PRINTED: 03/04/2016

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION  IDENTIFICATION NUMBER:  S55184  STREET ADDRESS, CITY, STATE, ZIP CODE 90 NORTH CHURCH STREET LODI, CA 85240  PREPARAMENT OF DEFICIENCIES  STREET ADDRESS, CITY, STATE, ZIP CODE 90 NORTH CHURCH STREET LODI, CA 85240  PROPERTY AND PROPERTY OF DEFICIENCIES  SURVEYOR OF SUPPLIER  K 000 INITIAL COMMENTS  K 000 INITIAL COMMENTS  Surveyor: 28753  The following reflects the findings of the California Department of Public Health, Life Safety Code Unit, during an abbreviated Life Safety Code Unit, during an abbreviated Life Safety Code Surveyy.  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.  R 1444  Intelligence of the corrective action to the taken: All residents have the potential to be affected.  Pan/Process to identify other residents proteins of the thermal and safety code section 1230 and 42 CR 483.  K 144  Intelligence of the efficient practice of one of the facility is reported incident investigated and does not represent the findings of a full inspection of the facility.  Representing the California Department of Public Health.  Pan/Process to identify other residents proteins and safety code section 1230 and 42 CR 483.  K 144  Intelligence of the provisions of the health and safety code section 1230 and 42 CR 483.  K 144  Intelligence of the efficient practice of one not corrective action to be taken: All residents affected by the same deficient practice and corrective action to be taken: All residents affected by the same deficient practice of one not or represent to the finding of the california Department of Device of the provisions of the health and safety code section 1230 and 42 CR 483.  K 144  Intelligence of the provisions of the health and safety code section 1230 and 42 CR 483.  K 145  Generators inspected weekly and exercised under case of 30 minutes por mont			H AND HUMAN SERVICES <u>E &amp; MEDICAID SERVICES</u>	Y	0		APPROVED 0938-0391
ARBOR REHABILITATION & NURSING CENTER  (ACA) DI REGULATORY OR LSG IDENTIFYING INFORMATION)  K 000 INITIAL COMMENTS  Surveyor. 28753  The following reflects the findings of the California Department of Public Health; Traping an abbreviated 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; 129753  The entity reported incident  K 144			IDENTIFICATION NUMBER;	A. BUILDING		COMPLETED	
Complaint Number: CA00475731   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 was substantiated with one deficiency written as a result of entity reported incident   SS-EE	NAME OF F	ROVIDER OR SUPPLIER	1	8			
REGULATORY OR LSC IDENTIFYING INFORMATION  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 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 investigated and safety code 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 (NFRM) DEPARTMENT ON 1100.  This STANDARD Is not met as evidenced UNING & CERTIFICAL Residents and savarance (QAA) Process; Oxfording Department of Public Health; Oxfording Department of	ARBOR F	REHABILITATION &	NURSING CENTER				
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 with one deficiency written as a result of entity reported incident SAFETY CODE STANDARD SS=E  Generators inspected weekly and exercised under load for 30 minutes per month and shall be in accordance with NFPA 99), Chapter (MRRA) DEPARTMENT 100 3.4.4.1 and 8.4.2 (NFPA 99), Chapter (MRRA) DEPARTMENT 100 This STANDARD is not met as evidenced by: Surveyor: 29753 Based on document review and interview, the facility fielded to provide a permanent generator and notify the Authority Having Jurisdiction (California Department of Public Health); The could potentially result in a loss of SAN BERNARDINO	PREFIX	(EACH DEFICIENC	CY MUST BE PRECEDED BY FULL	PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE		BE	
	K 144	Surveyor: 29753 The following reflet Department of Put Unit, during an absurvey. Complaint Number The inspection was reported incident in represent the find facility. Representing the Health: 29753 The entity reported with one deficient reported incident NFPA 101 LIFE Street Generators in specially and accordance with 3-4.4.1 and 8-4.2 and 110) This STANDARD Surveyor: 29753 Based on docume facility failed to propose and notify the Aut (California Depart failure of the pern hours. This could	ects the findings of the California blic Health, Life Safety Code breviated Life Safety Code er: CA00475731  as limited to the specific entity investigated and does not ings of a full inspection of the California Department of Public  d Incident was substantiated by written as a result of entity  AFETY CODE STANDARD  cted weekly and exercised minutes per month and shall be h NFPA 99 and NFPA 110.  (NFPA 99), Chapter of Light A DE LIGHT	K 144 PARTMENT CERTIFICA AR 1 1	written credible allegation of complete Preparation and/or execution of this Pleasant of does not constitute admissing agreement by the provider of the truth facts alleged or the conclusion set forth Statement of Deficiencies. This placorrection is prepared and/or executed because required by the provisions of the and safety code section 1280 and 42 CFR of K144  Immediate corrective action for Residents affected by the deficient pract No residents affected by the deficient pract No residents affected by the same depractice and corrective action to be take All residents have the potential to be affected.  Facility measures and systemic changensure the deficient practice does not reform the deficient practice doe	liance. lan of on or of the on the an of solely health 483.  those clice; sidents ficient en; ted. ges to cur; ed and stalled. f will replace sections Quality ess;	

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.

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

Event ID: RIE021

Facility ID: CA030000022

Administrator

If continuation sheet Page 1 of 4

3-11-16

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

PRINTED: 03/04/2018 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		TOPHITIPIOATION NUMBER.		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
	555164		B, WING			02/25/2016		
	PROVIDER OR SUPPLIER	•		90	REET ADDRESS, CITY, STATE, ZIP CODE 10 NORTH CHURCH STREET DDI, CA 95240		Control of the Contro	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			x	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRO DEFICIENCY)	SHOULD BE COM		
K 144	NFPA 101, Life Sa 3.2.2 Authority Ha organization, office approving equipment a procedure. SECTION 4.5 FU	fety Code, 2000 Edition  ving Jurisdiction. The  c, or individual responsible for  ent, materials, an installation, or  NDAMENTAL	К1	44				
	equipment, system of protection, or ar compliance with the device, equipment arrangement, level shall thereafter be accordance with a	or wherever any device, in, condition, arrangement, level iny other feature is required for its provisions of this Code, such it, system, condition, it of protection, or other feature continuously maintained in pplicable NFPA requirements the authority having jurisdiction.						
	with Administrative the failure of the p	between 2/22/16 and 2/25/16, e Staff and Maintenance Staff, ermanent generator was ournentation was reviewed.		÷	CALIFORNIA DEPARTMENT OF PUBLICENSING & CERTIFICATION P	ILIC HEALTI ROĞRAM		
	stated that during testing of the generator shut the generator shut further stated that contacted immediatated that the generator was generator was insi	2 p.m., Maintenance Staff 1 the weekly inspection and erator on 12/2/15, a "Fault" by the generator just prior to ting off. Maintenance Staff 1 the generator contractor was ately. Maintenance Staff 1 herator contractor indicated that not repairable. A temporary talled the same day. At 4:07 e Staff 1 stated that the facility			LIFE SAFETY CODE UNIT SAN BERNARDINO	ſ		

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:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING			(X3) DATE SURVEY COMPLETED	
	555164					02	C 02/25/2016
	PROVIDER OR SUPPLIE	R NURSING CENTER		900 N	T ADDRESS, CITY, STATE, ZIP CO ORTH CHURCH STREET , CA 95240		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION OF CROSS-REFERENCED TO THE A DEFICIENCY)	SHOULD BE	COMPLETION DATE
K 144	was without emer for "a couple hour generator would rof a power outage On 2/24/16, at 2:31 stated that the (CDPH) within 24 On 2/25/16, at 1:4 stated that the IO the acceptance te on 2/25/16 or 2/2 Staff 1 further sta	rgency generator backup power re" and that the existing not have functioned in the event a.  59 p.m., Maintenance Manager generator maifunction was not athority Having Jurisdiction	K	144			
	a letter from the g dated 1/15/16, sta called to the facili issues with the st indicated that due parts, the existing The letter further delivered, connect standby generate existing one, and to be replaced.  At 8:35 a.m., a le Staff 1 dated 2/2/ service check on vendor informed not be repaired d The letter stated	review on 2/25/16, at 8:30 a.m., generator vendor to the facility ated that the vendor had been ty on 12/2/15, to Investigate andby generator. The letter et o discontinued/unavallable generator was non-repairable, indicated that the vendor oted, and tested a temporary or to take the place of the that the existing generator was the facility's generator, the them that the generator could ue to the unavailability of parts, that a portable generator would project was completed.			CALIFORNIA DEPARTMEN LICENSING & CERTIFI MAR 11 LIFE SAFETY CO SAN BERNA	CATION PROGF 2016 ODE UNIT	HEALTH RAM

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER;	(X2) MULTIPLE CONSTRUCTION  A. BUILDING 01		(X3) DAT COM	(X3) DATE SURVEY COMPLETED	
	555164 B. WING				C 02/25/2016		
NAME OF PROVIDER OR SUPPLIER  ARBOR REHABILITATION & NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP COI 900 NORTH CHURCH STREET LODI, CA 95240		25/2010	
(X4) ID PREFIX TAG				PROVIDER'S FLAN OF CORR X (EACH CORRECTIVE ACTION 8 CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE	
K 144	At 8:45 a.m., an in IOR dated 2/23/10 of the emergency this date. The institutional indicated that the that it was curren	nspections document from the 3, indicated that the installation generator was inspected on spections document also generator was not anchored, the located on a trailer, and that it strapped down and was "waiting"	К1	44			
·							
				CALIFORNIA DEPARTMEN LICENSING & CERTIFIC MAR 1 1 LIFE SAFETY CO SAN BERNAF	CATION PROGR 2015 DDE UNIT	EALTH AM	