(X1) PROVIDER/SUPPLIER/CLIA

STATEMENT OF DEFICIENCIES

PRINTED: 06/29/2022 FORM APPROVED OMB NO. 0938-0391

(X3) DATE SURVEY

(X4) ID SUMMARY STATEMENT OF DEPARTER REGULATORY OR LSC IDENTIFY E 000 Initial Comments Surveyor: 31201 The following reflects the finding Department of Public Health, dure Emergency Preparedness recent The findings are in accordance of Federal Regulations (CFR) 483.7 for Long Term Care (LTC) Facility	555809 ARE	1	TREET ADDRESS, CITY, STATE, ZIP CODE	05/25/2022
ALL SAINT'S SUBACUTE & TRANSITIONAL C. (X4) ID SUMMARY STATEMENT OF DEPARTMENT OF LEACH DEFICIENCY MUST BE PREGULATORY OR LSC IDENTIFY. E 000 Initial Comments Surveyor: 31201 The following reflects the finding Department of Public Health, dure Emergency Preparedness recent The findings are in accordance of Federal Regulations (CFR) 483.7 for Long Term Care (LTC) Facility	ARE	1	TREET ADDRESS, CITY, STATE, ZIP CODE	CO/LO/LULL
PREFIX TAG (EACH DEFICIENCY MUST BE PR REGULATORY OR LSC IDENTIFY) E 000 Initial Comments Surveyor: 31201 The following reflects the finding Department of Public Health, dure Emergency Preparedness recent The findings are in accordance of Federal Regulations (CFR) 483.7 for Long Term Care (LTC) Facility			652 MONO AVENUE SAN LEANDRO, CA 94578	
Surveyor: 31201 The following reflects the finding Department of Public Health, dure Emergency Preparedness recent The findings are in accordance versely Federal Regulations (CFR) 483.7 for Long Term Care (LTC) Facilit	ECEDED BY FULL	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	(X5) COMPLETION DATE
The following reflects the finding Department of Public Health, dure Emergency Preparedness recent The findings are in accordance vertex Federal Regulations (CFR) 483.7 for Long Term Care (LTC) Facility		E 000		
Health: 31201 The facility is not in substantial of 42 CFR 483.73 for Long Term Caracilities. Census: 62 Develop EP Plan, Review and U CFR(s): 483.73(a) §403.748(a), §416.54(a), §418.1 §441.184(a), §460.84(a), §482.1 §483.475(a), §485.727(a), §485. §485.625(a), §485.727(a), §485. §486.360(a), §491.12(a), §494.6 The [facility] must comply with al Federal, State and local emergency preparedness requirements. The develop establish and maintain a emergency preparedness program requirements of this section. The preparedness program must incl limited to, the following elements (a) Emergency Plan. The [facility]	ring an iffication survey. with 42 Code of 73, Requirement ies. artment of Public ompliance with are (LTC) pdate Annually 13(a), 5(a), §483.73(a), 68(a), 920(a), 2(a). I applicable ncy e [facility] must a comprehensive im that meets the e emergency ude, but not be identify must develop	E 004		5/31/22
and maintain an emergency preparation of the property preparation of the preparation	paredness plan			(X6) DATE

(X2) MULTIPLE CONSTRUCTION

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.

Electronically Signed

06/12/2022

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDI		CONSTRUCTION 1	(X3) DATE SURVEY COMPLETED	
		555809	B. WING _			05/	25/2022
	ROVIDER OR SUPPLIER T'S SUBACUTE & TRAN	SITIONAL CARE		16	TREET ADDRESS, CITY, STATE, ZIP CODE 652 MONO AVENUE AN LEANDRO, CA 94578		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 004	every 2 years. The p following: * [For hospitals at §48 §485.625(a):] Emerge CAH] must comply wi State, and local emer requirements. The [h develop and maintain emergency prepared requirements of this s all-hazards approach * [For LTC Facilities a Plan. The LTC facility an emergency prepar reviewed, and update * [For ESRD Facilities Plan. The ESRD facil maintain an emergen	d], and updated at least lan must do all of the 32.15 and CAHs at ency Plan. The [hospital or th all applicable Federal, gency preparedness ospital or CAH] must a comprehensive ness program that meets the section, utilizing an et §483.73(a):] Emergency must develop and maintain redness plan that must be et at least annually.	E	0004			
	This REQUIREMENT is not met as evidenced by: Surveyor: 31201 Based on document review and interview, the facility failed to maintain the written emergency preparedness plan (EPP). This was evidenced by the failure to review and update the EPP at least annually. This affected 62 of 62 residents and could result in a delay of response to an emergency. Findings:				TAG: E004, SS=D Develop EP Plan, Review and Update Annually E004 CFR(s): 483.73(a) Immediate Corrective Action: Administrator reviewed and updated th Emergency preparedness binder include the most recent policies and procedure In addition, management names and phone contacts were updated.	ding	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTI A. BUILDIN		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		555809	B. WING _			05/	25/2022
	ROVIDER OR SUPPLIER	SITIONAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1652 MONO AVENUE SAN LEANDRO, CA 94578			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	<	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 004	Continued From page	2	E 0	004			
	Administrator on 5/25 At 12:22 p.m., there we signature page in the indicate the last time in the signature page.	ew and interview with the /22, the EPP was reviewed. /as no review/update EPP. The document did not the EPP had been reviewed erview, the Administrator			Date Complete: 5/31/2022 Corrective Action(s): Name and Contact Policy created statinames and contacts must be updated it policy manuals 1 day after date of hire. Date Complete: 5/31/2022 Responsible Person: Administrator Monitoring: The Annual Update and Revision of Policies will take place on 5/31 of every year	'n	
E 039 SS=D	§460.84(d)(2), §482.1 §483.475(d)(2), §484 §485.625(d)(2), §485 §491.12(d)(2), §494.6 *[For ASCs at §416.5 "Organizations" under §485.920, RHCs/FQF Facilities at §494.62]: (2) Testing. The [facility to test the emergency must do all of the following participate in a full-community-based every series of the s	13(d)(2), §441.184(d)(2), 5(d)(2), §483.73(d)(2), 102(d)(2), §485.68(d)(2), 727(d)(2), §485.920(d)(2), 2(d)(2). 4, CORFs at §485.68, OPO, §485.727, CMHCs at ICs at §491.12, and ESRD ty] must conduct exercises plan annually. The [facility] owing:	EO	039			6/11/22

PRINTED: 06/29/2022 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED			
		555809	B. WING			05/:	25/2022
	ROVIDER OR SUPPLIER	SITIONAL CARE		1	TREET ADDRESS, CITY, STATE, ZIP CODE 652 MONO AVENUE SAN LEANDRO, CA 94578		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	Х	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 039	exercise every 2 year (B) If the [facility] natural or man-made activation of the emer exempt from engagin community-based or functional exercise fo actual event. (ii) Conduct an addition years, opposite the years, opposite the years, opposite the years, opposite the follor (A) A second full-scal community-based or functional exercise or functional exercise; or (B) A mock disaster of (C) A tabletop exercise a facilitator and include a narrated, clinically-r scenario, and a set of directed messages, or designed to challenge (iii) Analyze the [facili maintain documentati exercises, and emerg [facility's] emergency *[For Hospices at 418 (2) Testing for hospic patient's home. The le exercises to test the exanually. The hospic (i) Participate in a ful community based eve (A) When a community	facility-based functional s; or experiences an actual emergency that requires gency plan, the [facility] is g in its next required individual, facility-based flowing the onset of the conal exercise at least every 2 fear the full-scale or inder paragraph (d)(2)(i) of ted, that may include, but is wing: e exercise that is individual, facility-based refill; or the or workshop that is led by the a group discussion using elevant emergency for problem statements, reprepared questions e an emergency plan. The statements of all drills, tabletop ency events, and revise the plan, as needed. 3.113(d):] The statements of the conspice must conduct emergency plan at least e must do the following: l-scale exercise that is	E	039			

PRINTED: 06/29/2022 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	ATEMENT OF DEFICIENCIES D PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED			
		555809	B. WING			05/	25/2022
	ROVIDER OR SUPPLIER	SITIONAL CARE		1	TREET ADDRESS, CITY, STATE, ZIP CODE 652 MONO AVENUE SAN LEANDRO, CA 94578		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG	X	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
E 039	the emergency plan, engaging in its next recommunity-based exertion facility-based function onset of the emergen (ii) Conduct an additiopposite the year the exercise under paragis conducted, that mate to the following: (A) A second full-scar community-based or exercise; or (B) A mock disaster of (C) A tabletop exercise a facilitator and include a narrated, clinically-scenario, and a set of directed messages, of designed to challenged (3) Testing for hospical care directly. The hose exercises to test the exercises.	rery 2 years; or eriences a natural or y that requires activation of the hospital is exempt from equired full scale ercise or individual hal exercise following the cy event. onal exercise every 2 years, full-scale or functional raph (d)(2)(i) of this section y include, but is not limited drill; or se or workshop that is led by les a group discussion using elevant emergency for problem statements, or prepared questions eran emergency plan. es that provide inpatient spice must conduct emergency plan twice per just do the following: nnual full-scale exercise that or ty-based exercise is not annual individual hal exercise; or eriences a natural or y that requires activation of the hospice is exempt from equired full-scale community	E	039			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED		
		555809	B. WING			05/	25/2022
	ROVIDER OR SUPPLIER	SITIONAL CARE		1	STREET ADDRESS, CITY, STATE, ZIP CODE 652 MONO AVENUE SAN LEANDRO, CA 94578		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE TAG CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)			(X5) COMPLETION DATE	
E 039	(ii) Conduct an additimay include, but is not (A) A second full-sca community-based or exercise; or (B) A mock disaster (C) A tabletop exercifacilitator that include narrated, clinically-reland a set of problem messages, or prepare challenge an emerge (iii) Analyze the hosp maintain documentatic	the emergency event. onal annual exercise that of limited to the following: le exercise that is a facility based functional drill; or se or workshop led by a s a group discussion using a evant emergency scenario, statements, directed ed questions designed to ncy plan. ice's response to and on of all drills, tabletop ency events and revise the	E	039			
	conduct exercises to twice per year. The [do the following: (i) Participate in an a is community-based; (A) When a communi accessible, conduct a facility-based function (B) If the [PRTF, Hos actual natural or man requires activation of [facility] is exempt from the required full-scale confacility-based function onset of the emergen	§485.625(d):] F, Hospital, CAH] must test the emergency plan PRTF, Hospital, CAH] must mnual full-scale exercise that or ty-based exercise is not annual individual, all exercise; or bital, CAH] experiences an made emergency that the emergency plan, the m engaging in its next mmunity based or individual, all exercise following the					

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	LE CONSTRUCTION 6 01	(X3) DATE SURVEY COMPLETED		
		555809	B. WING		05/25/2022	
	ROVIDER OR SUPPLIER T'S SUBACUTE & TRAN	SITIONAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1652 MONO AVENUE SAN LEANDRO, CA 94578	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIC (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETION	
E 039	following: (A) A second full-sca community-based or functional exercise; or (B) A mock (C) A tabletop existed plan. (iii) Analyze the plan. (iii) Participate in an appropriate in an app	alle exercise that is individual, a facility-based or disaster drill; or dercise or workshop that is dincludes a group arrated, clinically-relevant and a set of problem messages, or prepared to challenge an emergency of facility's] response to and find of all drills, tabletop gency events and revise the plan, as needed. 84(d):] E organization must conduct emergency plan at least organization must do the annual full-scale exercise that or sty-based exercise is not an annual individual,	E 03			

_ ` '		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		(X3) DATE SURVEY COMPLETED		
		555809	B. WING		05/25/2022		
	A. BUILDING 01 B. WING OSD/IDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 1652 MONO AVENUE SAN LEANDRO, CA 94578 SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 7 S conducted that may include, but is not limited to			,			
(X4) ID PREFIX TAG	(EACH DEFICIEN	CY MUST BE PRECEDED BY FULL	PREFIX	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR	ULD BE COMPLETION		
E 039	is conducted that me the following: (A) A second full-so community-based of functional exercise; (B) A mock disasted (C) A tabletop exercise a facilitator and inclusing a narrated, cliscenario, and a set directed messages, designed to challeng (iii) Analyze the PA maintain documenta exercises, and eme PACE's emergency *[For LTC Facilities (2) The [LTC facility test the emergency including unannoun emergency procedul ICF/IID] must do the (i) Participate in an is community-based (A) When a community-based function (B) If the [LTC facility actual natural or ma requires activation of LTC facility is exemple individual, facility-based following the onset of (ii) Conduct an additional facility-based following the onset of (iii) Conduct an additional facility-based following the onset of (iii) Conduct an additional facility-based following the onset of (iii) Conduct an additional facility-based following the onset of (iii) Conduct an additional facility-based following the onset of (iii) Conduct an additional facility-based following the onset of (iii) Conduct an additional facility-based following the onset of (iii) Conduct an additional facility-based following the onset of (iii) Conduct an additional facility-based following the onset of (iii) Conduct an additional facility-based following the onset of (iii) Conduct an additional facility-based following the onset of (iii) Conduct an additional facility-based following the onset of (iii) Conduct an additional facility-based following the onset of (iii) Conduct an additional facility-based following the onset of (iii) Conduct an additional facility-based following the onset of (iii) Conduct an additional facility-based following the onset of (iii) Conduct an additional facility-based following the onset of (iii) Conduct an additional facility-based following the onset of (iiii) Conduct an additional facility-based following the onset of (iiii) Conduct an additional facility-based facility-based facility-based facility-based facility-based facility-based facility-	ay include, but is not limited to cale exercise that is a rindividual, a facility based or a drill; or cise or workshop that is led by undes a group discussion, inically-relevant emergency of problem statements, or prepared questions ge an emergency plan. CE's response to and ation of all drills, tabletop regency events and revise the plan, as needed. at §483.73(d):] I must conduct exercises to plan at least twice per year, ced staff drills using the res. The [LTC facility, e following: annual full-scale exercise that l; or nity-based exercise is not an annual individual, onal exercise. y) facility experiences an in-made emergency that of the emergency plan, the ot from engaging its next community-based or used functional exercise that into limited to the following:	E 03	39			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	PLE CONSTRUCTION G 01		(X3) DATE SURVEY COMPLETED	
		555809	B. WING		05	/25/2022
	ROVIDER OR SUPPLIER T'S SUBACUTE & TRAN	SITIONAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1652 MONO AVENUE SAN LEANDRO, CA 94578		
(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 CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPR DEFICIENCY)	JLD BE	(X5) COMPLETION DATE
E 039	community-based or functional exercise; o (B) A mock disaster of (C) A tabletop exercial a facilitator includes a narrated, clinically-reland a set of problem messages, or prepare challenge an emerge (iii) Analyze the [LTC and maintain docume exercises, and emerge [LTC facility] facility's *[For ICF/IIDs at §483 (2) Testing. The ICF/IID must do (i) Participate in an aris community-based; (A) When a community accessible, conduct a facility-based function (B) If the ICF/IID experimental emergency plan, engaging in its next recommunity-based or functional exercise for emergency event. (ii) Conduct an additional exercise for emergency event. (iii) Conduct an additional exercise for emergency event. (iii) Conduct an additional exercise; of (B) A mock disaster of (C) A tabletop exercise.	an individual, facility based redrill; or see or workshop that is led by a group discussion, using a evant emergency scenario, statements, directed ed questions designed to ncy plan. I facility] facility's response to entation of all drills, tabletop gency events, and revise the emergency plan, as needed. 3.475(d)]: ID must conduct exercises or plan at least twice per year. The following: Innual full-scale exercise that for the local exercise; or eriences an actual natural or by that requires activation of the ICF/IID is exempt from equired full-scale individual, facility-based exercise that on the local exercise that or the local exercise that or the local exercise that or the local annual exercise that of limited to the following: the exercise that is an individual, facility-based that is an individual, facility-based the local exercise that is an individual exercise that is an individual exercise that is an individual exercise the local exercise that is an individual exercise that is an individual exercise that is an in	E 03			

PRINTED: 06/29/2022 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

	ATEMENT OF DEFICIENCIES DEPLAY OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED				
		555809	B. WING			05/:	25/2022
	ROVIDER OR SUPPLIER	SITIONAL CARE		1	TREET ADDRESS, CITY, STATE, ZIP CODE 652 MONO AVENUE AN LEANDRO, CA 94578		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD E TAG CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)			(X5) COMPLETION DATE
E 039	scenario, and a set of directed messages, or designed to challenge (iii) Analyze the ICF/II maintain documentati exercises, and emerg ICF/IID's emergency *[For HHAs at §484.1 (d)(2) Testing. The HH to test the emergency least annually. The H (i) Participate in a full-community-based; or (A) When a community-based function or. (B) If the HHA exercise for emergency event. (ii) Conduct an addition opposite the year the exercise under paraging is conducted, that limited to the following (A) A second full-community-based or a functional exercise; or (B) A mock disass (C) A tabletop exted by a facilitator and designed to the facilitator and exercise; or (B) A mock disass (C) A tabletop exted by a facilitator and designed to the facilitator and designed the second full-community-based or a functional exercise; or (B) A mock disass (C) A tabletop exted by a facilitator and designed the second full-community-based or a functional exercise; or (B) A mock disass (C) A tabletop exted by a facilitator and designed the second full-community-based or a functional exercise; or (B) A mock disass (C) A tabletop exted by a facilitator and designed the second full-community-based or a functional exercise; or (B) A mock disass (C) A tabletop exted by a facilitator and designed the second full-community-based or a functional exercise; or (B) A mock disass (C) A tabletop exted the second full-community-based or a functional exercise; or (B) A mock disass (C) A tabletop exted the second full-community-based or a functional exercise; or (B) A mock disass (C) A tabletop exted the second full-community-based or a functional exercise; or (B) A mock disass (C) A tabletop exted the second full-community-based or a functional exercise; or (B) A mock disass (C) A tabletop exted the second full-community-based or (B) A mock disass (C) A tabletop exted the second full-community-based or (B) A mock disass (C) A tabletop exted the second full-community-based or (B) A mock disass (C) A tabletop exted the second full-community-based or (B) A m	cally-relevant emergency problem statements, reprepared questions an emergency plan. D's response to and on of all drills, tabletop ency events, and revise the plan, as needed. O2] HA must conduct exercises plan at HA must do the following: escale exercise that is exercise every 2 years; experiences an actual natural ency that requires activation in, the HHA is exempt from equired full-scale individual, facility based exercise every 2 years, full-scale or functional raph (d)(2)(i) of this section at may include, but is not graph individual, facility-based rescale exercise that is an individual, facility-based rescale exercise that is an individual, facility-based rescale or workshop that is	E	039			

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING	PLE CONSTRUCTION G 01	(X3) DATE SURVEY COMPLETED		
		555809	B. WING		05/25/2022	
	ROVIDER OR SUPPLIER T'S SUBACUTE & TRAN	SITIONAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1652 MONO AVENUE SAN LEANDRO, CA 94578	,	
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPI DEFICIENCY)	BE COMPLETION	
E 039	statements, directed questions designed to plan. (iii) Analyze the HHA documentation of all emergency events, a emergency plan, as referred to the state of the	and a set of problem messages, or prepared o challenge an emergency 's response to and maintain drills, tabletop exercises, and nd revise the HHA's needed. 360] PO must conduct exercises y plan. The OPO must do the passed, tabletop exercise or nually. A tabletop exercise is d includes a group arrated, clinically relevant and a set of problem messages, or prepared o challenge an emergency eriences an actual natural or cy that requires activation of the OPO is exempt from equired testing exercise from the equired testing exercise from the equired testing exercise from the equired testing exercise from equired testing exercises, and nd revise the [RNHCI's and lan, as needed.	E 03			

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
		555809	B. WING			05/:	25/2022	
	ROVIDER OR SUPPLIER T'S SUBACUTE & TRAN	SITIONAL CARE	•	10	TREET ADDRESS, CITY, STATE, ZIP CODE 652 MONO AVENUE AN LEANDRO, CA 94578			
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE	
E 039	prepared questions demergency plan. (ii) Analyze the RNH0 maintain documentat and emergency even emergency plan, as r This REQUIREMENT by: Surveyor: 31201 Based on document resulting failure to provide document in facility failed to developeration failure to provide document in failure to plan. Findings: During document reviewed. At 12:29 p.m., the factorial failure to loworking at the facility was given the opportunity and the facility was given the opportunity failure to provide document in failure to loworking at the facility was given the opportunity failure to provide document in failure to provide docu	s, directed messages, or esigned to challenge an Cl's response to and ion of all tabletop exercises, ts, and revise the RNHCl's needed. This is not met as evidenced review and interview, the pp and maintain an ness (EP) training and is was evidenced by the uments to show that they munity-based disaster drill. It residents and could result regency Preparedness (EP) rew and interview with the side with the EP plan was fillity failed to provide a full is sed exercise at the time of ew, the Administrator stated on 12/2021. The facility unity to e-mail the missing 25/22 by 5 pm. On 5/26/22,	E	039	TAG: E039 SS=D EP Testing Requirements E039 CFR(side 483.73(d)(2) Immediate Corrective Action: Administrator registered facility to participate in a full-scale exercise that it community-based. This will occur on October 20, 2022. June 11, 2022 Corrective Action(s): Upon Annual review of EPP on May 31 each year, Administrator is to review ar coordinate the renewal of the Full-Scale Community Based Exercise Monitor Administrator will prepare and follow guidelines included in the □California Shakeout□ instructions between June 2022 and October 20, 2022 of each month. These measures will be covered and updated with staff department heads in	of and e		

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDIN		CONSTRUCTION	(X3) DATE SURVEY COMPLETED	
		555809	B. WING _			05/25/2022	
	ROVIDER OR SUPPLIER	SITIONAL CARE		16	REET ADDRESS, CITY, STATE, ZIP CODE 52 MONO AVENUE AN LEANDRO, CA 94578		
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD TAG CROSS-REFERENCED TO THE APPROP DEFICIENCY)				(X5) COMPLETION DATE
E 039	Continued From page	e 12	EC	039	Quality Assurance meeting on the 5th, each month. Additionally, each month during All State Meetings on the last Friday of each month, the Full-Scale Community Base Exercise will be discussed and in service to every member of the facilities staff.	f d	
K 000	Department of Public Life Safety Code rece findings are in accord Federal Regulations (National Fire Protectic Life Safety Code, 201 Health Care Facilities Representing the Call Health: 31201 The facility is not in sta	:: 1980 :: 2012 EXISTING TWO STORIES, 'PE V (111), FULLY ds: 70 the findings of the California Health, during an annual ertification survey. The ance with 42 Code of (CFR) §483.90(a)(b)(c)(j), on Association (NFPA) 101 - 2 Edition, and NFPA 99 - Code, 2012 Edition. ifornia Department of Public ubstantial compliance with ong Term Care Facilities.	K	000			
	K3 BUILDING: 02 (Tr	ansitional Care Unit					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
		555809	B. WING _			05/25/2022		
	ROVIDER OR SUPPLIER	ISITIONAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1652 MONO AVENUE SAN LEANDRO, CA 94578				
(X4) ID PREFIX TAG	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES BY MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFI) TAG	PROVIDER'S PLAN OF CORE ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	SHOULD BE		(X5) COMPLETION DATE	
K 000	Department of Public Life Safety Code recommend from the Safety Code recommend from the Safety Code, 20 Health Care Facilities Representing the Care Health: 31201 The facility is not in safety Code, 20 Health: 31201	L: 1980 R: 2012 EXISTING ONE STORY, YPE V (111), FULLY State findings of the California R: Health, during an annual Retification survey. The Redance with 42 Code of (CFR) §483.90(a)(b)(c)(j), Rion Association (NFPA) 101 - 12 Edition, and NFPA 99 - 15 Code, 2012 Edition. Ilifornia Department of Public Rubstantial compliance with Long Term Care Facilities.	K				6/10/22	
SS=D	means and by any realarm, detection devi Manual alarm boxes egress near each real boxes in patient slee required at exits if ma located at all nurse's continuously attende	arm system is by manual equired sprinkler system ce, or detection system. are provided in the path of quired exit. Manual alarm ping areas shall not be anual alarm boxes are stations or other d staff location, provided ole, continuously accessible,						

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED	
	555809	B. WING _			05/2	25/2022
	SITIONAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1652 MONO AVENUE SAN LEANDRO, CA 94578			
(EACH DEFICIENC)	/ MUST BE PRECEDED BY FULL	ID PREFIX TAG	(PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
18.3.4.2.1, 18.3.4.2.2 9.6.2.5 This REQUIREMENT by: Surveyor: 31201 Based on observation failed to maintain the evidenced by a manu control panel that was accessible. This coul notification in the everaffected 15 of 62 resident Transitional Care NFPA 101, Life Safety 19.3.4.1 General. Head be provided with a fire accordance with section of Fire Detection, Ala Systems. 9.6.1* General. 9.6.1.3 A fire alarm systall be installed, test accordance with the answer of the NFPA 70, National Ele National Fire Alarm and is an approved existing permitted to be conting 9.6.2.7* Each manual shall be accessible, universely the second of the NFPA 72, National Fire Code, 2010 Edition 17.14.5 Manual fire a so that they are conspictions.	is not met as evidenced and interview, the facility fire alarm system. This was al pull station and fire alarm sobstructed and not d lead to the delay of nt of an emergency and dents in the North Building Unit Building. Code, 2012 Edition alth care occupancies shall e alarm system in on 9.6 arm, and Communications estem required for life safety ed, and maintained in applicable requirements of extrical Code, and NFPA 72, and Signaling Code, unless it g installation, which shall be ued in use. fire alarm box on a system nobstructed, and visible. e Alarm and Signaling arm boxes shall be installed	КЗ	342	side of the nurse station to free access any emergency issue like fire - The maintenance will ensure nothing be obstructed to the fire panel. - Maintenance will monitor regularly du daily rounds in the facility - Issues will be discussed in QA meetin K342 POC for findings #2 - The maintenance supervisor removed the cart where pull station located for fraccess in case of emergency.	in will ring ng	
accessible.						
	CONTIDER OR SUPPLIER SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETTER SUBACUTE & TRANS SUMMARY STA (EACH DEFICIENCY REGULATORY OR LETTER SUBACUTE & TRANS Continued From page 18.3.4.2.1, 18.3.4.2.2.9.6.2.5 This REQUIREMENT by: Surveyor: 31201 Based on observation failed to maintain the evidenced by a manucontrol panel that was accessible. This coul notification in the ever affected 15 of 62 resident and Transitional Care NFPA 101, Life Safety 19.3.4.1 General. Head be provided with a fire accordance with section 9.6 Fire Detection, Ala Systems. 9.6.1* General. 9.6.1.3 A fire alarm syshall be installed, test accordance with the and NFPA 70, National Ele National Fire Alarm are is an approved existing permitted to be conting 9.6.2.7* Each manual shall be accessible, unit of the provided in the permitted to the conting 19.6.2.7* Each manual shall be accessible, unit of the permitted to the conting 19.6.2.7* Each manual shall be accessible, unit of the permitted to the conting 19.6.2.7* Each manual shall be accessible, unit of the permitted to the conting 19.6.2.7* Each manual shall be accessible, unit of the permitted to the conting 19.6.2.7* Each manual shall be accessible, unit of the permitted to the conting 19.6.2.7* Each manual shall be accessible, unit of the permitted to the conting 19.6.2.7* Each manual shall be accessible, unit of the permitted to the conting 19.6.2.7* Each manual shall be accessible, unit of the permitted to the conting 19.6.2.7* Each manual shall be accessible, unit of the permitted to the perm	ROVIDER OR SUPPLIER T'S SUBACUTE & TRANSITIONAL CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 18.3.4.2.1, 18.3.4.2.2, 19.3.4.2.1, 19.3.4.2.2, 9.6.2.5 This REQUIREMENT is not met as evidenced by: Surveyor: 31201 Based on observation and interview, the facility failed to maintain the fire alarm system. This was evidenced by a manual pull station and fire alarm control panel that was obstructed and not accessible. This could lead to the delay of notification in the event of an emergency and affected 15 of 62 residents in the North Building and Transitional Care Unit Building. NFPA 101, Life Safety Code, 2012 Edition 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with section 9.6 9.6 Fire Detection, Alarm, and Communications Systems. 9.6.1* General. 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. 9.6.2.7* Each manual fire alarm box on a system shall be accessible, unobstructed, and visible. NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition 17.14.5 Manual fire alarm boxes shall be installed so that they are conspicuous, unobstructed, and	TOORTECTION S55809 B. WING_ ROVIDER OR SUPPLIER T'S SUBACUTE & TRANSITIONAL CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 18.3.4.2.1, 18.3.4.2.2, 19.3.4.2.1, 19.3.4.2.2, 9.6.2.5 This REQUIREMENT is not met as evidenced by: Surveyor: 31201 Based on observation and interview, the facility failed to maintain the fire alarm system. This was evidenced by a manual pull station and fire alarm control panel that was obstructed and not accessible. This could lead to the delay of notification in the event of an emergency and affected 15 of 62 residents in the North Building and Transitional Care Unit Building. NFPA 101, Life Safety Code, 2012 Edition 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with section 9.6 9.6 Fire Detection, Alarm, and Communications Systems. 9.6.1* General. 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. 9.6.2.7* Each manual fire alarm box on a system shall be accessible, unobstructed, and visible. NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition 17.14.5 Manual fire alarm boxes shall be installed so that they are conspicuous, unobstructed, and	ROVIDER OR SUPPLIER T'S SUBACUTE & TRANSITIONAL CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 18.3.4.2.1, 18.3.4.2.2, 19.3.4.2.1, 19.3.4.2.2, 9.6.2.5 This REQUIREMENT is not met as evidenced by: Surveyor: 31201 Based on observation and interview, the facility failed to maintain the fire alarm system. This was evidenced by a manual pull station and fire alarm control panel that was obstructed and not accessible. This could lead to the delay of notification in the event of an emergency and affected 15 of 62 residents in the North Building and Transitional Care Unit Building. NFPA 101, Life Safety Code, 2012 Edition 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with section 9.6 9.6 Fire Detection, Alarm, and Communications Systems. 9.6.1* General. 9.6.1	ROWIDER OR SUPPLIER TS SUBACUTE & TRANSITIONAL CARE SUMMARY STATEMENT OF DEPICIENCES (EACH DEPICIENCY MUST BE PROCEDED BY PULL REGULATORY OR LSC DEMITTIVING INFORMATION) Continued From page 14 18.3.4.2.1, 18.3.4.2.2, 19.3.4.2.1, 19.3.4.2.2, 9.6.2.5 This REQUIREMENT is not met as evidenced by: Surveyor: 31201 Based on observation and interview, the facility failed to maintain the fire alarm system. This was evidenced by a manual pull station and fire alarm control panel that was obstructed and not accessible. This could lead to the delay of notification in the event of an emergency and affected 15 of 62 residents in the North Building and Transitional Care Unit Building. 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 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. 9.6.2.7 Each manual fire alarm boxes shall be installed, secessible, unobstructed, and visible. NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition 17.14.5 Manual fire alarm boxes shall be installed so that they are conspicuous, unobstructed, and visible.	TO SUMPLIER TO SUBACUTE & TRANSITIONAL CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEPRICEMENT) REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 14 13.3.4.2.1, 18.3.4.2.2, 19.3.4.2.1, 19.3.4.2.2, 9.6.2.5 This could lead to the delay of notification in the event of an emergency and affected 15 of 22 residents in the North Building and Transitional Care Unit Building. 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 the applicable requirements of NFPA 70, National Fire Alarm and Signaling Code, 2010 Edition 17.1.4.5 Manual Fire Alarm and Signaling Code, 2010 Edition 17.1.4.5 Manual Fire Alarm and Sox shall be installed so that they are conspicuous, unobstructed, and visible. NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition 17.1.4.5 Manual fire alarm boxes shall be installed so that they are conspicuous, unobstructed, and visible.

	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A. BUILD		E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		555809	B. WING			05/	/25/2022
	ROVIDER OR SUPPLIER T'S SUBACUTE & TRAN	SITIONAL CARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1652 MONO AVENUE SAN LEANDRO, CA 94578		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREF TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE
K 354 SS=D	Maintenance Staff on stations were observed. 1. At 10:28 a.m., on Building, the fire alarm Nursing Station was a machine stationed dialarm control panel. Maintenance Staff counter fire alarm control. 2. At 11:06 a.m., in the Building, the manual corridor near the Dinit obstructed by a rolling placed in front of the the Maintenance Staff Sprinkler System - Outling placed in front of the the Maintenance Staff Sprinkler System - Outling placed in front of the the Maintenance Staff Sprinkler System - Outling placed in front of the the Maintenance Staff Sprinkler System - Outling placed in front of the sprinkler system of determined, areas or inspected and risks a recommendations are or designated represede department and other jurisdiction have been sprinkler system is on hours in a 24-hour per of the building affected approved fire watch is system has been returned.	acility and interview with the in 5/25/22, the manual pull ed. the second floor of the North im control panel at the obstructed by a copier rectly in front of the fire. Upon interview, the onfirmed the obstruction of panel. the Transitional Care Unit pull station along the ing/Recreation room was great. The rolling cart was pull station. Upon interview, iff confirmed the finding. In the impairment has been buildings involved are are determined, the submitted to management tentative, and the fire in authorities having in notified. Where the cut of service for more than 10 period, the building or portion are are evacuated or an is provided until the sprinkler turned to service.		342			6/10/22
	or designated represe department and other jurisdiction have been sprinkler system is outhours in a 24-hour peof the building affected approved fire watch is system has been returned.	entative, and the fire r authorities having n notified. Where the ut of service for more than 10 eriod, the building or portion ed are evacuated or an s provided until the sprinkler					

AND DIAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDIN	IPLE CONSTRUCTION NG 01		(X3) DATE SURVEY COMPLETED			
		555809	B. WING _			05/25/2022		
	ROVIDER OR SUPPLIER T'S SUBACUTE & TRAN	SITIONAL CARE	•	STREET ADDRESS, CITY, STATE, ZIP CODE 1652 MONO AVENUE SAN LEANDRO, CA 94578				
(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 CORF ((EACH CORRECTIVE ACTION S CROSS-REFERENCED TO THE AI DEFICIENCY)	HOULD BE	(X5) COMPLETION DATE		
K 354	This REQUIREMENT by: Surveyor: 31201 Based on document refacility failed to maints out-of-service policy, absence of specific fire information. This couresponse time and fire affected 62 of 62 resigned Transitional Care	review and interview, the ain the sprinkler system This was evidenced by the re watch 10-hour time all delay the facilities fire the watch notification. This dents in the North Building	К3	- on June 9th 2022, the Admini Maintenance Supervisor review revised the Fire Watch Policy to required initiating time procedul when the sprinkler system is ou service - Fire Watch Policy atta - Staff in-service about fire watch 6.10.22 - QA committee will review Fire Policy once a year.	red and include res for it of ched.			
K 355 SS=D	Maintenance Staff an 5/25/22, the documer policy was requested At 12:19 p.m., the fire The fire watch policy initiating time procedusystem is out of servi sprinkler system is shours in a 24-hour per Maintenance Staff an confirmed the finding. Portable Fire Extinguic CFR(s): NFPA 101 Portable Fire Extinguic Portable fire extinguis	d the Administrator on Intation for the fire watch and reviewed. It watch policy was reviewed. It watch policy was reviewed. It was failed to include the required was for when the sprinkler ce, such as when the leut down for more than 10 was riod. Upon interview, the did the Administrator wishers where are selected, installed, ained in accordance with or Portable Fire	К 3	355		6/10/22		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPL A. BUILDING	E CONSTRUCTION D1	(X3) DATE SURVEY COMPLETED		
		555809	B. WING		0:	5/25/2022
	ROVIDER OR SUPPLIER	NSITIONAL CARE	,	STREET ADDRESS, CITY, STATE, ZIP CODE 1652 MONO AVENUE SAN LEANDRO, CA 94578		
(X4) ID PREFIX TAG	(EACH DEFICIEN	TATEMENT OF DEFICIENCIES CY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPI DEFICIENCY)	OULD BE	(X5) COMPLETION DATE
K 355	This REQUIREMEN by: Surveyor: 31201 Based on observation maintain the fire extinguisher and missing an inspection 62 residents in the Tand the North Building area). This could reportable fire extinguisher and the North Building area. This could reportable fire extinguishers and the section of the extinguishers shall be inspected, and main NFPA 10, Standard Extinguishers. NFPA 10, Standard Extinguishers. NFPA 10, Standard 2010 Edition 7.2 Inspection. 7.2.1.1* Fire extinguishers inspected when initian 7.2.1.2* Fire extinguisher manually or be monitoring device/sy intervals.	on, the facility failed to inguishers. This was ag monthly inspections for one by one fire extinguisher on tag. This affected five of transitional Care Unit Building ang, first floor (non resident sult in a malfunction of the isher. Aty Code, 2012 Edition re extinguishers shall be a care occupancies in .4.1. Aired by the provisions of also Code, portable fire be selected, installed, tained in accordance with for Portable Fire for Portable Fire Extinguisher, Aishers shall be manually ally placed in service. Aishers shall be inspected by means of an electronic are extinguishers shall to the inspection or the inspection of the inspection or the inspection or the inspection or the inspe	K 355	- The fire extinguisher will be inspection in all three buildings. - Called the vendor for tag that was missed to put on the extinguisher.	n rounds as	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		` ′	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED	
		555809	B. WING			05/	25/2022
	ROVIDER OR SUPPLIER T'S SUBACUTE & TRAN	SITIONAL CARE	•	16	TREET ADDRESS, CITY, STATE, ZIP CODE 652 MONO AVENUE AN LEANDRO, CA 94578		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 355	operable range or positive to provide the conducted, the date to performed and the initiperforming the inspection checklis an electronic method. 7.2.4.5 Records shall be kepthe last 12 monthly in performed. 7.3.1.1 Fire extingumaintenance at intervented exterior conducted.	access or visibility eading or indicator in the sition ned by weighing or hefting extinguishers, tinguishers, and pump tanks wheels, carriage, hose, and dinguishers echargeable extinguishers essure indicators ord Keeping. Anual inspections shall keep inguishers inspected, to require corrective action. Ily manual inspections are the manual inspection was tials of the person ction shall be recorded. Sepections shall be kept on a to the fire extinguisher, on the maintained on file, or by It to demonstrate that at least spections have been uishers. sishers shall be subjected to rals of not more than 1 year, atic test, or when specifically	K	355			

	DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULT A. BUILDII	IPLE CONSTRUCTION NG 01		(X3) DATE SURVEY COMPLETED	
		555809	B. WING _		05	/25/2022	
	ROVIDER OR SUPPLIER	SITIONAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1652 MONO AVENUE SAN LEANDRO, CA 94578			
(X4) ID PREFIX TAG	(EACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFII TAG	PROVIDER'S PLAN OF CORREC ((EACH CORRECTIVE ACTION SHOUND CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD BE	(X5) COMPLETION DATE	
K 355	examined at intervals specified in Table 7.3 Findings: During a tour of the fa Maintenance Staff on extinguishers were of the factor of the	ishers shall be internally not exceeding those .1.1.2. acility and interview with the .5/25/22, the fire oserved. Transitional Care Unit guisher in the Water was observed. There was he months of February to nterview, the Maintenance ading. The first floor of the North on tag on a fire extinguisher Room was missing. Upon nance Staff confirmed the ir vendor forgot to attach the sectric cor related gas piping .4, National Fuel Gas Code, equipment complies with eactric Code. Existing nue in service provided no	K:			6/10/22	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED		
		555809	B. WING _			05	/25/2022	
	ROVIDER OR SUPPLIER T'S SUBACUTE & TRAN	SITIONAL CARE		10	TREET ADDRESS, CITY, STATE, ZIP CODE 652 MONO AVENUE AN LEANDRO, CA 94578	-		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG	x	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
K 511	by: Surveyor: 31201 Based on observation failed to maintain thei equipment. This was that had no cover. The Building, first floor (no result in an increased shock. NFPA 101, Life Safety 19.5.1 Utilities. 19.5.1.1 Utilities. 19.5.1.1 Utilities shall of Section 9.1. 9.1.2 Electric System equipment shall be in National Electrical Coare approved existing permitted to be continuated to be continuated to be continuated to be continuated to the continu	is not met as evidenced and interview, the facility r wiring and electrical evidenced by a light fixture his affected the North on resident area) and could risk of fire and electrical y Code, 2012 Edition comply with the provisions s. Electrical wiring and accordance with NFPA 70, hde, unless such installations hinstallations, which shall be hued in service. ectrical Code, 1999 Edition installations, each box shall te, or fixture canopy.	K	511	- The light fixtures in the supply closet was covered. - Maintenance supervisor will check da and inspect for safety. - Maintenance will ensure that all lights fixed and covered. - Administrator will randomly check dur rounds and maintenance supervisor ar report to the facility QA	ily		
	similar device. Findings:	,						
		acility and interview with the 5/25/22, the electrical wiring bserved.						
		nt fixture in the Supply closet t a cover. The light fixture						

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE SURVEY COMPLETED		
		555809	B. WING _			05/	25/2022	
	ROVIDER OR SUPPLIER T'S SUBACUTE & TRAN	SITIONAL CARE		16	TREET ADDRESS, CITY, STATE, ZIP CODE 552 MONO AVENUE AN LEANDRO, CA 94578			
(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 CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		(X5) COMPLETION DATE	
K 511 K 712 SS=D	the Maintenance Staf Fire Drills CFR(s): NFPA 101 Fire Drills Fire drills include the signal and simulation conditions. Fire drills unexpected times und	e a cover. Upon interview, f confirmed the finding. transmission of a fire alarm	K 5				6/10/22	
	with procedures and i established routine. Note the established routine. Note the established routine. Note the established routine. Note that announcement may be alarms. 19.7.1.4 through 19.7 This REQUIREMENT by: Surveyor: 31201 Based on document refacility failed to ensure with procedures during evidenced by the failure for two of twelve fire deach shift. This affect North Building and Tresulding. This could reshould staff members of their roles and respondent procedures and respondent procedures. NFPA 101, Life Safett 19.7* Operating Feature 19.7.1 Evacuation and Drills.	s aware that drills are part of Where drills are conducted de 6:00 AM, a coded de used instead of audible de view and interview, the de that all staff were familiar grie drills. This was ure to provide documentation drills at least quarterly on the decentional Care Unit decentional Care Unit desult in potential harm, de untrained and unaware ponsibilities during a fire.			- Fire drill documents are requested to the Vendor and received - see attachement - Documentation regarding fire drill - maintenance will monitor record and fill - maintenance supervisor will ensure a documents are complete and log - all log will be maintained by the Maintenance supervisor and report to facility QA	e II		

PRINTED: 06/29/2022 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION A. BUILDING 01			(X3) DATE COMP	SURVEY LETED			
		555809	B. WING			05/	25/2022
	ROVIDER OR SUPPLIER T'S SUBACUTE & TRAN	SITIONAL CARE	•	1	TREET ADDRESS, CITY, STATE, ZIP CODE 652 MONO AVENUE SAN LEANDRO, CA 94578		
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL .SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD B CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 712	all supervisory persor for the protection of a fire, for their evacuation for their evacuation for their evacuation for their evacuation for necessary. 19.7.1.2 All employed instructed and kept in duties under the plant 19.7.1.3 A copy of the shall be readily availatelephone operator is center. 19.7.1.4* Fire drills in shall include the transing signal and simulation conditions. 19.7.1.5 Infirm or bed required to be moved to the exterior of the beach shift to familiarize interns, maintenance administrative staff) we emergency action reconditions. 19.7.1.7 When drills ap.m. and 6:00 a.m. (2 a coded announcement used instead of audibut 19.7.1.8 Employees of	e, in effect and available to anel, written copies of a plan II persons in the event of on to areas of refuge, and om the building when es shall be periodically formed with respect to their required by 19.7.1.1. The plan required by 19.7.1.1 able at all times in the solocation or at the security the entry of emergency fire Tridden patients shall not be during drills to safe areas or building. The conducted quarterly on the facility personnel (nurses, engineers, and with the signals and quired under varied energency), and of the conducted between 9:00 and of the shall be permitted to be	K	712			

		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIP	LE CONSTRUCTION 6 01	' '	(X3) DATE SURVEY COMPLETED	
		555809	B. WING		05	/25/2022	
	ROVIDER OR SUPPLIER T'S SUBACUTE & TRA	NSITIONAL CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 1652 MONO AVENUE SAN LEANDRO, CA 94578	•		
(X4) ID PREFIX TAG	(EACH DEFICIE)	STATEMENT OF DEFICIENCIES NCY MUST BE PRECEDED BY FULL R LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE	(X5) COMPLETION DATE	
K 712	proper protection of prompt and effective personnel. 19.7.2.1.2 The basis shall include the fol (1) Removal of all of the fire emergency (2) Transmission of signal to warn other summon staff (3) Confinement of closing doors to iso (4) Relocation of pacare occupancy is 19.7.2.2 Fire Safety occupancy fire safethe following: (1) Use of alarms (2) Transmission of	th care occupancies, the f patients shall require the e response of health care occupants directly involved with an appropriate fire alarm building occupants and the effects of the fire by late the fire area atients as detailed in the health fire safety plan Plan. A written health care by plan shall provide for all of alarms to fire department arms	K 71	2			
	evacuation (9) Extinguishment 19.7.2.3 Staff Resp	oors and building for					

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		(X3) DATE SURVEY COMPLETED		
		555809	B. WING		05/25/2022		
NAME OF PROVIDER OR SUPPLIER ALL SAINT'S SUBACUTE & TRANSITIONAL CARE				1	STREET ADDRESS, CITY, STATE, ZIP CODE 652 MONO AVENUE SAN LEANDRO, CA 94578		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		PREFIX (EACH CORRECTIVE ACTION SHOULD		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BI CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)		(X5) COMPLETION DATE
K 712	Continued From page 24 shall be instructed in the use of and response to fire alarms. 19.7.2.3.2 All health care occupancy personnel shall be instructed in the use of the code phrase to ensure transmission of an alarm under any of the following conditions: (1) When the individual who discovers a fire must immediately go to the aid of an endangered person (2) During a malfunction of the building fire alarm system 19.7.2.3.3 Personnel hearing the code announced shall first activate the building fire alarm using the nearest manual fire alarm box and then shall execute immediately their duties as outlined in the fire safety plan. Findings: During document review and interview with Staff on 5/25/22, the fire drill documents were reviewed. At 12:10 p.m., the facility failed to provide documentation for two of twelve fire drills at least quarterly on each shift. The facility failed to provide the PM and NOC shift fire drills during the third quarter (July/August/September) of 2021. Upon interview, the Maintenance Staff and		TAG CROSS-REFERENCED TO THE APPR				
K 741 SS=D	was given the opportu		K	741			6/10/22
		shall be adopted and shall the following provisions:					

OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	` '	,			(X3) DATE SURVEY COMPLETED	
	555809	B. WING _			05/	/25/2022	
NAME OF PROVIDER OR SUPPLIER ALL SAINT'S SUBACUTE & TRANSITIONAL CARE			16	STREET ADDRESS, CITY, STATE, ZIP CODE 1652 MONO AVENUE SAN LEANDRO, CA 94578		,	
(EACH DEFICI	ENCY MUST BE PRECEDED BY FULL	ID PREFI TAG		(EACH CORRECTIVE ACTION SHOULD I	BE	(X5) COMPLETION DATE	
(1) Smoking shall ward, or compartness combustible gases and in any other harea shall be post SMOKING or shall international symbol (2) In health care prohibited and sig major entrances, so that prohibits smoo (3) Smoking by paresponsible shall be (4) The requirement where the patient (5) Ashtrays of not design shall be prosmoking is permitted (6) Metal contained devices into which be readily available permitted. 18.7.4, 19.7.4 This REQUIREMENT Surveyor: 31201 Based on observation of the increased rise and in any other search area. This was every being disposed on in the increased rise and in any other search area.	be prohibited in any room, nent where flammable liquids, s, or oxygen is used or stored azardous location, and such ed with signs that read NO I be posted with the following for no smoking. Occupancies where smoking is the sare prominently placed at all secondary signs with language king shall not be required. It is the classified as not be prohibited. Into of 18.7.4(3) shall not apply its under direct supervision. Incombustible material and safe by ided in all areas where edd. It is with self-closing cover a shtrays can be emptied shall the to all areas where smoking is ento and interview, the facility a non-designated smoking ridenced by cigarette butts in the ground. This could result sk of fire. This affected 15 of	K	741	sign NO SMOKING in this facility. - Maintenance will make daily inspectito make sure people are aware our facility and an anon-smoking - inservice provided to all staff that this facility not allowing smoking - Maintenance supervisor will ensure a	on cility		
During a tour of the facility and interview with the				bring up to QA			
	CORRECTION ROVIDER OR SUPPLIER T'S SUBACUTE & TR SUMMARY (EACH DEFICIE REGULATORY) Continued From p (1) Smoking shall ward, or compartin combustible gases and in any other h area shall be post. SMOKING or shal international symb. (2) In health care of prohibited and sign major entrances, so that prohibits smol (3) Smoking by paresponsible shall be (4) The requireme where the patient (5) Ashtrays of not design shall be pro- smoking is permitt (6) Metal containe devices into which be readily available permitted. 18.7.4, 19.7.4 This REQUIREME by: Surveyor: 31201 Based on observat failed to maintain a area. This was ev being disposed on in the increased ris 62 residents in the Building. Findings:	ROVIDER OR SUPPLIER T'S SUBACUTE & TRANSITIONAL CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 25 (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4 This REQUIREMENT is not met as evidenced by: Surveyor: 31201 Based on observation and interview, the facility failed to maintain a non-designated smoking area. This was evidenced by cigarette butts being disposed on the ground. This could result in the increased risk of fire. This affected 15 of 62 residents in the Transitional Care Unit Building.	ROVIDER OR SUPPLIER T'S SUBACUTE & TRANSITIONAL CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 25 (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4 This REQUIREMENT is not met as evidenced by: Surveyor: 31201 Based on observation and interview, the facility failed to maintain a non-designated smoking area. This was evidenced by cigarette butts being disposed on the ground. This could result in the increased risk of fire. This affected 15 of 62 residents in the Transitional Care Unit Building. Findings:	ROVIDER OR SUPPLIER T'S SUBACUTE & TRANSITIONAL CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 25 (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. 18.7.4, 19.7.4 This REQUIREMENT is not met as evidenced by: Surveyor: 31201 Based on observation and interview, the facility failed to maintain a non-designated smoking area. This was evidenced by cigarette butts being disposed on the ground. This could result in the increased risk of fire. This affected 15 of 62 residents in the Transitional Care Unit Building. Findings:	ROWIDER OR SUPPLIER TS SUBACUTE & TRANSITIONAL CARE SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCIES) (EACH DEPICIENCY) Continued From page 25 (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with signs that read NO SMOKING or shall be prohibited. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits moking hall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4.(3) shall not apply where the patient is under direct supervision. (5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted. (6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. (7) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. (8) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. (9) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted. (18.7.4, 19.7.4 This REQUIREMENT is not met as evidenced by: Surveyor: 31201 Based on observation and interview, the facility failed to maintain a non-designated smoking area. This was evidenced by cigarette butts being disposed on the ground. This could result in the increased risk of fire. This affected 15 of 62 residents in the Transitional Care Unit facility not allowing smoking - Maintenance supervisor will ensure a bring up to QA	STREETADORESS, CITY, STATE, ZIP CODE STREETADORESS, CITY, STATE, ZIP CODE STREETADORESS, CITY, STATE, ZIP CODE STREETADORESS, CITY, STATE, ZIP CODE STREETADORESS, CITY, STATE, ZIP CODE STREETADORESS, CITY, STATE, ZIP CODE STREETADORESS, CITY, STATE, ZIP CODE STREETADORESS, CITY, STATE, ZIP CODE STREETADORESS, CITY, STATE, ZIP CODE STREETADORESS, CITY, STATE, ZIP CODE STREETADORESS, CITY, STATE, ZIP CODE STREETADORESS, CITY, STATE, ZIP CODE STREETADORESS, CITY, STATE, ZIP CODE SAN LEANDRO, CA 94578 PROVIDERS PLAN OF CORRECTION CRACH CORRECTIVE ACTION SHOULD BE CROSS-REPERENCED TO THE APPROPRIATE CROSS-REPERENCED TO THE APPROPRIATE CROSS-REPERENCED TO THE APPROPRIATE DEFICIENCY CROSS-REPERENCED TO THE APPROPRIATE CROSS-REPERNCED TO THE APPROPRIATE CROSS-REPERNCED TO THE APPRO	

DF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:					(X3) DATE SURVEY COMPLETED	
	555809	B. WING _			05/	25/2022	
NAME OF PROVIDER OR SUPPLIER ALL SAINT'S SUBACUTE & TRANSITIONAL CARE				AVENUE			
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	
Maintenance Staff or non-designated smol staff interviewed. At 9:59 a.m., there we cigarette butts observed the exterior to Reside the Maintenance Staff stated that the area we smoking area. Gas and Vacuum Pipt CFR(s): NFPA 101 Gas and Vacuum Pipt Testing Operations The gas and vacuum tested as part of a mainclude the required disspections and testing required. 5.1.14.2.3, B.5.2, 5.2 99) This REQUIREMENT by: Surveyor: 31201 Based on document facility failed to maint system piping. This we annual inspection/test 42 of 62 residents in could result in a malf system piping. NFPA 99, Health Carredition 5.1.3.3.1.9 Central staff.	ere approximately six wed disposed on ground near ent Room 8. Upon interview, ff confirmed the finding and was not their designated ned Systems - Inspection and systems are inspected and aintenance program and elements. Records of the ng are maintained as .13, 5.3.13, 5.3.13.4 (NFPA) is not met as evidenced review and interview, the sain the compressed gas was evidenced by missing sting records. This affected the North Building. This unction of the flammable gas upply systems for oxygen		- Maint Report oxygen - Maint docume - This is Quality Adminis	inspection for the bulk liquid in received. enance supervisor will ensure a ents are complete ssue will be discussed with the Assurance meeting by strator and Maintenance superv		6/10/22	
with a total capacity of	connected and in storage of						
	CORRECTION ROVIDER OR SUPPLIER T'S SUBACUTE & TRAN SUMMARY ST (EACH DEFICIENC REGULATORY OR Continued From page Maintenance Staff or non-designated smol staff interviewed. At 9:59 a.m., there w cigarette butts observe the exterior to Reside the Maintenance Staff or stated that the area w smoking area. Gas and Vacuum Pip CFR(s): NFPA 101 Gas and Vacuum Pip Testing Operations The gas and vacuum tested as part of a mainclude the required of inspections and testin required. 5.1.14.2.3, B.5.2, 5.2 99) This REQUIREMENT by: Surveyor: 31201 Based on document facility failed to maint system piping. This w annual inspection/tes 42 of 62 residents in could result in a malf system piping. NFPA 99, Health Car Edition 5.1.3.3.1.9 Central sta	ROVIDER OR SUPPLIER T'S SUBACUTE & TRANSITIONAL CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 26 Maintenance Staff on 5/25/22, the non-designated smoking area was observed, and staff interviewed. At 9:59 a.m., there were approximately six cigarette butts observed disposed on ground near the exterior to Resident Room 8. Upon interview, the Maintenance Staff confirmed the finding and stated that the area was not their designated smoking area. Gas and Vacuum Piped Systems - Inspection and CFR(s): NFPA 101 Gas and Vacuum Piped Systems - Inspection and Testing Operations The gas and vacuum systems are inspected and tested as part of a maintenance program and include the required elements. Records of the inspections and testing are maintained as required. 5.1.14.2.3, B.5.2, 5.2.13, 5.3.13, 5.3.13.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Surveyor: 31201 Based on document review and interview, the facility failed to maintain the compressed gas system piping. This was evidenced by missing annual inspection/testing records. This affected 42 of 62 residents in the North Building. This could result in a malfunction of the flammable gas system piping. NFPA 99, Health Care Facilities Code, 2012	TOORRECTION TODATIFICATION NUMBER: A BUILDIN 555809 B. WING ROVIDER OR SUPPLIER T'S SUBACUTE & TRANSITIONAL CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 26 Maintenance Staff on 5/25/22, the non-designated smoking area was observed, and staff interviewed. At 9:59 a.m., there were approximately six cigarette butts observed disposed on ground near the exterior to Resident Room 8. Upon interview, the Maintenance Staff confirmed the finding and stated that the area was not their designated smoking area. Gas and Vacuum Piped Systems - Inspection and CFR(s): NFPA 101 Gas and Vacuum Piped Systems - Inspection and Testing Operations The gas and vacuum systems are inspected and tested as part of a maintenance program and include the required elements. Records of the inspections and testing are maintained as required. 5.1.14.2.3, B.5.2, 5.2.13, 5.3.13, 5.3.13.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Surveyor: 31201 Based on document review and interview, the facility failed to maintain the compressed gas system piping. This was evidenced by missing annual inspection/testing records. This affected 42 of 62 residents in the North Building. This could result in a malfunction of the flammable gas system piping. NFPA 99, Health Care Facilities Code, 2012 Edition 5.1.3.3.1.9 Central supply systems for oxygen	ROVIDER OR SUPPLIER TS SUBACUTE & TRANSITIONAL CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION) COntinued From page 26 Maintenance Staff on 5/25/22, the non-designated smoking area was observed, and staff interviewed. At 9:59 a.m., there were approximately six cigarette butts observed disposed on ground near the exterior to Resident Room 8. Upon interview, the Maintenance Staff confirmed the finding and stated that the area was not their designated smoking area. Gas and Vacuum Piped Systems - Inspection and CFR(s): NFPA 101 Gas and Vacuum Piped Systems - Inspection and testing Operations The gas and vacuum systems are inspected and tested as part of a maintenance program and include the required elements. Records of the inspections and testing are maintained as required. 5.1.14.2.3, B.5.2, 5.2.13, 5.3.13, 5.3.13.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Surveyor: 31201 Based on document review and interview, the facility failed to maintain the compressed gas system piping. This was evidenced by missing annual inspection/testing records. This affected 42 of 62 residents in the North Building. This could result in a malfunction of the flammable gas system piping. NFPA 99, Health Care Facilities Code, 2012 Edition 5.1.3.3.1.9 Central supply systems for oxygen	ROVIDER OR SUPPLIER TS SUBACUTE & TRANSITIONAL CARE SUMMARY STATEMENT OF DEPICIENCIES (EACH DEPICIENCY MUST alse PRECEDED BY PILL REGULATORY OR LSC IDENTIFYING INFORMATION) Continued From page 26 Maintenance Staff on 5/25/22, the non-designated smoking area was observed, and staff interviewed. At 9.59 a.m., there were approximately six cigarette butts observed disposed on ground near the exterior to Resident Room 8. Upon interview, the Maintenance Staff confirmed the finding and stated that the area was not their designated smoking area. Gas and Vacuum Piped Systems - Inspection and Testing Operations The gas and vacuum systems are inspected and tested as part of a maintenance program and include the required elements. Records of the inspections and testing are maintained as required. S1.1.4.2.3, B.5.2, 5.2.13, 5.3.13, 5.3.13.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Surveyor: 31201 Based on document review and interview, the facility failed to maintain the compressed gas system piping. This was evidenced by missing annual inspection/testing records. This affected 42 of 62 residents in the North Building. This could result in a malfunction of the flammable gas system piping. NFPA 99, Health Care Facilities Code, 2012 Edition NFPA 99, Health Care Facilities Code, 2012 Edition - Arigas record attached.	STREET ADDRESS, CITY, STATE, ZIP CODE 155809 100/JUER OR SUPPLIER TS SUBACUTE & TRANSITIONAL CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) SAN LEANDRO, CA 94578 SUBACUTE & TRANSITIONAL CARE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY) Continued From page 26 Maintenance Staff on 5/25/22, the non-designated smoking area was observed, and staff interviewed. At 9:59 a.m., there were approximately six cigarette butts observed disposed on ground near the exterior to Resident Room 8. Upon interview, the Maintenance Staff confirmed the finding and stated that the area was not their designated smoking area Gas and Vacuum Piped Systems - Inspection and Testing Operations The gas and vacuum systems are inspected and tested as part of a maintenance program and include the required elements. Records of the inspections and testing are maintained as required. 5.1.14.2.3, B.5.2, 5.2.13, 5.3.13, 5.3.13.4 (NFPA 99) This REQUIREMENT is not met as evidenced by: Surveyor: 31201 Based on document review and interview, the facility failed to maintain the compressed gas system piping. This was evidenced by missing annual inspection/testing records. This affected 42 of 62 residents in the North Building. This could result in a malfunction of the flammable gas system piping. NFPA 99, Health Care Facilities Code, 2012 Edition NFPA 99, Health Care Facilities Code, 2012 Edition - Airgas record attached.	

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01		1 ' '	(X3) DATE SURVEY COMPLETED	
		555809	B. WING		05/25/2022		
NAME OF PROVIDER OR SUPPLIER ALL SAINT'S SUBACUTE & TRANSITIONAL CARE				STREET ADDRESS, CITY, STATE, ZIP CODE 1652 MONO AVENUE SAN LEANDRO, CA 94578			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD B TAG CROSS-REFERENCED TO THE APPROPRI DEFICIENCY)		BE	(X5) COMPLETION DATE	
K 908	566,335 L (20,000 ft3 facility at standard ter (STP) shall comply w Gases and Cryogenic NFPA 55, Compresse Fluids Code, 2010 Ed 7.6.5 Maintenance of 7.6.5.1 Maintenance of piping and component	or more outside of the enperature and pressure of the NFPA 55, Compressed Fluids Code. de Gases and Cryogenic of the Cryogenic of the Code of the Cryogenic of	K	908			
K 919 SS=D	Maintenance Staff on testing records for the systems was requested. At 12:01 p.m., the factourrent annual record. The last annual was dinterview, the Mainter they do not have a cuannual was in 2019, Electrical Equipment CFR(s): NFPA 101 Electrical Equipment List in the REMARKS Chapter 10, Electrical that are not addressed but are deficient. This applicable Life Safety citation, should be incompleted to the systems of the	ility failed to provide a s for the bulk liquid oxygen. conducted on 2019. Upon nance Staff confirmed that rrent annual and the last - Other - Other section any NFPA 99 Equipment, requirements d by the provided K-Tags, information, along with the Code or NFPA standard studed on Form CMS-2567.	K 9	919		6/10/22	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTI A. BUILDIN	PLE CONSTRUCTION G 01		(X3) DATE SURVEY COMPLETED	
		555809	B. WING _			05/25/2022
NAME OF PROVIDER OR SUPPLIER ALL SAINT'S SUBACUTE & TRANSITIONAL CARE			•	STREET ADDRESS, CITY, STATI 1652 MONO AVENUE SAN LEANDRO, CA 94578		
(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 CORRECTI X (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)		(X5) COMPLETION DATE
K 919	by: Surveyor: 31201 Based on observation failed to maintain the components. This was obstructed electrical presidents in the North an increased risk of a NFPA 101 Life Safety 19.5.1 Utilities. Utilities provisions of section 9.1.2 Electrical Syste equipment shall be in National Electrical Coare approved existing permitted to be continually to the continual to the continual end of such equipment. (A) Working Space. We equipment operating to ground and likely the adjustment, servicing energized shall computed in the compu	and interview, the facility electrical system and its as evidenced by an oanel. This affected 19 of 62 is Building and could result in an electrical fire. Code, 2012 edition es shall comply with the 9.1 installations with NFPA 70, ode, unless such installations installations, which shall be nued in service. Extrical Code, 2011 edition is Electrical Equipment. Space shall be provided and electrical equipment to be operation and maintenance. Vorking space for at 600 volts, nominal, or less to require examination, or maintenance while only with the dimensions of and (A)(3) or as required or in this Code. Space. The depth of the direction of live parts shall specified in Table 110.26(A) iments of 110.26(A)(1)(a), are met. Distances shall be exposed live parts or from the	К9	- The copier machine relocated to the side counter for free access emergency. - The facility will ensure obstructed to electricate. - Maintenance superamonitor regular during. - Issues will be discuss QA meeting.	of the Nurse Station ss in case of ure nothing is al panel. visor will ensure to g daily round.	

STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULT A. BUILDIN	IPLE CONSTRUCTION NG 01		(X3) DATE SURVEY COMPLETED	
		555809	B. WING _		_	05/25/2022
NAME OF PROVIDER OR SUPPLIER ALL SAINT'S SUBACUTE & TRANSITIONAL CARE			•	STREET ADDRESS, CITY, ST 1652 MONO AVENUE SAN LEANDRO, CA 94	,	
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	((EACH CORRE CROSS-REFERE	S PLAN OF CORRECTION CTIVE ACTION SHOULD BE NCED TO THE APPROPRIAT DEFICIENCY)	
K 919	(2) Width of Working working space in fron shall be the width of t (30 in.), whichever is workspace shall pern opening of equipmen Findings: During a tour of the fa Maintenance Staff on system and its composite of the Nursing Staff on the	Space. The width of the t of the electrical equipment he equipment or 762 mm greater. In all cases, the nit at least a 90 degree t doors or hinged panels. acility and interview with the 4/25/22, the electrical onents were observed. second floor, the electrical Sation was observed. The obstructed by a copier rectly in front of the electrical w, the Maintenance Staff	KS	919		