PRINTED: 03/24/2015 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING	e construction 01	(X3) DATE SURVEY COMPLETED	
		056186	B. WING		03/20/2015	
	ROVIDER OR SUPPLIER LA GRAND INC		2	TREET ADDRESS, CITY, STATE, ZIP CODE 225 NORTH PERRIS BOULEVARD PERRIS, CA 92571		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROPRIATE ACTION SHOULD BE APPROPRIATED TO THE APPROPRIAT	D BE COMPLETION DATE	
K 000	INITIAL COMMEN	тѕ	K 000	APR - 9 2015	2015	
	K3 BUILDING: 0 K6 PLAN APPROV K7 SURVEY UND		. '	K00 L&C DIVISION SAN JOSE	* AV. 5 - Yest	
K 012 \$S=D	The following refletoppartment of Pull Life Safety Code or findings are in accomplete Federal Regulation (National Fire Proi Safety Code 2000 Representing the Health: 21101 The facility is not in 42 CFR 483.70 (and Census: 104 NFPA 101 LIFE Stranger of the following: 19.3.5.1 This STANDARD Based on observing failed to maintain construction. This construction.	TURE: ONE STORY TYPE V TION, FULLY SPRINKLERED cets the findings of the California blic Health, during an annual e-certification survey. The cordance with 42 CFR (Code of his) 483.70 (a) and NFPA tection Association) 101, Life Edition, existing codes. California Department of Public In substantial compliance with In for Long Term Care Facilities. AFETY CODE STANDARD It ion type and height meets one 9.1.6.2, 19.1.6.3, 19.1.6.4, It is not met as evidenced by: ation and interview, the facility the integrity of their building as was evidenced by an unsealed all. This could result in the	K 012	Preparation and execution of Of Correction does not const. Admission or agreement by the Provider of the truth of the factorial and admission of Deficiencies. The Provider submits their Plant Correction with the intention in in admissible by any third pactivil or criminal action or pragainst the Provider, it's empagents, officers, directors or shareholders. This Plant of Constant is submitted to meet require established by State and Fed Please accept this Plant of Constant is a compliance. The deficiencies will be corrected as specified be monitored to prevent reconstant in the provider of the prevent reconstant is a constant in the provider.	itute' he acts acts th on the he of a that it is rty in any occedings ployees, Correction ments eral Law. errection ation of s sited I and will	
LABORATOR	N DIOC		NATURE	TITLE	(XR) DATE	

Any deficiency statement of the patients. (See instructions.) Extended the patients.

other sateguards provide sufficient protection to the patients. (See instructions.) Except to meaning 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.

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:			(X2) MUL A. BUILD		e construction 11	(X3) DATE SURVEY COMPLETED	
	•	056186	. B. WING			03/2	0/2015
	ROVIDER OR SUPPLIER			23	REET ADDRESS, CITY, STATE, ZIP CODE 225 NORTH PERRIS BOULEVARD ERRIS, CA 92571	, , , ,	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC (DENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)) BE	(X5) COMPLETION DATE
	another. This affect compartments. Findings: During a tour of the Supervisor on 3/20 ceilings were observitewed. At 10:20 a.m., reside approximately six in behind bed A. Dur supervisor acknow stated that it was a pushed into the way NFPA 101 LIFE SA Doors protecting or required enclosure hazardous areas a those constructed wood, or capable of minutes. Doors in required to resist the impediment to the are provided with a the door closed. Description of the permitted.	e facility with the Maintenance of 15, the facility walls and rived, and staff was dent room 4 had an inch penetration in the wall ing interview, the maintenance dedged the penetration and aused by the resident bed will. AFETY CODE STANDARD corridor openings in other than is of vertical openings, exits, or re substantial doors, such as of 1% inch solid-bonded core of resisting fire for at least 20 sprinklered buildings are only the passage of smoke. There is the closing of the doors. Doors a means suitable for keeping butch doors meeting 19.3.6.3.6 9.3.6.3	ĸ	012	K012 The six inch penetration in the of Resident Room 4 Bed A was repaired by the Maintenance Supervisor replacing portion drywall. Cut drywall 6x6 incon the stud and used patching compound on all surrounding paper then apply 1 coat of presand again for finishing and a 2 coats of paint.	of the h screw yes. Sand imer and apply the rx3	ı

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
	ROVIDER OR SUPPLIER	056186	B. WING	222	REET ADDRESS, CITY, STATE, ZIP CODE 25 NORTH PERRIS BOULEVARD RRIS, CA 92571	03/	20/2015
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	BE	(X5) COMPLETION DATE
K 018	Continued From pa	age 2	K	018	K018		04-19
K 025	Based on observa maintain their door passage of smoke door that failed to I a damaged door si the failure to conta event of a fire. This compartments. NFPA 101, Life Sa 7.2.1.8 Self-Closin 7.2.1.8.1 A door relosed shall not be at any time and shautomatic-closing. Findings: During a tour of the Supervisor on 3/20 observed. 1. At 10:28 a.m., 1 Activities supply closure. The maid door twice to its furthe door failed to 2. At 11:14 a.m., 1 failed to latch. The This was acknowled the survey.	e secured in the open position all be self-closing or in accordance with 7.2.1.8.2 e facility with the Maintenance 0/15, the corridor doors were the corridor door to the oset failed to latch upon self intenance supervisor open the llest extent and released it.	K	025	The corridor door to the active supplies closet self-closing decrease was replaced by the Maintenes Supervisor to maintain the delatch. The latch will resist particle of smoke. The Administrator Maintenance supervisor will monitor to ensure all self-close devices for doors are in good working condition. Findings results will be brought x 3 to UR Meeting to be reviewed. The door strike plate in the sedining room was replaced by Maintenance Supervisor. The Administrator along with the Maintenance Supervisor will randomly check door strike plates to ensure they are in good working condition x 3. Finding and results will be brought to Meeting for review.	vice ance oor to ssage and sing and the outh the e	

		OF DEFICIENCIES F CORRECTION	(X1) PHOVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUI A. BUILE		E CONSTRUCTION 01		DATE SURVEY COMPLETED	
			056186	B. WING	·	<u> </u>	03/2	20/2015	
		PROVIDER OR SUPPLIER			2	TREET ADDRESS, CITY, STATE, ZIP CODE 225 NORTH PERRIS BOULEVARD ERRIS, CA 92571	,		
P	K4) ID REFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE	(X5) COMPLETION DATE	
	< 025 SS=D	least a one half hor accordance with 8. terminate at an atri protected by fire-ra panels and steel from separate compartmition. Dampers are penetrations of sm heating, ventilating 19.3.7.3, 19.3.7.5, This STANDARD Based on observations in 1 could result in the other compartment compartments. NFPA 101, Life Sating 19.3.7.3 Any requirements of the compartments. NFPA 101, Life Sating 19.3.7.3 Any requirements of the compartments. NFPA 101, Life Sating 19.3.7.3 Any requirements of the compartments of the compartments of the compartments of the compartments. 8.3.6.1 Pipes, conducts, pneumatic the building services effoors and smoke the follows: (1) The space between the compartments of the compartments.	e constructed to provide at ur fire resistance rating in 3. Smoke barriers may item wall. Windows are sted glazing or by wired glass ames. A minimum of two ments are provided on each onot required in duct oke barriers in fully ducted and air conditioning systems. 19.1.6.3, 19.1.6.4 is not met as evidenced by: stion, the facility failed to fity of the fire rated construction reals. This was evidenced by of 4 smoke barrier walls. The transfer of smoke or fire to ts. This affected 2 of 5 smoke fety Code, 2000 Edition red smoke barrier shall be ordance with Section 8.3 and sistance rating of not less than duits, ducts, cables, wires, air ube and ducts, and similar quipment that pass through parriers shall be protected as ween the penetrating item and	K	025	The south wing smoke barries Wall inside the attic penetration of the wall was repaired by the Maintenance Supervisor apple Fireseal 3000 Sealant around conduit. The Administrator of monitor the Maintenance Supervisor in checking of any penetron wall x 3. Findings and rest will be brought to the UR Meter for review.	on of center e ying the will eer- tration ults	04-19	
		the smoke barrier conditions:	shall meet one of the following					•	

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	v . v			(X3) DATE SURVEY COMPLETED	
	056186	B. WING			03/2	0/2015
ROVIDER OR SUPPLIER			22	25 NORTH PERRIS BOULEVARD		
(EACH DEFICIENCY	Y MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION DATE
a. It shall be filled wo finaintaining the sharrier. b. It shall be protect is designed of the state (2) Where the pen penetrate the smol solidly set in the smooth between the item of the following cora. It shall be filled wo finaintaining the barrier. b. It shall be protect is designed for the (3) Where designed into consideration, meet one of the following consideration, meet one of the folia. It shall be made barrier. b. It shall be made designed for the spring a tour of the Supervisor on 3/20 were observed. At 10:04 a.m., the had an approximation conduit in the cent acknowledged by the NFPA 101 LIFE SAA fire alarm system.	with a material that is capable smoke resistance of the smoke resistance of the smoke steed by an approved device that specific purpose. The sleeve shall be noke barrier, the sleeve shall be noke barrier, and the space and the sleeve shall meet one notitions: with a material that is capable smoke resistance of the smoke steed by an approved device that specific purpose. It is take transmission of vibration any vibration isolation shall slowing: on either side of the smoke by an approved device that is pecific purpose. It is facility with the Maintenance of the smoke barrier walls south wing smoke barrier wall ser of the wall. This was maintenance during the survey. AFETY CODE STANDARD	,				
installed, tested, a	nd maintained in accordance					
	ROVIDER OR SUPPLIER SLA GRAND INC SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa a. It shall be filled w of maintaining the sharier. b. It shall be protect is designed of the state of the following con a. It shall be filled w of maintaining the shall be filled w of maintaining the shall be filled w of maintaining the barrier. b. It shall be protect Is designed for the state one of the following con a. It shall be made barrier. b. It shall be made barrier. b. It shall be made barrier. b. It shall be made consideration, meet one of the following. Findings: During a tour of the specific processor of the specific pro	REVIDER OR SUPPLIER SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed of the specific purpose. (2) Where the penetrating item uses a sleeve to penetrate the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (3) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following: a. It shall be made on either side of the smoke barrier. b. It shall be made by an approved device that is designed for the specific purpose. Findings: During a tour of the facility with the Maintenance Supervisor on 3/20/15, the smoke barrier walls were observed. At 10:04 a.m., the south wing smoke barrier wall had an approximately 1 inch penetration around a conduit in the center of the wall. This was acknowledged by maintenance during the survey. NFPA 101 LIFE SAFETY CODE STANDARD	ROVIDER OR SUPPLIER SLA GRAND INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed of the specific purpose. (2) Where the penetrating item uses a sleeve to penetrate the smoke barrier, and the space between the item and the sleeve shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (3) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following: a. It shall be made on either side of the smoke barrier. b. It shall be made on either side of the smoke barrier. Consideration, any vibration isolation shall meet one of the following: a. It shall be made by an approved device that is designed for the specific purpose. Findings: During a tour of the facility with the Maintenance Supervisor on 3/20/15, the smoke barrier walls were observed. At 10:04 a.m., the south wing smoke barrier wall had an approximately 1 inch penetration around a conduit in the center of the wall. This was acknowledged by maintenance during the survey. NFPA 101 LIFE SAFETY CODE STANDARD K	ROVIDER OR SUPPLIER LA GRAND INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 a. It shall be filled with a material that is capable of maintaining the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall meet one of the following conditions: a. It shall be protected by an approved device that is designed of the specific purpose. (3) Where the jilled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier. b. It shall be protected by an approved device that is designed for the specific purpose. (3) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following: a. It shall be made on either side of the smoke barrier. b. It shall be made on either side of the smoke barrier. b. It shall be made by an approved device that is designed for the specific purpose. Findings: During a tour of the facility with the Maintenance Supervisor on 3/20/15, the smoke barrier walls were observed. At 10:04 a.m., the south wing smoke barrier wall had an approximately 1 inch penetration around a conduit in the center of the wall. This was acknowledged by maintenance during the survey. NFPA 101 LIFE SAFETY CODE STANDARD K 052	FOUNDER OR SUPPLIER 1.A GRAND INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 4 a. It shall be filled with a material that is capable of maintaining the smoke parrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall meet one of the following conditions: a. It shall be filled with a material that is capable of maintaining the smoke resistance of the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the item and the sleeve shall meet one of the following conditions: a. It shall be protected by an approved device that is designed for the specific purpose. (3) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one or the following: a. It shall be made on either side of the smoke barrier. b. It shall be made by an approved device that is designed for the specific purpose. C) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following: a. It shall be made by an approved device that is designed for the specific purpose. Findings: During a tour of the facility with the Maintenance Supervisor on 3/20/15, the smoke barrier walls were observed. At 10:04 a.m., the south wing smoke barrier wall had an approximately 1 inch penetration around a conduit in the center of the wall. This was acknowledged by maintenance during the survey. NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance	TOURIER OF THE PLATE OF DEPOCACIES LA GRAND INC SUMMARY STATEMENT OF DEPOCACIES (SECON DEPOCEMENT), WINT BE PRECEDED BY YOU. REQUIREMENT OF DEPOCACIES (SECON DEPOCEMENT), WINT BE PRECEDED BY YOU. REQUIREMENT OF DEPOCACIES (SECON DEPOCEMENT), WINT BE PRECEDED BY YOU. REQUIREMENT OF DEPOCACIES (SECON DEPOCEMENT), WINT BE PRECEDED BY YOU. REQUIREMENT OF DEPOCACIES (SECON DEPOCEMENT WINT) RECULTION OF LIST CHAPTER OF THE APPROPRIATE DEPOCACIES REFERENCED TO THE APPROPRIATE DEFICIENCY) K 026 a. It shall be protected by an approved device that is designed of the smoke barrier, the sleeve shall be solidly set in the smoke barrier, and the space between the them and the sleeve shall meet one of the following conditions: a. It shall be protected by an approved device that is designed for the specific purpose. (3) Where designs take transmission of vibration into consideration, any vibration isolation shall meet one of the following: a. It shall be made by an approved device that is designed for the specific purpose. Findings: During a tour of the facility with the Maintenance Supervisor on 3/20/15, the smoke barrier wall had an approximately 1 inch penetration around a conduit in the center of the wall. This was acknowledged by maintenance during the survey. NFPA 101 LIFE SAFETY CODE STANDARD Afire alarm system required for life safety is installed, tested, and maintalned in accordance

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	A. BUILD (XS) MUL		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		056186	B. WING		• · · · · · · · · · · · · · · · · · · ·	03/2	0/2015
	PROVIDER OR SUPPLIER ELA GRAND INC			222	EET ADDRESS, CITY, STATE, ZIP CODE 5 NORTH PERRIS BOULEVARD RRIS, CA 92571	- 1	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE	(X5) COMPLETION DATE
K 052	72. The system ha and testing program requirements of Ni Based on docume facility failed to ma This was evidence for the monthly tes with the monitoring	is not met as evidenced by: ent review and interview, the intain the fire alarm system, d by incomplete documentation ting of the fire alarm system g station. This could result in transmission fallure in the event	K	052	K052 The documentation on the stesting report of the fire all system with the central state be in Maintenance Log Bin proof of documentation of stesting report of the fire all be available for review from office of the Administrator Maintenance Supervisor. Administrator will monitor	rm ion will der. nonthly rm will n the and	
	Section 9.6 Fire D Communications \$ 9.6.1.4 A fire alarm shall be installed, the accordance with the NFPA 70, National National Fire Alarm installation, which continued in use, seauthority having ju 9.6.1.5 All systems approved for the prinstalled. 9.6.1.6 Fire alarm	n system required for life safety tested, and maintained in the applicable requirements of a Electrical Code, and NFPA 72, in Code, unless an existing shall be permitted to be subject to the approval of the risdiction. Is and components shall be surpose for which they are system installation wiring or a paths shall be monitored for			Maintenance Supervisor for timeliness of monthly testing of the fire alarm system x 3. Results and findings will be brought to the UR meeting review.	g repor	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MUL A, BUILD		E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED		
		056186	B. WING			03/2	0/2015
	PROVIDER OR SUPPLIER			2	THEET ADDRESS, CITY, STATE, ZIP CODE 225 NORTH PERRIS BOULEVARD ERRIS, CA 92571		
(XA) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECT PREFIX (EACH CORRECTIVE ACTION SHO TAG CROSS-REFERENCED TO THE APP DEFICIENCY)		BE	(X5) COMPLETION DATE
K 052	alarm system shall maintenance and t the applicable requ	age 6 operational integrity, the fire have an approved esting program complying with irements of NFPA 70, National d NFPA 72, National Fire	КС)52			
	Table 7-3.2 Testing	Fire Alarm Code, 1999 Edition g Frequencies, Item 23 - th the receiving station on a					
	Findings:						
	Supervisor on 3/20	eview with the Maintenance 0/15, the fire alarm ts were reviewed., and staff					,
К 054 SS=C	of the fire alarm sy failed to document through December 2015. The mainte monthly fire alarm documentation wa just started working the maintenance find any additional NFPA 101 LIFE SA All required smoke activating door hol maintained, inspec	e report for the monthly testing stem with the central station testing from September during 2014 and for February nance supervisor reviewed the reports and confirmed the similarity on March 23rd. Supervisor stated he could not documentation for review. AFETY CODE STANDARD detectors, including those dopen devices, are approved, sted and tested in accordance arer's specifications. 9.6.1.3	K	054			

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(XZ) MUL A. BUILD		E CONSTRUCTION P1	(X3) DATE SURVEY COMPLETED	
		056186	B. WING			03/2	20/2015
,	PROVIDER OR SUPPLIER			22	REET ADDRESS, CITY, STATE, ZIP CODE 225 NORTH PERRIS BOULEVARD ERRIS, CA 92571		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL) CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE	(X6) COMPLETION DATE
K 054	This STANDARD Based on docume facility failed to ma devices through or evidenced by no desensitivity testing frould result in the functioning as desensitivity testing frould result in the functioning as desensitivity compartments. NFPA 101, Life Sa 9.6.1.7 To ensure alarm system shall maintenance and the applicable requestectrical Code, and Alarm Code. NFPA 72, National 7-3.2.1* Detector within 1 year after year thereafter. Af calibration test, if a detector has remain marked sensitivity obscuration light obscuration light of time between the permitted to be expears. If the frequent detector-caused in subsequent trends maintained. In zor alarms show any calibration tests storensure that earlisted and marked	is not met as evidenced by: ent review and interview, the intain the smoke detection at the facility. This was ocumentation of conducting or 14 smoke detectors. This smoke detectors not igned and failing to alert staff of . This affected 5 of 5 smoke fety Code, 2000 Edition operational integrity, the fire I have an approved testing program complying with uirements of NFPA 70, National and NFPA 72, National Fire I Fire Alarm Code, 1999 Edition sensitivity shall be checked installation and every alternate ter the second required sensitivity tests indicate that the and within its listed and range (or 4 percent gray smoke, if not marked), the ween calibration tests shall be tended to a maximum of 5 ency is extended, records of auisance alarms and s of these alarms shall be nes or in areas where nuisance increase over the previous year, hall be performed. ch smoke detector is within its I sensitivity range, it shall be of the following methods:		054	The facility will ensure the M Testing of all 14 smoke detect the Maintenance Supervisor Quarterly and Yearly Testing smoke detectors will be perfeby A & A Fire Protection (Foundary). Proof of document and copy of the report from central station will be on file Administrator will monitor to Maintenance Supervisor on timeliness of monthly/quarte yearly testing. Results and findings will be brought x 3 the UR Meeting.	etors by ag of 14 cormed acility tation the the the erly/	2015

OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	, ,	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			
	056186	B. WING			03/2	0/2015
ROVIDER OR SUPPLIER			2	225 NORTH PERRIS BOULEVARD		
(EACH DEFICIENC)	MUST BE PRECEDED BY FULL			(EACH CORRECTIVE ACTION SHOULD	BE	(X5) COMPLETION DATE
(2) Manufacturer's instrument (3) Listed control e purpose (4) Smoke detecto whereby the detector causes a its sensitivity is outside its listed (5) Other calibrated approved by the authority having juit Detectors found to listed and marked cleaned and recalificated and marked cleaned and recalificated exception No. 1: Discount of the detector sensitivity range at cleaned and recalificated. Exception No. 2: The single station desired using at unmeasured using at unmeasured contral aerosol into the definition. During document of Maintenance Super detector sensitivity staff was interview. At 9:01 a.m., the finition of the detector sensitivity staff was interview.	calibrated sensitivity test quipment arranged for the r/control unit arrangement signal at the control unit where sensitivity range d sensitivity test methods risdiction have a sensitivity outside the sensitivity range shall be brated or be replaced. refectors listed as field referentited and within the listed and marked and brated, or they shall be this requirement shall not apply stectors a and Table 7-2.2. trivity shall not be tested or my device that administers an rentration of smoke or other stector. review and interview with the revisor on 3/20/15, the smoke reports were requested, and red. acillity provided documentation		054			
	ROVIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LE Continued From pa (2) Manufacturer's instrument (3) Listed control e purpose (4) Smoke detector whereby the detector causes a sits sensitivity is outside its listed (5) Other calibrated approved by the authority having juid Detectors found to listed and marked cleaned and recalificated and marked cleaned and recalificated and recalification No. 2: To single station dereferenced in 7-3.3 The detector sensitivity range are cleaned and recalificated. Exception No. 2: To single station dereferenced in 7-3.3 The detector sensitivity are according as unmeasured conceances of into the definition of the detector sensitivity staff was interview At 9:01 a.m., the for the annual cert	TODATIFICATION NUMBER: 056186 PROVIDER OR SUPPLIER SLA GRAND INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 (2) Manufacturer's calibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range (5) Other calibrated sensitivity range (5) Other calibrated sensitivity test methods approved by the authority having jurisdiction Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be cleaned and recalibrated or be replaced. Exception No. 1: Detectors listed as field adjustable shall be permitted to be either adjusted within the listed and marked sensitivity range and cleaned and recalibrated, or they shall be replaced. Exception No. 2: This requirement shall not apply to single station detectors referenced in 7-3.3 and Table 7-2.2. The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector.	ROVIDER OR SUPPLIER SLA GRAND INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 (2) Manufacturer's calibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where its sensitivity is outside its listed sensitivity range (5) Other calibrated sensitivity range shall be cleaned and recalibrated or be replaced. Exception No. 1: Detectors listed as field adjustable shall be permitted to be either adjusted within the listed and marked sensitivity range and cleaned and recalibrated, or they shall be replaced. Exception No. 2: This requirement shall not apply to single station detectors referenced in 7-3.3 and Table 7-2.2. The detector sensitivity shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector. Findings: During document review and interview with the Maintenance Supervisor on 3/20/15, the smoke datector sensitivity reports were requested, and staff was interviewed. At 9:01 a.m., the facility provided documentation for the annual certification of the fire alarm	ROVIDER OR SUPPLIER SLA GRAND INC SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 8 (2) Manufacturer's callibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose (4) Smoke detector/control unit arrangement whereby the detector causes a signal at the control unit where list sensitivity is outside its listed sensitivity range (5) Other callibrated sensitivity range shall be cleaned and recallibrated or be replaced. 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WING STREET ADDRESS, CITY, STATE, ZP CODE 2225 NORTH PERRIS BOULEVARD PERRIS, CA 92571 SUMMARY STATEMENT OF DEPICIENCIES EACH DEPICIENCY MUST BE PRECODED BY FULL RESULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 8 (2) Manufacturer's calibrated sensitivity test instrument (3) Listed control equipment arranged for the purpose Its sensitivity is outside its listed sensitivity range detector causes a signal at the control unit where its sensitivity having jurisdiction Detectors found to have a sensitivity outside the listed and marked sensitivity range shall be detended and recalibrated or be replaced. Exception No. 1: Detectors listed as field adjustable shall be permitted to be either adjusted within the listed and marked sensitivity range and cleaned and recalibrated, or they shall be replaced. Exception No. 2: This requirement shall not apply to single station detectors referenced in 7-3.3 and Table 7-2.2. 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Exception No. 1: Detectors listed as field adjustable shall be permitted to be either adjusted within the listed and marked sensitivity range and cleaned and recalibrated, or they shall be replaced. Exception No. 2: This requirement shall not apply to single station detectors residently shall not be tested or measured using any device that administers an unmeasured concentration of smoke or other aerosol into the detector. Findings: During document review and interview with the Maintenance Supervisor on 3/20/15, the smoke datector sensitivity reports were requested, and staff was interviewed. At 9:01 a.m., the facility provided documentation for the annual certification of the fire alarm

STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD	TIPLE CONSTRUCTION DING 01	(X3) DATE SURVEY COMPLETED
		056186	B. WING		03/20/2015
	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, Z 2225 NORTH PERRIS BOULEYA PERRIS, CA 92571	i
(X4) ID PREFIX TAG	(EACH DEFICIENC	TEMENT OF DEPICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREF TAG		TION SHOULD BE COMPLÉTION DATE
K 054 K 062 SS=C	through out the fact maintenance super any additional documents. NFPA 101 LIFE SA Required automatic continuously mainticondition and are in	esting for 14 smoke detectors litty. During an interview, the visor stated he could not find amentation for review. FETY CODE STANDARD asprinkler systems are ained in reliable operating inspected and tested 7.6, 4.6.12, NFPA 13, NFPA 25,	K	062	2015
	Based on observation interview, the facility automatic sprinkle by no documentation tests, by a sprinkle obstructed, and by contaminated. The system failure to contaminated of smoke comparts. NFPA 101, Life Sa 9.7.5 Maintenance sprinkler and stand Code shall be inspin accordance with inspection, Testing Water-Based Fire NFPA 25, Standar and Maintenance Systems, 1998 Ed 2-2.1.1 Sprinklers	fety Code, 2000 Edition and Testing. All automatic dpipe systems required by this sected, tested, and maintained in NFPA 25, Standard for the grand Maintenance of Protection Systems. If or the Inspection, Testing, of Water-Based Fire Protection		K062 The Maintenance Sensure proper documenterly sprinkler A Fire Protection (IThe Administrator Maintenance Supertimeliness of Quart Testing. Reports were Results and finding monitored x 3 and IUR Meeting.	umentation on testing by A & Facility Vendor). will monitor rvisor on the erly Sprinkler fill be on file. s will be

DEPARTMENT OF HEALTH AND HUMAN SERVICES

PRINTED: 03/24/2015

FORM APPROVED

CENTERS FOR MEDICARE & MEDICAID SERVICES OMB NO. 0938-0391 STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION (X3) DATE SURVEY COMPLETED A. BUILDING 01 056186 03/20/2015 NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 2225 NORTH PERRIS BOULEVARD **CENTINELA GRAND INC PERRIS, CA 92571** SUMMARY STATEMENT OF DEFICIENCIES PROVIDER'S PLAN OF CORRECTION (X4) ID PRÉFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE REGULATORY OR LSC (DENTIFYING INFORMATION) CROSS-REFERENCED TO THE APPROPRIATE DATE TAG TAG DEFICIENCY) K 062 Continued From page 10 K 062 corrosion, foreign materials, paint, and physical damage and shall be installed in the proper The 2 (two) sprinkler escutcheon rings orientation (e.g., upright, pendant, or sidewall). covered by tape in the dining room Any sprinkler shall be replaced that is painted, corroded, damaged, loaded, or in the improper located between east and south wing orientation. was removed by Maintenance 2-2.1.2 Unacceptable obstructions to spray Supervisor. The painter failed to patterns shall be corrected. remove tape after painting project. 2-4.1.8 Sprinklers shall not be altered in any respect or have any type of ornamentation, paint, Administrator will monitor or coatings applied after shipment from the place Maintenance Supervisor to ensure of manufacturer. there is no tape around the escutcheon 2-2.6 Alarm Devices. Alarm devices shall be rings. Results and findings will be inspected quarterly to verify that they are free of brought to the UR Meeting. physical damage. 2-2.7 Hydraulic Nameplate. The hydraulic nameplate, if provided, shall be inspected quarterly to verify that it is attached securely to the sprinkler riser and is legible. 2-3.3 Alarm Devices. Waterflow alarm devices including, but not limited to, mechanical water motor gongs, vane-type waterflow devices, and pressure switches that provide audible or visual signals shall be tested quarterly. 9-2.7 Waterflow Alarm, All waterflow alarms shall be tested quarterly in accordance with the manufacturer's instructions. Findings: -During observation, record review with the Maintenance Supervisor on 3/20/15, the sprinkler system was documentation was reviewed, and staff was interviewed. 1. At 9:16 a.m., the facility failed to provide documentation for the fourth quarter sprinkler testing in October, November or December 2014,

PRÉFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION) PREFIX TAG REGULATORY OR LSC IDENTIFYING INFORMATION)		STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
CENTINELA GRAND INC (X4) ID SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) (EACH CORRECTIVE ACTION SHOULD BE COMPONDED TO THE APPROPRIATE DEFICIENCY) (EACH CORRECTIVE ACTION SHOULD BE COMPONDED TO THE APPROPRIATE DEFICIENCY)			056186	B. WING			03/	20/2015
PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)					22	225 NORTH PERRIS BOULEVARD		
	PREFIX	FIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX (EACH CORRECTIVE ACTION REGULATORY OR LSC IDENTIFYING INFORMATION) TAG CHOSS-REFERENCED TO THE		(EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPRIES.)	D BE	(X5) COMPLETION DATE		
	K 144	During Interview, the stated there was not review. 2. At 11:13 a.m., the escutcheon rings or room that was local south wing. This with maintenance supe. 3. At 11:16 a.m., in room, there was 1 boxes that were stayprinkler deflector. NFPA 101 LIFE SA Generators are insured load for 30 maccordance with N accordance with N accordance with NFPA 101 and evidenced by the flighting in the generators are insured to maintain it with NFPA 101 and evidenced by the flighting in the generators are insured to maintain it with NFPA 101 and evidenced by the flighting in the generators.	the maintenance supervisor to additional documentation for there were two sprinkler sovered with tape in the dining atted between the east and was confirmed by the rivisor during the survey. In the south wing central supply of 2 sprinklers obstructed by ored within 8 inches of the AFETY CODE STANDARD spected weekly and exercised minutes per month in FPA 99. 3.4.4.1. Is not met as evidenced by: ation and interview, the facility its generator in accordance of NFPA 110. This was allure to provide emergency erator room. This affected 4 of ments. Ifety Code, 2000 Edition			The emergency battery back for the generator room was in by the Maintenance Supervious accordance with NFPA and Regulations. The Administre monitor Maintenance Supervisually checking emergency backup lighting for the generoom is in good working con X3. Results and findings with	installed sor in NFPA 1 rator will visor by battery rator dition	1 10 U

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILD		E CONSTRUCTION 01	(X3) DATE COMF	SURVEY
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	PROVIDER OR SUPPLIER			2	TREET ADDRESS, CITY, STATE, ZIP CODE 225 NORTH PERRIS BOULEVARD ERRIS, CA 92571	, 33,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
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K 144	generators, where this Code, shall be accordance with N Emergency and St NFPA 110, Standar Power Systems, 19 5-3.1 The Level 1 location shall be premergency lighting charging system a lighting shall be su transfer switch. 6-4 Operational In 6-4.1 Level 1 and appurtenant compoweekly and shall be monthly. Findings: During a tour of the Supervisor on 3/20 observed, and the 1. At 9:22 a.m., the weekly visual inspendent of the survey. 2. At 10:47 a.m., the battery-powered lighting server in the survey.	required for compliance with tested and maintained in FPA 110, Standard for andby Power Systems. rd for Emergency and Standby	K	144	The Maintenance Supervisor physically and visually inspec weekly emergency generator. Administrator will monitor the Maintenance Supervisor by checking proof of inspections weekly generator test x 3. Reand findings will be brought to UR Meeting for review.	will t ne of sults	04-19

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
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	PROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CO 2225 NORTH PERRIS BOULEVARD PERRIS, CA 92571			
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K 147 K 147 SS=D	Electrical wiring an with NFPA 70, Nat With NFPA 70, Nat This STANDARD Based on observation and NFPA 101 and NFI the use of an exter an electrical fire. To compartments. NFPA 101, Life Sa 9.1.2 Electric. Electrical Code, ur which shall be in accordate Electrical Code, ur which shall be per service, subject to having jurisdiction. NFPA 70, National 400-8. Uses not perform the collowing: (1) As a substitute (2) Where run throceilings, suspendent floors. (3) Where run throceilings, where attache (5) Where conceans tructural ceilings, structural ceilings, structural ceilings, structural ceilings, structural ceilings, structural ceilings,	d equipment is in accordance ional Electrical Code. 9.1.2 is not met as evidenced by: tion, the facility failed to safety in accordance with PA 70. This was evidenced by asion cord. This could result in this affected 1 of 5 smoke fety Code, 2000 Edition trical wiring and equipment ance with NFPA 70, National aless existing installations, mitted to be continued in approval by the authority Electrical Code, 1999 Edition ermitted. permitted in section 400-7, cables shall not be used for the for a fixed wiring of a structure bugh holes in walls, structural did ceilings, dropped ceilings, or sugh doorways, windows, or did to building surfaces led behind building walls, suspended ceilings, or floors din raceways, except as	K 1	K147 The extension cord that in the MDS office was in removed. All cords are plugged in the wall. Ad and Maintenance Super randomly check rooms compliance x 3. Any refindings will be brought Meeting.	mmediately directly ministrator rvisor will for sults and	04-19	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIEF/CLIA IDENTIFICATION NUMBER:				B) DATE SURVEY COMPLETED	
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• • • • • • • • • • • • • • • • • • • •	PROVIDER OR SUPPLIER			222	REET ADDRESS, CITY, STATE, ZIP CODE 25 NORTH PERRIS BOULEVARD RRIS, CA 92571		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULI CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE
K 147	Continued From pa	age 14	К1	47			04-19 8015
K 164 SS=C	Supervisor on 3/20 equipment was obtained a black three parties of during the NFPA 101 LIFE SAWhere a required out of service for inperiod, the authoritand the building is watch system is proportional to the system in the system has been in the event the authoritaned that the faction facility failed to protected the authorities of service for more include that the fact department and Chealth (CDPH). The watch policy for the control of the system has been include that the fact department and Chealth (CDPH). The watch policy for the control of the system in	curing a tour of the facility with the Maintenance supervisor on 3/20/15, the electrical wiring and quipment was observed. It 11:12 a.m., the minimal data set office (MDS) and a black three prong extension cord in use. This was acknowledged by the maintenance upervisor during the survey. IFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is not of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire exact system is provided for all parties left improtected by the shutdown until the sprinkler system has been returned to service. This STANDARD is not met as evidenced by: Based on document review and interview, the acility failed to provided a fire watch procedure in the event the automatic sprinkler system was out of service for more than 4 hours, and failed to include that the facility would contact the local fire department and California Department of Public Health (CDPH). This was evidenced by no fire watch policy for the fire sprinkler system and no notification to the authority having jurisdiction. This could result in a fire and failure to report the		Automatic Sprinkler will be		dated ith iclude kler irs or CDPH form- rounds our	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
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NAME OF PROVIDER OR SUPPLIER CENTINELA GRAND INC				STREET ADDRESS, CITY, STATE, ZIP CODE 2225 NORTH PERRIS BOULEVARD PERRIS, CA 92571		
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K 154	9.7.6.1 Where a resystem is out of sea 24-hour period, shall be notified, a evacuated or an aprovided for all pershutdown until the returned to service. Findings: During document Supervisor on 3/2 manual for fire an staff was interview. At 8:30 a.m. the fewatch policy for the event the system ore in a 24 hour maintenance supfire watch for the the system should facility would follow event the sprinkle policy did not included fire department.	afety Code, 2000 Edition equired automatic sprinkler ervice for more than 4 hours in the authority having jurisdiction and the building shall be approved fire watch shall be arties left unprotected by the esprinkler system has been e. Teview with the Maintenance 20/15, the Policy and Procedure and disaster was reviewed, and	K 154	CALIFORN OF PUE APR L & C	IA DEPARTMENT BLIC HEALTH - 9 2015 DIVISION N JOSE	