PRINTED: 05/20/2011 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI			(X3) DATE SURVEY COMPLETED	
	-	055987	B. WIN	NG.		04/29	/2011
	ROVIDER OR SUPPLIER	TER	STREET ADDRESS, CITY, STATE, ZIP CODE 1250 BROADWAY SONOMA, CA 95476		1250 BROADWAY	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPRI DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
F 000	INITIAL COMMEN	тѕ	F	00			
	California Departm	esents the findings of the ent of Public Health (CDPH) ecertification survey.					
		CDPH: Health Facilities 28258, 28786, 29092, and					
F 241 SS=E	with no bed holds. 483.15(a) DIGNIT	y of entry (4/25/11) was 106 Y AND RESPECT OF	F	24	Corrective action for residents have been affected by this defi	I	5/25/11
	manner and in an enhances each re-	romote care for residents in a environment that maintains or sident's dignity and respect in his or her individuality.			Resident 27 has had all patient of information signage removed from No residents were affected.		,
	by: Document review Policy Number: 1	NT is not met as evidenced, on 4/28/11, of the facility's 12 titled "Official Language ornia" (Rev. April 2004), states			Corrective action for residents be affected by this deficiency:  All residents in the facility have		
	"It is the policy of t English as the offi	the company to establish cial spoken and written e of the company."			Director of Staff Development a Coordinator inserviced patient c	are staff to	
	"English-Only Rule "Only the English	v of a facility document titled e" (undated) states the language is to be used in erapy rooms; sitting rooms and			not place patient care information view, outside resident rooms or (5/4/11 and 5/25/11)	doors.	
	common rooms us immediate resider providing access to areas and any oth	sed by residents; all other nt-care areas; the hallways to immediate resident care ler area where residents may be	·		Director of Staff Development a Coordinator inserviced patient or regarding the "English Only" Po (5/4/2011 and 5/25/11)).	care staff olicy	·
LABORATO		nce of conversation." This  IDENCIPPLIER REPRESENTATIVE'S SIG	NATURE		"English Only" posters have bee	en posted.	(X6) DATE
			·		ADMINISTRATO	<b>ી</b>	6/23

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 occurrents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

FORM CMS-2567(02-99) Previous Vertions Obsolete - Event D: Fig. 1 - Eacility ID: Clarkes Good

Af continuation sheet Page 1 of 16

PRINTED: 05/20/2011 FORM APPROVED OMB NO. 0938-0391

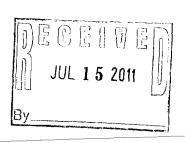
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION	(X3) DATE SUI COMPLET		
		055987	B. WII	NG	, , , , , , , , , , , , , , , , , , ,	04/29	/2011	
	ROVIDER OR SUPPLIER A HEALTHCARE CEN	TER		12	EET ADDRESS, CITY, STATE, ZIP CODE 250 BROADWAY ONOMA, CA 95476			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAC		PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPE DEFICIENCY)	ULD 8E	(X5) COMPLETION DATE	
F 241	Continued From particular document includes section which each employment in the During the initial fart 4/25/11, at 10:10 a outside of Random containing his naminight shift to follow, "Important—Do not thinning medication night."  During an interview Administrative State contained on the sitems" that are prebut kept at the nurshall station and should not have be During an interview Resident 10 stated language other that Resident 10 and patted that when the speaking the foreign while, but then the language again and them to stop. Resident language again and them to stop.	an "Acknowledgement" new employee signs upon facility.  cility tour observation on .m., a sign was taped to the Resident 27's mom e, care plan details for the , and a directive stating, give Datteparin (a blood n) on Saturday night or Sunday  on 4/27/11, at 9:50 a.m., if D stated that the information ign was taken from "Care Plan pared for the night shift's use sing stations. Administrative one must have taken it from the it taped it on the door but it been done.  on 4/28/11 at 10:15 a.m., I that sometimes staff speak a un English when they are near roviding care. Resident 10 he resident tells staff to stop on language, they stop for a by begin speaking in a foreign d Resident 10 has to again ask ident 10 stated that when staff inguage around the resident,		241		place to not recur:  ill place view, musily  ill inform on process y for all  ill ling the and as	5/25/11	
	them to stop. Res speak a foreign lar Resident 10 feels: rather than on top 10 added feeling "	ident 10 stated that when staff						

FORM CMS-2587(02-99) Previous Versions Obsciete

Event ID: TXL611

Facility ID: CA010000058

If continuation sheet Page 2 of 16



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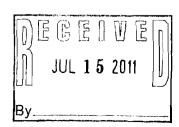
STATEMENT	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		065987	B. WING		04/29	2011
	ROVIDER OR SUPPLIER A HEALTHCARE CEN	TER	1	REET ADDRESS, CITY, STATE, ZIP CODE 250 BROADWAY CONOMA, CA 95476		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHOUT CROSS-REFERENCED TO THE APPROPRIES (EACH)	ULD BE	(X5) COMPLETION DATE
F 362 SS#E	confidential group is review, the facility to respect and dignity language other that and 2. A sign was resident room which clinical information violations of residents at the caused residents to with respect.  During a confidentiat 10 a.m., Randor speak in their own in the hallway, and residents when the Resident 23 stated language other that uncomfortable as I they were talking a 24, 25, and 26 also speaking to each owhile giving care a wonder if staff is ta 483.35(b) SUFFIC PERSONNEL	and staff interviews, a interview, and document falled to promote residents when 1. Staff spoke in a in English while delivering care taped on the outside of a ship contained personal and. These failures resulted in the intrights and dignity and of feel they were not treated all group interview on 4/27/11 in Resident 23 stated that staff language (other than English) even in the rooms of the ay are giving care. Random I that when staff spoke in a in English, it "makes me feel of I am in another place and about me." Random Residents of stated they have heard staff other in non English languages and concurred it makes them alking about them.  IENT DIETARY SUPPORT	F 241	monitor continued effectiveness corrective action taken to ensur deficiency has been corrected at not recur.  Department Heads on rounds will for patient care signage and report to the Director of Nursing Services Designee as needed.  Department Heads on rounds will for Languages other than English spoken, and report findings to the Director as needed.  The Executive Director or Design report findings/trends to the QA& Committee for further review to e the protocols set forth within thes corrective measures are followed.	of the e that this nd will monitor t findings es or  I monitor being Executive nee shall A ensure that e  found to iency:	5/25/11
	by: Based on observa	NT is not met as evidenced ations, staff interviews, and the facility failed to ensure		All residents have the potential to affected.	be	

FORM CMS-2587(02-99) Previous Versions Obsolots

Event ID: TXL611

Facility ID: CAC10000066

If continuation sheet Page 3 of 16



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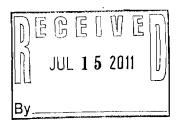
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SU COMPLET	
		055987	B, WING		04/29	/2011
	PROVIDER OR SUPPLIES		12	EET ADDRESS, CITY, STATE, ZIP CODE 250 BROADWAY ONOMA, CA 95476		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R USC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORR (EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AF DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE
F 36	thermometers; are had the potential illnesses to all reserved and reserved on 4/27 was asked how to checking a thermometer did Fahrenheit (F), saway and get and During an intervious point part for a food registered 30 decent of the pool of the po	petencies in: 1. calibration of ad 2. manual dishwashing. This for the spread of food-borne sidents.  Pervation and concurrent staff //11, at 1:05 p.m., Dietary Staff E o calibrate a thermometer mometer against a known fixed perature scale) to the standard threnheit (F). When asked what he manual (non-disposable) not register 32 degrees he stated that she would throw it other one.  Pew on 4/27/11, at 1:40 p.m., as asked what value she would temperature if the thermometer grees F at initial calibration. Idicated she would record the stering on the thermometer.  Pew of the facility's policy on salibration" (undated), states that sters are to be calibrated to temperature reading." This irections on the procedure to neter which does not register 32 ew on 4/27/11, at 2:00 p.m., taff A stated it was her dietary staff know how to	F 362	Dietary Service Supervisor retron the proper methods for many calibration of thermometers with demonstration using a glass fill water, then placing thermometer Wait 3 minutes, stirring occasio 3 minutes thermometer should degrees Fahrenheit.  If thermometer does not reach a Fahrenheit, staff will discard the and manually calibrate a new of the Dietary Service Supervisor retrostaff on the proper manual distraction of the proper manual distraction of the deficiency do the Dietary Service Supervisor with thermometers monthly times a quarterly and as needed.  Dietary Service Supervisor to dietary staff on the proper manual calibrate staff on the proper manual calibrate staff on the proper manual staff on the proper ma	th hands on ed with ice or in glass.	

FORM CMS-2587(02-99) Provious Versions Obsolets

Event ID; TXL611

Facility ID; CAU10000066

If continuation sheet Page 4 of 18



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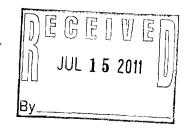
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIF	PLE CONSTRUCTION	(X3) DATE SUI COMPLET	
		055987	B. WING		04/29	/2011
	ROVIDER OR SUPPLIER	NTER	12	EET ADDRESS, CITY, STATE, ZIP CODE 150 BROADWAY ONOMA, CA 95476		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES IY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	Provider's Plan of Correc (Each Corrective action sho Cross-referenced to the appl Deficiency)	ULD BE	(XS) COMPLETION DATE
F 362	During an intervier Administrative Sta staff were last traist thermometers. Si they had ever bee thermometers, an expected them to asked how she enstated that she do procedures such a nourishments and done "on spot per calibration of them Review of "RDs to titled "Thermometer manual thermometer hermometer) is adjust nut securel and rotate the hear reads 32 degrees	or on 4/28/11, at 3:50 p.m., aff A was asked when dietary ned in the calibration of the stated that she dld not think in trained in the calibration of dieded that, as cooks, she know how to do this. When sures staff competency, she es "spot watching" on as the preparation of trayline, but that she has not formance checks" for the mometers.  The Healthcare's "undated policy, ar Healthcare's "undated that a ster (bi-metallic stemmed alibrated by holding "the y with a wrench or other tool and of the thermometer until it.	F 362	THE REAL PROPERTY OF THE PARTY	s of the re that this and will signee QA&A ensure that	4/29/11
	to 2/15/11 found in the been trained in the 2. During an obseinterview on 4/27/was asked about dish washing. She "wash" side of the full with hot water one-fourth cup of that she would us large container or	inservice records from 5/24/10 no documentation that staff had a calibration of thermometers.  ervation and concurrent 11, at 2:10 p.m., Dietary Staff G the procedure for the manual e stated that she would fill the sink three-quarters of the way (150 degrees F) and then add soap. Dietary Staff G indicated a the "purple soap" that was in a the floor near the automatic that was not connected to the bove the sink).				

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TXL611

Facility ID: CA01000008

If continuation sheet Page 5 of 16



PRINTED: 05/20/2011 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDENSUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPU A. BUILDING	E CONSTRUCTION	(X3) DATE S COMPLI	
	055987	B. WING		04/2	9/2011
NAME OF PROVIDER OR SUPPL SONOMA HEALTHCARE		125	ET ADDRESS, CITY, STATE, ZIP O BROADWAY NOMA, CA 95476	CODE	
PREFIX (EACH DEFICI	' Statement of Deficiencies Ency Must Be Preceded by Full OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF (EACH CORRECTIVE ACT CROSS-REFERENCED TO T DEFICIENCE	TON SHOULD BE THE APPROPRIATE	(XS) COMPLETION DATE
Administrative inserviced dieta manual dish was couple of week the evening shi staff competen watching" on prof nourishment done "spot per dishwashing.  Review of RDs titled, "Three CD ishwashing," compartment (with hot water according to man dishwashing so ounces) of soa sink) should be volume of watefull).  Review of dieta to 2/15/11 four been trained in Review of the for the Directo duttes include: of dietary persadjustments/ounces assure that dieta couple of dietary persadjustments/ounces assure that dietary the come neces assure that dietary persadjustments/ounces assure t	riew on 4/28/11, at 3:50 p.m., Staff A was asked when she last ary staff on the procedure for the ashing. She stated that it was "a s ago," but that she only trained ft. When asked how she ensures cy, she stated that she does "spot rocedures such as the preparation is and trayline, but that she has not formance checks" for manual for Healthcare's undated policy compartment Procedure for Manual Indicated that the first sink used for washing) should be filled (110-120 degrees F) and soap anufacturer's recommendations for pap indicated that one "squirt" (12 p) (from soap dispenser above a used per 15 gallons of water (the er in the sink when three-fourths ary inservice records from 6/24/10 and no documentation that staff had a manual dishwashing.  facility's job description (undated) or of Food Services, indicated that "Review and check competence onnel and make necessary prections as required or that may esary;" and "Make daily rounds to etary personnel are performing and to assure that appropriate	· F 362			



Event ID: TXL811

Facility ID: CA01000008

If continuation sheet Page 6 of 16



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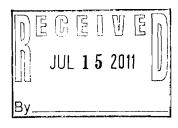
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUI		PLE CONSTRUCTION	(X3) DATE SUI COMPLET	
		055987	B. WIN	1G	·	04/29	/2011
	ROVIDER OR SUPPLIER A HEALTHCARE CE		•	12	EET ADDRESS, CITY, STATE, ZIP CODE 250 BROADWAY ONOMA, CA 95476		
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTIVE ACTION SHO (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(XS) COMPLETION DATE
F 371	the needs of the fi 483.35(i) FOOD F STORE/PREPAR The facility must - (1) Procure food f considered satisfa authorities; and	s are being rendered to meet acility." PROCURE, E/SERVE - SANITARY from sources approved or actory by Federal, State or local or, distribute and serve food		362 <sup>1</sup>	Corrective action for residents have been affected by this defice No residents were affected.  Corrective action for residents be affected by this deficiency:  All residents in the facility have potential to be affected.	that may	<i>4/</i> 29/11
	by: Based on observed ocument reviews sanitary condition food was found in and undated food kitchen drawer occaprons were not a procedures were dietary food carts hose with an antipotential for the sall residents.  Findings:  1. During an observed occamination of the sall residents.	MENT is not met as evidenced reations, staff interviews, and w, the facility failed to ensure ons in the kitchen when: 1. spoiled in the refrigerator, 2. unlabeled od was in the refrigerator, 3. a contained a dirty spatula; 4. tworn; 5. handwashing to not observed; and 6. to keep to cleaned with a non-potable ti-siphon valve. This had the spread of food-borne illnesses to esservation on 4/25/11, at 9:02 ox of grapes (labeled with delivery two spound in the walk-in the spread of the sprea			Dietary Service Supervisor retrastaff on proper/safe food storage disposal practices.  Dietary Service Supervisor retrastaff on the policy and procedure labeling and dating all food item refrigerator.  Dietary Service Supervisor retrastaff on the importance of thorough dishwashing.  Dietary Service Supervisor retrastaff on the wearing of aprons we to prevent cross-contamination.  Dietary Service Supervisor retrastaff on the proper hand washing procedures following the policy procedure.	ined dietary for splaced in ined dietary igh ined dietary hile on duty	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TXL611

Facility ID; CA010000066

If continuation sheet Page 7 of 16



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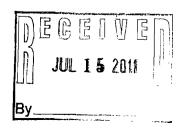
	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	(X2) M A. BUI	-	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		055987	B. Wil	NG		04/29	/2011
	ROWDER OR SUPPLIER A HEALTHCARE CE			1:	EET ADDRESS, CITY, STATE, ZIP CODE 250 BROADWAY ONOMA, CA 95476		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LBC IDENTIFYING INFORMATION)	IO PREF TAC	מר	PROVIDER'S PLAN OF CORRECT (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPL DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
F 371	clear plastic bin o 3/28/11) was four Many of the celer	page 7 ation on 4/26/11, at 9:40 a.m., a of celery (labeled with a date of ond in the walk-in refrigerator. by stalks were brown and other fuzzy material.	F	371	Potable hose and anti-siphon valve been purchased and are in use for dietary food carts.  Measures that will be put into ensure that the deficiency does	r cleaning place to	4/29/11
	Administrative States grapes and states used for resident eaten by staff (the	ew on 4/25/11, at 9:20 a.m., aff A acknowledged the brown d that they were no longer being consumption, but were being ere was no label on the grapes are for staff consumption).			Dietary Service Supervisor will idetary staff on proper/safe food storage/food disposal practices matimes 3 months then quarterly an needed.	nonthly	
	Administrative St was brown and for produce is check new shipments of Administrative St	ew on 4/26/11, at 9:50 a.m., aff A acknowledged the celery uzzy and stated that refrigerated ed by staff once a week when if produce arrive. When eaff A was asked if the celery had thin the last week, she stated,			Dietary Service Supervisor will idetary staff on the policy and prolabeling and dating all food item refrigerator monthly times 3 morquarterly and as needed.	ocedure for s placed in onths then	
	Dietary Consultar	ew on 4/26/11, at 9:55 a.m., nt D stated that refrigerated be inspected every time someone rigerator.			Dietary Service Supervisor will dietary staff on the importance of dishwashing monthly times 3 in quarterly and as needed.  Dietary Service Supervisor will dietary staff on the wearing of a	of thorough nonths then inservice	
	titled, "Procedure stated: "All refrig	or Healthcare's undated policy e for Refrigerated Storage", gerated foods are to be kept the ser 'Refrigerated Storage			on duty to prevent cross-contain monthly times 3 months then quas needed.  Dietary Service Supervisor will	nination narterly and	
!	"Produce Storag- grapes are to be	or Healthcare's undated e Guldelines," indicated that kept in the refrigerator for "5-7 ry is to be kept for "2 weeks."			dietary staff on the proper hand procedures following the policy procedure monthly times 3 mor quarterly and as needed.	washing and	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TXL611

Facility ID: CA010000088

If continuation sheet Page 8 of 16



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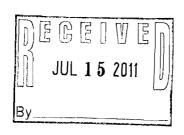
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055987	(X2) M A. BUI B. WIN	LDIN		(X3) DATE SURVEY COMPLETED 04/29/2011	
NAME OF D	ROVIDER OR SUPPLIER	433901			INTERPORTED OF A STATE	04/29	72011
_	A HEALTHCARE CEN	TER		1;	LEET ADDRESS, CITY, STATE, ZIP CODE 250 BROADWAY CONOMA, CA 95476		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRE (EACH CORRECTIVE ACTION SH CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(X5) COMPLETION DATE
F 371	2. During an obser	vation on 4/25/11, at 9:02 abeled, undated bowls of salad	F	371	Dietary Service Supervisor will dietary staff on the use of the po and anti-siphon valve for cleaning food carts quarterly and as need	table hose ng dietary	4/29/11
	Administrative Statuniabeled, undated they should have be Review of RDs for titled, "Leftover For are those that have not served," and in be labeled and data.  3. During an obse a.m., a kitchen draspot of dried, light During an interview Administrative Statwas dirty and remove.	rvation on 4/28/11, at 8:40 wer contained a spatula with a brown material on it.  v on 4/26/11, at 8:45 a.m., if A acknowledged the spatua oved it from the drawer.  rvation on 4/26/11, at 11:15			Measures that will be implement monitor continued effectivene corrective action taken to ensideficiency has been corrected not recur:  Dietary Service Supervisor will perishable food inventory 2 time to ensure that freshness is mainto Dietary Service Supervisor on rounds of the dietary department refrigerator for the proper labelidating of food items.  Dietary Service Supervisor on rounds of the dietary department of the dietary d	ss of the ore that this and will inspect es weekly ained. outine t will checking and outine t will checking and	
	a.m., Dietary Staff wearing aprons ov During an interview Administrative Statexpectations regard aprons and that the uniforms without a Review of RDs for "Dress Code for Wards aprons Code for Wards aprons and the code for Wards aprons approximately	H and Dietary Staff I were not er their clothing.  v on 4/28/11, at 1:00 p.m., ff A stated that she had no ding dietary staff wearing ey could wear their own			inspect the cleanliness of kitche equipment.  Dietary Service Supervisor on rrounds of the dietary departmen monitor compliance with the us  Dietary Service Supervisor on rrounds of the dietary departmen observe dietary staff for proper washing procedures.	outine it will e of aprons. outine it will	

FORM CMS-2587 (02-99) Previous Versions Obsolete

Event ID: TXL811

Facility 1D: CA010000068

If continuation sheet Page 9 of 16



PRINTED: 05/20/2011 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1, ,	IULTII ILDING	PLE CONSTRUCTION G	(X3) DATE SURVEY COMPLETED	
		055987	B, WI	NG		04/29	/2011
	ROVIDER OR SUPPLIER A HEALTHCARE CEN	ITER		STREET ADDRESS, CITY, STATE, ZIP CODE 1250 BROADWAY SONOMA, CA 95476			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	NTEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PRES	TX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFIGIENCY)	DULD BE	(X4) COMPLETION DATE
F 371	5. During an obser a m., Dietary Staff dish rack and place dishwasher. Withowashing her hands side of the dishwas strip on a wet, clear dishwasher. She transcher rack of clewithout first changinands.  During an observation During an observation Dietary Staff Float and placed the rack of clean dishwasher. Withowashing her hands "clean" side of the rack of clean dishes them.  During an Interview Administrative Start washing dishes us She stated that it washing dishes us She stated that it wadded that she did how to go from the the clean side.  Review of the unditted, "Sanitation," employees will be washed. One will will handle the clean side.	vation on 4/26/11, at 10:07 F loaded dirty dishes into a ed the rack into the automatic out changing her gloves or is, she went over to the "clean" wher and placed a chemical test in cutting board which was in a just pulled out of the hen immediately pulled out an dishes from the dishwashering her gloves or washing her dishes into a dish rack into the automatic out changing her gloves or is, she then went over to the dishwasher and pulled out a seand immediately unloaded won 4/28/11, at 3:50 p.m., if A was asked when dietary and in the procedure for sing the automatic dishwasher. In was "a long time ago," and I not go over the practice of a dirty side of the dishwasher to eated RDs for Healthcare policy stated: "A minimum of two used when dishes are machine handle the soiled area and one an side. If an employee does oiled end to clean end, a strict	F	371	Dietary Service Supervisor on recounds of the dietary department monitor compliance of the use of hose and anti-siphon valve during of the food carts.  Executive Director or Designees shall report findings/trends to the Committee for further review to the protocols set forth within the corrective measures are followed.	e QA&A ensure that	4/29/11

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Event ID: TXL611

Facility ID: CA010000086

If continuation sheet Page 10 of 16



PRINTED: 05/20/2011 FORM APPROVED OMB NO. 0938-0391

	r of deficiencies of correction	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A, BUILD	LTIPLE CONSTRUCTIO	N 	(X3) DATE S COMPLI	
		055987	B. WING	<u> </u>		04/2	9/2011
	ROVIDER OR SUPPLIER A HEALTHCARE CEN	ITER		STREET ADDRESS, CIT 1250 BROADWAY SONOMA, CA 95			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	ID PREFIX TAG	(EACH COF	R'S PLAN OF CORRE RECTIVE ACTION 6H RENCED TO THE APP DEFICIENCY)	OULD BE	(XS) COMPLETION DATE
F 465	Review of the unda titled, "Hand Wash dietary staff need thandling solled dis 6. Observation on hose mounted on rear kitchen door twithout an anti-sip. During an interview Administrative Stawash down the food door using the hose Review of the unda titled, "Food Carts food carts would be pressure washer a manufacturer's inserview of the facilithe Director of Food duties include: 1. competence of die necessary adjust that may become rounds to assure the performing require appropriate dietar rendered to meet "Ensure that all die established depar procedures, include: 483.70(h)	ated RDs for Healthcare policy ing Procedure," indicated that to wash their hands after hes and utensils.  4/26/11, at 9:30 a.m. found a the exterior wall just outside the hat was non-potable and hon valve.  y on 4/27/11, at 1:30 p.m., if A stated that dietary aides and carts outside the kitchen is mounted on the exterior wall, ated RDs for Healthcare policy indicated that heavily soiled is cleaned outside using a and detergent following	F 4	71			

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Event ID: TXL611

Facility ID: CA010000066

If continuation sheet Page 11 of 16



PRINTED: 05/20/2011 FORM APPROVED OMB NO. 0938-0391

<u> OENTER</u>	A LAK MEDIOWIZE	A MEDICAID SERVICES	_		Management 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		1200-000
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) N A. BU		PLE CONSTRUCTION  G	(X3) DATE SU COMPLET	
		055987	a. Wi	NG_	· · · · · · · · · · · · · · · · · · ·	04/29	/2011
NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE	<u> </u>	
SONOM	HEALTHCARE CEN	NTER		1:	250 BROADWAY		
delection.	THE THORKE OLI			S	Onoma, ca 95476		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREP TAC	TΧ	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X6) COMPLETION DATE
F 465	Continued From pa	age 11	F	F 465 Corrective action for residents have been affected by this defi			6/1/2011
: 		rovide a safe, functional, fortable environment for d the public.			The broken window in resident's been replaced.	room has	
	This REQUIREME	ENT is not met as evidenced	Corrective action for residents that be affected by this deficiency:		that may		
	facility failed to pro	ation, and staff interview, the ovide a safe and secure esidents, staff, and visitors,			All residents in the facility have to potential to be affected.	he	
		nitial tour of the resident rooms,			Environmental Service Director		
	It was observed th	at a window was broken in one			facility rounds to check for broke		
		oms. This broken window had			and potential environmental issu		
		using harm and injury to			Director of Staff Development ar		
	residents, staff or	visitors.			Coordinator inserviced staff rega	_	
	Tindings.				reporting of all potential environment		
	Findings:				issues to the Environmental Serv	ice	
	was noted that on	ation on 4/25/11, at 9:50 a.m., It a resident room had a three			Director (5/25/11) and (6/1/11).		
		s window. The two outside and the center panel was			Measures that will be put into	place to	
Ì		it panel was a rectangular piece			ensure that the deficiency does	not recur:	
		ately 2 feet by 3 feet. The lower				*** 1	
		left panel had a crack from the			Environmental Services Director		
		el to the right side of the panel			weekly rounds of facility to chec	K 10L	
		o 9 inches in length and a piece			potential environmental issues.		
		en away from the crack and was			Department Managers on rounds		
	missing leaving a	whole in the glass window.			monitor for potential environmen		
	During an Integrie	w on 4/25/11 at 0-50 a m			and report findings to Environme	ÇII <b>LA</b> J	!
		w on 4/25/11, at 9:50 a.m., aff B stated that she was			Service Director.	,;11	
		indow in the resident's room			Director of Staff Development w		Ì
		ministrative Staff B also stated	1		inservice staff regarding reporting potential environmental issues to	_	1
1		the resident's room should not			Environmental Service Director		!
	be broken and be	repaired immediately.			and as needed	minutily	İ

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Event ID: TXL611

Facility ID: CA010000066

If continuation sheet Page 12 of 16



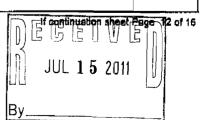
PRINTED: 06/20/2011 FORM APPROVED OMB NO. 0938-0391

TAG REGULATORY OR LSC IDENTIFYING INFORMATION)  TAG CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	A 1211 ( 1211	10 . 0 / (   u  # D   0 / ( / F	OF MIND OF AD STATES				T 14.15 (10.	1000 0001
NAME OF PROVIDER OR SUPPLIER  SONOMA HEALTHCARE CENTER  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL TAG  F 466  Continued From page 11 ENVIRON  The facility must provide a safe, functional, sanitarly, and comfortable environment for residents, staff and the public.  This REQUIREMENT is not met as evidenced by: Based on observation, and staff interview, the facility falled to provide a safe and secure environment for residents, staff, and visitors, when during the Inhight tour of the resident rooms, it was observed thanks window was broken in one of the resident rooms. This broken window had the potential of causing harm and injury to residents, staff or visitors.  Findings:  STREET ADDRESS, CITY, STATE, ZIP CODE 1250 BROADWAY SONOMA, CA 95476  PREFIX CACHEROPRITY LAND FCORRECTION COST CONFIDENCY  PREFIX TAG  STREET ADDRESS, CITY, STATE, ZIP CODE 1250 BROADWAY SONOMA, CA 95476  PREFIX CACHEROPRITY LAND FCORRECTION COST CONFIDENCY  PREFIX CACHEROPRITY LAND FCORRECTION COST CACHEROPS  PROVIDED FAND FAND FCORRECTION COST CACHEROPS  PROVIDED FAND FAND FCORRECTION COST CACHEROPS  FACILITY AND FOR CACHEROPY  BASED BROADWAY  SONOMA LEASON C				1				
SONOMA HEALTHCARE CENTER    250 BROADWAY   SONOMA, CA 95476     251 BROADWAY   SONOMA, CA 95476     252 BROADWAY   SONOMA, CA 95476     253 BROADWAY   SONOMA, CA 95476     254 BROADWAY   SONOMA, CA 95476     254 BROADWAY   SONOMA, CA 95476     255 BROADWAY   SONOMA, CA 95476     256 BROADWAY   SONOMA, CA 95476     257 BROADWAY   SONOMA, CA 95476     257 BROADWAY   SONOMA, CA 95476     257 BROADWAY   SONOMA, CA 95476     258 BROADWAY   SONOMA, CA 95476     25		055987 B. WING					04/29/2011	
SONOMA HEALTHCARE CENTER    1250 BROADWAY   SONOMA, CA 95476	NAME OF P	ROVIDER OR SUPPLIER			STR	EET ADDRESS, CITY, STATE, ZIP CODE		-
FREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  FA65  Continued From page 11 EENVIRON  The facility must provide a safe, functional, sanitary, and comfortable environment for residents, staff and the public.  This REQUIREMENT is not met as evidenced by: Based on observation, and staff interview, the facility falled to provide a safe and secure environment for residents, staff, and visitors, when during the Initial tour of the resident rooms, it was observed that a window was broken in one of the resident rooms. This broken window had the potential of causing harm and injury to residents, staff or visitors.  Findings:  FA65  Measures that will be implemented to monitor continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:  Environmental Service Director will meet with Executive Director weekly to discuss findings and resolutions.  Executive Director or Designee shall report findings/trends to the QA&A Committee for further review to ensure that the protocols set forth within these corrective measures are followed.	SONOMA	N HEALTHCARE CEN	TER		12	250 BROADWAY		
The facility must provide a safe, functional, sanitaly, and comfortable environment for residents, staff and the public.  This REQUIREMENT is not met as evidenced by:  Based on observation, and staff interview, the facility falled to provide a safe and secure environment for residents, staff, and visitors, when during the initial tour of the resident rooms, it was observed that a window was broken in one of the resident rooms. This broken window had the potential of causing harm and injury to residents, staff or visitors.  Findings:  monitor continued effectiveness of the corrective action taken to ensure that this deficiency has been corrected and will not recur:  Environmental Service Director will meet with Executive Director or Designee shall report findings/trends to the QA&A Committee for further review to ensure that the protocols set forth within these corrective measures are followed.	PREFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL				(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP	DULD BE	COMPLETION
was noted that one resident from had a three panel sliding glass window. The two outside panels were movable and the center panel was stationary. The left panel was a tectangular piece of glass approximately 2 feet by 3 feet. The lower right corner of the left panel had a crack from the bottom of the panel to the right side of the panel approximately 6 to 9 inches in length and a piece of glass had broken away from the crack and was missing leaving a whole in the glass window.  During an interview on 4/25/11, at 9:50 a.m., Administrative Staff B stated that she was unaware of the window in the resident's room being broken. Administrative Staff B also stated that the window in the resident's room should not be broken and be repaired immediately.	F 465	The facility must personitally, and comformation, and comformation, staff and the personital of cattered the potential of cattered that one panel sliding glass panels were moves stationary. The left of glass approximately 6 troof glass had broke missing leaving a During an interview Administrative Stationary and the window in that the window in the potential of cattered that one panel sliding glass panels were moves stationary. The left of glass approximately 6 troof glass had broke missing leaving a different personitative Stationary and the window in that the window in the panel sliding broken. Administrative Stationary are of the window in that the window in the panel sliding broken. Administrative Stationary are of the window in that the window in the panel sliding broken.	rovide a safe, functional, ortable environment for if the public.  NT is not met as evidenced ation, and staff interview, the vide a safe and secure sidents, staff, and visitors, it all tour of the resident rooms, at a window was broken in one ms. This broken window had using harm and injury to visitors.  It on on 4/25/11, at 9:50 a.m., it a resident room had a three a window. The two outside ble and the center panel was a panel was a pectangular piece ately 2 feet by 3 feet. The lower left panel had acrack from the all to the right side of the panel of 9 inches in length and a piece on away from the crack and was whole in the glass window.  We on 4/25/11, at 9:50 a.m., iff B stated that she was not not the resident's room ininistrative Staff B also stated the resident's room should not	F	465	Measures that will be impleme monitor continued effectivenes corrective action taken to ensu deficiency has been corrected a not recur:  Environmental Service Director with Executive Director weekly findings and resolutions.  Executive Director or Designee shall report findings/trends to the Committee for further review to the protocols set forth within the	ss of the tree that this and will meet to discuss e QA&A ensure that ese	6/1/2011

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TXL811

Facility ID: CA010000086



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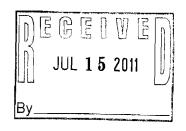
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/GLIA IDENTIFICATION NUMBER:	1, ,	IULTIF	PLE CONSTRUCTION	(X3) DATE SUI COMPLET	RVEY			
		055987	B. WII	NG		04/29	/2011			
NAME OF PROVIDER OR SUPPLIER  SONOMA HEALTHCARE CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 1250 BROADWAY SONOMA, CA 95476						
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	'IX	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	DULD BE	(XS) COMPLETION DATE			
F 517 SS=E	l <u> </u>	3.75(m)(1) WRITTEN PLANS TO MEET MERGENCIES/DISASTERS			Corrective action for residents have been affected by this defic		4/29/11			
		ave detailed written plans and all potential emergencies and		ļ	No residents were affected.					
		fire, severe weather, and		İ	Corrective action for residents be affected by this deficiency:	that may				
	This REQUIREME	NT is not met as evidenced			All residents in the facility have potential to be affected.	the				
	document review, required emergend their disaster plan	ation, staff Interview, and the facility failed to maintain the by food supplies as outlined in when insufficient quantities of or 12 of 19 items. This had the			Dietary Service Supervisor retrainstant on the importance of maintain Emergency Food Supply inventor	aining the				
	potential for all res	idents to receive inadequate e event of an emergency or	•		Measures that will be put into ensure that the deficiency does					
	Findings:				Dietary Service Supervisor will dietary staff on the importance of					
	the quantity of on- to be less than the food inventory list a concurrent inten- acknowledged the asked how often s supply, she stated regular basis. She inspected it the da OK, but acknowle	ation on 4/26/11, at 9:00 a.m., site emergency food was found a quantity stated on the disaster for 12 of 19 sampled items. In view, Administrative Staff A missing food items. When the checks the emergency food that it is not checked on a stated that she visually by before and it appeared to be diged that she does not use a spection of food items.							maintaining the Emergency Food inventory monthly times 3 mont quarterly and as needed. Dictary Service Supervisor will emergency food supply inventor times 3 months and then monthly rotation of expired products and maintenance of the emergency frinventory.  Dictary Service Supervisor will a log to document the emergency supply checks.	check the ry weekly y to ensure I proper cood supply implement
	Dietary Consultan	w on 4/26/11 at 9:15 a.m., t D was asked if she was aware cient quantitles of emergency								

FORM CMS-2567(02-69) Previous Versions Obsolete

Event ID: TXL611

Facility ID: CA010000088

If continuation sheet Page 13 of 16



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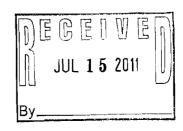
	OF DEFICIENCIES F CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MU A. BUILO		NSTRUCTION	(X3) DATE SU COMPLET	
		055987	B; WING			04/25	)/2011
	ROMDER OR SUPPLIER			1250 BF	DDRESS, CITY, STATE, ZIP CO ROADWAY MA, CA 95476	DOE	
(XA) ID PREFIX DAT	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION	ID PREFIX TAG		PROVIDER'S PLAN OF CO (EACH CORRECTIVE ACTIO (ROSS-REFERENCED TO THE DEFICIENCY)	N SHOULD BE E APPROPRIATE	COMPLETION DATE
F 517	food. She stated, has been monitori food, she stated the inspections. Whe checking the eme she stated, "No."  Review of the facill' Disaster Feeding indicated that the emergency food stor a three-day pedesignated in the available at all time. Review of the fact the Director of Foduties include: 1, roomsfor upkeen "ensure that stock food, supplies, equality of the state of the fact that stock food, supplies, equality in the state of the stat	monitioned From page 13  od. She stated, "No." When asked how she is been monitoring the quantity of emergency od, she stated that it is checked during monthly spections. When asked if she had been tecking the emergency food on a monthly basis, it is stated, "No."  eview of the facility's policy and procedure titled, disaster Feeding Procedure," dated 1/2008, dicated that the facility "will maintain an mergency food supply on the premises to last or a three-day period" and that "food items esignated in the emergency menu must be valiable at all times."  F 517  Measures that will be implemented to monitor continued effectiveness of the corrective action taken to ensure that deficiency has been corrected and will not recur:  Registered Dictitian will include the revision of the dictary department and report findings to the Dietary Service Supervision and the Executive Director for follow unreded.  Executive Director or Designee shall report findings/trends to the QA& Committee for further review to ensure the protocols set forth within these corrective measures are followed.  Executive Director or Designee shall report findings/trends to the QA& Committee for further review to ensure the protocols set forth within these corrective measures are followed.		eness of the ensure that this ted and will clude the review in the monthly ent and report ice Supervisor for follow up as the eto the QA&A we to ensure that in these	4/29/1]		
F 518 SS=E	PROCEDURES/II The facility must to procedures when periodically review staff; and carry on those procedures This REQUIREM by: Based on observational document review 1. Dietary staff we	rain all employees in emergency they begin to work in the facility; v the procedures with existing at unannounced staff drills using	F5	No Co be All affi	rrective action for resive been affected by this residents were affected.  rrective action for resi affected by this deficients have the potential services Directed.  vironmental Services Directed and ancillary staff occurre for using a fire ecoty and 4/28/11)	s deficiency:  dents that may necy:  ntial to be  rector inservices on the proper	

FORM CMS-2567(02-99) Previous Versions Obsolete

Event ID: TXL611

Facility ID: CA010000066

If continuation sheet Page 14 of 16



PRINTED: 05/20/2011 FORM APPROVED OMB NO. 0938-0391

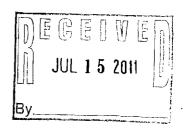
		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP A. BUILDING		TPLE CONSTRUCTION (X3) DAT		E SURVEY PLETED	
		055987	B. WIN	<u> </u>		04/29	/2011	
	ROYIDER OR SUPPLIER A HEALTHCARE CEI	NTER		12	EET ADDRESS, CITY, STATE, ZIP COU 250 BROADWAY ONOMA, CA 95476	DE		
(X4) ID PREFIX TAG	(EACH BEFICIENC	ATEMENT OF DEPICIENCIES LY MUST BE PRECEDED BY FULL LSC IDENTIFYING (NFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF COR (EACH CORRECTIVE ACTION GROSS-REFERENCED TO THE DEFICIENCY)	SHOULD BE	(X5) COMPLETION DATE	
F 518	water shut-off valvimpede the exting execution of emer jeopardize the saft of an emergency of Findings:	out the location of gas and res. This had the potential to uishing of fires and the gency procedures which could ety of all residents in the event or disaster.	Fţ	518	Director of Staff Development Coordinator inserviced nursi ancillary staff on the proper pusing a fire extinguisher.  Director of Staff Development Coordinator inserviced nursi ancillary staff regarding the land water shut-off valves (5%)	ng and procedure for  nt and Clinical ng and pocation of gas	5/25/11	
	interview on 4/27/ was asked what s fire in the kitchen. fire extinguisher a would move the e to spray all parts of During an observatinterview on 4/27/ was asked what s fire in the kitchen. the fire extinguish would do if the fire the fire, she state  During an Interviet Administrative St staff were last ins procedures. She because Administ for conducting the that dietary staff if (Pass Aim Squee the extinguishing Occupational Saf the nozzle of the	an observation and concurrent staff on 4/27/11, at 2:20 p.m., Dietary Staff Ed what she would do in the event of a kitchen. She stated she would use the uisher and demonstrated how she we the extinguisher in a circular motion II parts of the fire.  observation and concurrent staff on 4/27/11 at 2:30 p.m., Dietary Staff Fd what she would do in the event of a kitchen. She stated that she would use tinguisher. When asked what she if the fire extinguisher failed to put out he stated: "Nothing."  Interview on 4/27/11, at 2:25 p.m., ative Staff A was asked when dietary last inserviced on emergency fire as. She stated that she did not know Administrative Staff C was responsible cting those inservices. She also stated by staff knew about the "P.A.S.S." in Squeeze and Sweep) procedure for pulshing of fires (as directed by the conal Safety and Health Administration, as of the fires extinguisher should be the base of the fire and moved back and		•	Measures that will be put in ensure that the deficiency of Director of Staff Development all new hires during the orier on the procedure for using a extinguisher.  Director of Staff Development Environmental Service Directors of Staff Development inservice nursing and ancilla procedure for using a fire extannually and as needed.  Environmental Service Directors Designee will do random ski monitor staff understanding extinguisher use.	nt will inform station process fire nt and/or stor will ry staff on the tinguisher stor or lls checks to		

FORM CMS-2587(02-99) Previous Versions Obsolete

Event ID: TXL611

Facility ID: CA010000088

If continuation sheet Page 15 of 16



PRINTED: 05/20/2011 FORM APPROVED OMB NO. 0938-0391

ORIGITIO 1 OIL MEDIO	VI Z F	A MICDIONID OFITAIOFO			<del></del>	CINID MO.	0900-0091
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIÁ IDENTIFICATION NUMBER:	1, ,	iultif Ildino	PLE CONSTRUCTION	(X3) DATE &U COMPLET	
		055987	B. Wil	NG		04/29/2011	
NAME OF PROVIDER OR SUPP SONOMA HEALTHCARE		ITER		12	RET ADDRESS, CITY, STATE, ZIP CODE 250 BROADWAY ONOMA, CA. 95476		
PREFIX (EACH DEFIC	IENÇ	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	1X	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APP DEFICIENCY)	ひいてひ まだ	(X5) COMPLETION DATE
Review of Insestaff were last on 4/26/10.  2. During an inte Licensed Staff gas or water such consecution of the event of the consecution of the event of the consecution of the water shuff puring an inte Unlicensed Staff gas or water such of the water shuff puring an integration of	to k rvice rvice Lucion rvice rvice rvice rvice rvice rvice rvice rvice rvice rvice rvice rvice rvice	row how to extinguish a fire.  The records indicated that dietary and in fire prevention and safety are on 4/27/11, at 9:50 a.m., and not know the locations of the off valves.  The valves of the locations of the off valves. She also stated an earthquake, she would first before herself.  The valves of 4/27/11, at 4:05 a.m., add not know the location of valve.  The valves of 4/28/11, at 9:10 a.m., and on 4/28/11, at 9:10 a.m	F	518	Director of Staff Development all new hires during the orientat of the location of gas and water valves.  Director of Staff Development inservice nursing and ancillary clocation of gas and water shut-of annually and as needed.  Measures that will be implement monitor continued effectiveness corrective action taken to ensure deficiency has been corrected not recur.  Environmental Service Director Designee will do random skills monitor staff understanding of feextinguisher use.  Department Managers on round random staff for location of gas shut-off valves and report issues. Director of Staff Development is educational needs as needed.  Director of Nursing Services or shall report findings/trends to the Committee for further review to the protocols set forth within the corrective measures are follows:	shut-off  will staff of the ff valves  ented to so of the are that this and will  or checks to ire  is will ask and water a to the for further  Designee are QA&A o ensure that ese	

FORM CMS-2567(02-96) Previous Versions Obsoleta

Event ID: TXL611

Facility ID: CA010000068

If continuation sheet Page 16 of 16

