

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

PRINTED: 01/12/2017
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555066	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 01/06/2017
NAME OF PROVIDER OR SUPPLIER GREENFIELD CARE CENTER OF FILLMORE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 118 B ST FILLMORE, CA 93015		
(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	<p>INITIAL COMMENTS</p> <p>Surveyor: 29665 K3 BUILDING: 01 K6 PLAN APPROVAL: 5/20/1977 K7 SURVEY UNDER: 2012 EXISTING</p> <p>STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V(111), FULLY SPRINKLERED.</p> <p>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), NFPA (National Fire Protection Association) 101, Life Safety Code 2012 edition, and NFPA 99 Health Care Facilities Code 2012 edition.</p> <p>Representing the California Department of Public Health: 29665</p> <p>The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities.</p> <p>Census on 1/5/17: 69</p> <p>Acronyms: Area Compliance Officer: ACO Authority Having Jurisdiction: AHJ Fire Life Safety Officer: FLSO Heating, Ventilation, and Air-Conditioning: HVAC Inspector of Record: IOR Office of Statewide Health Planning and Development: OSHPD</p>	K 000	<p>This plan of correction serve as the facility's allegation of compliance. Preparation and/or execution of this plan of correction does not constitute admission or agreement by Greenfield Care Center of Fillmore, of the truth of the facts alleged or conclusion set forth in this statement of deficiencies, this plan of corrections is prepared and/or executed solely because it is required by the provision of the Health and Safety Code Section 1280 and 42 C.F.R. 483 et. seg</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JAN 26 2017</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		
K 111 SS=D	NFPA 101 Building Rehabilitation	K 111	Construction staff installed door knob with working mechanism the day surveyor identified the problem. Building permit was posted	2/24/2017	

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

TITLE

(X6) DATE

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.

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K 111	<p>Continued From page 1</p> <p>Building Rehabilitation Repair, Renovation, Modification, or Reconstruction Any building undergoing repair, renovation, modification, or reconstruction complies with both of the following: * Requirements of Chapter 18 and 19 * Requirements of the applicable Sections 43.3, 43.4, 43.5, and 43.6 18.1.1.4.3, 19.1.1.4.3, 43.1.2.1 Change of Use or Change of Occupancy Any building undergoing change of use or change of occupancy classification complies with the requirements of Section 43.7, unless permitted by 18.1.1.4.2 or 19.1.1.4.2 18.1.1.4.2 (4.6.7 and 4.6.11), 19.1.1.4.2 (4.6.7 and 4.6.11), 43.1.2.2 (43.7) Additions Any building undergoing an addition shall comply with the requirements of Section 43.8. If the building has a common wall with a nonconforming building, the common wall is a fire barrier having at least a 2-hour fire resistance rating constructed of materials as required for the addition. Communicating openings occur only in corridors and are protected by approved self-closing fire doors with at least a 1-1/2-hour fire resistance rating. Additions comply with the requirements of Section 43.8. 18.1.1.4.1 (4.6.7 and 4.6.11), 18.1.1.4.1.1 (8.3), 18.1.1.4.1.2, 18.1.1.4.1.3, 19.1.1.4.1 (4.6.7 and 4.6.11), 19.1.1.4.1.1 (8.3), 19.1.1.4.1.2, 19.1.1.4.1.3, 43.1.2.3(43.8) This STANDARD is not met as evidenced by: Surveyor: 29665 Based on observation and interview, the facility failed to ensure the safety of residents during construction. This was evidenced by one construction area that was not secured against</p>	K 111	<p>on 1/7/17. Leak was patched accordingly. Residents near construction area were affected.</p> <p>In-service conducted to maintenance staff by administrator on 1/18/17 to secure room construction areas by locking the door and posting the necessary permit. Project manager was informed by administrator to provide copy of building permit prior to initiating any building construction. Maintenance staff will conduct inspection to construction areas to ensure permit is posted, areas are secured and doors are locked. Any identified problems will be corrected immediately.</p> <p>Maintenance staff will conduct facility rounds during and after rain to ensure roof leaks are fixed immediately. Facility hired professional roofer to conduct general roof repair to prevent leaks in the facility. Project completion date 2/24/17.</p> <p>QA committee will review monthly reports by maintenance staff on construction areas and roof leaks to ensure prompt corrections are implemented on any identified problems. QA committee will recommend additional corrective actions as needed.</p> <p>This correction will be monitored by administrator and maintenance staff for continued compliance.</p>		

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH

JAN 20 2017

LIFE SAFETY CODE UNIT
SAN BERNARDINO

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K 111	<p>Continued From page 2</p> <p>unauthorized entry and by the failure to post the building permit as required by the state AHJ. This affected one of five smoke compartments and could result in the increased risk of injury to residents, staff, and visitors who gain access to the room without authorization.</p> <p>NFPA 101, Life Safety Code, 2012 Edition. 19.1.1.4.4 Construction, Repair, and Improvement Operations. See 4.6.10.</p> <p>4.6.10.1 Buildings, or portions of buildings, shall be permitted to be occupied during construction, repair, alterations, or additions only where required means of egress and required fire protection features are in place and continuously maintained for the portion occupied or where alternative life safety measures acceptable to the authority having jurisdiction are in place.</p> <p>Findings:</p> <p>During a facility tour with Maintenance Staff 1 from 1/5/17 to 1/6/17, the construction areas were observed.</p> <p>1. At 11:47 a.m., on 1/5/17, the shower room across from the nurses station, near Room 20, had a single line of yellow caution tape across the door. The caution tape was more than 5 feet above the ground and the door to the shower room was not equipped with a door knob that could be locked. There was no building permit posted on the door. The shower room and its hazardous contents could be easily accessed by anyone and was unoccupied when surveyed. The floor was only partially tiled, the electrical boxes were not covered, there were construction</p>	K 111	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JAN 23 2017</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO SAN Geronimo</p>		

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K 111	Continued From page 3 tools, and there was a water leak going through a light fixture with water collecting in a bucket below. At 9:00 a.m., on 1/6/17, the shower room door was equipped with a lock and a "Notice to Start Construction," dated 3/1/16, for OSHPD Project S152479-56-00 was posted. The building permit was not posted. During an interview at 9:45 a.m., the Project Manager stated that the building permit, not the "Notice to Start Construction," should be posted on the shower room door per OSHPD regulations. He confirmed that the shower room should have been locked to prevent unauthorized access.	K 111	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING DIVISION JAN 07 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO		
K 161 SS=F	NFPA 101 Building Construction Type and Height 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	K 161	The following heat pumps were relocated on 1/10/17 to empty rooms and attic access doors were closed and access spring doors were reactivated. Heat pump located in corridor next to room 12, corridor next to room 1, corridor near the front entrance, corridor near room 39, corridor near room 43, corridor next to room 22, corridor net to room 26. The heat pump exhaust were installed on window openings, directing the exhaust outside the building. Majority of residents are affected Waiver - Greenfield Care Center of Fillmore is requesting waiver for a period of three (3) months or more for the use of commercial heat pumps located in the empty rooms. Replacement of facilities HVAC system will cause undue financial hardship to facility.	2/6/2017	

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K 161	<p>Continued From page 4</p> <p>non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>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.</p> <p>This STANDARD is not met as evidenced by: Surveyor: 29665</p> <p>Based on observation, record review, and interview, the facility failed to maintain the integrity of their building construction. This was evidenced by leaks in the roof and by fire-rated attic access doors that were propped open. This affected five of five smoke compartments. The leaks could result in the increased risk of hazardous conditions and the propped open attic access doors could result in the increased spread of smoke and fire.</p> <p>NFPA 101, Life Safety Code, 2012 Edition. 4.6.1.1 The authority having jurisdiction shall - determine whether the provisions of this Code are met.</p> <p>4.6.1.2 Any requirements that are essential for</p>	K 161	<p>(Waiver Continued) Construction Milestones</p> <p>First Month</p> <ul style="list-style-type: none"> - Hire provider, architect and structural engineer - Drawing of plan, specification and other related documents to be submitted to OSHPD. <p>Second Month</p> <ul style="list-style-type: none"> - Submission of plans, specification and other related documents to OSHPD for approval of the project. - Plan adjustment as needed per OSHPD compliance. <p>Third Month</p> <ul style="list-style-type: none"> - Construction of the project. - OSHPD final inspection and approval. - Signing off of the project to OSHPD. <p>Staff received quarterly in-services from Life Safety provider regarding fire drills, disaster drills and other emergency drills to ensure staff are capable of handling emergency situations. (Waiver Completed)</p> <p>In-services conducted to maintenance staff on 1/10/17 and 1/18/16 to conduct daily rounds to ensure that heat pumps are functioning well. Thermostat set between 71 to 81. Exhaust securely installed on the window. Any identified problems will be corrected immediately.</p> <p>Maintenance staff will check room temperatures at least 3x a day. If it is too hot they will lower the thermostat. If it is too cold they will increase the thermostat or possible installation of heat</p>		

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K 161	Continued From page 5 the safety of building occupants and that are not specifically provided for by this Code shall be determined by the authority having jurisdiction. Findings: During a facility tour with Maintenance Staff 1 from 1/5/17 to 1/6/17, the walls and ceilings were observed. 1. At 10:33 a.m., on 1/5/17, there was a portable heat pump in the corridor next to Room 12 that was exhausted into the opening of an approximately 18 inch by 18 inch metal attic access door. The attic access door springs were disabled and the door was held open by screws in the adjacent corridor wall. The door was labeled as a fire-rated access door. 2. At 10:52 a.m., on 1/5/17, there was a portable heat pump in the corridor next to Room 1 that was exhausted into the opening of an approximately 18 inch by 18 inch metal attic access door. The attic access door springs were disabled. 3. At 11:07 a.m., on 1/5/17, there was a portable heat pump in the corridor near the front entrance that was exhausted into the opening of an approximately 30 inch by 20 inch metal attic access door. The attic access door springs were disabled. The opening was partially covered by a piece of cardboard that was approximately 24 inches by 16 inches. 4. At 11:25 a.m., on 1/5/17, there was a portable heat pump in the corridor near Room 39 that was exhausted into the opening of an approximately 30 inch by 20 inch metal attic access door. The	K 161	In-service conducted to nurses on 12/6/16 & 12/13/16 by DSD regarding proper adjustment of heat pumps thermostat and turning it of in cases of emergencies. Maintenance staff will conduct rounds when it is raining and after the rain to ensure that roof leaks are fixed immediately. Leak in administrators office and through the overhang in the front entrance were fixed on 1/23/17. Facility hired professional roofer to repair/patch of all leaks in the facility. Projected project completion 2/24/17. Maintenance supervisor and DSD will conduct daily rounds to ensure that heat pump thermostat in proper setting, room temperature within acceptable level and exhaust properly secured. Any identified problem will be corrected immediately. QA committee will review monthly reports on heat pumps and room temperature by maintenance supervisor and DSD to ensure prompt corrective actions are implemented on any identified problems. QA committee will recommend additional corrective action as needed. This correction will be monitored by administrator, maintenance supervisor and DSD for continued compliance.		

JAN 20 2017
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K 161	<p>Continued From page 6</p> <p>attic access door springs were disabled. The opening was covered by a single layer of gypsum board with a an approximately 9 inch by 8 inch hole in the middle.</p> <p>5. At 11:32 a.m., on 1/5/17, there was a portable heat pump in the corridor near Room 43 that was exhausted into the opening of an approximately 30 inch by 20 inch metal attic access door. The attic access door springs were disabled. The opening was covered by a single layer of gypsum board with a an approximately 10 inch by 9 inch hole in the middle.</p> <p>6. At 11:47 a.m., on 1/5/17, the shower room next to Room 20 was under construction. There was a leak in the roof and water was dripping through an opening in a light fixture that was turned on. Water filled half of an approximately 5 gallon bucket directly below the leak. It was raining outside.</p> <p>During an interview at 11:48 a.m., Maintenance Staff 1 stated that the facility was undergoing a project to replace the roof. He stated that the roof was not yet fixed.</p> <p>7. At 11:50 a.m., on 1/5/17, there was a portable heat pump in the corridor next to Room 22 that was exhausted into the opening of an approximately 18 inch by 18 inch metal attic access door. The attic access door springs were disabled. The door was labeled as a fire-rated access door.</p> <p>8. At 11:56 a.m., on 1/5/17, there was a portable heat pump in the corridor next to Room 26 that was exhausted into the opening of an approximately 18 inch by 18 inch metal attic</p>	K 161	<p>17</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 161	<p>Continued From page 7</p> <p>access door. The attic access door springs were disabled. The door was labeled as a fire-rated access door.</p> <p>9. At 12:40 a.m., on 1/5/17, there was a leak going through the ceiling, near the sprinkler head, in the administrators office. There was a tarp and a 5-gallon bucket collecting water below the leak.</p> <p>During an interview at 12:41 a.m., the Regional Maintenance Director stated that the leak was from the roof and not from any piping.</p> <p>10. At 2:41 p.m., on 1/5/17, there were three leaks going through the overhang in the front entrance. The leaks were near the light fixtures and water puddled below. One of the water puddles was directly in front of the facility entrance door.</p> <p>11. At 9:05 a.m., on 1/6/17, a list of construction projects not yet finalized by OSHPD were provided. There were two project numbers associated with the roof. Project S150481-56-00, with a permit issued on 8/16/16, was associated with the roof/chiller/boiler/HVAC replacement and Project S151523-56-00, with a permit issued on 12/14/15, was associated with a roof repair. The most recent field visit report provided for the roof repair project was from the ACO's inspection on 3/2/16 that listed the project being at 2% completion. No field visit reports associated with the roof replacement project were provided.</p> <p>During an interview at 9:45 a.m., the Project Manager stated that the roof will not be scheduled for replacement until the new HVAC units are installed since installation of the HVAC units would create penetrations in the roof. He</p>	K 161	<p>CAUTION - DO NOT ENTER</p> <p>NO ENTRY</p> <p>DO NOT ENTER</p> <p>LIFE SAFETY CODE UNIT</p> <p>SAFETY</p>		

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K 161	Continued From page 8 was made aware of the leaks observed on 1/5/17, 12. During a telephone interview with Administrator 1 on 1/10/17 at 9:34 a.m., he stated that the IOR and ACO were in the building yesterday (1/9/17) and the ACO stated that the temporary heat pumps were not permitted to be exhausted into the attic.	K 161			
K 211 SS=F	NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This STANDARD is not met as evidenced by: Surveyor: 29665 Based on observation, record review, and interview, the facility failed to maintain their means of egress. This was evidenced by egress corridors that were obstructed by equipment. This affected four of five smoke compartments and access to all designated exit doors. This could result in a delay in evacuation, in the event of a fire or other emergency. NFPA 101, Life Safety Code, 2012 Edition. 19.2.3.4 Any required aisle, corridor, or ramp shall be not less than 48 in. (1220 mm) in clear width where serving as means of egress from patient sleeping rooms, unless otherwise permitted by one of the following: (1) Aisles, corridors, and ramps in adjunct areas not intended for the housing, treatment, or use of inpatients shall be not less than 44 in. (1120 mm)	K 211	LIFE SAFETY CODE UNIT SAN BERNARDINO The following portable heat pumps were relocated to empty rooms and exhausted to the window. Egress corridor next to room 18, room 12, room 1, front entrance, room 39, room 43, room 22 and room 26. Majority of residents are affected. Waiver - Greenfield Care Center of Fillmore is requesting waiver for a period of three (3) months or more for the use of commercial heat pumps located in the empty rooms. Replacement of facilities HVAC system will cause undue financial hardship to facility. Construction Milestones First Month - Hire provider, architect and structural engineer - Drawing of plan, specification and other related documents to be submitted to OSHPD. Second Month - Submission of plans, specification and other related documents to OSHPD for approval of the project.	2/6/2017	

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K 211	Continued From page 9 in clear and unobstructed width. (2) Where corridor width is at least 6 ft (1830 mm), noncontinuous projections not more than 6 in. (150 mm) from the corridor wall, above the handrail height, shall be permitted. (3) Exit access within a room or suite of rooms complying with the requirements of 19.2.5 shall be permitted. (4) Projections into the required width shall be permitted for wheeled equipment, provided that all of the following conditions are met: (a) The wheeled equipment does not reduce the clear unobstructed corridor width to less than 60 in. (1525 mm). (b) The health care occupancy fire safety plan and training program address the relocation of the wheeled equipment during a fire or similar emergency. (c) The wheeled equipment is limited to the following: i. Equipment in use and carts in use ii. Medical emergency equipment not in use iii. Patient lift and transport equipment (5) Where the corridor width is at least 8 ft (2440 mm), projections into the required width shall be permitted for fixed furniture, provided that all of the following conditions are met: (a) The fixed furniture is securely attached to the floor or to the wall. (b) The fixed furniture does not reduce the clear unobstructed corridor width to less than 6 ft (1830 mm), except as permitted by 19.2.3.4(2). (c) The fixed furniture is located only on one side of the corridor. (d) The fixed furniture is grouped such that each grouping does not exceed an area of 50 ft ² (4.6 m ²). (e) The fixed furniture groupings addressed in 19.2.3.4(5)(d) are separated from each other by a	K 211	(Waiver Continued) - Plan adjustment as needed per OSHPD compliance. Third Month - Construction of the project. - OSHPD final inspection and approval. - Signing off of the project to OSHPD. Staff received quarterly in-services from Life Safety provider regarding fire drills, disaster drills and other emergency drills to ensure staff are capable of handling emergency situations. (Waiver Completed) In-service conducted on 1/10/17 and 1/18/17 to maintenance staff by administrator to ensure that hallways are free of obstruction at all times. Maintenance supervisor will conduct daily rounds to ensure hallways are free of obstruction at all times. Any identified problems will be corrected immediately. QA committee will review monthly reports by maintenance supervisor on hallways obstruction to ensure prompt corrective actions are implemented on any identified problems. This correction will be monitored by maintenance supervisor for continued compliance. Please see F161 for additional corrective actions.		

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NAME OF PROVIDER OR SUPPLIER GREENFIELD CARE CENTER OF FILLMORE, LLC			STREET ADDRESS, CITY, STATE, ZIP CODE 118 B ST FILLMORE, CA 93015		
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K 211	<p>Continued From page 10</p> <p>distance of at least 10 ft (3050 mm).</p> <p>(f) The fixed furniture is located so as to not obstruct access to building service and fire protection equipment.</p> <p>(g) Corridors throughout the smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the fixed furniture spaces are arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space.</p> <p>(h) The smoke compartment is protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.8.</p> <p>19.2.3.5 The aisle, corridor, or ramp shall be arranged to avoid any obstructions to the convenient removal of nonambulatory persons carried on stretchers or on mattresses serving as stretchers.</p> <p>Findings:</p> <p>During a facility tour with Maintenance Staff 1 from 1/5/17 to 1/6/17, the egress corridors were observed.</p> <p>1. At 10:15 a.m., on 1/5/17, there was a portable heat pump in the egress corridor next to Room 18 that was exhausted into an HVAC vent. The heat pump protruded approximately 2 feet 4 inches into the egress corridor.</p> <p>2. At 10:33 a.m., on 1/5/17, there was a portable heat pump in the corridor next to Room 12 that was exhausted into an attic access door. The heat pump protruded approximately 2 feet 2 inches into the egress corridor.</p>	K 211			

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K 211	Continued From page 11 3. At 10:52 a.m., on 1/5/17, there was a portable heat pump in the corridor next to Room 1 that was exhausted into an attic access door. The heat pump protruded approximately 2 feet 3 inches into the egress corridor. 4. At 11:04 a.m., on 1/5/17, the portable heat pumps were labeled with stickers indicating that they were rented. Administrator 1 provided the rental agreement which showed that eight "1 ton portable heat pump" units were rented by the facility since 11/29/16. 5. At 11:07 a.m., on 1/5/17, there was a portable heat pump in the corridor near the front entrance that was exhausted into an attic access door. The heat pump protruded approximately 2 feet 4 inches into the egress corridor. 6. At 11:25 a.m., on 1/5/17, there was a portable heat pump in the corridor near Room 39 that was exhausted into an attic access door. The heat pump protruded approximately 2 feet 2 inches into the egress corridor. 7. At 11:32 a.m., on 1/5/17, there was a portable heat pump in the corridor near Room 43 that was exhausted into an attic access door. The heat pump protruded approximately 2 feet into the egress corridor. 8. At 11:50 a.m., on 1/5/17, there was a portable heat pump in the corridor next to Room 22 that was exhausted into an attic access door. The heat pump protruded approximately 2 feet into the egress corridor. 9. At 11:56 a.m., on 1/5/17, there was a portable heat pump in the corridor next to Room 26 that	K 211			

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K 211	Continued From page 12 was exhausted into an attic access door. The heat pump protruded approximately 2 feet into the egress corridor. 10. At 9:05 a.m., on 1/6/17, a list of construction projects not yet finalized by OSHPD were provided. Project S150481-56-00, with a permit issued on 8/16/16, was associated with the roof/chiller/boiler/HVAC replacement. No field visit reports associated with the roof replacement project were provided. During an interview at 9:45 a.m., the Project Manager stated that the portable heat pumps were an interim measure during the cold months until the HVAC units were replaced. He stated that the plans for the replacement were still in review and the project may take up to a year to complete. 11. During a telephone interview with Administrator 1 on 1/10/17 at 9:34 a.m., he stated that the IOR and ACO were in the building yesterday (1/9/17) and the ACO stated that the temporary heat pumps were not permitted to be in the egress corridor or exhausted into the attic.	K 211			
K 341 SS=C	NFPA 101 Fire Alarm System - Installation Fire Alarm System - Installation A fire alarm system is installed with systems and components approved for the purpose in accordance with NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm Code to provide effective warning of fire in any part of the building. In areas not continuously occupied, detection is installed at each fire alarm control unit. In new occupancy, detection is also installed at notification appliance circuit power extenders,	K 341	Fire alarm system will be signed off to ACO in thirty (30) days. Projected completion 2/16/17. All residents are affected. LSC provider will continue to conduct fire drill to staff every quarter and semi-annual disaster drill to ensure staff are fully trained to respond in case of fire disaster or any kind of emergency. Daily round will conducted by administrator, maintenance supervisor, DON, DSD and Nurses	2/16/2017	

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K 341	<p>Continued From page 13 and supervising station transmitting equipment. Fire alarm system wiring or other transmission paths are monitored for integrity. 18.3.4.1, 19.3.4.1, 9.6, 9.6.1.8</p> <p>This STANDARD is not met as evidenced by: Surveyor: 29665 Based on record review and interview, the facility failed to ensure that the new fire alarm system was installed with approval from the AHJ. This was evidenced by a new fire alarm system that had not been approved by OSHPD pending a repair. This affected five of five smoke compartments and could result in the increased risk of fire alarm system and device malfunctions.</p> <p>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.</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>9.6.1.4 All systems and components shall be approved for the purpose for which they are installed.</p> <p>NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition. 10.14.2.1 All systems shall be installed in</p>	K 341	<p>Supervisor to ensure facility is free of fire hazards. Any identified problems will be corrected immediately.</p> <p>QA committee will review monthly reports on fire hazards to ensure prompt corrective actions are implemented on any identified problems.</p> <p>This correction will be monitored by administrator, DON, DSD and Maintenance Supervisor for continued compliance.</p>		

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K 341	<p>Continued From page 14</p> <p>accordance with the specifications and standards approved by the authority having jurisdiction.</p> <p>10.18.1.2 At the authority having jurisdiction's request, complete information regarding the system or system alterations, including specifications, type of system or service, shop drawings, input/output matrix, battery calculations, and notification appliance circuit voltage drop calculations, shall be submitted for approval.</p> <p>10.18.1.3 Before requesting final approval of the installation, if required by the authority having jurisdiction, the installing contractor shall furnish a written statement stating that the system has been installed in accordance with approved plans and tested in accordance with the manufacturer's published instructions and the appropriate NFPA requirements.</p> <p>10.18.1.4 The record of completion form, Figure 10.18.2.1.1, shall be permitted to be a part of the written statement required in 10.18.1.3. When more than one contractor has been responsible for the installation, each contractor shall complete the portions of the form for which that contractor had responsibility.</p> <p>10.18.2.4 Verification of Compliant Installation. Where required, compliance of the completed installation with the requirements of this Code, as implemented via the referring code(s), specifications, and/or other criteria applicable to the specific installation, shall be certified by a qualified and impartial third-party organization acceptable to the authority having jurisdiction.</p>	K 341			

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K 341	<p>Continued From page 15</p> <p>10.18.2.4.1 Verification shall ensure that the installed system includes all components and functions, that those components and functions are installed and operate as required, that the system has been 100 percent acceptance tested in accordance with Chapter 14, and that all required documentation has been provided to the system owner.</p> <p>Exception: Where the installation is an extension, modification, or reconfiguration of an existing system, the verification shall be required for the new work only, and reacceptance testing in accordance with Chapter 14 shall be acceptable.</p> <p>10.18.2.4.3 Verification shall include written confirmation that any required corrective actions have been completed.</p> <p>Findings:</p> <p>During a facility tour with Maintenance Staff 1 from 1/5/17 to 1/6/17, the fire alarm system project documents were requested.</p> <p>1. At 12:22 p.m., on 1/5/17, public records on the OSHPD website showed that the facility had an open project related to the installation of the fire alarm system panel. The documents related to the project were requested from Administrator 1 and Maintenance Staff 1.</p> <p>During a telephone interview with the fire alarm vendor at 2:15 p.m. on 1/5/17, he stated that the OSHPD FLSO has signed off on the system but the ACO had an issue with the electrical wiring</p>	K 341			

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K 341	Continued From page 16 controlling the door holders. He stated that the work had not been completed yet. At 9:05 a.m., on 1/6/17, Administrator 1 provided a permit for the project S150275-56-00, issued on 4/1/15, for the replacement of the fire alarm system. At 9:26 a.m., on 1/6/17, the field visit report from the FLSO inspection on 7/13/16 showed that she approved the fire alarm system and indicated that the project was at 95% completion pending the ACO/IOR inspection. The field visit report from the ACO inspection on 11/17/16 indicated "the electrical panel which serves the fire alarm shall have the panel schedule updated per CEC 408.4." The final approval from OSHPD had not yet been issued pending the completion of the electrical work noted by the ACO.	K 341			
K 362 SS=E	NFPA 101 Corridors - Construction of Walls Corridors - Construction of Walls 2012 EXISTING Corridors are separated from use areas by walls constructed with at least 1/2-hour fire resistance rating. In fully sprinklered smoke compartments, partitions are only required to resist the transfer of smoke. In nonsprinklered buildings, walls extend to the underside of the floor or roof deck above the ceiling. Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Fixed fire window assemblies in corridor walls are in accordance with Section 8.3, but in sprinklered compartments there are no restrictions in area or fire resistance of glass or frames.	K 362	Parts were secured and maintenance staff installed. on 1/11/17, plates behind the following tablets on walls next rooms 14, 15, 5, 38, 41, 47 and corridor across from the nurses stations. Residents near the identified rooms are affected. In-service conducted on 1/10/17 and 1/18/17 to maintenance staff by administrator to ensure to maintain integrity of corridor wall construction. Maintenance Supervisor will conduct monthly corridor inspection to ensure it is free of penetrations. Any identified problems will be corrected immediately.	2/6/2017	

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K 362	<p>Continued From page 17</p> <p>If the walls have a fire resistance rating, give the rating _____ if the walls terminate at the underside of the ceiling, give brief description in REMARKS, describing the ceiling throughout the floor area.</p> <p>19.3.6.2, 19.3.6.2.7</p> <p>This STANDARD is not met as evidenced by: Surveyor: 29665</p> <p>Based on observation and interview, the facility failed to maintain the corridor wall construction. This was evidenced by penetrations in the corridor walls. This affected three of five smoke compartments and could result in the faster spread of smoke and fire.</p> <p>NFPA 101, Life Safety Code, 2012 Edition</p> <p>19.3.6.2.1 Corridor walls shall be continuous from the floor to the underside of the floor or roof deck above; through any concealed spaces, such as those above suspended ceilings; and through interstitial structural and mechanical spaces, unless otherwise permitted by 19.3.6.2.4 through 19.3.6.2.8</p> <p>19.3.6.2.3 Corridor walls shall form a barrier to limit the transfer of smoke.</p> <p>19.3.6.2.4 In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.7, a corridor shall be permitted to be separated from all other areas by non-fire-rated partitions and shall be permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke.</p> <p>Findings:</p> <p>During a facility tour with Maintenance Staff 1</p>	K 362	<p>QA committee will review monthly reports on corridor penetration to ensure prompt corrective actions are implemented on any identified problems.</p> <p>This correction will be monitored by Maintenance Supervisor for continued compliance.</p>		

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K 362	<p>Continued From page 18</p> <p>from 1/5/17 to 1/6/17, the corridor walls were observed</p> <p>1. At 10:39 a.m., on 1/5/17, there was a mount with a tablet on the corridor wall next to Room 14. There was an approximately 3 inch by 2 inch rectangular penetration in the corridor wall behind the mount with a cord going through.</p> <p>During an interview at 10:40 a.m., Maintenance Staff 1 stated that the tablets were installed earlier this year by personnel from corporate.</p> <p>2. At 10:42 a.m., on 1/5/17, there was a mount with a tablet on the corridor wall next to Room 15. There was an approximately 3 inch by 2 inch rectangular penetration in the corridor wall behind the mount with a cord going through.</p> <p>3. At 10:49 a.m., on 1/5/17, there was a mount with a tablet on the corridor wall next to Room 5. There was an approximately 3 inch by 2 inch rectangular penetration in the corridor wall behind the mount with a cord going through.</p> <p>4. At 11:29 a.m., on 1/5/17, there was a mount with a tablet on the corridor wall next to Room 38. There was an approximately 3 inch by 2 inch rectangular penetration in the corridor wall behind the mount with a cord going through.</p> <p>5. At 11:35 a.m., on 1/5/17, there was a mount with a tablet on the corridor wall next to Room 41. There was an approximately 3 inch by 2 inch rectangular penetration in the corridor wall behind the mount with a cord going through.</p> <p>6. At 11:37 a.m., on 1/5/17, there was a mount with a tablet on the corridor wall next to Room 47.</p>	K 362			

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K 362	Continued From page 19 There was an approximately 3 inch by 2 inch rectangular penetration in the corridor wall behind the mount with a cord going through. 7. At 11:49 a.m., on 1/5/17, there was a mount with a tablet on the corridor across from the nurses station. There was an approximately 3 inch by 2 inch rectangular penetration in the corridor wall behind the mount with a cord going through.	K 362			
K 500 SS=F	NFPA 101 Building Services - Other Building Services - Other List in the REMARKS section any LSC Section 18.5 and 19.5 Building Services 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. This STANDARD is not met as evidenced by: Surveyor: 29665 Based on observation, record review, and interview, the facility failed to maintain the fusible link fire dampers in their air vents. This was evidenced by one fusible link with paint and by no records of inspecting and testing the fire dampers. This affected five of five smoke compartments and could result in the faster spread of smoke and fire through the HVAC system. NFPA 101, Life Safety Code, 2012 Edition, 9.2.1 Air-Conditioning, Heating, Ventilating Ductwork, and Related Equipment.	K 500	Provider was in the building on 1/10/17 and started servicing the 52 dampers. Dampers were certified to be in good condition on 1/17/17. All residents are affected. In-service conducted on 1/10/17 and 1/18/17 to ensure that dampers are serviced according to schedule. Maintenance Supervisor will review, annually, damper records of services to ensure that next damper service should be done timely. Any identified problem will be corrected immediately. QA committee will review quarterly on damper services report to ensure prompt corrective action on any identified problems. This correction will be monitored by Maintenance Supervisor for continued compliance.	2/6/2017	

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K 500	<p>Continued From page 20</p> <p>Air-conditioning, heating, ventilating ductwork, and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, or NFPA 90B, Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, as applicable, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, 2012 Edition</p> <p>5.4.7.1 Fire dampers, including their sleeves; smoke dampers; and ceiling dampers shall be installed in accordance with the conditions of their listings and the manufacturer's installation instructions and the requirements of NFPA 80, Standard for Fire Doors and Other Opening Protectives.</p> <p>NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2010 Edition.</p> <p>19.4.1 Each damper shall be tested and inspected 1 year after installation.</p> <p>19.4.1.1 The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years.</p> <p>19.4.2 All tests shall be completed in a safe manner by personnel wearing personal protective equipment.</p> <p>19.4.3 Full unobstructed access to the fire or combination fire/ smoke damper shall be verified and corrected as required.</p> <p>19.4.4 If the damper is equipped with a fusible</p>	K 500			

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K 500	<p>Continued From page 21</p> <p>link, the link shall be removed for testing to ensure full closure and lock-in-place if so equipped.</p> <p>19.4.5 The operational test of the damper shall verify that there is no damper interference due to rusted, bent, misaligned, or damaged frame or blades, or defective hinges or other moving parts.</p> <p>19.4.6 The damper frame shall not be penetrated by any foreign objects that would affect fire damper operations.</p> <p>19.4.7 The damper shall not be blocked from closure in any way.</p> <p>19.4.8 The fusible link shall be reinstalled after testing is complete.</p> <p>19.4.8.1 If the link is damaged or painted, it shall be replaced with a link of the same size, temperature, and load rating.</p> <p>19.4.9 All inspections and testing shall be documented, indicating the location of the fire damper or combination fire/ smoke damper, date of inspection, name of inspector, and deficiencies discovered.</p> <p>19.4.9.1 The documentation shall have a space to indicate when and how the deficiencies were corrected.</p> <p>19.4.10 All documentation shall be maintained and made available for review by the AHJ.</p> <p>Findings:</p> <p>During a facility tour with Maintenance Staff 1</p>	K 500			

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K 500	Continued From page 22 from 1/5/17 to 1/6/17, the air vents were observed. 1. At 10:29 a.m., on 1/5/17, there was a fusible link observed in the air vent located in the corridor outside Room 18. The fusible link had spots of white paint on it. 2. At 2:50 p.m., on 1/5/17, the fire damper maintenance records were requested but none were provided. During an interview at 3:00 p.m., Maintenance Staff 1 confirmed that there were no records of maintaining the dampers and that he did not know that the facility was equipped with dampers. At 11:30 a.m., on 1/6/17, Maintenance Staff 2 and Maintenance Staff 3 provided a facility floor plan with the 52 fusible link fire dampers they identified in the facility. There were some located in the egress corridors, the kitchen, the laundry room, the dining room, and other areas. There were no records of testing and maintenance of these dampers.	K 500			
K 511 SS=D	NFPA 101 Utilities - Gas and Electric Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2	K 511	The facility will ensure to get permit prior to installation of dryer and water heater. Facility is requesting waiver for period of three (3) or more to get OSHPD permit for laundry dryer and water heater Timeline - First Month - Hire architect to draw the plans, specifications and other documents to be submitted to OSHPD.	2/6/2017	

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K 511	Continued From page 23 This STANDARD is not met as evidenced by: Surveyor: 29665 Based on observation, record review, and interview, the facility failed to maintain the appliances connected to natural gas lines. This was evidenced by one water heater that was labeled as "out of service," and by installation of a new water heater and two industrial clothes dryers without a permit from the AHJ. This could result in the increased risk of detachment of the gas lines from the appliances and cause fire and explosion. This affected one of five smoke compartments. NFPA 101, Life Safety Code, 2012 Edition. 19.5.1.1 Utilities shall comply with the provisions of Section 9.1. 9.1.1 Gas. Equipment using gas and related gas piping shall be in accordance with NFPA 54, National Fuel Gas Code, or NFPA 58, Liquefied Petroleum Gas Code, unless such installations are approved existing installations, which shall be permitted to be continued in service. NFPA 54, National Fuel Gas Code, 2012 Edition. 1.5 Enforcement. This code shall be administered and enforced by the authority having jurisdiction designated by the governing authority 5.1.1 Installation of Piping System. Where required by the authority having jurisdiction, a piping sketch or plan shall be prepared before proceeding with the installation. The plan shall show the proposed location of piping, the size of different branches, the various load demands, and the location of the point of delivery.	K 511	Second Month - Submission of plan to OSHPD for review and plan adjustment as needed. Third Month - OSHPD inspection and final approval of project and issuance of permit. Maintenance Supervisor will conduct weekly inspection of laundry dryer and water heater to ensure they are in good working condition. Any problem will be corrected immediately. Staff received in-services from facility life safety provider regarding emergency situations that include fire drills, disaster drills and other emergency situations. This will ensure staff are capable of handling emergency situations. QA committee will review quarterly reports on laundry dryer permit and water heater permit to ensure prompt corrective actions are implemented on any identified problem. This correction will be monitored by Administrator and Maintenance Supervisor for continued compliance.		

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K 511	<p>Continued From page 24</p> <p>5.1.2 Addition to Existing System.</p> <p>5.1.2.1 When additional appliances are being connected to a gas piping system, the existing piping shall be checked to determine whether it has adequate capacity.</p> <p>5.1.2.2 If inadequate, the existing system shall be enlarged as required, or separate gas piping of adequate capacity shall be provided.</p> <p>9.1.1 Appliances, Equipment, and Accessories to Be Approved. Appliances, equipment, and accessories shall be approved.</p> <p>9.1.1.1 Approved shall mean "acceptable to the authority having jurisdiction."</p> <p>Findings:</p> <p>During a facility tour with Maintenance Staff 1 from 1/5/16 to 1/7/16, the appliances utilizing natural gas were observed</p> <p>1. At 10:21 a.m., on 1/5/17, there were two new industrial clothes dryers, connected to natural gas lines, in the laundry room.</p> <p>During an interview at 10:22 a.m., Maintenance Staff 1 stated that one dryer was installed earlier in the year and one was installed in the summer.</p> <p>2. At 10:23 a.m., on 1/5/17, there were two water heaters in the mechanical room next to the laundry room. One approximately 100-gallon capacity water heater was labeled with the a sign that said "OUT OF SERVICE." The unit was still connected to natural gas lines.</p>	K 511			

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K 511	Continued From page 25 3. At 10:24 a.m., on 1/5/17, there was a new tankless water heater attached to natural gas lines next to the out of service water heater. During an interview at 10:25 a.m., Maintenance Staff 1 stated that they replaced the previous tankless water heater this year. During a telephone interview with the OSHPD ACO on 1/5/17 at 11:51 a.m., he stated that the facility did not obtain permits for the new dryers or the water heater replacement. At 11:30 a.m., on 1/6/17, invoices provided by Maintenance Staff 1 showed that one dryer was installed on 12/21/15 and one was installed on 6/1/16. The invoices also showed that the water heater was replaced on 6/2/16	K 511			
K 521 SS=F	NFPA 101 HVAC HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This STANDARD is not met as evidenced by: Surveyor: 29665 Based on observation and interview, the facility failed to maintain their HVAC system. This was evidenced by the failure of the central heating system and the use of portable heat pumps throughout the facility. This was also evidenced by one of those portable heat pumps that was	K 521	The following portable heat pumps were relocated to empty rooms and exhausted to the window. Egress corridor next to room 18, room 12, room 1, front entrance, room 39, room 43, room 22 and room 26. Majority of residents are affected. Waiver - Greenfield Care Center of Fillmore is requesting waiver for a period of three (3) months or more for the use of 10 commercial heat pumps located in the empty rooms. Replacement of facilities HVAC system will cause undue financial hardship to facility. Construction Milestones First Month - Hire provider, architect and structural engineer.	2/6/2017	

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K 521	<p>Continued From page 26</p> <p>exhausted into an air vent of the central HVAC system and by other heat pumps that were exhausted into shared attic spaces in the egress corridor. This affected 69 of 69 residents and could result in increased harm to residents, visitors, and staff.</p> <p>NFPA 101, Life Safety Code, 2012 Edition. 19.5.2.1 Heating, ventilating, and air-conditioning shall comply with the provisions of Section 9.2 and shall be installed in accordance with the manufacturer's specifications, unless otherwise modified by 19.5.2.2.</p> <p>19.5.2.2 Any heating device, other than a central heating plant, shall be designed and installed so that combustible material cannot be ignited by the device or its appurtenances, and the following requirements also shall apply: (1) If fuel-fired, such heating devices shall comply with the following: (a) They shall be chimney connected or vent connected. (b) They shall take air for combustion directly from the outside. (c) They shall be designed and installed to provide for complete separation of the combustion system from the atmosphere of the occupied area. (2) Any heating device shall have safety features to immediately stop the flow of fuel and shut down the equipment in case of either excessive temperature or ignition failure.</p> <p>9.2.1 Air-Conditioning, Heating, Ventilating Ductwork, and Related Equipment. Air-conditioning, heating, ventilating ductwork, and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of</p>	K 521	<p>(Waiver Continued)</p> <ul style="list-style-type: none"> - Drawing of plan, specification and other related documents to be submitted to OSHPD. <p>Second Month</p> <ul style="list-style-type: none"> - Submission of plans, specification and other related documents to OSHPD for approval of the project. - Plan adjustment as needed per OSHPD compliance. <p>Third Month</p> <ul style="list-style-type: none"> - Construction of the project. - OSHPD final inspection and approval. - Signing off of the project to OSHPD. <p>Staff received quarterly in-services from Life Safety provider regarding fire drills, disaster drills and other emergency drills to ensure staff are capable of handling emergency situations. (Waiver Completed)</p> <p>In-service conducted on 1/10/17 and 1/18/17 to maintenance staff by administrator to ensure that hallways are free of obstruction at all times.</p> <p>Maintenance supervisor will conduct daily rounds to ensure hallways are free of obstruction at all times. Any identified problems will be corrected immediately.</p> <p>QA committee will review monthly reports by maintenance supervisor on hallways obstruction to ensure prompt corrective actions are implemented on any identified problems.</p>		

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K 521	Continued From page 27 Air-Conditioning and Ventilating Systems, or NFPA 90B, Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, as applicable, unless such installations are approved existing installations, which shall be permitted to be continued in service. NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, 2012 Edition. 4.3.3.1 Pipe and duct insulation and coverings, duct linings, vapor retarder facings, adhesives, fasteners, tapes, and supplementary materials added to air ducts, plenums, panels, and duct silencers used in duct systems, unless otherwise provided for in 4.3.3.1.1 or 4.3.3.1.2, shall have, in the form in which they are used, a maximum flame spread index of 25 without evidence of continued progressive combustion and a maximum smoke developed index of 50 when tested in accordance with ASTM E 84, Standard Test Method for Surface Burning Characteristics of Building Materials, or with ANSI/UL 723, Standard for Test for Surface Burning Characteristics of Building Materials. Pipe and duct insulation and coverings, duct linings and their adhesives, and tapes shall use the specimen preparation and mounting procedures of ASTM E 2231, Standard Practice for Specimen Preparation and Mounting of Pipe and Duct Insulation Materials to Assess Surface Burning Characteristics. 4.3.12.1.1 Egress corridors in nursing and long term care facilities, detention and correctional, and residential occupancies shall not be used as a portion of a supply, return, or exhaust air system serving adjoining areas unless otherwise permitted by 4.3.12.1.3.1 through 4.3.12.1.3.4.	K 521	This correction will be monitored by maintenance supervisor for continued compliance. Please see F161 for additional corrective actions.		

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K 521	<p>Continued From page 28</p> <p>4.3.12.1.2 Air movement between rooms and egress corridors in hospitals and ambulatory care facilities shall be permitted where the transfer of air is required for clinical purposes by other standards.</p> <p>4.3.12.1.3 An air transfer opening(s) shall not be permitted in walls or in doors separating egress corridors from adjoining areas.</p> <p>Findings:</p> <p>During a facility tour with Maintenance Staff 1 from 1/5/17 to 1/6/17, the HVAC system was observed.</p> <p>1. At 10:15 a.m., on 1/5/17, there was a portable heat pump in the egress corridor next to Room 18 that was exhausted into an HVAC vent. The vent was covered with a plastic tile connected to the exhaust duct and the vent's grille was removed.</p> <p>2. At 10:33 a.m., on 1/5/17, there was a portable heat pump in the corridor next to Room 12 that was exhausted into the attic.</p> <p>3. At 10:52 a.m., on 1/5/17, there was a portable heat pump in the corridor next to Room 1 that was exhausted into the attic.</p> <p>4. At 11:02 a.m., on 1/5/17, there was a portable heat pump in the dining room that was exhausted through an outside window.</p> <p>5. At 11:04 a.m., on 1/5/17, the portable heat pumps were labeled with stickers indicating that they were rented. Administrator 1 provided the rental agreement which showed that eight "1 ton</p>	K 521			

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K 521	<p>Continued From page 29</p> <p>portable heat pump" units were rented by the facility since 11/29/16.</p> <p>6. At 11:07 a.m., on 1/5/17, there was a portable heat pump in the corridor near the front entrance that was exhausted into the attic.</p> <p>7. At 11:25 a.m., on 1/5/17, there was a portable heat pump in the corridor near Room 39 that was exhausted into the attic.</p> <p>8. At 11:32 a.m., on 1/5/17, there was a portable heat pump in the corridor near Room 43 that was exhausted into the attic.</p> <p>9. At 11:50 a.m., on 1/5/17, there was a portable heat pump in the corridor next to Room 22 that was exhausted into the attic.</p> <p>10. At 11:56 a.m., on 1/5/17, there was a portable heat pump in the corridor next to Room 26 that was exhausted into the attic.</p> <p>11. At 9:05 a.m., on 1/6/17, a list of construction projects not yet finalized by OSHPD were provided. Project S150481-56-00, with a permit issued on 8/16/16, was associated with the roof/chiller/boiler/HVAC replacement. No field visit reports associated with the roof replacement project were provided.</p> <p>During an interview at 9:45 a.m., the Project Manager stated that the portable heat pumps were an interim measure during the cold months until the HVAC units were replaced. He stated that the plans for the replacement were still in review and the project may take up to a year to complete. He confirmed that the current heating coil system was not working adequately to</p>	K 521			

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K 521	Continued From page 30 maintain comfortable temperatures for the patients. 12. During a telephone interview with Administrator 1 on 1/10/17 at 9:34 a.m., he stated that the IOR and ACO were in the building yesterday (1/9/17) and the ACO stated that the temporary heat pumps were not permitted to be in the egress corridor or exhausted into the attic.	K 521			
K 914 SS=E	NFPA 101 Electrical Systems - Maintenance and Testing Electrical Systems - Maintenance and Testing Hospital-grade receptacles at patient bed locations and where deep sedation or general anesthesia is administered, are tested after initial installation, replacement or servicing. Additional testing is performed at intervals defined by documented performance data. Receptacles not listed as hospital-grade at these locations are tested at intervals not exceeding 12 months. Line isolation monitors (LIM), if installed, are tested at intervals of less than or equal to 1 month by actuating the LIM test switch per 6.3.2.6.3.6, which activates both visual and audible alarm. For LIM circuits with automated self-testing, this manual test is performed at intervals less than or equal to 12 months. LIM circuits are tested per 6.3.3.3.2 after any repair or renovation to the electric distribution system. Records are maintained of required tests and associated repairs or modifications, containing date, room or area tested, and results. 6.3.4 (NFPA 99) This STANDARD is not met as evidenced by: Surveyor: 29665 Based on observation and interview, the facility failed to maintain their electrical wiring. This was	K 914	Parts were secured and maintenance staff installed, on 1/11/17, plates behind the following tablets on walls next rooms 14, 15, 5, 38, 41, 47 and corridor across from the nurses stations. Residents near the identified rooms are affected. In-service conducted on 1/10/17 and 1/18/17 to maintenance staff by administrator to ensure the maintained integrity of corridor wall construction. Maintenance Supervisor will conduct monthly corridor inspection to ensure it is free of penetrations. Any identified problems will be corrected immediately. QA committee will review monthly reports corridor penetration to ensure prompt corrective actions are implemented on any identified problems. This correction will be monitored by Maintenance Supervisor for continued compliance.	2/6/2017	

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(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 914	<p>Continued From page 31</p> <p>evidenced by electrical outlets with no covers. This affected three of five smoke compartments and could result in an increased risk of an electrical fire.</p> <p>NFPA 101, Life Safety Code, 2000 Edition 19.5.1.1 Utilities shall comply with the provisions of Section 9.1.</p> <p>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.</p> <p>NFPA 70, National Electrical Code, 2011 Edition. 314.25 Covers and Canopies. In completed installations, each box shall have a cover, faceplate, lampholder, or luminaire canopy, except where the installation complies with 410.24(B).</p> <p>406.5 Receptacle Mounting. Receptacles shall be mounted in boxes or assemblies designed for the purpose, and such boxes or assemblies shall be securely fastened in place unless otherwise permitted elsewhere in this Code. (F) Exposed Terminals. Receptacles shall be enclosed so that live wiring terminals are not exposed to contact.</p> <p>Findings:</p> <p>During a facility tour with Maintenance Staff 1 from 1/5/17 to 1/6/17, the electrical wiring was observed.</p> <p>1. At 10:39 a.m., on 1/5/17, there was a mount with a tablet on the corridor wall next to Room 14.</p>	K 914			

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

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K 914	Continued From page 32 There was a duplex outlet with no cover behind the mount. During an interview at 10:40 a.m., Maintenance Staff 1 stated that the tablets were installed earlier this year by personnel from corporate. 2. At 10:42 a.m., on 1/5/17, there was a mount with a tablet on the corridor wall next to Room 15. There was a duplex outlet with no cover behind the mount. 3. At 10:49 a.m., on 1/5/17, there was a mount with a tablet on the corridor wall next to Room 5. There was a duplex outlet with no cover behind the mount. 4. At 11:29 a.m., on 1/5/17, there was a mount with a tablet on the corridor wall next to Room 38. There was a duplex outlet with no cover behind the mount. 5. At 11:35 a.m., on 1/5/17, there was a mount with a tablet on the corridor wall next to Room 41. There was a duplex outlet with no cover behind the mount. 6. At 11:37 a.m., on 1/5/17, there was a mount with a tablet on the corridor wall next to Room 47. There was a duplex outlet with no cover behind the mount. 7. At 11:49 a.m., on 1/5/17, there was a mount with a tablet on the corridor across from the nurses station. There was a duplex outlet with no cover behind the mount.	K 914			