

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

PRINTED: 12/22/2022
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055979	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 12/15/2022
NAME OF PROVIDER OR SUPPLIER FRANCISCAN POST-ACUTE CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 3169 M STREET MERCED, CA 95348	
(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 Surveyor: 42658 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. Representing the California Department of Public Health: 42658 The facility is not in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities. Census = 66	E 000	<div style="border: 1px solid black; padding: 5px; width: fit-content;"> RECEIVED By CDPH LSC at 10:57 am, Jan 03, 2023 </div>	
E 031 SS=D	Emergency Officials Contact Information CFR(s): 483.73(c)(2) §403.748(c)(2), §416.54(c)(2), §418.113(c)(2), §441.184(c)(2), §460.84(c)(2), §482.15(c)(2), §483.73(c)(2), §483.475(c)(2), §484.102(c)(2), §485.68(c)(2), §485.625(c)(2), §485.727(c)(2), §485.920(c)(2), §486.360(c)(2), §491.12(c)(2), §494.62(c)(2). [(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years [annually for LTC facilities]. The communication plan must include all of the following: (2) Contact information for the following: (i) Federal, State, tribal, regional, and local emergency preparedness staff.	E 031		

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

TITLE

(X6) DATE

[Signature]

Administrator

12/30/2022

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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E 031	<p>Continued From page 1</p> <p>(ii) Other sources of assistance.</p> <p>*[For LTC Facilities at §483.73(c):] (2) Contact information for the following:</p> <p>(i) Federal, State, tribal, regional, and local emergency preparedness staff.</p> <p>(ii) The State Licensing and Certification Agency.</p> <p>(iii) The Office of the State Long-Term Care Ombudsman.</p> <p>(iv) Other sources of assistance.</p> <p>*[For ICF/IIDs at §483.475(c):] (2) Contact information for the following:</p> <p>(i) Federal, State, tribal, regional, and local emergency preparedness staff.</p> <p>(ii) Other sources of assistance.</p> <p>(iii) The State Licensing and Certification Agency.</p> <p>(iv) The State Protection and Advocacy Agency.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 42658</p> <p>Based on document review and interview, the facility failed to maintain their Emergency Preparedness Plan. This was evidenced by the failure to include required contact information for emergency officials in the communication plan. This could result in the facility being unprepared during an emergency and affected 66 of 66 residents.</p> <p>Findings:</p> <p>During document review and interview with the Administrator on 12/15/22, the Emergency Preparedness Plan was requested.</p> <p>At 2:14 p.m., the Emergency Preparedness Plan failed to include contact information for the following emergency officials: a federal</p>	E 031			

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E 031	Continued From page 2 emergency agency and a state emergency agency. Upon interview, the Administrator stated he would include the contacts into their plan.	E 031			
K 000	At 3:45 p.m., the Administrator and Director of Maintenance, acknowledged the above finding during the exit conference. INITIAL COMMENTS Surveyor: 42658 K3 BUILDING: 01 K6 PLAN APPROVAL: 1969 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED. 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. Representing the California Department of Public Health: 42658 Resident Certified Beds: 71 Resident Census: 66 The facility is not in substantial compliance with 42 CFR §483.90 for Long Term Care Facilities.	K 000			
K 353 SS=D	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101	K 353			

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K 353	<p>Continued From page 3</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</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: Surveyor: 42658 Based on observation, document review, and interview, the facility failed to maintain the Automatic Sprinkler System. This was evidenced by a missing informational sign. This could result in a delay in identifying a problem with the fire sprinkler system and affected 66 residents in four of four 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.</p> <p>9.7.5 Maintenance and Testing.</p>	K 353			

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K 353	<p>Continued From page 4</p> <p>All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition 5.2 * Inspection. 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>Findings:</p> <p>During a tour of the facility, document review, and interview with the Administrator and Director of Maintenance on 12/15/22, the Automatic Sprinkler System was observed and records were requested.</p> <p>At 2:54 p.m., the Automatic Sprinkler System riser was observed with a missing hydraulic design nameplate. The quarterly inspection records for 3/4/22 and 9/14/22 indicated "N/A" under item 1.6 for Hydraulic Design Information Sign. Upon interview, the Director of Maintenance and Administrator said they would contact their vendor to confirm if the system was hydraulic. On 12/19/22, the Administrator confirmed that the sprinkler system was a hydraulic system.</p> <p>At 3:45 p.m., the Administrator and Director of Maintenance, acknowledged the above finding during the exit conference.</p>	K 353			

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K 918 SS=D	<p>Electrical Systems - Essential Electric Syste CFR(s): NFPA 101</p> <p>Electrical Systems - Essential Electric System Maintenance and Testing</p> <p>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: Surveyor: 42658</p>	K 918			

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K 918	<p>Continued From page 6</p> <p>Based on observation, document review, and interview, the facility failed to maintain the Emergency Power Supply System (EPSS). This was evidenced by failure to maintain the generator and its components. This could result in generator failure in the event of a power loss and affected 66 residents in four of four smoke compartments.</p> <p>NFPA 99, Health Care Facilities, 2012 Edition 6.4.1.1.6.1 Type 1 and Type 2 essential electrical system power sources shall be classified as Type 10, Class X, Level 1 generator sets per NFPA 110, Standard for Emergency and Standby Power Systems.</p> <p>NFPA 110, Standard for Emergency Standby and Power Systems, 2010 Edition 8.1 * General. 8.1.1 The routine maintenance and operational testing program shall be based on all of the following: (1) Manufacturer's recommendations (2) Instruction manuals (3) Minimum requirements of this chapter (4) The authority having jurisdiction 8.3 Maintenance and Operational Testing. 8.3.1 * The EPSS shall be maintained to ensure to a reasonable degree that the system is capable of supplying service within the time specified for the type and for the time duration specified for the class. 8.3.2 A routine maintenance and operational testing program shall be initiated immediately after the EPSS has passed acceptance tests or after completion of repairs that impact the operational reliability of the system.</p>	K 918			

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K 918	<p>Continued From page 7</p> <p>8.3.2.1 The operational test shall be initiated at an ATS and shall include testing of each EPSS component on which maintenance or repair has been performed, including the transfer of each automatic and manual transfer switch to the alternate power source, for a period of not less than 30 minutes under operating temperature.</p> <p>8.3.3 A written schedule for routine maintenance and operational testing of the EPSS shall be established.</p> <p>8.3.4 A permanent record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained and readily available.</p> <p>8.3.4.1 The permanent record shall include the following: (1) The date of the maintenance report (2) Identification of the servicing personnel (3) Notation of any unsatisfactory condition and the corrective action taken, including parts replaced (4) Testing of any repair for the time as recommended by the manufacturer</p> <p>8.3.6 Paralleling gear shall be subject to an inspection, testing, and maintenance program that includes all of the following operations: (1) Checking of connections (2) Inspection or testing for evidence of overheating and excessive contact erosion (3) Removal of dust and dirt (4) Replacement of contacts when required</p> <p>8.4 Operational Inspection and Testing.</p> <p>8.4.1 * EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly.</p>	K 918			

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K 918	<p>Continued From page 8</p> <p>Findings:</p> <p>During a tour of the facility, document review, and interview with the Administrator and Director of Maintenance on 12/15/22, the EPSS was observed and records were requested.</p> <p>At 1:05 p.m., the annual load bank test report for the facility's Generac 80kW diesel generator stated in the recommendation section that the following generator parts need to be replaced: block heater, block heater hoses, hose clamps, air cleaner, coolant. Upon interview, the Administrator and Director of Maintenance stated the generator parts were ordered and are waiting for delivery. On 12/19/22, the Administrator provided an update that the parts for the generator were received and a technician is scheduled to install the parts on 12/27/22.</p> <p>At 3:45 p.m., the Administrator and Director of Maintenance, acknowledged the above finding during the exit conference.</p>	K 918			

Franciscan- - submits this response and Plan of Correction as part of the requirements under State and Federal law. The Plan of Correction is submitted in accordance with specific regulatory requirements; it shall not be construed as admission of any alleged deficiency cited or any liability.

E 031 Emergency Officials Contact Information CFR(s): 483.73 (c)(2)

The Emergency Operations Plan was updated to include the contact information of the California Governor's Office of Emergency Services and Federal Emergency Management Agency (FEMA) on December 16, 2022.

Current staff were provided in-service education regarding the addition of updated contact information of the California Governor's Office of Emergency Services and FEMA in the Emergency Operations Plan, Section 04.

Current residents have the potential to be affected by the deficient practice. The Emergency Operations Plan was amended to include the numbers of the Governor's Office of Emergency Services and FEMA.

The facility will monitor its performance to ensure that the Emergency Operations Plan (EOP) is up to date and accurate by conducting a review of the EOP. The Administrator or designee will conduct random reviews weekly X 4 weeks and monthly X 2 months. The results of the audits will be reviewed at the monthly Quality Assurance Performance Improvement Committee X 3 months and as needed.

Compliance date: 01/04/2022

K 353 Sprinkler System – Maintenance and Testing CFR(s): NFPA 101

State Fire Marshall inspection initially indicated the system was hydraulic, but on second inspection determined the system was not actually hydraulic so didn't need the Hydraulic Design Information Sign.

No current residents have the potential to be affected by the deficient practice as the fire sprinkler system is not hydraulic.

Compliance date: 01/04/2022

K 918 Electrical Systems – Essential Electric System CFR(s) NFPA 101

The annual load bank test (generator service) was conducted on 11/22/2022 and it was recommended that some parts needed replaced, the block heater, block heater hose, hose clamp, air cleaner, plus coolant. Parts were ordered by the vendor, and repair was originally scheduled for 12/27/2022 but was later changed by the vendor to 12/30/2022. The vendor sent the facility a quote for services on 11/23/2022 and the quote was approved by the maintenance director on 11/23/2022.

The generator has remained fully operational between the time of the inspection 11/22/2022 up to the date of this Plan of Correction and all required testing has continued during this time.

Current residents have the potential to be affected by the deficient practice. The generator remains fully operational and weekly and monthly testing has continued while waiting for the parts and service.

The facility will monitor its performance by testing the generator per manufacturer guidelines. The Maintenance Director will conduct generator tests weekly X 4 weeks and monthly X 2 months. The results of the audits will be reviewed at the monthly Quality Assurance Performance Improvement Committee X 3 months and as needed.

Compliance date: 01/04/2022