STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056109	A. BUILDING 02 B. WING _____	04/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
WOODLAND SKILLED NURSING FACILITY	678 THIRD STREET WOODLAND, CA 95695

(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
E 000	Initial Comments Surveyor: 43380 The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities. Representing the California Department of Public Health: 43380 The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities. Census = 80	E 000	Preparation and/or correction of this plan of correction does not constitute admission of agreement by the Provider of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by Provisions of Health and Safety Code Section 1280 and 42 C.F.R. 405.1907	
K 000	INITIAL COMMENTS Surveyor: 43380 K3 BUILDING: 01 K6 PLAN APPROVAL: 9/23/1969 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: THREE STORY W/ PARTIAL BASEMENT, CONSTRUCTION TYPE I (332), FULLY SPRINKLERED. Resident Certified Beds: 91 Resident Census: 80 The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) §483.90(a)(b)(c)(j), National Fire Protection Association (NFPA) 101 - Life Safety Code, 2012 Edition, and NFPA 99 - Health Care Facilities Code, 2012 Edition.	K 000	**K161: BUILDING CONSTRUCTION TYPE & HEIGHT** CFR(s): NFPA 101 Correction The penetration discovered in the storage room was repaired the same day as the survey Identify Other Residents All residents could be potentially affected by this deficient practice. All residents were assessed and none were found to be affected by the same deficient practice.	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

ADMINISTRATOR 4/20/2022

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.

5/2/22: approved by Cynthia Luc, SSM-1

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K 000	Continued From page 1 Representing the California Department of Public Health: 43380 The facility is not in substantial compliance with 42 CFR §483.90 for Long Term Care Facilities.	K 000	Systemic Changes The Director of Environmental Services, or their delegate will observe all areas of the facility, identify, and repair any penetrations discovered during observation	
K 161 SS=D	Building Construction Type and Height CFR(s): NFPA 101 Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered	K 161	Monitoring Director of Environmental Services (or their delegate) will continue to round facility to ensure that penetrations are addressed and repaired as necessary. If needed, Director of Environmental Services will communicate with the Safety Committee to address larger issues and come up with a plan to fix them The date when corrective action will be completed 5/15/2022 **K342: FIRE ALARM SYSTEM - INITIATION** CFR(s): NFPA 101 Correction Due to COVID-19 Pandemic and	

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K 161	Continued From page 2 Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Surveyor: 43380 Based on observation and interview, the facility failed to maintain the integrity of the building construction. This was evidenced by a penetration in a wall. This could result in the spread of smoke in the event of a fire and affected one of four smoke compartments. Findings: During a tour of the facility and interview with staff on 4/7/22, the walls and ceilings were observed. At 11:06 a.m., a two-inch by three-inch penetration was observed with an electrical conduit running through it, on the south wall in the storage room that was accessed through the maintenance shop on the third floor. Upon interview, the Maintenance Director confirmed the finding.	K 161	national health emergency, facility had difficulty getting vendor to come in since vendor disagreed with health orders and requirements for screening, testing, etc. Facility will contact vendor and work with them to come and make the necessary inspections/repairs to the fire system to ensure that it works properly Identify Other Residents All residents could be potentially affected by this deficient practice. All residents were assessed and none were found to be affected by the same deficient practice. Systemic Changes Environmental Services Director, or delegate, will ensure that regular maintenance/repair of the fire system is scheduled as necessary Monitoring The Safety and QA/QI committees will provide further recommendations as needed. The Safety & QA/QI committees will make a determination as to the frequency of the ongoing	
K 342 SS=F	Fire Alarm System - Initiation CFR(s): NFPA 101 Fire Alarm System - Initiation Initiation of the fire alarm system is by manual means and by any required sprinkler system	K 342		

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K 342	Continued From page 3 alarm, detection device, or detection system. Manual alarm boxes are provided in the path of egress near each required exit. Manual alarm boxes in patient sleeping areas shall not be required at exits if manual alarm boxes are located at all nurse's stations or other continuously attended staff location, provided alarm boxes are visible, continuously accessible, and 200' travel distance is not exceeded. 18.3.4.2.1, 18.3.4.2.2, 19.3.4.2.1, 19.3.4.2.2, 9.6.2.5 This REQUIREMENT is not met as evidenced by: Surveyor: 43380 Based on record review, observation and interview, the facility failed to maintain the fire alarm system. This was evidenced by a fire alarm initiating device that did not activate the fire alarm when tested. This could result in a delay of notification in the event of a fire and affected 80 of 80 Residents. NFPA 101: Life Safety Code, 2012 Edition 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 9.6 Fire Detection, Alarm, and Communications Systems. 9.6.1.3 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code, unless it is an approved existing installation, which shall be permitted to be continued in use. NFPA 72: National Fire Alarm and Signaling Code, 2010 Edition 17.12 Sprinkler Waterflow Alarm-Initiating	K 342	monitoring for compliance based on the outcome of the reviews. The date when corrective action will be completed 5/15/2022 **K353: SPRINKLER SYSTEM – MAINTENANCE & TESTING** CFR(s): NFPA 101 Correction 1. Environmental Services Director, or delegate will install an indicator to mark the required distance from the sprinkler pendant to ensure that sufficient distance is maintained 2. Environmental Services Director, or delegate will replace the curtains in the shower rooms to allow for the flow of water should the sprinkler system need to be used Identify Other Residents All residents could be potentially affected by this deficient practice. All residents were assessed and	

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K 342	Continued From page 4 Devices. 17.12.1 * The provisions of Section 17.12 shall apply to devices that initiate an alarm indicating a flow of water in a sprinkler system. 17.12.2 * Activation of the initiating device shall occur within 90 seconds of waterflow at the alarm-initiating device when flow occurs that is equal to or greater than that from a single sprinkler of the smallest orifice size installed in the system. Findings: During a tour of the facility, record review, and interview with staff on 4/7/22, the fire alarm was tested and the fire alarm maintenance records were reviewed. At 9:42 a.m., the annual fire alarm inspection report titled, "Fire Alarm Life Safety Inspection" and dated 6/9/2021 was reviewed. The document indicated that during the annual testing, the waterflow switch in the basement failed to activate the fire alarm system. The Maintenance Director was unable to provide any documentation that this deficiency had been repaired. At 2:23 p.m., the Inspector Test Valve (ITV) located in a storage room outside the kitchen on the first floor was tested. The ITV test failed to activate the fire alarm within the 90 second timeframe. Upon interview, the Maintenance Director confirmed the finding. The facility will initiate a fire watch within 10 hours.	K 342	none were found to be affected by the same deficient practice Systemic Changes Environmental Services Director, or delegate will ensure that compliance is maintained in the facility in regards to proper distance from sprinkler heads Monitoring The Safety and QA/QI committees will provide further recommendations as needed. The Safety & QA/QI committees will make a determination as to the frequency of the ongoing monitoring for compliance based on the outcome of the reviews The date when corrective action will be completed 5/15/2022	
K 353 SS=D	Sprinkler System - Maintenance and Testing	K 353		

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K 353	Continued From page 5 CFR(s): NFPA 101 Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked _____ b) Who provided system test _____ c) Water system supply source _____ Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Surveyor: 43380 Based on observation and interview, the facility failed to maintain the fire sprinklers. This was evidenced by curtains obstructing and items in closets obstructing sprinkler heads. This could result in the malfunction of the sprinklers in the event of a fire and affected 20 of 80 Residents. NFPA 101: Life Safety Code, 2012 Edition 19.3.5 Extinguishment Requirements. 19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5. 9.7 Automatic Sprinklers and Other Extinguishing	K 353	**K355: PORTABLE FIRE EXTINGUISHERS** CFR(s): NFPA 101 Correction The Director of Environmental Services and the Dietary Manager will provide an in-service to kitchen staff on how to properly store carts and ensure that fire extinguishers are accessible at all times Identify Other Residents All residents could be potentially affected by this deficient practice. All residents were assessed and none were found to be affected by the same deficient practice. Systemic Changes Dietary Manager will monitor and ensure that safety protocols are followed at all times and that the fire extinguishers are always accessible Monitoring Dietary Manager will monitor and ensure that safety protocols are followed at all times and that the	

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K 353	Continued From page 6 Equipment. 9.7.1 Automatic Sprinklers. 9.7.1.1 * Each automatic sprinkler system required by another section of this Code shall be in accordance with one of the following: (1) NFPA 13, Standard for the Installation of Sprinkler Systems NFPA 13: Standard for the Installation of Sprinkler Systems, 2010 Edition 8.6.5.2.2.1* In light hazard occupancies, privacy curtains, as shown in Figure 8.6.5.2.2, shall not be considered obstructions where all of the following are met: (1) The curtains are supported by fabric mesh on ceiling track. (2) Openings in the mesh are equal to 70 percent or greater. (3) The mesh extends a minimum of 22 in. (559 mm) down from ceiling. 8.10.6.3 * Obstructions That Prevent Sprinkler Discharge from Reaching the Hazard. 8.10.6.3.1 Continuous or noncontinuous obstructions that interrupt the water discharge in a horizontal plane more than 18 in. (457 mm) below the sprinkler deflector in a manner to limit the distribution from reaching the protected hazard shall comply with 8.10.6.3. Findings: During a tour of the facility and interview with staff on 4/7/21, the automatic sprinkler system was observed. 1. At 11:35 a.m., the Central Supply closet on the second floor across from Resident Room 206 was observed with cardboard boxes stored on the top shelf of a shelving unit. The boxes were	K 353	fire extinguishers are always accessible The date when corrective action will be completed 5/15/2022 **K363: CORRIDOR - DOORS** CFR(s): NFPA 101 Correction The wet floor sign obstructing the corridor door was moved and placed in a manner to allow the door to close as needed Identify Other Residents All residents could be potentially affected by this deficient practice. All residents were assessed and none were found to be affected by the same deficient practice. Systemic Changes Staff will be in-serviced on protocols to ensure that corridor doorways are not obstructed from closing	

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K 353	Continued From page 7 approximately 16 inches below a side mount sprinkler pendant. Upon interview, the Maintenance Director confirmed the finding. 2. At 11:49 a.m., the sprinklers in the Shower room on the second floor, next to Resident Room 215 were observed. There were two curtains attached to ceiling tracks. Both curtains were approximately 20 inches away from a sprinkler head. There was no mesh offset at the top of the curtain, obstructing water flow from the fire sprinklers. Upon interview, the Maintenance Director confirmed the finding.	K 353	Monitoring Facility leadership team will observe compliance to this process through their daily rounding duties, and report any concerns or non-compliance to the Director of Environmental Services and/or the Administrator The date when corrective action will be completed 5/15/2022	
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Surveyor: 43380 Based on observation and interview, the facility failed to maintain the fire extinguishers. This was evidenced by a fire extinguisher that was blocked by a cart. This affected the kitchen area and could result in the delay to responding to a fire in the event of an emergency. NFPA 101: Life Safety Code, 2012 Edition 19.3.5.12 Portable fire extinguishers shall be provided in all health care occupancies in accordance with 9.7.4.1 9.7.4.1 * Where required by the provisions of another section of this Code, portable fire	K 355	**K712: FIRE DRILLS** CFR(s): NFPA 101 Correction The facility has determined to perform their own quarterly fire drills to ensure that they are completed regularly and on time Identify Other Residents All residents could be potentially affected by this deficient practice. All residents were assessed and none were found to be affected by the same deficient practice.	

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K 355	Continued From page 8 extinguishers shall be selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. NFPA 10: Standard for Portable Fire Extinguishers, 2010 Edition 6.1.3.3 Visual Obstructions. 6.1.3.3.1 Fire extinguishers shall not be obstructed or obscured from view. Findings: During a tour of the facility and interview with staff on 4/7/22, the fire extinguishers were observed. At 1:36 p.m., the ABC fire extinguisher mounted next to the North corridor door in the kitchen was observed obstructed by a kitchen cart. The cart had been placed directly in front of the fire extinguisher, obstructing access. Upon interview, the Maintenance Director confirmed the finding.	K 355	Systemic Changes The Director of Environmental Services, or their delegate, will perform quarterly fire drills in the facility on all shifts Monitoring The Safety and QA/QI committees will provide further recommendations as needed. The Safety & QA/QI committees will make a determination as to the frequency of the ongoing monitoring for compliance based on the outcome of the reviews. The date when corrective action will be completed 5/15/2022	
K 363 SS=D	Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that	K 363	**K918: ELECTRICAL SYSTEMS – ESSENTIAL ELECTRIC SYSTEM MAINTENANCE & TESTING** CFR(s): NFPA 101 Correction HCAI (formerly OSHPD) had begun the generator project, and all requested documentation was	

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K 363	Continued From page 9 do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Surveyor: 43380 Based on observation and interview, the facility failed to maintain the corridor doors. This was evidenced by a corridor door that was obstructed from closing. This affected 11 of 80 Residents and could result in the spread of fire or smoke in the event of a fire. Findings: During a tour of the facility and interview staff on 4/7/22, the corridor doors were observed.	K 363	submitted by the facility. However, somewhere along the process, the project was stalled and communication with the facility ceased. Due to the pandemic, and institutional changes within HCAI, no further steps were taken to complete this project. Administrator has coordinated a meeting with HCAI to come out and restart the generator project Identify Other Residents All residents could be potentially affected by this deficient practice. All residents were assessed and none were found to be affected by the same deficient practice. Systemic Changes Facility will work with HCAI to complete this project and ensure that the facility has backup power, as needed Monitoring The Safety and QA/QI committees will provide further recommendations as needed. The Safety & QA/QI committees will make a determination as to the	

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K 363	Continued From page 10 At 11:19 a.m., the corridor door to Resident Room 302 was observed with an A-Frame style wet floor sign placed in the doorway, obstructing the door from closing. Upon interview, the Maintenance Director confirmed the finding.	K 363	frequency of the ongoing monitoring for compliance based on the outcome of the reviews.	
K 712 SS=F	Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and 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. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced by: Surveyor: 43380 Based on document review, and interview the facility failed to ensure that all staff on all shifts were familiar with the fire drill procedures. This was evidenced by the failure to provide records showing fire drills were conducted. This could result in staff being untrained and unaware of their roles and responsibilities in the event of a fire. This affected 80 of 80 Residents. Findings: During documentation review and interview on 4/7/22, the fire drill records were requested and reviewed.	K 712	The date when corrective action will be completed 5/15/2022 **K919: ELECTRICAL EQUIPMENT - OTHER** CFR(s): NFPA 101 Correction The janitorial cart was immediately removed and relocated to allow the necessary spacing from the electrical panel Identify Other Residents All residents could be potentially affected by this deficient practice. All residents were assessed and none were found to be affected by the same deficient practice. Systemic Changes Staff will be in-serviced on proper storage of equipment and proper spacing from electrical panels	

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K 712	Continued From page 11 At 9:06 a.m., the facility failed to provide fire drill documentation for AM, PM, and NOC shifts for the first quarter of 2022. Upon interview, the Maintenance Director confirmed the finding and stated that the drills had been conducted, and they would contact the vendor for the fire drill records. The facility was given until 10:00 a.m. on 4/8/22 to provide the fire drill records to the California Department of Public Health (CDPH). At 10:00 a.m. on 4/8/22, CDPH did not received the fire drill records from the facility.	K 712	Monitoring The Safety and QA/QI committees will provide further recommendations as needed. The Safety & QA/QI committees will make a determination as to the frequency of the ongoing monitoring for compliance based on the outcome of the reviews. The date when corrective action will be completed 5/15/2022	
K 918 SS=F	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the	K 918		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056109	A. BUILDING 02 B. WING	04/07/2022

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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K 918	Continued From page 12 components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Surveyor: 43380 Based on observation, document review, and interview, the facility failed to maintain the emergency power supply system (EPSS). This was evidenced by the failure to provide a permanent working generator. This affected 80 of 80 Residents and could result in a loss of power due to a generator malfunction during an emergency power outage. NFPA 101, Life Safety Code, 2012 Edition 19.5.1 Utilities. Utilities shall comply with the provisions of section 9.1. 9.1.3.1 Emergency Generators and standby power systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition. 4.4.3 All equipment shall be permanently installed. Findings:	K 918		

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K 918	Continued From page 13 During a tour of the facility, document review, and interview with staff on 4/7/22, the EPSS was observed. At 8:54 a.m., a temporary trailer mounted 60 Kilowatt (KW) diesel generator was observed onsite and was connected to the automatic transfer switch. The temporary generator was located on the West side of the building next to a parking lot. The temporary generator was stationed on a wheeled platform, protected by parking barriers, and was secured to the ground by metal cables and stakes. Two permanent generators were also observed on the West side of the building and were not functioning per the Maintenance Director (MD). MD indicated the generator project was under Health Care Access and Information (HCAI) and will send the documents by closed of business (COB) on 4/7/22. MD further stated that he worked at the building for five years and the facility had always relied on the temporary trailer mounted 60 KW diesel generator and does not know why the two permanently generators did not work. As of COB on 4/7/22 at 5 p.m., no documents were received from the facility. This was a repeated deficiencies cited during recertification surveys on 5/2018, 6/2017, 5/2016, 4/2015, 4/2014, and 5/2013.	K 918		
K 919 SS=D	Electrical Equipment - Other CFR(s): NFPA 101 Electrical Equipment - Other List in the REMARKS section any NFPA 99	K 919		

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K 919	Continued From page 14 Chapter 10, Electrical Equipment, requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 10 (NFPA 99) This REQUIREMENT is not met as evidenced by: Surveyor: 43380 Based on observation and interview, the facility failed to maintain the electrical equipment. This was evidenced by obstructions to electrical panels. This affected 15 of 80 Residents and could result in not being able to access the electrical panel in the event of an emergency. NFPA 101 Life Safety Code, 2012 Edition 19.5.1 Utilities. 19.5.1.1 Utilities shall comply with the provisions of Section 9.1. 9.1 Utilities. 9.1.2 Electrical Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service. NFPA 70: National Electrical Code, 2011 Edition 110.26(A)(2) Width of Working Space. The width of the working space in front of the electrical equipment shall be the width of the equipment or 762 mm (30 in.), whichever is greater. In all cases, the work space shall permit at least a 90 degree opening of equipment doors or hinged panels. Findings: During a tour of the facility and interview with staff	K 919		

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K 919	Continued From page 15 on 4/7/22, the electrical panels were observed. At 1:14 p.m., a janitorial cart was observed stored directly in front of the electrical panel next to Resident Room 114 on the first floor. Upon interview, the Maintenance Director confirmed the finding.	K 919		