

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


PRINTED: 12/11/2018
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055527	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 11/29/2018
NAME OF PROVIDER OR SUPPLIER LOS PALOS CONVALESCENT HOSPITAL			STREET ADDRESS, CITY, STATE, ZIP CODE 1430 WEST 6TH STREET SAN PEDRO, CA 90732		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE	
K 000	INITIAL COMMENTS This facility was surveyed under 42 CFR Part 483.70(a), Life Safety Code NFPA 101, 2012 Edition, Chapter 19, Existing Health Care Occupancies, and other applicable codes. Representing the Department of Public Health: 06646, REHS, Life Safety Code Specialist The following represents the findings of the Department of Public Health during a Life Safety Code Survey. Licensed = 99 beds Census = 87 residents	K 000	Los Palos Post-Acute Care Center submits this response and Plan of Correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this Plan of correction with the intention that it is inadmissible by any third party in any civil or criminal action or proceedings against the provider or its employees, agents, officers, directors, or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party.		
K 918 SS=F	Highest Severity and Scope = F Electrical Systems - Essential Electric System 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	K 918	Any changes to provider policy or procedures should be considered subsequent remedial measures as that concept is employed in Rule 407 of the federal rules of evidence and California evidence code section 1151 and should be inadmissible in any proceeding on that basis.		

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

TITLE

(X6) DATE

 ADMINISTRATOR

ADMINISTRATOR

12/21/2018

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 918	Continued From page 1 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 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: Based on observation and staff interview, the facility failed to ensure the generator was tested under full load for 30 minutes 12 times a year in 20-40 day intervals to ensure the emergency electrical system was in safe operating condition. This deficient practice could affect the entire facility in the event of a power failure or other emergency. Findings: During the Life Safety Code survey on November 29, 2018, a review of the facilities documentation of the generator testing/operation from January 14, 2018 to November 28, 2018 was not test for 30 min under full in January 2018, February 2018, March 2018, May 2018, June 2018, July	K 918	K918 <u>Corrective Actions Taken</u> The facility Maintenance staff conducted a full load test of the generator on 12/3/2018. <u>Process to Identify Other Residents Potentially Affected by the Deficient Practice</u> All residents are likely to be affected by this deficient practice. <u>Measures to Avoid Recurrence</u> Maintenance Supervisor is no longer employed by the facility. A new Maintenance Lead had been appointed and had been given training by the Administrator on this regulatory requirement. Administrator & Maintenance Lead gave an in-service to all maintenance staff on 12/3/2018 regarding the requirement to exercise full load testing on generator for 30 minutes 12 times a year in 20-40 day intervals to ensure the emergency electrical system was in safe operating condition. A monitoring form was put in place to document the full-load test. Administrator will check this form on a monthly basis for the first three months, and quarterly thereafter to ensure that 30-	12/20/2018	

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K 918	<p>Continued From page 2 2018, August 2018, and November 2018.</p> <p>During an review of the documents and interview with the the maintenance supervisor about the finding, he could not provide documents to indicate the generator was tested under full load for the above months and stated he was unable to explain why the generator was not test under full load as required.</p> <p>On November 29, 2018 during the exit conference the administrator and the maintenance supervisor were still unable to provide documents of generator testing under full load for 30 minutes.</p>	K 918	<p>minute full-load test is done consistently as scheduled.</p> <p>Facility will continue to conduct the required weekly inspection Third-party generator maintenance, Power Plus, will continue to conduct an annual load bank test, to ensure full operational load capability of the generator.</p> <p><u>Monitor</u> Maintenance Lead and/or Administrator will monitor facility compliance through observation, interview and record review on a monthly basis</p> <p>Administrator and/or designee will provide summary trends, analysis of findings to the monthly QAPI Committee meeting. If there are no negative findings after one quarter, issue is considered resolved.</p>		

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DPH

12:38:56 p.m. 12-24-2018

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E 000	<p>Initial Comments</p> <p>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.</p> <p>Representing the California Department of Public Health:</p> <p>06646, REHS, Life Safety Code Specialist</p> <p>The facility is in substantial compliance with 42CFR 483.73 for Long Term Care (LTC) Facilities</p> <p>Licensed: 99 beds Census: 87 residents</p> <p>No deficiencies were cited during this survey.</p>	E 000			

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

TITLE

(X6) DATE



NESTOR ALEGRE

ADMINISTRATOR

12/24/18

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