

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


PRINTED: 03/04/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555164	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED C 02/25/2016
NAME OF PROVIDER OR SUPPLIER ARBOR REHABILITATION & NURSING CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 900 NORTH CHURCH STREET Lodi, CA 95240	
(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 Surveyor: 29753 The following reflects the findings of the California Department of Public Health, Life Safety Code Unit, during an abbreviated Life Safety Code Survey. Complaint Number: CA00475731 The inspection was limited to the specific entity reported incident investigated and does not represent the findings of a full inspection of the facility. Representing the California Department of Public Health: 29753 The entity reported incident was substantiated with one deficiency written as a result of entity reported incident	K 000	This plan of correction constitutes the facility's written credible allegation of compliance. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusion set forth on the Statement of Deficiencies. This plan of correction is prepared and/or executed solely because required by the provisions of the health and safety code section 1280 and 42 CFR 483.	
K 144 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99 and NFPA 110. 3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110) This STANDARD is not met as evidenced by: Surveyor: 29753 Based on document review and interview, the facility failed to provide a permanent generator and notify the Authority Having Jurisdiction (California Department of Public Health) of the failure of the permanent generator within 24 hours. This could potentially result in a loss of emergency power during a utility power outage.	K 144	K144 Immediate corrective action for those Residents affected by the deficient practice; No residents affected. Plan/Process to identify other residents potentially affected by the same deficient practice and corrective action to be taken; All residents have the potential to be affected. Facility measures and systemic changes to ensure the deficient practice does not recur; On 02/29/2016, the generator was anchored and on 03/01/2016 K-Rails were installed. Administrator and Maintenance staff will continue to work with OSHPD to repair/replace generator. Facility plan to monitor corrective actions and sustain compliance; integrate Quality Assessment and Assurance (QAA) Process; Administrator will check weekly with company Regional staff and Inspector of Record regarding progress. Completion Date: 03/25/2016	

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

TITLE

(X6) DATE



Administrator

3-11-16

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.

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K 144	<p>Continued From page 1</p> <p>NFPA 101, Life Safety Code, 2000 Edition</p> <p>3.2.2 Authority Having Jurisdiction. The organization, office, or individual responsible for approving equipment, materials, an installation, or a procedure.</p> <p>SECTION 4.5 FUNDAMENTAL REQUIREMENTS</p> <p>4.5.7 Whenever or wherever any device, equipment, system, condition, arrangement, level of protection, or any other feature is required for compliance with the provisions of this Code, such device, equipment, system, condition, arrangement, level of protection, or other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction.</p> <p>Findings:</p> <p>During interviews between 2/22/16 and 2/25/16, with Administrative Staff and Maintenance Staff, the failure of the permanent generator was discussed and documentation was reviewed.</p> <p>On 2/22/16 at 3:52 p.m., Maintenance Staff 1 stated that during the weekly inspection and testing of the generator on 12/2/15, a "Fault" reading was given by the generator just prior to the generator shutting off. Maintenance Staff 1 further stated that the generator contractor was contacted immediately. Maintenance Staff 1 stated that the generator contractor indicated that the generator was not repairable. A temporary generator was installed the same day. At 4:07 p.m., Maintenance Staff 1 stated that the facility</p>	K 144	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>MAR 11 2016</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 144	<p>Continued From page 2</p> <p>was without emergency generator backup power for "a couple hours" and that the existing generator would not have functioned in the event of a power outage.</p> <p>On 2/24/16, at 2:59 p.m., Maintenance Manager 1 stated that the generator malfunction was not reported to the Authority Having Jurisdiction (CDPH) within 24 hours.</p> <p>On 2/25/16, at 1:48 p.m., Administrative Staff 1 stated that the IOR would be onsite to conduct the acceptance test for the temporary generator on 2/25/16 or 2/26/16. At 2:47 p.m., Maintenance Staff 1 further stated the vendor was onsite to determine how to anchor the temporary generator to the asphalt.</p> <p>During document review on 2/25/16, at 8:30 a.m., a letter from the generator vendor to the facility dated 1/15/16, stated that the vendor had been called to the facility on 12/2/15, to investigate issues with the standby generator. The letter indicated that due to discontinued/unavailable parts, the existing generator was non-repairable. The letter further indicated that the vendor delivered, connected, and tested a temporary standby generator to take the place of the existing one, and that the existing generator was to be replaced.</p> <p>At 8:35 a.m., a letter provided from Administrative Staff 1 dated 2/2/16, notified CDPH that during a service check on the facility's generator, the vendor informed them that the generator could not be repaired due to the unavailability of parts. The letter stated that a portable generator would be used until the project was completed.</p>	K 144	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>MAR 11 2016</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 144	Continued From page 3 At 8:45 a.m., an inspections document from the IOR dated 2/23/16, indicated that the installation of the emergency generator was inspected on this date. The inspections document also indicated that the generator was not anchored, that it was currently located on a trailer, and that it might need to be strapped down and was "waiting for OSHPD approval."	K 144			

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LICENSING & CERTIFICATION PROGRAM

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