

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

PRINTED: 09/03/2024  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>055401</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>07/31/2024</b>
NAME OF PROVIDER OR SUPPLIER  <b>MEADOWBROOK POST ACUTE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>461 E. JOHNSTON AVENUE HEMET, CA 92543</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
E 000	Initial Comments  The following reflects the findings of the California Department of Public Health, during an Emergency Preparedness recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.73, Requirement for Long Term Care (LTC) Facilities.  The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities.	E 000			
K 000	Census = 54 INITIAL COMMENTS  K3 BUILDING: 01 K6 PLAN APPROVAL: 1967 K7 SURVEY UNDER: 2012 EXISTING  STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V, FULLY SPRINKLERED.  Resident Certified Beds: 54 Resident Census: 64  The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) §483.90(a)(b)(c)(j), National Fire Protection Association (NFPA) 101 - Life Safety Code, 2012 Edition, and NFPA 99 - Health Care Facilities Code, 2012 Edition.	K 000			
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101	K 324			8/30/24

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

TITLE

(X6) DATE

Electronically Signed

08/17/2024

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.

9/3/24: POC accepted per Brian Fenton, SSM-1

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K 324	<p>Continued From page 1</p> <p><b>Cooking Facilities</b> Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:  * residential cooking equipment (i.e., small appliances such as microwaves, hot plates, toasters) are used for food warming or limited cooking in accordance with 18.3.2.5.2, 19.3.2.5.2  * cooking facilities open to the corridor in smoke compartments with 30 or fewer patients comply with the conditions under 18.3.2.5.3, 19.3.2.5.3, or  * cooking facilities in smoke compartments with 30 or fewer patients comply with conditions under 18.3.2.5.4, 19.3.2.5.4.  Cooking facilities protected according to NFPA 96 per 9.2.3 are not required to be enclosed as hazardous areas, but shall not be open to the corridor.  18.3.2.5.1 through 18.3.2.5.4, 19.3.2.5.1 through 19.3.2.5.5, 9.2.3, TIA 12-2</p> <p>This REQUIREMENT is not met as evidenced by:  Based on document review and interview, the facility failed to maintain the kitchen cooking equipment. This was evidenced by the failure to provide kitchen equipment maintenance documentation. This could result in grease build up or delay in fire extinguishment. This affected staff in one of two smoke compartments.</p> <p>NFPA 99: Health Care Facilities Code, 2012 Edition</p>	K 324	<p>This Plan of Correction constitutes our written creditable allegation of compliance for the alleged deficiencies noted. Meadowbrook Post Acute makes every effort to operate in full compliance with both Federal and State law. The preparations and/or execution of this Plan of Correction does not constitute admission or agreement by Meadowbrook Post Acute of the truth of the facts alleged</p>		

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K 324	<p>Continued From page 2</p> <p>15.5.2.3 Commercial Cooking Equipment. Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless such installations are approved existing installations, which shall be permitted to be continued in service. [101:9.2.3]</p> <p>NFPA 96: Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2014 Edition Chapter 11 Procedures for the Use, Inspection, Testing, and Maintenance of Equipment 11.4 * Inspection for Grease Buildup. The entire exhaust system shall be inspected for grease buildup by a properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction and in accordance with Table 11.4. Table 11.4 Schedule of Inspection for Grease Buildup Type or Volume of Cooking / Inspection Frequency Systems serving solid fuel cooking operations / Monthly Systems serving high-volume cooking operations, such as 24-hour cooking, charbroiling, or wok cooking / Quarterly Systems serving moderate-volume cooking operations / Semiannually Systems serving low-volume cooking operations, such as churches, day camps, seasonal businesses, or senior centers / Annually 11.5 Inspection, Testing, and Maintenance of Listed Hoods Containing Mechanical, Water Spray, or Ultraviolet Devices. Listed hoods containing mechanical or fire-actuated dampers, internal washing components, or other</p>	K 324	<p>or concussions set forth in the findings. This Plan of Correction is prepared and/or executed solely because it is required by provisions of Federal and State law. Please note that Meadowbrook Post Acute may contest the merit and/or form of any of the deficiency findings alleged and may take appropriate steps to appeal them.</p> <p>K 324 Cooking Facilities CFR(s): NFPA 101</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Upon review of the deficient practice no resident were found to be affected by the deficient practice.</p> <p>When notified by the Dietary supervisor of the missed Kitchen Hood Cleaning the Administrator contacted its provider to complete the semi-annual kitchen hood cleaning which took place on March 18, 2024.</p> <p>On August 9, 2024 the Administrator contacted its provider to schedule the facility's semi-annual kitchen hood cleaning in order to avoid any lapse in service. The facility is awaiting a return call for the scheduled date of the hood cleaning.</p> <p>How the facility will identify other residents having the potential to be affected by the</p>		

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K 324	<p>Continued From page 3</p> <p>mechanically operated devices shall be inspected and tested by properly trained, qualified, and certified persons every 6 months or at frequencies recommended by the manufacturer in accordance with their listings</p> <p>Findings:</p> <p>During document review and interview with the Administrator and Maintenance Director (MD) on 7/31/24, the facility's kitchen maintenance documentation was reviewed.</p> <p>At 2:17 p.m., the facility failed to provide the semi-annual kitchen hood cleaning maintenance documentation for 2023. The maintenance documentation provided was dated for 3/18/24. Upon interview, the Administrator stated he did not have records for the semi-annual cleaning.</p>	K 324	<p>same deficient practice:</p> <p>Upon review of the deficient practice it was found that staff and residents in 1 of 2 smoke compartments. Meadowbrook Post Acute will take corrective action in relation to all residents.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>The Administrator along with the Dietary Supervisor will ensure that the semi-annual Kitchen Hood Cleaning occurs two times per year on regular intervals. Future services will be scheduled prior to the due date to avoid any lapse in service.</p> <p>How the facility plans to monitor its performance to make sure that solutions are lasting:</p> <p>To ensure the Facility interventions are maintained the following will be performed: The Dietary Supervisor will monitor compliance related to the semi-annual kitchen hood cleaning over the following 6 months or until 100% compliance is achieved. Any negative findings will be reported to the Administrator for analysis and necessary actions. Progress of this Quality Assurance Performance Improvement (QAPI) initiative will be reported by the Dietary Supervisor to the QAA Committee or as per scheduled meetings.</p>		

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K 345 SS=F	<p><b>Fire Alarm System - Testing and Maintenance</b> CFR(s): NFPA 101</p> <p>Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to maintain the fire alarm system. This was evidenced by missing fire alarm system inspections and test records. This could result in a delay in an emergency and a malfunction fire alarm system. This affected 54 of 54 residents and staff, in two of two smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with section 9.6 9.6.1.3 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and signaling Code, unless it is an approved existing installation, which shall be permitted to be continued in use.</p> <p>NFPA 72 - National Fire Alarm and Signaling Code, 2010 Edition 14.3.1* Unless otherwise permitted by 14.3.2, visual inspections shall be performed in accordance with the schedules in Table 14.3.1 or more often if required by the authority having</p>	K 345	<p>Fire Alarm System <input type="checkbox"/> Testing and Maintenance CFR(s): NFPA 101</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Upon review of the deficient practice all residents were found to have the potentially affected by the deficient practice.</p> <p>On August 9, 2024 the Administrator contacted its provider to schedule the facility's annual maintenance and the semi-annual inspection for the fire alarm system. Additionally, the Administrator scheduled the annual load voltage test, charger test, the 30 minute discharge test and the semi-annual load voltage test for the fire alarm control panel batteries. The annual inspection on the Fire alarm system is scheduled for August 30, 2024.</p>	8/30/24	

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K 345	<p>Continued From page 5</p> <p>jurisdiction. Table 14.3.1: 3. Batteries (d) Sealed lead-acid: Semiannually 9. Initiating devices (b) Duct detectors: Semiannually (e) manual fire alarm boxes: Semiannually (f) Heat detectors: Semiannually (h) Smoke detectors: Semiannually</p> <p>14.4.5* Testing Frequency. Unless otherwise permitted by other sections of this Code, testing shall be performed in accordance with the schedules in Table 14.4.5, or more often if required by the authority having jurisdiction. Table 14.4.5: 6. Batteries - fire alarm system (d) Sealed lead-acid type (1) Charger test (Replace battery within 5 years after manufacture or more frequently as needed.): Initial/Reacceptance, Annually (2) Discharge test (30 minutes): Initial/Reacceptance, Annually (3) Load voltage test: Initial/Reacceptance, Semiannually</p> <p>During document review and interview with the Administrator and Maintenance Director (MD) on 7/31/24, the fire alarm system maintenance and testing records were reviewed.</p> <p>Findings:</p> <p>1. At 1:16 p.m., the facility failed to provide the annual maintenance/testing records for the fire alarm system. The last testing documentation provided was for 7/17/23. Upon interview, the Administrator stated the annual was conducted in</p>	K 345	<p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>As all residents have the potential to be affected by the alleged deficient conduct contained herein. Meadowbrook Post Acute will take corrective action in relation to all residents.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>On August 15, 2024 the administrator educated the Maintenance Supervisor by in-service training regarding testing of the Fire Alarm System. Emphasis was placed on ensuring the Fire Alarm System maintained and tested at regular intervals to avoid the potential malfunction of the Fire Alarm System .</p> <p>How the facility plans to monitor its performance to make sure that solutions are lasting:</p> <p>To ensure the Facility interventions are maintained the following will be performed: The Maintenance Director will monitor compliance related to the annual maintenance and the semi-annual inspection for the fire alarm system as well as the annual load voltage test, charger test, the 30 minute discharge test and the semi-annual load voltage test for the fire alarm control panel batteries over the following 6 months or until 100%</p>		

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K 345	Continued From page 6 July 2024 but was still waiting for the testing company to provide the maintenance report.  2. At 1:17 p.m., the facility failed to provide the semi-annual inspection records for the fire alarm system. The last fire alarm system documentation provided was for 7/17/23. Upon interview, the Administrator stated he did not have the fire alarm system semi-annual inspection records.  3. At 1:18 p.m. the facility failed to provide the annual load voltage test, charger test and 30-minute discharge test for the fire alarm control panel batteries. The last testing documentation provided was for 7/17/23. Upon interview, the Administrator stated he did not have annual testing records for the fire alarm system batteries.  4. At 1:19 p.m. the facility failed to provide the semi-annual load voltage test for fire alarm control panel batteries. The last testing documentation provided was for 7/17/23. Upon interview, the Administrator stated he did not have the semi-annual load voltage test records.	K 345	compliance is achieved. Any negative findings will be reported to the Administrator for analysis and necessary actions. Progress of this Quality Assurance Performance Improvement (QAPI) initiative will be reported by the Maintenance Director to the QAA Committee or as per scheduled meetings.		
K 347 SS=F	Smoke Detection CFR(s): NFPA 101  Smoke Detection 2012 EXISTING Smoke detection systems are provided in spaces open to corridors as required by 19.3.6.1. 19.3.4.5.2 This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to maintain the smoke detectors. This was evidenced by missing sensitivity testing for the smoke detectors. This could result in a	K 347	Smoke Detection CFR(s): NFPA 101  How corrective action will be	8/30/24	

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K 347	<p>Continued From page 7</p> <p>malfunction of the smoke detectors. This affected 54 of 54 residents in two of two smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6. 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. 9.6.1.5 To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. 9.6.2.10 Smoke Alarms. 9.6.2.10.1 General. 9.6.2.10.1.1 Where required by another section of this Code, single-station and multiple-station smoke alarms shall be in accordance with NFPA 72, National Fire Alarm and Signaling Code, unless otherwise provided in 9.6.2.10.1.2, 9.6.2.10.1.3, or 9.6.2.10.1.4. NFPA 72, National Fire Alarm Code, 2010 Edition 14.3.4 The visual inspection shall be made to ensure that there are no changes that affect equipment performance. Table 14.4.5 Testing Frequencies 14.4.5.3* In other than one- and two-family dwellings, sensitivity of smoke detectors and single and multiple-station smoke alarms shall be tested in accordance with 14.4.5.3.1 through</p>	K 347	<p>accomplished for those residents found to have been affected by the deficient practice:</p> <p>Upon review of the deficient practice all residents were found to be potentially affected by the deficient practice.</p> <p>On August 16, 2024 the facility's Maintenance Director tested the facility's 3 smoke detectors per the manufactures recommended procedures and found the smoke detectors sensitivity to be within the manufactures specifications.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>As all residents have the potential to be affected by the alleged deficient conduct contained herein. Meadowbrook Post Acute will take corrective action in relation to all residents.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>On August 15, 2024 the administrator educated the Maintenance Supervisor by in-service training regarding testing of the smoke detectors. Emphasis was placed on ensuring the biennial smoke detector sensitivity test is conducted to avoid the potential malfunction of the smoke detectors. It was further emphasized that records regarding the smoke detector sensitivity test shall be maintained and</p>		



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K 347	Continued From page 8 14.4.5.3.7. 14.4.5.3.1 Sensitivity shall be checked within 1 year after installation. 14.4.5.3.2 Sensitivity shall be checked every alternate year thereafter unless otherwise permitted by compliance with 14.4.5.3.3.  Findings:  During document review and interview with the Administrator on 7/31/24, the smoke detectors testing records were requested.  At 1:18 p.m., the facility failed to provide the biennial smoke detector sensitivity testing. The last smoke detector sensitivity testing was unknown. Upon interview, the Administrator stated he could not locate the records for the sensitivity test.	K 347	available for review upon request of fire and life safety agencies.  How the facility plans to monitor its performance to make sure that solutions are lasting:  To ensure the Facility interventions are maintained the following will be performed: The Maintenance Director will monitor compliance related to the biennial smoke detector sensitivity testing until 100% compliance is achieved. Any negative findings will be reported to the Administrator for analysis and necessary actions. Progress of this Quality Assurance Performance Improvement (QAPI) initiative will be reported by the Maintenance Director to the QAA Committee or as per scheduled meetings.		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101  Sprinkler System - Maintenance and Testing Automatic sprinkler and standpipe systems are inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintaining of Water-based Fire Protection Systems. Records of system design, maintenance, inspection and testing are maintained in a secure location and readily available. a) Date sprinkler system last checked  b) Who provided system test  c) Water system supply source	K 353		8/30/24	

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K 353	<p>Continued From page 9</p> <p>Provide in REMARKS information on coverage for any non-required or partial automatic sprinkler system. 9.7.5, 9.7.7, 9.7.8, and NFPA 25 This REQUIREMENT is not met as evidenced by: Based on document review and interview, the facility failed to maintain the automatic fire sprinklers. This was evidenced by missing automatic fire sprinkler inspection and testing records. This could result in the malfunction of the fire sprinkler system. This affected staff and 54 of 54 residents in two of two smoke compartments.</p> <p>NFPA 101: Life Safety Code, 2012 Edition 19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5. 9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance</p> <p>NFPA 25 Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection System, 2011 Edition 5.2* Inspection. 5.2.1 Sprinklers. 5.2.4 Gauges. 5.2.4.1 * Gauges on wet pipe sprinkler systems shall be inspected monthly to ensure that they are in good condition and that normal water supply pressure is being maintained. 5.2.5 Waterflow Alarm and Supervisory Devices. Waterflow alarm and supervisory alarm devices</p>	K 353	<p>Sprinkler System <input type="checkbox"/> Maintenance and Testing CFR(s): NFPA 101</p> <p>Upon review of the deficient practice, all residents were found to be potentially affected by the deficient practice.</p> <p>On August 16, 2024 the Maintenance Director replaced the faded name plate with a new sign plate that reads Inspectors Test.</p> <p>On August 15, 2024 the Administrator provided the Maintenance Director with proper forms to conduct the monthly visual inspections for the fire sprinkler system gauges, control/tamper switches and exterior alarm valves, the quarterly fire sprinkler system inspection, and the semi-annual sprinkler test for the water flow alarm devices for vane and pressure switch devices and supervisory switches The Maintenance Director immediately conducted an inspections and recorded his findings.</p> <p>On August 15, 2024 the Administrator contacted the facility's fire sprinkler inspection provider to follow up regarding the lead check valve upgrade and fire sprinkler replacement. At the time of the</p>		

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K 353	<p>Continued From page 10</p> <p>shall be inspected quarterly to verify that they are free of physical damage.</p> <p>5.2.6* Hydraulic Design Information Sign. The hydraulic design information sign for hydraulically designed systems shall be inspected quarterly to verify that it is attached securely to the sprinkler riser and is legible.</p> <p>5.2.8* Information Sign. The information sign shall be inspected annually to verify that it is securely attached and is legible.</p> <p>13.3.2 Inspection.</p> <p>13.3.2.1.1 Valves secured with locks or supervised in accordance with applicable NFPA standards shall be permitted to be inspected monthly.</p> <p>13.4 System Valves.</p> <p>13.4.1 Inspection of Alarm Valves.</p> <p>Alarm valves shall be inspected as described in 13.4.1.1 and 13.4.1.2.</p> <p>13.4.1.1 * Alarm valves and system riser check valves shall be externally inspected monthly and shall verify the following:</p> <p>(1) The gauges indicate normal supply water pressure is being maintained.</p> <p>(2) The valve is free of physical damage.</p> <p>(3) All valves are in the appropriate open or closed position.</p> <p>(4) The retarding chamber or alarm drains are not leaking.</p> <p>13.6 Backflow Prevention Assemblies.</p> <p>13.6.1.1.1 Valves secured with locks or electrically supervised in accordance with applicable NFPA standards shall be inspected monthly.</p> <p>13.6.1.2.1 Valves secured with locks or electrically supervised in accordance with applicable NFPA standards shall be inspected monthly.</p> <p>13.7 Fire Department Connections.</p>	K 353	<p>call the provider was still working out the specifications of the check valve with the water district and putting together an estimate for the replacement of the aging sprinklers.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>As all residents have the potential to be affected by the alleged deficient conduct contained herein. Meadowbrook Post Acute will take corrective action in relation to all residents.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>On August 15, 2024 the Administrator educated the Maintenance Director by in-service training regarding Fire Sprinkler System <input type="checkbox"/> Maintenance and Testing. Emphasis was placed on ensuring all required signage is in place and legible. It was further emphasized that inspections on the fire sprinkler system must be conducted on a monthly, quarterly, semi-annual, and annual basis. Furthermore, records regarding the fire sprinkler system maintenance and testing shall be maintained and available for review upon request of fire and life safety agencies.</p> <p>How the facility plans to monitor its performance to make sure that solutions are lasting:</p>		

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K 353	<p>Continued From page 11</p> <p>13.7.1 Fire department connections shall be inspected quarterly to verify the following:</p> <ul style="list-style-type: none"> <li>(1) The fire department connections are visible and accessible.</li> <li>(2) Couplings or swivels are not damaged and rotate smoothly.</li> <li>(3) Plugs or caps are in place and undamaged.</li> <li>(4) Gaskets are in place and in good condition.</li> <li>(5) Identification signs are in place.</li> <li>(6) The check valve is not leaking.</li> <li>(7) The automatic drain valve is in place and operating properly.</li> <li>(8) The fire department connection clapper(s) is in place and operating properly.</li> </ul> <p>Findings:</p> <p>During document review and interview with the Maintenance Director (MD) and Administrator on 7/31/24, the sprinkler maintenance records were reviewed.</p> <p>1. At 11:31 a.m., the Inspector Test Valve name plate on the northwest outside wall was faded and illegible. Upon interview the MD stated that he had not noticed the name plate had faded.</p> <p>2. At 1:49 p.m., the facility failed to provide 12 of 12 monthly visual inspections for the sprinkler system gauges, control/tamper switches and exterior alarm valves. Upon interview, the MD stated that he did not have record of the monthly inspections.</p> <p>3. At 1:50 p.m., the facility failed to provide three of four quarterly sprinkler inspection reports for the first (January-March) and second (April-June) quarter of 2024 and the fourth (October-December) quarter of 2023. Upon</p>	K 353	<p>To ensure the Facility interventions are maintained the following will be performed:</p> <p>The Maintenance Director will monitor compliance related to the fire sprinkler system maintenance and testing until 100% compliance is achieved. Any negative findings will be reported to the Administrator for analysis and necessary actions. Progress of this Quality Assurance Performance Improvement (QAPI) initiative will be reported by the Maintenance Director to the QAA Committee or as per scheduled meetings.</p>		

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K 353	Continued From page 12 interview, the MD stated that they did not have records of the quarterly inspections.  4. At 1:51 p.m., the facility failed to provide the semi-annual sprinkler test for the waterflow alarm devices for vane and pressure switch devices and supervisory switches. Upon interview, the MD stated that they did not have records of the semi-annual inspection/test.  5. At 1:52 p.m., the facility provided documents for the annual sprinkler testing/ inspection completed 7/12/24, titled "Inspection, Testing, and Maintenance." On page 2 of the "Deficiencies and Comments" section it stated " 4 IN lead check valve required to be upgraded by order of the water district, (QTY 160) fire sprinklers older than 50 years will need to be tested or replaced." Upon interview, the Administrator stated that they had just received the report and were working on the corrections.	K 353			
K 363 SS=E	Corridor - Doors CFR(s): NFPA 101  Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material.	K 363		8/30/24	

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K 363	<p>Continued From page 13</p> <p>Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to maintain the corridor doors This was evidenced by a corridor door not latching. This could result in smoke or fire traveling from one part of the building to another. This affected 27 of 54 clients in one of two smoke compartments.</p> <p>Findings:</p> <p>During a tour of the facility and interview with the Maintenance Director on 7/31/24, the corridor doors were observed.</p> <p>At 11:50 a.m., a trash bin was obstructing the</p>	K 363	<p>Corridor - Doors</p> <p>CFR(s): NFPA 101</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Upon review of the deficient practice 27 residents had the potential to be affected by the deficient practice.</p> <p>On July 31, 2024 the facility's Maintenance Director immediately</p>		

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K 363	Continued From page 14 corridor door to Room 30 from closing. Upon interview, the MD stated the bin had just been placed there and he did not know why the staff had placed it there.	K 363	<p>removed the trash bin that was found to be obstructing the corridor door.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>As all residents have the potential to be affected by the alleged deficient conduct contained herein. Meadowbrook Post Acute will take corrective action in relation to all residents.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>On August 15, 2024 the Director of Staff Development along with the Maintenance Director educated the staff by in-service training regarding corridor doors. Emphasis was placed on ensuring that there are no impediment to the closing of the doors. Furthermore, department managers were asked that they ensure there are no impediments to doors being closed while conducting there daily rounds throughout the facility.</p> <p>How the facility plans to monitor its performance to make sure that solutions are lasting:</p> <p>To ensure the Facility interventions are maintained the following will be performed: The Maintenance Director will monitor compliance related to Corridor Doors for four (4) weeks or until 100% compliance</p>		

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K 363	Continued From page 15	K 363	is achieved. Any negative findings will be reported to the Administrator for analysis and necessary actions. Progress of this Quality Assurance Performance Improvement (QAPI) initiative will be reported by the Maintenance Director to the QAA Committee or as per scheduled meetings.		
K 511 SS=E	<p>Utilities - Gas and Electric CFR(s): NFPA 101</p> <p>Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the electrical equipment. This was evidenced by a broken faceplate exposing wires. This could result in electrical shock or ignition of fire due to the exposed opening. This affected 27 of 54 residents and one of two smoke compartments.</p> <p>NFPA 101 Life Safety Code, 2012 Edition 19.5.1 Utilities. 19.5.1.1 Utilities shall comply with the provisions of Section 9.1. 9.1.2 Electrical wiring and equipment shall be in</p>	K 511	<p>Utilities <input type="checkbox"/> Gas and Electric CFR(s): NFPA 101</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Upon review of the deficient practice, 27 residents had the potential to be affected by the deficient practice.</p> <p>On July 31, 2024 the facility <input type="checkbox"/>s</p>	8/30/24	



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K 511	<p>Continued From page 16</p> <p>accordance with NFPA 70 National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 70 National Electrical Code, 2011 Edition 110.12 Electrical equipment shall be installed in a neat and workmanlike manner.</p> <p>(A) Unused openings, other than those intended for the operation of equipment, those intended for mounting purposes, or those permitted as part of the design for listed equipment, shall be closed to afford protection substantially equivalent to the wall of the equipment. Where metallic plugs or plates are used with nonmetallic enclosures, they shall be recessed at least 6 mm from the outer surface of the enclosure.</p> <p>(B) Internal parts of electrical equipment, including busbars, wiring terminals, insulators, and other surfaces, shall not be damaged or contaminated by foreign materials such as paint, plaster, cleaners, abrasives, or corrosive residues. There shall be no damaged parts that may adversely affect safe operation or mechanical strength of the equipment such as parts that are broken; bent; cut; or deteriorated by corrosion, chemical action or overheating.</p> <p>404.9(A) Faceplates provided for snap switches mounted in boxes and other enclosures shall be installed so as to completely cover the opening and, where the switch is flush mounted, seat against the finished surface.</p> <p>Findings:</p> <p>During a tour of the facility and interview with the Administrator and Maintenance Director (MD) on 7/31/24, the electrical equipment was observed.</p>	K 511	<p>Maintenance Director notified the Administrator of the broken call light faceplate and a replacement was purchased. The exposed wiring was safely reinserted into the wall and secured with a blank cover to avoid the risk of shock or ignition of a fire.</p> <p>On August 1, 2024 the facility <input type="checkbox"/>s Maintenance Director received the replacement parts and repaired the call light switch to operating condition.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>As all residents have the potential to be affected by the alleged deficient conduct contained herein. Meadowbrook Post Acute will take corrective action in relation to all residents.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>On August 15, 2024 the Administrator educated the Maintenance Director by in-service training regarding Utilities <input type="checkbox"/> Gas and Electric. Emphasis was placed on ensuring electrical equipment is maintained and wiring is not exposed to reduce the risk of electrical shock or ignition of fire. Furthermore, it was emphasized that if replacement parts are not readily available that electrical equipment should be removed from service. If the equipment is not able to be</p>		

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K 511	Continued From page 17 At 12:17 p.m., a call light switch located in the north wing restroom, across from Room 21 and 22 had a broken faceplate exposing red, white and yellow wires. Upon interview, the MD stated that call light switch had broken last night and was in the process of replacing it.	K 511	removed then a lock out/tag out should be placed on the equipment and placed out of service until the repairs are made.  How the facility plans to monitor its performance to make sure that solutions are lasting:  To ensure the Facility interventions are maintained the following will be performed: The Maintenance Director will monitor compliance related to Utilities <input type="checkbox"/> Gas and Electric on an ongoing basis as part of regular facility maintenance. Any negative findings will be reported to the Administrator for analysis and necessary actions. Progress of this Quality Assurance Performance Improvement (QAPI) initiative will be reported by the Maintenance Director to the QAA Committee or as per scheduled meetings.		
K 521 SS=D	HVAC CFR(s): NFPA 101  HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2  This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility	K 521	HVAC	8/30/24	

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K 521	<p>Continued From page 18</p> <p>failed to maintain the kitchen air-conditioning system. This was evidenced by the air-conditioner missing the face panel and having ice build up where the front panel is supposed to be. This could result in the spark of an electrical fire. This affected one of two smoke compartments.</p> <p>NFPA 101: Life Safety Code, 2012 Edition Chapter 19 Existing Health Care Occupancies 19.5.2 Heating, Ventilating, and Air-Conditioning. 19.5.2.1 Heating, ventilating, and air-conditioning shall comply with the provisions of Section 9.2 and shall be installed in accordance with the manufacturer's specifications, unless otherwise modified by 19.5.2.2. 9.2 Heating, Ventilating, and Air-Conditioning. 9.2.1 Air-Conditioning, Heating, Ventilating Ductwork, and Related Equipment. Air-conditioning, heating, ventilating ductwork, and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, or NFPA 90B, Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, as applicable, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 90B, Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, 2012 Edition 6.2.1 Electric wiring and equipment shall be installed for safe operation.</p> <p>Findings:</p> <p>During a tour of the facility and interview with the Maintenance Director (MD) on 7/31/24, the HVAC systems were observed.</p>	K 521	<p>CFR(s): NFPA 101</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Upon review of the deficient practice no residents were found to be affected by the deficient practice. On July 31, 2024 the facility's Maintenance Director notified the Administrator of the frozen window HVAC unit and it was immediately disconnected and taken out of service to avoid the risk of shock or ignition of a fire. Once the HVAC unit defrosted it was cleaned and inspected per the manufactured specifications and placed back into service. No issues have been reported.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>As all residents have the potential to be affected by the alleged deficient conduct contained herein. Meadowbrook Post Acute will take corrective action in relation to all residents.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>On August 15, 2024 the Administrator educated the Maintenance Director by in-service training regarding the facilities HVAC systems. Emphasis was placed on</p>		

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NAME OF PROVIDER OR SUPPLIER  <b>MEADOWBROOK POST ACUTE</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>461 E. JOHNSTON AVENUE HEMET, CA 92543</b>		
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K 521	Continued From page 19  At 11:39 a.m., the window air-conditioning unit located in the kitchen was observed to have the front panel missing and an accumulation of ice build up. Upon interview, the MD stated the AC had broke a couple weeks ago and was not supposed to be use until replaced.	K 521	ensuring all HVAC systems are maintained and operating within the manufacturer's specifications. Furthermore, it was emphasized that if HVAC equipment is not operating as intended it should be removed from service. If the equipment is not able to be removed then a lock out/tag out should be placed on the equipment and placed out of service until the repairs are made.  How the facility plans to monitor its performance to make sure that solutions are lasting:  To ensure the Facility interventions are maintained the following will be performed: The Maintenance Director will monitor compliance related HVAC systems on an ongoing basis as part of regular facility maintenance. Any negative findings will be reported to the Administrator for analysis and necessary actions. Progress of this Quality Assurance Performance Improvement (QAPI) initiative will be reported by the Maintenance Director to the QAA Committee or as per scheduled meetings.		
K 712 SS=F	Fire Drills CFR(s): NFPA 101  Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar	K 712		8/30/24	

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K 712	<p>Continued From page 20</p> <p>with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms.</p> <p>19.7.1.4 through 19.7.1.7</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on document review, the facility failed to maintain the fire drills. This was evidenced by missing fire drills and fire drills that were not conducted at expected and unexpected times. This could result in the staff not being able to safely evacuate clients in case of an emergency. This affected 54 of 54 residents in two of two smoke compartments.</p> <p>Findings:</p> <p>During document review with the Administrator on 7/31/24, the fire and emergency relocation drill records were reviewed.</p> <p>At 10:14 a.m., the facility failed to provide a fire drill for the PM shift (2:30PM-10:30PM) and NOC shift (10:30PM-6:30AM) for the fourth quarter of 2023. Upon interview, the Administrator stated that he did not have records for the fire drills conducted for those months.</p>	K 712	<p>Fire Drills CFR(s): NFPA 101</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Upon review of the deficient practice, all residents were found to be potentially affected by the deficient practice.</p> <p>Upon notification to the Administrator that the facility's fire drill provider would no longer be providing services to the facility, a plan along with a fire drill record was created for the facility to conduct its monthly fire drills which began in January 2024.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>As all residents have the potential to be affected by the alleged deficient conduct contained herein. Meadowbrook Post Acute will take corrective action in relation to all residents.</p> <p>What measures will be put into place or</p>		

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K 712	Continued From page 21	K 712	<p>systemic changes made to ensure that the deficient practice will not recur:</p> <p>In January of 2024 the Administrator, Director of Staff Development, and Maintenance Director reviewed the facility's Fire and Disaster Guidelines and developed a Fire/Disaster Drill record. The Administrator, Director of Staff Development, and Maintenance Director began conducting the facility's fire drills in January 2024.</p> <p>On August 15, 2024 the Administrator educated the Maintenance Director and Director of Staff Development by in-service training regarding the facilities fire drill requirements. Emphasis was placed on ensuring fire/disaster drills are conducted monthly and on each shift at least quarterly.</p> <p>How the facility plans to monitor its performance to make sure that solutions are lasting:</p> <p>To ensure the Facility interventions are maintained the following will be performed: The Administrator will monitor compliance related to Fire Drills on an ongoing basis as part of regular facility Emergency Preparedness. Any negative findings will be reported to the Administrator for analysis and necessary actions. Progress of this Quality Assurance Performance Improvement (QAPI) initiative will be reported by the Administrator to the QAA Committee or as per scheduled meetings.</p>		

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K 918 SS=F	<p>Electrical Systems - Essential Electric Syste CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36 months for 4 continuous hours. Scheduled test under load conditions include a complete simulated cold start and automatic or manual transfer of all EES loads, and are conducted by competent personnel. Maintenance and testing of stored energy power sources (Type 3 EES) are in accordance with NFPA 111. Main and feeder circuit breakers are inspected annually, and a program for periodically exercising the components is established according to manufacturer requirements. Written records of maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing the possibility of damage of the emergency power source is a design consideration for new installations.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by: Based on document review and interview, the</p>	K 918	Electrical Systems Essential Electric	8/30/24	

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K 918	<p>Continued From page 23</p> <p>facility failed to maintain the emergency standby generator. This was evidenced by the failure to provide generator maintenance records. This could result in a delay in the generator back up response in the case of a power outage. This affected staff and 54 of 54 residents in two of two smoke compartments.</p> <p>NFPA 101 Life Safety Code, 2012 edition 19.5.1.1 Utilities shall comply with the provisions of section 9.1 9.1.3.1 Emergency Generators and standby power systems shall be installed, tested, and maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems.</p> <p>NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition. 8.3.7.1 Maintenance of lead-acid batteries shall include the monthly testing and recording of electrolyte specific gravity. Battery conductance testing shall be permitted in lieu of the testing of specific gravity when applicable or warranted. 8.4 Operational Inspection and Testing. 8.4.1 * EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly. 8.4.9 * Level 1 EPSS shall be tested at least once within every 36 months. 8.4.9.1 Level 1 EPSS shall be tested continuously for the duration of its assigned class (see Section 4.2). 8.4.9.2 Where the assigned class is greater than 4 hours, it shall be permitted to terminate the test after 4 continuous hours. 8.4.9.5 The minimum load for this test shall be as specified in 8.4.9.5.1, 8.4.9.5.2, or 8.4.9.5.3. 8.4.9.7 Where the test required in 8.4.9 is</p>	K 918	<p>System Maintenance and Testing CFR(s): NFPA 101</p> <p>How corrective action will be accomplished for those residents found to have been affected by the deficient practice:</p> <p>Upon review of the deficient practice, all residents were found to be potentially affected by the deficient practice.</p> <p>On July 31, 2024 the facility's Maintenance Director began conducting the weekly visual inspection on the facility's emergency generator and found no issues upon inspection.</p> <p>On August 16, 2024 the facility's Administrator contacted the generator service provider in order to schedule the 90 minute load test. The 90 minute load test is scheduled to be conducted on August 27, 2024.</p> <p>On August 16, 2024 the facility's Administrator contacted the generator service provider in order to schedule the 4 hour load test. The 4 hour load test is scheduled to be conducted on August 27, 2024.</p> <p>How the facility will identify other residents having the potential to be affected by the same deficient practice:</p> <p>As all residents have the potential to be affected by the alleged deficient conduct</p>		



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K 918	<p>Continued From page 24</p> <p>combined with the annual load bank test, the first 3 hours shall be at not less than the minimum loading required by 8.4.9.5 and the remaining hour shall be at not less than 75 percent of the nameplate kW rating of the EPS.</p> <p>Findings:</p> <p>During document review and interview with the Administrator and Maintenance Director (MD) on 7/31/24, the generator records were reviewed.</p> <p>1. At 1 p.m., the facility failed to provide documentation indicating that a weekly visual inspection was conducted for the 36-kilowatt diesel generator for January through July 2024 and August through December 2023. Upon interview, the MD stated he was not conducting the inspections on a weekly basis.</p> <p>2. At 1:53 p.m., the facility failed to provide documentation indicating that an annual 90 minute load test had been conducted. Upon interview, the Administrator stated that he was conducting the test annually but was unable to provide documentation.</p> <p>3. At 1:54 p.m., the facility failed to provide documentation indicating that a four-hour load test was conducted every three years. Upon interview, the Administrator stated he did not have documentation for the four-hour load test.</p>	K 918	<p>contained herein. Meadowbrook Post Acute will take corrective action in relation to all residents.</p> <p>What measures will be put into place or systemic changes made to ensure that the deficient practice will not recur:</p> <p>On August 15, 2024 the Administrator educated the Maintenance Director by in-service training regarding the facilities Essential Electric System Maintenance and Testing. Emphasis was placed on ensuring that the Essential Electric system are maintained and operating within the manufacturers specifications and that the weekly visual inspection, the annual 90 minute load test and the 36 month 4 hour load test are completed at regular maintenance intervals. The Maintenance Director was also provided with the appropriate logs to conduct and record the inspections and test on the Essential Electric System.</p> <p>How the facility plans to monitor its performance to make sure that solutions are lasting:</p> <p>To ensure the Facility interventions are maintained the following will be performed: The Maintenance Director will monitor compliance related Essential Electric System systems on an ongoing basis as part of regular facility maintenance. Any negative findings will be reported to the Administrator for analysis and necessary actions. Progress of this Quality</p>		

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K 918	Continued From page 25	K 918	Assurance Performance Improvement (QAPI) initiative will be reported by the Maintenance Director to the QAA Committee or as per scheduled meetings.		