

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

PRINTED: 04/04/2019
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055292	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 03/29/2019
NAME OF PROVIDER OR SUPPLIER SHIELDS RICHMOND NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 1919 CUTTING BLVD RICHMOND, CA 94804		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
E 000	Initial Comments The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities. Representing the California Department of Public Health: 31070 The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities.	E 000	<div style="border: 2px solid red; padding: 5px; text-align: center;"> Received By CDPH - L&C at 02:14 pm, Apr 15, 2019 </div>		
K 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 9/1/1967 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 Code of Federal Regulations (CFR) 483.90 (a) (b) (c) (j), National Fire Protection Association (NFPA) 101, Life Safety Code, 2012 Edition, and NFPA 99, Health Care Facilities Code, 2012 Edition. Representing the California Department of Public Health:	K 000			

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

William Shields

TITLE

Administrator

(X6) DATE

4/15/19

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.

Approved 4/16/19 per Jose Gonzalez

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K 000	Continued From page 1 31070 The facility is not in substantial compliance with 42 CFR 483.90 (a) for Long Term Care Facilities.	K 000	<div style="border: 1px solid red; padding: 5px; text-align: center;"> Received By CDPH - L&C at 02:14 pm, Apr 15, 2019 </div> This door is not used as an egress door, and is not needed for safe entry and/or exit from the kitchen. This door will be closed off as not to be confused as an egress door. No residents were affected or have been affected by this deficiency. The Maintenance Director has added the review and assessment of all egress doors to his monthly check list to ensure all egress doors have free access. The Maintenance Director and the Administrator will monitor. The QA committee will monitor for the next 3 months for continued compliance.	04/29/19	
K 222 SS=D	Census: 75 Egress Doors CFR(s): NFPA 101 Egress Doors Doors in a required means of egress shall not be equipped with a latch or a lock that requires the use of a tool or key from the egress side unless using one of the following special locking arrangements: CLINICAL NEEDS OR SECURITY THREAT LOCKING Where special locking arrangements for the clinical security needs of the patient are used, only one locking device shall be permitted on each door and provisions shall be made for the rapid removal of occupants by: remote control of locks; keying of all locks or keys carried by staff at all times; or other such reliable means available to the staff at all times. 18.2.2.2.5.1, 18.2.2.2.6, 19.2.2.2.5.1, 19.2.2.2.6 SPECIAL NEEDS LOCKING ARRANGEMENTS Where special locking arrangements for the safety needs of the patient are used, all of the Clinical or Security Locking requirements are being met. In addition, the locks must be electrical locks that fail safely so as to release upon loss of power to the device; the building is protected by a supervised automatic sprinkler system and the locked space is protected by a complete smoke detection system (or is constantly monitored at an attended location within the locked space); and both the sprinkler	K 222			

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K 222	<p>Continued From page 2</p> <p>and detection systems are arranged to unlock the doors upon activation. 18.2.2.2.5.2, 19.2.2.2.5.2, TIA 12-4 DELAYED-EGRESS LOCKING ARRANGEMENTS Approved, listed delayed-egress locking systems installed in accordance with 7.2.1.6.1 shall be permitted on door assemblies serving low and ordinary hazard contents in buildings protected throughout by an approved, supervised automatic fire detection system or an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 ACCESS-CONTROLLED EGRESS LOCKING ARRANGEMENTS Access-Controlled Egress Door assemblies installed in accordance with 7.2.1.6.2 shall be permitted. 18.2.2.2.4, 19.2.2.2.4 ELEVATOR LOBBY EXIT ACCESS LOCKING ARRANGEMENTS Elevator lobby exit access door locking in accordance with 7.2.1.6.3 shall be permitted on door assemblies in buildings protected throughout by an approved, supervised automatic fire detection system and an approved, supervised automatic sprinkler system. 18.2.2.2.4, 19.2.2.2.4 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to maintain their egress doors. This was evidenced by one door that was obstructed from opening. This could result in delayed egress in event of a fire or other emergency. This affected one of three smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.2.2.2 Doors.</p>	K 222	<div style="border: 1px solid red; padding: 5px; text-align: center;"> <p>Received</p> <p>By CDPH - L&C at 02:14 pm, Apr 15, 2019</p> </div>		

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K 222	Continued From page 3 19.2.2.2.1 Doors complying with 7.2.1 shall be permitted. 7.2.1.4.1* Swinging-Type Door Assembly Requirement. Any door assembly in a means of egress shall be of the side-hinged or pivoted-swinging type, and shall be installed to be capable of swinging from any position to the full required width of the opening in which it is installed 7.2.1.5.1 Door leaves shall be arranged to be opened readily from the egress side whenever the building is occupied. Findings: During the facility tour with the Maintenance Staff on 3/29/19, the egress doors were observed. 1. At 3:50 p.m., one of three corridor doors to the Kitchen, was obstructed by a refrigerator. The door was approximately 5 feet wide. The door could only be opened approximately 12 inches. The refrigerator prevented entry and exiting thru the door.	K 222			
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by:	K 345	<div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> Received By CDPH - L&C at 02:14 pm, Apr 15, 2019 </div> The Annual Fire system inspection testing was completed on 4/23/18, this report includes the sensitivity testing on page #2 (report attached). No residents were affected or have been affected by this deficiency. The Maintenance director and the Administrator will monitor for continued compliance.	04/04/2019	

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K 345	<p>Continued From page 4</p> <p>Based on document review, the facility failed to maintain their fire alarm system. This was evidenced by the failure to provide documentation for the annual fire alarm inspection and testing, and the smoke detector sensitivity testing. This could result in the malfunction of the fire alarm system and the potential to delay notification of a fire and delay evacuation in the event of a fire. This affected all residents in three of three smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6 9.6.1.5* To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code.</p> <p>NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition 10.18.2.4.1 Verification shall ensure that the installed system includes all components and functions, that those components and functions are installed and operate as required, that the system has been 100 percent acceptance tested in accordance with Chapter 14, and that all required documentation has been provided to the system owner.</p> <p>Exception: Where the installation is an extension, modification, or reconfiguration of an existing system, the verification shall be required for the new work only, and reacceptance testing in accordance with Chapter 14 shall be acceptable.</p> <p>10.18.2.4.3 Verification shall include written confirmation that any required corrective actions</p>	K 345			

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By CDPH - L&C at 02:14 pm, Apr 15, 2019

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K 345	Continued From page 5 have been completed. Chapter 14 Inspection, Testing, and Maintenance 14.1 Application. 14.1.1 The inspection, testing, and maintenance of systems, their initiating devices, and notification appliances shall comply with the requirements of this chapter. 14.1.2 The inspection, testing, and maintenance of single and multiple-station smoke and heat alarms and household fire alarm systems shall comply with the requirements of this chapter. 14.2.1.2 Impairments. 14.2.1.2.1 The requirements of Section 10.19 shall be applicable when a system is impaired. 14.2.1.2.2 System defects and malfunctions shall be corrected. 14.2.1.2.3 If a defect or malfunction is not corrected at the conclusion of system inspection, testing, or maintenance, the system owner or the owner's designated representative shall be informed of the impairment in writing within 24 hours. 14.4.5.3.1 Sensitivity shall be checked within 1 year after installation. 14.4.5.3.2 Sensitivity shall be checked every alternate year thereafter unless otherwise permitted by compliance with 14.4.5.3.3. 14.4.5.3.3 After the second required calibration test, if sensitivity tests indicate that the device has remained within its listed and marked sensitivity range (or 4 percent obscurator light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years. 14.4.5.3.3.1 If the frequency is extended, records of nuisance alarms and subsequent trends of	K 345			

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K 345	Continued From page 6 these alarms shall be maintained. 14.4.5.3.3.2 In zones or in areas where nuisance alarms show any increase over the previous year, calibration tests shall be performed. 14.4.5.3.4 To ensure that each smoke detector or smoke alarm is within its listed and marked sensitivity range, it shall be tested using any of the following methods: (1) Calibrated test method (2) Manufacturer's calibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose (4) Smoke detector/fire alarm control unit arrangement whereby the detector causes a signal at the fire alarm control unit where its sensitivity is outside its listed sensitivity range (5) Other calibrated sensitivity test methods approved by the authority having jurisdiction 14.4.5.3.5 Unless otherwise permitted by 14.4.5.3.6, smoke detectors or smoke alarms found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. 14.4.5.3.6 Smoke detectors or smoke alarms listed as field adjustable shall be permitted to either be adjusted within the listed and marked sensitivity range, cleaned, and recalibrated, or be replaced. 14.6.2.4*A record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 14.6.2.4: (1) Date (2) Test frequency (3) Name of property (4) Address	K 345			

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K 345	<p>Continued From page 7</p> <p>(5) Name of person performing inspection, maintenance, tests, or combination thereof, and 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</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) Functional test of mass notification system control units</p> <p>(13) Functional test of signal transmission to mass notification systems</p> <p>(14) Functional test of ability of mass notification system to silence fire alarm notification appliances</p> <p>(15) Tests of intelligibility of mass notification system speakers</p> <p>(16) Other tests as required by the equipment manufacturer's published instructions</p> <p>(17) Other tests as required by the authority having jurisdiction</p> <p>(18) Signatures of tester and approved authority representative</p> <p>(19) Disposition of problems identified during test (e.g., system owner notified, problem corrected/successfully retested, device abandoned in place)</p> <p>Findings:</p> <p>During document review with the Administrator and the Maintenance Staff on 3/29/19, the annual fire alarm inspection and testing and the smoke sensitivity testing documents were requested.</p>	K 345			

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K 345	Continued From page 8	K 345			
K 353 SS=E	<p>1. At 3:12 p.m., the facility failed to provide documentation upon request for the annual fire alarm inspection and testing.</p> <p>2. At 3:14 p.m., the facility failed to provide documentation for the smoke sensitivity testing upon request to ensure that each smoke detector are within their listed and marked sensitivity range.</p> <p>Sprinkler System - Maintenance and Testing CFR(s): NFPA 101</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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 REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to maintain their automatic sprinkler systems. This was evidenced by the failure to provide documentation for two of four quarterly</p>	K 353	<p>1st and 2nd quarter reports attached, they were completed on 1/8/18 and 4/20/18.</p> <p>The Linen cart was lowered to 20" below the sprinkler head.</p> <p>No residents were affected by this deficiency.</p> <p>The Maintenance Director, Administrator and QA committee will monitor for continued compliance.</p>	4/5/19	

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K 353	<p>Continued From page 9</p> <p>inspections for the past twelve months and one sprinkler that did not have 18 inch clearance. This could result in an obstruction to the sprinklers' spray pattern and a malfunction of the automatic sprinkler system. This affected all residents in three of three smoke compartments.</p> <p>NFPA 101 Life Safety Code, 2012 Edition 19.3.5 Extinguishment Requirements. 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. 9.7.7 Documentation. All required documentation regarding the design of the fire protection system and the procedures for maintenance, inspection, and testing of the fire protection system shall be maintained at an approved, secured location for the life of the fire protection system. 9.7.8 Record Keeping. Testing and maintenance records required by NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, shall be maintained at an approved, secured location. 9.7.1.1* Each automatic sprinkler system required by another section of this Code shall be in accordance with one of the following: (1) NFPA 13, Standard for the Installation of Sprinkler Systems</p> <p>NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 Edition</p>	K 353			

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K 353	<p>Continued From page 10</p> <p>8.5.6* Clearance to Storage.</p> <p>8.5.6.1* Unless the requirements of 8.5.6.2, 8.5.6.3, 8.5.6.4, or 8.5.6.5 are met, the clearance between the deflector and the top of storage shall be 18 in. (457 mm) or greater.</p> <p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition</p> <p>5.2* Inspection.</p> <p>5.2.4 Gauges.</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>5.2.4.2 Gauges on dry, preaction, and deluge systems shall be inspected weekly to ensure that normal air and water pressures are being maintained.</p> <p>5.2.5 Waterflow Alarm and Supervisory Devices. Waterflow 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>5.2.8* Information Sign. The information sign shall be inspected annually to verify that it is securely attached and is legible.</p> <p>5.3 Testing.</p> <p>5.3.2* Gauges.</p> <p>5.3.2.1 Gauges shall be replaced every 5 years or tested every 5 years by comparison with a calibrated gauge.</p> <p>5.3.2.2 Gauges not accurate to within 3 percent of the full scale shall be recalibrated or replaced.</p>	K 353			

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(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 353	<p>Continued From page 11</p> <p>5.3.3 Waterflow Alarm Devices.</p> <p>5.3.3.1 Mechanical waterflow alarm devices including, but not limited to, water motor gongs, shall be tested quarterly.</p> <p>5.3.3.2* Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually.</p> <p>5.3.3.3 Testing waterflow alarm devices on wet pipe systems shall be accomplished by opening the inspector's test connection.</p> <p>Findings:</p> <p>During the facility tour and document review with the Administrator and the Maintenance Staff on 3/29/19, the automatic sprinkler system was observed and documents were reviewed and requested.</p> <p>1. At 3:16 p.m., the facility failed to provide documentation upon request for two of four quarterly inspections for the automatic sprinkler system. There were no documents for the first and second quarter. The documents provided indicated a quarterly inspection on August 2018 and December 2018.</p> <p>2. At 3:41 p.m., the sprinkler clearance was approximately 11 inches were the Linen cart was stored across from the Employee Lounge. The Linen cart was stored directly under the sprinkler deflector.</p>	K 353			
K 355 SS=D	<p>Portable Fire Extinguishers</p> <p>CFR(s): NFPA 101</p> <p>Portable Fire Extinguishers</p> <p>Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with</p>	K 355			

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K 355	<p>Continued From page 12</p> <p>NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to maintain their fire extinguisher's. This was evidenced by one fire extinguisher that was mounted higher than 60 inches. This could result in staffs inability to readily access the fire extinguisher in the event of a fire. This affected one of three smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 9.7.4 Manual Extinguishing Equipment. 9.7.4.1* Where required by the provisions of another section of this Code, portable fire extinguishers shall be selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.</p> <p>NFPA 10, Standard for Portable Fire Extinguishers, 2010 Edition 6.1.3.8 Installation Height. 6.1.3.8.1 Fire extinguishers having a gross weight not exceeding 40 lb (18.14 kg) shall be installed so that the top of the fire extinguisher is not more than 5 ft (1.53 m) above the floor. 6.1.3.8.2 Fire extinguishers having a gross weight greater than 40 lb (18.14 kg) (except wheeled types) shall be installed so that the top of the fire extinguisher is not more than 31.2 ft (1.07 m) above the floor. 6.1.3.8.3 In no case shall the clearance between the bottom of the hand portable fire extinguisher and the floor be less than 4 in. (102 mm).</p> <p>Findings:</p>	K 355	<p>The Fire Extinguisher was lowered to the acceptable height during the survey.</p> <p>No residents were affected by this deficiency.</p> <p>The Maintenance director will continue to monitor to ensure all Fire Extinguishers are placed at the correct height. The Administrator will monitor for continued compliance.</p>	4/4/19	

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K 355	Continued From page 13 During the facility tour with the Maintenance Staff on 3/29/19, the fire extinguishers were observed. 1. At 3:09 p.m., the portable fire extinguisher located in the Kitchen was mounted at 67 inches above the floor.	K 355			
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no 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, the facility failed to maintain their wiring and electrical equipment. This was evidenced by one light fixture that had no cover. This could result in an increased risk of fire and or electrical shock. This affected one of three smoke compartments. NFPA 101, Life Safety Code, 2012 Edition 19.5.1 Utilities. 19.5.1.1 Utilities shall comply with the provisions of Section 9.1. 9.1.2 Electric Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations	K 511	The light fixture will be replaced with an approved fixture. No residents were affected by this deficiency. Maintenance Director, Administrator and the QA committee will monitor for continued compliance.	4/29/19	

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K 511	Continued From page 14 are approved existing installations, which shall be permitted to be continued in service. NFPA 70, National Electrical Code, 1999 Edition 370-25 In completed installations, each box shall have a cover, faceplate, or fixture canopy. 410-12 Outlet Boxes to Be Covered. In a completed installation each outlet box shall be provided with a cover unless covered by means of a fixture canopy, lampholder, receptacle, or similar device. Findings: During the facility tour with the Maintenance Staff on 3/29/19, the electrical wiring and equipment was observed. 1. At 3:25 p.m., the light fixture located in the Storage near Room 8 had no cover. The light fixture was designed to have a cover.	K 511			
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K- Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation, the facility failed to maintain their electrical equipment. This was evidenced by one electrical panel that was obstructed. This could result in staff's inability to	K 919	<div style="border: 1px solid red; padding: 5px; margin: 10px 0;"> Received By CDPH - L&C at 02:14 pm, Apr 15, 2019 </div> The Maintenance director will in-service the laundry staff regarding keeping all obstructions away for the electrical panel (see attached in-service). No residents were affected from this deficiency. The Maintenance director, Administrator and the QA committee will continue to monitor for compliance.		

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K 919	<p>Continued From page 15</p> <p>access the electrical panel in the event of an emergency. This affected one of three smoke compartments.</p> <p>NFPA 101 Life Safety Code, 2012 Edition 19.5 Building Services. 19.5.1 Utilities. 19.5.1.1 Utilities shall comply with the provisions of Section 9.1. 9.1.2 Electrical Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 70, National Electrical Code, 2011 Edition 110.26 Spaces About Electrical Equipment. Access and working space shall be provided and maintained about all electrical equipment to permit ready and safe operation and maintenance of such equipment. 110.32 Work Space About Equipment. Sufficient space shall be provided and maintained about electrical equipment to permit ready and safe operation and maintenance of such equipment. Where energized parts are exposed, the minimum clear work space shall be not less than 2.0 m (6 1/2 ft) high (measured vertically from the floor or platform) or not less than 914 mm (3 ft) wide (measured parallel to the equipment). The depth shall be as required in 110.34(A). In all cases, the work space shall permit at least a 90 degree opening of doors or hinged panels</p> <p>Findings:</p>	K 919			

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K 919	Continued From page 16 During the facility tour with the Maintenance Staff on 3/29/19, the electrical equipment was observed. 1. At 3:30 p.m., the electrical panel located in the Laundry was obstructed by a large yellow bin. The yellow bin was directly in front of the electrical panel with approximately zero clear work space.	K 919			

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