

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

PRINTED: 04/20/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555147	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 03/21/2022
NAME OF PROVIDER OR SUPPLIER OAK RIVER REHAB			STREET ADDRESS, CITY, STATE, ZIP CODE 3300 FRANKLIN STREET ANDERSON, CA 96007		
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E 000	Initial Comments Surveyor: 32973 The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness re-certification 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: 32973 The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities.	E 000			
K 000	Census: 107 INITIAL COMMENTS Surveyor: 32973 K3 BUILDING: 01 K6 PLAN APPROVAL: 1972 & 1982 K7 SURVEY UNDER: 2012 EXISTING 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 re-certification 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. Representing the California Department of Public	K 000			

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

TITLE

(X6) DATE

Electronically Signed

04/19/2022

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.

4/20/22: approved by Cynthia Luc, SSM-I

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FORM CMS-2567(02-99) Previous Versions Obsolete Event ID: T3T621 Facility ID: CA230000023 If continuation sheet Page 2 of 11

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K 223	<p>Continued From page 2</p> <p>NFPA 101, Life Safety Code, 2012 Edition. 19.2.2.2.7* Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier, or hazardous area enclosure shall be permitted to be held open only by an automatic release device that complies with 7.2.1.8.2. The automatic sprinkler system, if provided, and the fire alarm system, and the systems required by 7.2.1.8.2, shall be arranged to initiate the closing action of all such doors throughout the smoke compartment or throughout the entire facility.</p> <p>7.2.1.8 Self-Closing Devices. 7.2.1.8.1* A door leaf normally required to be kept closed shall not be secured in the open position at any time and shall be self-closing or automatic-closing in accordance with 7.2.1.8.2, unless otherwise permitted by 7.2.1.8.3. 7.2.1.8.2 In any building of low or ordinary hazard contents, as defined in 6.2.2.2 and 6.2.2.3, or where approved by the authority having jurisdiction, door leaves shall be permitted to be automatic-closing, provided that all of the following criteria are met: (1) Upon release of the hold-open mechanism, the leaf becomes self-closing. (2) The release device is designed so that the leaf instantly releases manually and, upon release, becomes self closing, or the leaf can be readily closed. (3) The automatic releasing mechanism or medium is activated by the operation of approved smoke detectors installed in accordance with the requirements for smoke detectors for door leaf release service in NFPA 72, National Fire Alarm and Signaling Code. (4) Upon loss of power to the hold-open device, the hold open mechanism is released and the door leaf becomes self-closing.</p>	K 223	<p>agreement by the provider of the facts alleged or set forth in the statement of deficiencies.</p> <p>What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice?</p> <p>The hold open device was immediately removed and thrown away.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>A 100% audit was conducted to verify that no other hold open devices were used to prop open doors. None were found. To ensure future compliance Laundry Staff were inserviced on leaving the laundry door shut and that no hold open devices are to be used.</p> <p>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</p> <p>All Laundry staff were inserviced by the Administrator regarding door open devices not being used to prop open doors. This inservice was completed on 04/15/2022. Any staff that could not attend the inservice were met with individually.</p> <p>How the facility plans to monitor its</p>		

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K 223	Continued From page 3 Finding: During a facility tour and interview with staff on 3/21/22, the corridor doors in the exit passageway and hazardous areas, were observed. At 1:12 p.m., the corridor door to the Central Laundry Room, was observed. The self-closing door was secured in the full-open position by a friction hold open device that was not interfaced with the fire alarm system for automated closure. The room was greater than 100 (approximately 400) square feet in size. Upon interview, Staff 2 confirmed the finding and stated that they understood the safety requirement for the automated closure of the door for laundry rooms greater than 100 square feet.	K 223	performance to make sure that the solutions are sustained. Maintenance Supervisor will conduct random audits of the laundry door to verify no hold open devices are used. This will be done weekly for 4 weeks and then monthly for 90 days. Any adverse findings will be addressed immediately then presented at the following Quality Assurance (QA) Meeting to ensure ongoing compliance.		
K 352 SS=D	Sprinkler System - Supervisory Signals CFR(s): NFPA 101 Sprinkler System - Supervisory Signals Automatic sprinkler system supervisory attachments are installed and monitored for integrity in accordance with NFPA 72, National Fire Alarm and Signaling Code, and provide a signal that sounds and is displayed at a continuously attended location or approved remote facility when sprinkler operation is impaired. 9.7.2.1, NFPA 72 This REQUIREMENT is not met as evidenced by: Surveyor: 32973 Based on observation, document review, and interview, the facility failed to maintain the	K 352	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient	4/21/22	

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K 352	<p>Continued From page 4</p> <p>integrity of the automatic fire sprinkler system and components. This was evidenced by the failure of 1 of 2 water-flow valve supervisory alarms. This affected 55 of 107 residents, and could result in staff and emergency officials being unaware of a fire sprinkler activation.</p> <p>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.</p> <p>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.</p> <p>9.7 Automatic Sprinklers and Other Extinguishing Equipment. 9.7.2 Supervision. 9.7.2.2 Alarm Signal Transmission. Where supervision of automatic sprinkler systems is provided in accordance with another provision of this Code, waterflow alarms shall be transmitted to an approved, proprietary alarm-receiving facility, a remote station, a central station, or the fire</p>	K 352	<p>practice?</p> <p>Facility was immediately put on fire watch.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>All residents on could be potentially affected by the indicated practice. Water flow alarm testing was repaired on 04/04/22.</p> <p>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</p> <p>Maintenance department was inserviced by administrator on making sure fire sprinkler system is always functioning and fire watch is put in place any time it is not. This was done on 04/15/2022. Any staff that could not attend the inservice were met with individually.</p> <p>How the facility plans to monitor its performance to make sure that the solutions are sustained.</p> <p>Maintenance Director will audit sprinkler water-flow alarm testing. This will be done weekly for 4 weeks and then monthly for 90 days. Beyond that fire sprinkler inspections will continue on specified schedules. Any adverse findings will be addressed immediately then presented at</p>		

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K 352	<p>Continued From page 5</p> <p>department. Such connection shall be in accordance with 9.6.1.3.</p> <p>NFPA 72 National Fire Alarm, 2010 edition 17.12 Sprinkler Waterflow Alarm-Initiating 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.</p> <p>Findings:</p> <p>During observation, document review, and interview with staff on 3/21/22, the automatic fire sprinkler system water-flow valves, were observed and documentation was requested.</p> <p>At 3:05 p.m., review of documentation titled, "Annual Inspection" dated 1/25/22, indicated the sprinkler water-flow alarm testing failed the 90 second requirement for the Inspector's Test Valve (ITV) 1 that was located inside the Business Office. Upon interview, Staff 2, confirmed the finding, and stated that the sprinkler vendor was scheduled to replace the valve after the ordered parts are delivered on 3/25/22.</p> <p>At 4:00 p.m., the facility was observed with two ITVs and two fire sprinkler risers. ITV-1, located</p>	K 352	the following Quality Assurance (QA) Meeting to ensure ongoing compliance.		

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K 352	Continued From page 6 inside the Business Office, was tested. The fire alarm system failed to activate within the required 90 seconds and after 1 minute and 40 seconds. Upon interview, Staff 2 confirmed the finding. At 4:25 p.m., the fire sprinkler alarm vendor was notified by Staff 2, at this time. A service visit to the facility was reconfirmed for 3/25/22. Upon interview, Staff 2 stated that a fire watch would be initiated per the Fire Watch Policy, and the log would be emailed to California Department of Public Health (CDPH) daily, by 5:00 p.m..	K 352			
K 353 SS=D	Sprinkler System - Maintenance and Testing 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: 32973 Based on observation and interview, the facility	K 353		4/21/22	
			What corrective action(s) will be accomplished for those residents found to		

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K 353	<p>Continued From page 7</p> <p>failed to maintain the integrity of the automatic fire sprinkler system. This was evidenced by sprinkler heads that exhibited foreign material. This affected 27 of 107 residents, and could result in the ineffective operation of the sprinkler system in the event of a fire.</p> <p>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.</p> <p>9.7 Automatic Sprinklers and Other Extinguishing Equipment. 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition.</p> <p>4.3 Records 4.3.1* Records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request.</p> <p>Chapter 5 Sprinkler Systems.</p>	K 353	<p>have been affected by the deficient practice?</p> <p>Both fire sprinklers frame and deflector were immediately cleaned</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken?</p> <p>A 100% audit was done of all fire sprinkler frame and deflectors were checked to verify no foreign material debris was located. None were found. Maint department was inserviced.</p> <p>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</p> <p>Administrator inserviced the Maintenance department on foreign material debris on fire sprinkler deflectors. This was done on 04/15/2022. Any staff that could not attend the inservice were met with individually.</p> <p>How the facility plans to monitor its performance to make sure that the solutions are sustained.</p> <p>Maintenance Director will conduct random audits of fire sprinklers to verify no foreign materials are found on deflectors and or frame. This will be done weekly for 4 weeks and then monthly thereafter. Any</p>		

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K 353	<p>Continued From page 8</p> <p>5.1.1 Minimum Requirements.</p> <p>5.1.1.1 This chapter shall provide the minimum requirements for the routine inspection, testing, and maintenance of sprinkler systems.</p> <p>5.2.1 Sprinklers.</p> <p>5.2.1.1.1 Sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., upright, pendent, or sidewall).</p> <p>5.2.1.1.2 Any sprinkler that shows signs of any of the following shall be replaced:</p> <p>(1) Leakage</p> <p>(2) Corrosion</p> <p>(3) Physical damage</p> <p>(4) Loss of fluid in the glass bulb heat responsive element</p> <p>(5)*Loading</p> <p>(6) Painting unless painted by the sprinkler manufacturer</p> <p>Findings:</p> <p>During a facility tour and interview with staff on 3/21/22, the automatic fire sprinkler system, was observed.</p> <p>1. At 1:05 p.m., the standard pendant style sprinkler that was located in the Kitchen, above the external refrigerators, was loaded with foreign material-debris covering the frame and deflector. Upon interview, Staff 2 confirmed the finding, and stated that they overlooked cleaning that sprinkler.</p> <p>2. At 1:07 p.m., the standard pendant style sprinkler that was located in the Kitchen, above</p>	K 353	adverse findings will be addressed immediately then presented at the following Quality Assurance (QA) Meeting to ensure ongoing compliance.		

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K 353	Continued From page 9 the prep-area, was loaded with foreign material-debris covering the frame and the deflector. Upon interview, Staff 2 confirmed the finding, and stated that they needed to clean that sprinkler.	K 353			
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: 32973 Based on observation and interview, the facility failed to maintain the portable fire extinguishers. This was evidenced by an extinguisher that was obstructed from view and access. This affected 27 of 107 residents, and could result in the inability of staff to readily locate and access the fire extinguisher in the event of a fire. 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 extinguishers shall be selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.	K 355	What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice? Food cart was immediately relocated away from the K type fire extinguisher. Fire extinguisher was relocated to an area that would not easily be obstructed by food cart. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken? A 100% audit of the facility was completed to verify that no other fire extinguishers were obstructed. Dietary staff were inserviced on making sure that fire extinguishers are not obstructed	4/21/22	

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K 355	<p>Continued From page 10</p> <p>NFPA 10, Standard for Portable Fire Extinguishers, 2010, edition. 6.1.3.3.1 Fire extinguishers shall not be obstructed or obscured from view.</p> <p>Finding:</p> <p>During a facility tour and interview with staff on 3/21/22, the portable fire extinguishers, were observed.</p> <p>At 1:09 p.m., the wall-hook mounted K-Type portable fire extinguisher located in Dietary, was obstructed from view and access by a food cart that was stationed directly in front of the extinguisher. Upon interview, Staff 2 confirmed the finding.</p>	K 355	<p>What measures will be put into place or what systematic changes will you make to ensure that the deficient practice does not recur?</p> <p>Dietary Staff were inserviced on 04/15/2022 by Administrator to verify that the K fire extinguisher is never obstructed and the new location of said fire extinguisher. Any staff that could not attend the inservice were met with individually.</p> <p>How the facility plans to monitor its performance to make sure that the solutions are sustained.</p> <p>The Maintenance Director will conduct random audits to verify that the K-type fire extinguisher is not obstructed. This will be done weekly for 4 weeks and then monthly. Any adverse findings will be addressed immediately then presented at the following Quality Assurance (QA) Meeting to ensure ongoing compliance.</p>		