0391
NAME OF PROVIDER OR SUPPLIER INFINITY CARE OF EAST LOS ANGELES (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LEG IDENTIFYING INFORMATION) K 918 Continued From page 15 serviced, on September 8, 2019, but there was no documentation that the generator had four hours of continuous exercise within the past 36 months. At 2:50 p.m., an interview was conducted with the maintenance supervisor regarding the generator routine maintenance testing. It was indicated that the facility had no documentation that the generator had four hours of continuous exercise once every 36 months in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Chapter 8, Routine Meintenance and Operational testing,	STATEMENT AND PLAN O	OF DEFICIENCIES OF CORRECTION		1 ' '			
INFINITY CARE OF EAST LOS ANGELES (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LEG IDENTIFYING INFORMATION) (EACH DEFICIENCY MUST BE PRECEDED BY FULL TAG REGULATORY OR LEG IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) (SAPER CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			· 056063	B. WING		11/	26/2019
CANTON CARE OF EAST LOS ANGELES LOS ANGELES LOS ANGELES, CA 90033	NAME OF F	ROVIDER OR SUPPLIER			• • •		
FREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) K 918 Continued From page 15 serviced, on September 8, 2019, but there was no documentation that the generator had four hours of continuous exercise within the past 36 months. At 2:50 p.m., an interview was conducted with the maintenance supervisor regarding the generator routine maintenance testing. It was indicated that the facility had no documentation that the generator had four hours of continuous exercise once every 36 months in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Chapter 8, Routine Maintenance and Operational testing,	INFINITY						
serviced, on September 8, 2019, but there was no documentation that the generator had four hours of continuous exercise within the past 36 months. At 2:50 p.m., an interview was conducted with the maintenance supervisor regarding the generator routine maintenance testing. It was indicated that the facility had no documentation that the generator had four hours of continuous exercise once every 36 months in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition, Chapter 8, Routine Maintenance and Operational testing,	PRÉFIX	(EACH DEFICIENCY	/ MUST BE PRECEDED BY FULL	PREFI	X (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	JLO BE	(X5) COMPLETION DATE
The deficient practice affected six of six smoke compartments. On November 26, 2019, the above findings were acknowledged during the survey process and during the exit conference, with the administrator and the maintenance supervisor. Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extens CFR(s): nFPA 101 Electrical Equipment - Power Cords and Extens 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	K 920	serviced, on Septer no documentation to hours of continuous months. At 2:50 p.m., an intermined maintenance super routine maintenance the facility had no digenerator had four conce every 36 mon 110, Standard for Electrical Equipments. On November 26, 2 acknowledged during the exit confiand the maintenance Electrical Equipment CFR(s): NFPA 101 Electrical Equipment Extension Cords Power strips in a paused for component patient-care-related (PCREE) assemble by qualified person 10.2.3.6. Power strips in a paused for component patient-care-related (PCREE) assemble by qualified person 10.2.3.6. Power strips in a paused for component patient-care-related (PCREE) assemble by qualified person 10.2.3.6. Power strips in a paused for component patient-care-related (PCREE) assemble by qualified person 10.2.3.6. Power strips in a paused for component patient-care-related (PCREE) assemble by qualified person 10.2.3.6. Power strips in a paused for component patient-care-related (PCREE) assemble by qualified person 10.2.3.6. Power strips in a paused for component patient-care-related (PCREE) assemble by qualified person 10.2.3.6. Power strips in a paused for component patient-care-related (PCREE) assemble by qualified person 10.2.3.6. Power strips in a paused for component patient-care-related (PCREE) assemble by qualified person 10.2.3.6. Power strips in a paused for component patient-care-related (PCREE) assemble by qualified person 10.2.3.6. Power strips in a paused for component patient-care-related (PCREE) assemble by qualified person 10.2.3.6. Power strips in a paused for component patient-care-related (PCREE) assemble by qualified person 10.2.3.6. Power strips in a paused for component patient-care-related (PCREE) assemble by qualified person 10.2.3.6. Power strips in a paused for component patient-care-related (PCREE) assemble by qualified person 10.2.3.6. Power strips in a paused for component patient-care-related (PCREE) assemble to the patient	mber 8, 2019, but there was hat the generator had four a exercise within the past 36 erview was conducted with the visor regarding the generator is testing. It was indicated that ocumentation that the hours of continuous exercise this in accordance with NFPA imergency and Standby Power tion, Chapter 8, Routine operational testing, naintenance supervisor stated are of this requirement. The above findings were not the survey process and erence, with the administrator are supervisor. The Power Cords and Extens the Power Cords and Extens the Power Cords and estent care vicinity are only the of movable of electrical equipment are that have been assembled nel and meet the conditions of this in the patient care vicinity in non-PCREE (e.g., personal tin long-term care resident.		Facility has revised The regardency energency to include the 4 how requirement I BS may echedule the tests and provide this to the Administrator to approval. I BS now the generator 4 hours all continuously on — of — Con	tor J.	

PRINTED: 12/11/2019

		& MEDICAID SERVICES						APPROVED . 0938-0391
STATEMENT OF DEFICIENCIES (X1) PROVIDERISUPPLIERICUA			(X2) MULTIPLE CONSTRUCTION A. BUILDING 01					E BURVEY IPLETED
		058083	B. WING	·		<u> </u>	11/	26/201 9
NAME OF PROVID	DER OR SUPPLIER		!		ET ADDRESS, CITY,			
INFINITY CAR	E OF EAST LOS	ANGELES		1	S FICKETT STREET ANGELES, CA 9			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	Tement of deficiencies / Must be preceded by full sc identifying information)	ID PREF TAG		(EACH CORRECT CROSS-REFERENCE	PLAN OF CORRECT TIVE ACTION SHOU DED TO THE APPR EFICIENCY)	JLD BE	(X5) COMPLETION DATE
PCF strip (out care stan prec sub: Extern which to 2 to	es for non-PCRI side of vicinity) a rooms, power dards. All power autions. Exter stitute for fixed ension cords us nediately upon o ch it was install 2.4. 2.3.6 (NFPA 99) PA 70), 590.3(i) a REQUIREME sed on observa ed to plug electrological extension gged into dome other power stri cirical extension gged into dome other power stri an electrical ove dittion, electrical exture. November 26, 10 a.m., the ev pervisor conduct pervisor conduct property of the conduct pervisor conduct p	ige 16 363A or UL 60601-1. Power EE in the patient care rooms meet UL 1363. In non-patient strips meet other UL er strips are used with general islon cords are not used as a wiring of a structure. Sed temporarily are removed completion of the purpose for ed and meets the conditions of 0, 10.2.4 (NFPA 99), 400-8 D) (NFPA 70), TIA 12-5 NT is not met as evidenced atton and interview, the facility ical equipment directly into ithout the use of domestic in cords and power strips stic electrical extension cords ps. The use of domestic in cords and power strips stic electrical extension cords ps. The use of domestic in cords and power strips stic electrical extension cords ps. The use of domestic in cords and power strips stic electrical extension cords ps. The use of domestic in cords and power strips stic electrical extension cords ps. The use of domestic in cords and power strips stic electrical extension cords ps. The use of domestic in cords and power strips stic electrical extension cords ps. The use of domestic in cords and power strips stic electrical extension cords ps. The use of domestic in cords and power strips stic electrical extension cords ps. The use of domestic in cords and power strips stic electrical extension cords ps. The use of domestic in cords and power strips of the use of domestic in cords and power strips. The use of domestic in cords are not to be delectrical wiring of a lead to the use of the us	K	920				
. _{1.7}		served: the activity office there was: a) unit plugged into a power strip			-> facility rom	aipseiser ben	i bra	stub ou

	RS FOR MEDICAR OF DEFICIENCIES	E & MEDICAID SERVICES (X1) PROVIDER/SUPPLIER/CLIA	1V25 L010	TIPLE CONSTRUCTION	OMB NO. 0938-0391 (X3) DATE SURVEY
	F CORRECTION	IDENTIFICATION NUMBER:	A. BUILD	•	COMPLETED
	•	056063	B. WING		11/26/2019
	PROVIDER OR SUPPLIE CARE OF EAST LO			STREET ADDRESS. CITY, STATE, ZIP GCDI 101 S FICKETT STREET LOS ANGELES, CA 90033	
(X4) ID PREFIX TAG	IEACH BEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		OULD BE COMPLETION
K 920	extension cord. T cord was plugged and b) a microwa electrical extension another electrical	ed into a domestic electrical his domestic electrical extension i into an electrical wall outlet, ve oven plugged into a domestic on cord, which was plugged into wall outlet.	- Jour	sopherenent for resident	# .
•	a domestic electric plugged into an esupply closet (ne) 3. At:10:40 a.m., were plugged into anot power strip was p	an electric fan were plugged into ical extension cord, which was lectrical wall outlet, in a central ar Room 218). a coffeemaker and a refrigerator of a power strip, which was ther power strip. This second plugged into an electrical wall ficor ("Cancun") employee		cord on, replaned pour 12/10/19	
	with the maintent electrical problem was informed the extension cords domestic electric power strips, well could lead to a finiterview, mainte would correct the The deficient procompartments. On November 2 acknowledged during the exit could the exit control of the	cour, an interview was conducted ance supervisor regarding these his. The maintenance supervisor at the use of domestic electrical and power strips plugged into all extension cords or other re unapproved practices and re hazard. At the end of the mance supervisor stated that he ese problems. Incide affected three of six smoke uring the survey process and onference, with the administrator ance supervisor.		strip on 12/10 Strip on 12/10 Strip on 12/10 Verbally consoled to plus power strips into power strips due to tolerant Lie bearaid that practice - 11/26	based ph based ph consecutives consecutive consecutives consecutives consecutives consecutives consecutive consecutives consecutives consecutives consecutives consecutive consec
FORM CMS	2567(02-89) Previous Ven	itans Obsotete Event (D: P8T)	521 ,	Facility (D: CA970000070 If co	ntinuation sheet Page 18 of 1
•				Stall commended Stall commended Some Stall commended Some some some some some some some some s	ecourse it needed and oval from the B