

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

PRINTED: 10/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555806	(X2) MULTIPLE CONSTRUCTION A. BUILDING 1A B. WING _____		(X3) DATE SURVEY COMPLETED 10/20/2016
NAME OF PROVIDER OR SUPPLIER GLENBROOK			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 CALLE BARCELONA CARLSBAD, CA 92009		
(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 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM Surveyor: 29566 K3 BUILDING: 01 K6 PLAN APPROVAL: 8/31/2003 K7 SURVEY UNDER: 2000 NEW 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 CFR (Code of Federal Regulations) 483.70 (a) and NFPA (National Fire Protection Association) 101, Life Safety Code 2000 edition, Existing codes. Representing the California Department of Public Health: 29626 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census: 85	K 000	This Plan of Correction is to serve as our allegation of compliance for the deficiency identified during our Life Safety Code survey completed on 10/20/16. K 018 It is the policy and intent of this facility to assure that doors protecting corridor openings shall not have any impediment to closing. A. The linen cart blocking the closet door from closing and latching was removed at the time the problem was identified. No residents were identified as being affected by this deficient practice. B. Residents residing in the rooms adjacent to this closet may have had the potential for being affected by this deficient practice, but none were. C. Nursing and environmental services staff shall receive in-service training regarding keeping all fire doors clear of obstructions which could prevent the doors from closing and latching. This shall include soiled linen closet doors. D. Inspections of soiled linen closet doors shall be conducted on a weekly basis by the Environmental Services Manager to assure there are no obstructions to prevent doors from closing and latching. Findings of these inspections shall		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings shall be constructed to resist the passage of smoke. Clearance between bottom of door and floor covering is not exceeding 1 inch. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches shall be prohibited. 18.3.6.3	K 018			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE Robert Zitsman TITLE ADMINISTRATOR (X6) DATE 11-10-16

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.

11/29/16 - POC Acceptable Per Joel Galenzy

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

PRINTED: 10/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555806	(X2) MULTIPLE CONSTRUCTION A. BUILDING 1A B. WING _____		(X3) DATE SURVEY COMPLETED 10/20/2016
NAME OF PROVIDER OR SUPPLIER GLENBROOK			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 CALLE BARCELONA CARLSBAD, CA 92009		
(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 018	Continued From page 1 This STANDARD is not met as evidenced by: Surveyor: 29566 Based on observation and interview, the facility failed to protect the egress corridor from hazardous areas. This was evidenced by soiled linen room door that failed to close and latch. This affected 1 of 8 smoke compartments. This could result in the spread of smoke and fire and increase the risk of injury to residents, visitors and staff in the event of a fire. National Fire Prevention Association 101, Life Safety Code 2000 Edition: 6.2.1.2 Hazard of contents shall be determined by the authority having jurisdiction on the basis of the character of the contents and the processes or operation conducted in the building or structure. Findings: During a tour of the facility with the Administrator on 10/20/16, the rooms that opens to the corridor were observed. At 2:59 p.m., the corridor door to the Soiled Lines closet failed to close and latch. The linen carts blocked Soiled linen closet door from closing. Plant Operation Director said too many carts in the room not placed correctly was preventing the door from closing and latching.	K 018	be reported to the facility's Quality Assurance committee. E. Corrective actions to be completed on or before 11/20/16. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM 10 10 3 LIFE SAFETY CODE UNIT SAN BERNARDINO K 046 It is the policy and intent of this facility to have emergency lighting of at least 1-1/2 hour duration. This shall include emergency exit signs.	11/20/16	
K 046 86-B	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1 1/2 hour duration	K 046			

**TAG DELETED
PER IDR
Batalia**

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

PRINTED: 10/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555806	(X2) MULTIPLE CONSTRUCTION A. BUILDING 1A B. WING _____		(X3) DATE SURVEY COMPLETED 10/20/2016
NAME OF PROVIDER OR SUPPLIER GLENBROOK			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 CALLE BARCELONA CARLSBAD, CA 92009		
(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 046	<p>Continued From page 2</p> <p>is provided automatically in accordance with 7.9.18.2.9.1, 19.2.9.1.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 29566</p> <p>Based on observation, record review and interview, the facility failed to maintain the emergency exit signs as evidenced as no written records for battery backed-up emergency signs being tested annually. This affected 1 of 8 smoke compartments. This could result in a delay in evacuation in the event of an emergency.</p> <p>National Fire Prevention Association (NFPA) 101, Life Safety Code, 2000 Edition</p> <p>4.6.12.1 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 any other feature shall thereafter be continuously maintained in accordance with applicable NFPA requirements or as directed by the authority having jurisdiction.</p> <p>19.2.9.1 Emergency lighting shall be provided in accordance with Section 7.9.</p> <p>7.9.3 Periodic Testing of Emergency Lighting Equipment. A functional test shall be conducted on every required emergency lighting system at 30-day intervals for not less than 30 seconds. An annual test shall be conducted on every required battery-powered emergency lighting system for not less than 11/2 hours. Equipment shall be fully operational for the duration of the test. Written records of visual inspections and test shall be kept by the owner for inspection by the authority</p>	K 046	<p>A. The emergency exit sign identified during this survey is hard wired to an electrical circuit which is powered by the emergency generator in the event of a power outage. No battery is required and, therefore, no battery testing. This exit sign fixture was installed in accordance with the manufacturer's instructions. The fixture was built with an option for battery back-up so that it could be installed in an application that lacked emergency generator power.</p> <p>B. No residents were affected by the manner and conditions in which this exit sign was installed.</p> <p>C. No corrective actions are possible.</p> <p>D. Plant Operations Staff conduct routine, monthly inspections of all emergency lighting, including exit signs.</p> <p>E. This fixture was inspected and approved as part of the licensing of the new, 24-bed addition in June 2015.</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>LIFE SAFETY CODE UNIT</p>		

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

PRINTED: 10/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555806	(X2) MULTIPLE CONSTRUCTION A. BUILDING 1A B. WING _____		(X3) DATE SURVEY COMPLETED 10/20/2016
NAME OF PROVIDER OR SUPPLIER GLENBROOK			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 CALLE BARCELONA CARLSBAD, CA 92009		
(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 046	<p>Continued From page 3</p> <p>having jurisdiction.</p> <p>Exception: Self-testing/self-diagnostic, battery-operated emergency lighting equipment that automatically performs a test for not less than 30 seconds and diagnostic routine not less than once every 30 days and indicates failures by a status indicator shall be exempt from the 30 day functional test, provided that a visual inspection is performed at 30-day intervals.</p> <p>7-10.9.2 Testing. Exit signs connected to or provided with a battery-operated emergency illumination source, where required in 7.10.4, shall be tested and maintained in accordance with 7.9.3.</p> <p>Findings:</p> <p>During tour of facility with the Administrator on 10/20/16, the battery backed-up emergency exit signs were observed.</p> <p>At 12:20 p.m., the record showed no annual test for the battery backed-up exit sign within the last 12 months.</p> <p>At 3:05 p.m., a battery backed-up emergency exit signs was observed in the entrance of wing to Rooms 39 to 51. There was no batteries connected to the battery wired pack in the exit sign unit box.</p> <p>At 3:15 p.m., Director of Plant Operations stated the batteries back-up pack was not needed because the exit sign was wired to the generator. Facility failed to maintain emergency exit sign per manufacturer requirements.</p>	K 046	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>10 20 16</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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

PRINTED: 10/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555806	(X2) MULTIPLE CONSTRUCTION A. BUILDING 1A B. WING _____		(X3) DATE SURVEY COMPLETED 10/20/2016
NAME OF PROVIDER OR SUPPLIER GLENBROOK			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 CALLE BARCELONA CARLSBAD, CA 92009		
(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 050 K 050 SS=D C lowered to "C" per IDP 12/12/16	Continued From page 4 NFPA 101 LIFE SAFETY CODE STANDARD Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9:00 PM and 6:00 AM a coded announcement may be used instead of audible alarms. 18.7.1.2, 19.7.1.2 This STANDARD is not met as evidenced by: Surveyor: 29566 Based on observation and staff interviews, the facility failed to ensure that staff members were aware of their duties to protect residents in the event of a disaster. This was evidenced by overnight shift staff failed to participate in 2 of 2 yearly disaster drills, incomplete overnight fire drills conducted and staff unfamiliar with facility's fire/disaster procedures. This had the potential for staff members to not properly respond to an emergency situation, such as a fire, that could result in harm to residents and staff. NFPA 101, Life Safety Code, 2000 Edition 19.7.2.1 For health care occupancies, the proper protection of patients shall require the prompt and effective response of health care personnel. The basic response required of staff shall include the removal of all occupants directly involved with the fire emergency, transmission of an appropriate fire alarm signal to warn other building occupants and summon staff, confinement of the effects of	K 050 K 050	K 050 It is the policy and intent of this facility to ensure that staff members on all shifts are aware of their duties to protect residents in the event of a fire or disaster. This shall include the duties involved with RACE (rescue, alarm, contain and evacuate/extinguish). Such training shall be accomplished by means of drills, disaster simulations, training, and completion of required, online training on an annual basis. A. No residents were affected by this deficient practice. 1. Fire drills conducted on night shift shall include closing corridor doors, clearing the hallways, and manually closing automatic fire doors. 2. Disaster drills will be schedule to assure participation of staff from all 3 shifts; day, p.m., and night. 3. Fire and disaster drills shall include discussion of the facility's evacuation plan including a safe place within the building during a partial evacuation. 4. The concept and practice of RACE (rescue, alarm, contain, and evacuate/extinguish) shall be a topic of staff training during fire drills. This concept is included in the required, online training completed by staff on an annual basis.		

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

PRINTED: 10/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555806	(X2) MULTIPLE CONSTRUCTION A. BUILDING 1A B. WING _____		(X3) DATE SURVEY COMPLETED 10/20/2016
NAME OF PROVIDER OR SUPPLIER GLENBROOK			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 CALLE BARCELONA CARLSBAD, CA 92009		
(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 050	<p>Continued From page 5</p> <p>the fire by closing doors to isolate the fire area, and the relocation of patients as detailed in the health care occupancy 's fire safety plan.</p> <p>19.7.1.3 Employees of healthcare occupancies shall be instructed in life safety procedures and devices.</p> <p>NFPA 99 Health Care Facilities 1999 Edition 11-5.3.9* Drills. Each organizational entity shall implement one or more specific responses of the emergency preparedness plan at least semi-annually. At least one semi-annual drill shall rehearse mass casualty response for health care facilities with emergency services, disaster receiving stations, or both.</p> <p>California Code of Regulation 72551 (e) A disaster drill shall be held by the facility at six-month intervals. There shall be a written report of the facility's participation in each drill or test exercise. Staff from all shifts shall participate in drills or test exercise.</p> <p>Findings:</p> <p>During a tour of the facility with the Administrator on 10/20/16, the disaster drills were reviewed and staff was interviewed on what they would do in a disaster.</p> <p>1. At 11:35 a.m., four of four overnight fire drills indicated overnight staffs did not close corridor doors, hallways were not clear, and the automatic fire doors were not close.</p> <p>2. At 11:50 a.m., two of two disaster drills</p>	K 050	<p>B. All residents had the potential for being affected, but none were.</p> <p>C. Staff shall receive in-service training on all aspects of RACE to include closing corridor doors, fire doors, and the facility's evacuation plan.</p> <p>The Safety Assistant Director shall assure that all facility fire and disaster drills are conducted in compliance with current, applicable NFPA codes and regulations, and California Code of Regulations.</p> <p>D. The Safety Assistant Director shall present written reports of fire and disaster drills to the facility's Quality Assurance committee to assure compliance.</p> <p>E. Corrective actions to be completed on or before 11/20/16.</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>10 16</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>	11/20/16	

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

PRINTED: 10/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555806	(X2) MULTIPLE CONSTRUCTION A. BUILDING 1A B. WING _____		(X3) DATE SURVEY COMPLETED 10/20/2016
NAME OF PROVIDER OR SUPPLIER GLENBROOK			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 CALLE BARCELONA CARLSBAD, CA 92009		
(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 050	Continued From page 6 conducted did not have employee signatures to show that the overnight staff participated in the disaster drills. At 11:52 a.m., during interview with the Plant Operation Director, he confirmed overnight employees do not participates in 2 of 2 disaster drills, and he stated the regulation did not say all staff must participate in drills. 3. At 2:35 p.m., three of three staffs were asked what would they do if were told to evacuate residents to a safe area within the building during partial evacuation due to a fire. Staffs were unfamiliar with evacuation to a safe area within the building. 4. At 3:05 p.m., the Housekeeping staff was asked what she would do during a fire. She stated she would pull the alarm and meet at the front desk to let them know what happened and only call 911 if the alarm was not working. Staff failed to mention if she would close doors and evacuate residents. The RACE(rescue, alarm, contain and evacuate/extinguish) procedure was part of the facility's fire safety plan.	K 050	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM 10/20/2016 LIFE SAFETY CODE UNIT SAN BERNARDINO		
K 052 SS=2 LOWERED PER "IDR" 12/12/16	NFPA 101 LIFE SAFETY CODE STANDARD B A fire alarm system required for life safety shall be, tested, and maintained in accordance with NFPA 70 National Electric Code and NFPA 72 National Fire Alarm Code and records kept readily available. The system shall have an approved maintenance and testing program complying with applicable requirement of NFPA70 and 72. 9.6.1.4, 9.6.1.7, This STANDARD is not met as evidenced by: Surveyor: 29566	K 052	<u>K 052</u> It is the policy and intent of this facility to have the fire alarm system required for life safety to be tested and maintained in accordance with all applicable NFPA codes and regulations. A. No residents were affected by this deficient practice. The facility has contracted with a new, qualified testing company. This company completed inspection and testing of the fire alarm system on 8/30/16. This company's inspection(s) and testing(s) included all required elements as specified in the		

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

PRINTED: 10/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555806	(X2) MULTIPLE CONSTRUCTION A. BUILDING 1A B. WING _____		(X3) DATE SURVEY COMPLETED 10/20/2016
NAME OF PROVIDER OR SUPPLIER GLENBROOK			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 CALLE BARCELONA CARLSBAD, CA 92009		
(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 052	<p>Continued From page 7</p> <p>Based on record review and interview, the facility failed to maintain fire alarm system in a reliable operating condition. This was evidenced by no documentation for the annual inspection and testing of the strobes, chimes and door relays for the last 12 months. This affected 8 of 8 smoke compartments. This could result in a delay in notification of a fire to residents and staff and potential harm to residents and staff in the event of a fire emergency.</p> <p>NFPA 72 Fire Alarm Code 1999 Edition, Table 7-3.2 Testing Frequencies</p> <p>1. Control Equipment- Building System Connected to Supervising Station</p> <p>a. Functions-annually</p> <p>b. Fuses- annually</p> <p>c. Interface Equipment- annually</p> <p>d. Lamps and LEDs- annually</p> <p>e. Primary (Main) Power Supply-annually</p> <p>f. Transponder's- annually</p> <p>6. Batteries- Fire Alarm System: Charger Test (Replace battery as needed)- annually</p> <p>15. Imitating Devices: a. Duct Detectors - annually</p> <p>b. Electromechanical Releasing device-annually</p> <p>f. Fire Alarm boxes- annually</p> <p>h. All Smoke Detectors-Functional-annually</p> <p>7-5.2.2 A permanent 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 7-5.2.2.</p> <p>(1) Date</p> <p>(2) Test frequency</p> <p>(3) Name of property</p>	K 052	<p>applicable codes including NFPA 72 Fire Alarm Code 1999 Edition, Table 7-3.2.</p> <p>B. All residents had the potential for being affected by this deficient practice, but none were.</p> <p>C. Safety Assistant Director shall assure that system inspection/testing is scheduled and completed as required by all current, applicable NFPA regulations.</p> <p>D. Safety Assistant Director shall report results of system inspection and testing to the facility's Quality Assurance committee to assure compliance.</p> <p>E. Corrective actions were completed as of 8/30/16 with the inspection and testing by the new company.</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>10</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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

PRINTED: 10/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555806	(X2) MULTIPLE CONSTRUCTION A. BUILDING 1A B. WING _____		(X3) DATE SURVEY COMPLETED 10/20/2016
NAME OF PROVIDER OR SUPPLIER GLENBROOK			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 CALLE BARCELONA CARLSBAD, CA 92009		
(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 052	<p>Continued From page 8</p> <p>(4)Address</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, for example, "Tests performed in accordance with Section _____"</p> <p>(8)Functional test of detectors</p> <p>(9) *Functional test of required sequence of operation</p> <p>(10) Check of all smoke detectors</p> <p>(11)Loop resistance for all fixed-temperature, line type heat detectors</p> <p>(12)Other tests as required by equipment manufactures</p> <p>(13)Other tests as required by the authority having jurisdiction</p> <p>(14)Signatures of tester and approved authority representative</p> <p>(15)Disposition of problems identified during test (for example, owner notified, problem corrected/successfully retested, device abandoned in place)</p> <p>Findings:</p> <p>During record review with the Administrator on 10/20/16, the fire alarm maintenance record was reviewed.</p> <p>At 12:15 p.m., the vendor report dated 7/16 and 4/16 failed to indicate annual inspection and testing of the strobes, chimes and door relays within the last 12 months. The Administrator searched other records for the documents and was unable to provide additional documents to show inspection and tests were conducted on</p>	K 052	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>10</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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

PRINTED: 10/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555806	(X2) MULTIPLE CONSTRUCTION A. BUILDING 1A B. WING _____		(X3) DATE SURVEY COMPLETED 10/20/2016
NAME OF PROVIDER OR SUPPLIER GLENBROOK			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 CALLE BARCELONA CARLSBAD, CA 92009		
(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 052	Continued From page 9	K 052			
K 062	the strobes, chimes and door relays within the last 12 months.	K 062	K 062		
SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This STANDARD is not met as evidenced by: Surveyor: 29566 Based on observation, the facility failed to maintain their automatic sprinkler system in reliable operating condition. This was evidenced by no documentation for inspection of Fire Department Connections (FDC), items on sprinkler riser, sprinkler head had accumulation of debris. This affected 8 of 8 smoke compartments. This could potentially cause delay for fire-fighters in extinguishing a fire due to the faulty swivels at the facility and possible harm to residents and staff in the event of a fire. NFPA 25, Inspection, Testing and Maintenance of Water Based Fire Protection System. 1998 Edition 2-2.2 Sprinkler pipe and fittings shall be inspected annually from the floor level. Pipe and fittings shall be in good condition and free of mechanical damage, leakage, corrosion and misalignment. Sprinkler piping shall not be subjected to external loads by materials either resting on the pipe or hung from the pipe. 9-7.1 Fire Department Connections shall be inspected quarterly. The inspection shall verify		It is the policy and intent of this facility to assure that the automatic fire sprinkler system is continuously maintained in reliable operating condition and inspected and tested periodically in accordance with all applicable NFPA regulations. A. No residents were identified as having the potential to be affected by this deficient practice. 1. The items on the floor adjacent to the sprinkler riser were moved to permit easier access during the inspection/survey. 2. The dust on the walk-in refrigerator sprinkler head was removed and the condition was corrected during the survey. 3. The dust on the hallway sprinkler head was removed and the condition was corrected during the survey. 4. Inspection report for the system inspection and testing completed on 10/27/15 did, in fact, document that the FDCs were inspected and that they passed.. B. All residents had the potential for being affected, but none were. C. Facility Plant Operations staff will conduct monthly inspections, and take corrective actions as needed, to assure clear access to the sprinkler riser and that sprinkler		

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

PRINTED: 10/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555806	(X2) MULTIPLE CONSTRUCTION A. BUILDING 1A B. WING _____		(X3) DATE SURVEY COMPLETED 10/20/2016
NAME OF PROVIDER OR SUPPLIER GLENBROOK			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 CALLE BARCELONA CARLSBAD, CA 92009		
(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 062	Continued From page 10 the following: (a) The fire department connections are visible and accessible. (b) Couplings or swivels are not damaged and rotate smoothly. (c) Plugs or caps are in place and undamaged. (d) Gaskets are in place and in good condition. (e) Identification signs are in place. (f) The check valve is not leaking. (g) The automatic drain valve is in place and operating properly. Findings: During a tour of the facility with the Administrations on 10/20/16, the automatic fire sprinkler system was observed and documents reviewed. 1. At 2:10 p.m., storage items was blocking ready access to the sprinkler riser (supervisor valve) and items against sprinkler riser in the maintenance shop. 2. At 2:10 p.m., there was debris built-up on sprinkler head in one of two walk-in refrigerator in the kitchen. 3. At 3:10 p.m., there was a built-up of debris on sprinkler head in the hallway by the kitchen. 4. At 3:40 p.m., the vendor report of 10/15 failed to indicate quarterly inspections of FDC. 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.	K 062	heads are dust-frees. The Safety Assistant Director shall assure quarterly inspections of the automatic fire sprinkler system to include the FDC. D. The Safety Assistant Director shall report results of these inspections to the facility's Quality Assurance committee to assure compliance. E. Corrective actions completed on 10/20/16.	10/20/16	
K 144 SS=JC LOWERED PER "WDR"		K 144	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM OCT 10 2016 LIFE SAFETY CODE UNIT SAN BERNARDINO K 144 It is the policy and intent of this facility to maintain the generator in a reliable operating condition. This shall include ease of access around the generator in accordance with all applicable NFPA codes and regulations.		

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

PRINTED: 10/28/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555806	(X2) MULTIPLE CONSTRUCTION A. BUILDING 1A B. WING _____		(X3) DATE SURVEY COMPLETED 10/20/2016
NAME OF PROVIDER OR SUPPLIER GLENBROOK			STREET ADDRESS, CITY, STATE, ZIP CODE 1950 CALLE BARCELONA CARLSBAD, CA 92009		
(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 144	<p>Continued From page 11</p> <p>3-4.4.1 and 8-4.2 (NFPA 99), Chapter 6 (NFPA 110)</p> <p>This STANDARD is not met as evidenced by: Surveyor: 29566</p> <p>Based on observation, the facility failed to maintain the emergency generator in a reliable operating condition. This was evidenced by not having access around their generator. This affected 8 of 8 smoke compartments. This could result in the failure of the emergency generator to provide power to the facility's Life Safety systems in the event of a power outage and the increased risk of injury to the residents and staff.</p> <p>National Fire Protection Association 110, Standard for Emergency and Standby Power System, 1999 Edition: 5.2.5 The EPS equipment shall be installed in a location that will permit ready accessibility and adequate [minimum of 30 inches(76 cm)] working space around the unit for inspection, repair, maintenance, cleaning, or replacement.</p> <p>Findings:</p> <p>During the tour of the facility with the Administrator on 10/20/16, the generator area was observed.</p> <p>At 3:25 p.m., there were items (Director of Plant Operation stated trash)in front of the generator. Surveyor had to walk on trash items to get access to generator panel.</p> <p>The above finding was acknowledged by Director of Plant Operation at the time and during the exit conference on 10/20/16.</p>	K 144	<p>A. No residents were identified as being affected by this deficient practice.</p> <p>The trash items near the generator panel were more than 36" away from the enclosure and have since been removed.</p> <p>B. All residents had the potential for being affected, but none were.</p> <p>C. Facility Plant Operations staff will conduct monthly inspections to assure ease of access to generator enclosure, the generator, and the generator access panel.</p> <p>D. The Safety Assistant Director shall report results of these inspections to the facility's Quality Assurance committee to assure compliance.</p> <p>E. Corrective actions completed on 10/20/16.</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>10</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>	10/20/16	

PRINTED: 10/28/2016
FORM APPROVED
OMB NO. 0938-0391

LIFE SAFETY CODE UNIT
SAN BERNARDINO