

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

PRINTED: 03/11/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555838	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 02/08/2024
NAME OF PROVIDER OR SUPPLIER CAMDEN POSTACUTE CARE, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1331 CAMDEN AVENUE CAMPBELL, CA 95008		
(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: 43035 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: 43035 The facility is not in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities.	E 000			
E 041 SS=D	Census = 51 Hospital CAH and LTC Emergency Power CFR(s): 483.73(e) §482.15(e) Condition for Participation: (e) Emergency and standby power systems. The hospital must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section and in the policies and procedures plan set forth in paragraphs (b)(1)(i) and (ii) of this section. §483.73(e), §485.625(e), §485.542(e) (e) Emergency and standby power systems. The [LTC facility CAH and REH] must implement emergency and standby power systems based on the emergency plan set forth in paragraph (a) of this section. §482.15(e)(1), §483.73(e)(1), §485.542(e)(1), §485.625(e)(1) Emergency generator location. The generator	E 041		2/29/24	

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

TITLE

(X6) DATE

Electronically Signed

02/23/2024

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.

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E 041	<p>Continued From page 1</p> <p>must be located in accordance with the location requirements found in the Health Care Facilities Code (NFPA 99 and Tentative Interim Amendments TIA 12-2, TIA 12-3, TIA 12-4, TIA 12-5, and TIA 12-6), Life Safety Code (NFPA 101 and Tentative Interim Amendments TIA 12-1, TIA 12-2, TIA 12-3, and TIA 12-4), and NFPA 110, when a new structure is built or when an existing structure or building is renovated.</p> <p>482.15(e)(2), §483.73(e)(2), §485.625(e)(2), §485.542(e)(2) Emergency generator inspection and testing. The [hospital, CAH and LTC facility] must implement the emergency power system inspection, testing, and [maintenance] requirements found in the Health Care Facilities Code, NFPA 110, and Life Safety Code.</p> <p>482.15(e)(3), §483.73(e)(3), §485.625(e)(3), §485.542(e)(2) Emergency generator fuel. [Hospitals, CAHs and LTC facilities] that maintain an onsite fuel source to power emergency generators must have a plan for how it will keep emergency power systems operational during the emergency, unless it evacuates.</p> <p>*[For hospitals at §482.15(h), LTC at §483.73(g), REHs at §485.542(g), and and CAHs §485.625(g):] The standards incorporated by reference in this section are approved for incorporation by reference by the Director of the Office of the Federal Register in accordance with 5 U.S.C. 552(a) and 1 CFR part 51. You may obtain the material from the sources listed below. You may inspect a copy at the CMS Information Resource</p>	E 041			

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E 041	<p>Continued From page 2</p> <p>Center, 7500 Security Boulevard, Baltimore, MD or at the National Archives and Records Administration (NARA). For information on the availability of this material at NARA, call 202-741-6030, or go to: http://www.archives.gov/federal_register/code_of_federal_regulations/ibr_locations.html.</p> <p>If any changes in this edition of the Code are incorporated by reference, CMS will publish a document in the Federal Register to announce the changes.</p> <p>(1) National Fire Protection Association, 1 Batterymarch Park, Quincy, MA 02169, www.nfpa.org, 1.617.770.3000.</p> <p>(i) NFPA 99, Health Care Facilities Code, 2012 edition, issued August 11, 2011.</p> <p>(ii) Technical interim amendment (TIA) 12-2 to NFPA 99, issued August 11, 2011.</p> <p>(iii) TIA 12-3 to NFPA 99, issued August 9, 2012.</p> <p>(iv) TIA 12-4 to NFPA 99, issued March 7, 2013.</p> <p>(v) TIA 12-5 to NFPA 99, issued August 1, 2013.</p> <p>(vi) TIA 12-6 to NFPA 99, issued March 3, 2014.</p> <p>(vii) NFPA 101, Life Safety Code, 2012 edition, issued August 11, 2011.</p> <p>(viii) TIA 12-1 to NFPA 101, issued August 11, 2011.</p> <p>(ix) TIA 12-2 to NFPA 101, issued October 30, 2012.</p> <p>(x) TIA 12-3 to NFPA 101, issued October 22, 2013.</p> <p>(xi) TIA 12-4 to NFPA 101, issued October 22, 2013.</p> <p>(xiii) NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition, including TIAs to chapter 7, issued August 6, 2009..</p> <p>This REQUIREMENT is not met as evidenced by: Surveyor: 43035</p>	E 041	Camden PostAcute Care submits this		

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E 041	<p>Continued From page 3</p> <p>Based on record review and interview, the facility failed to maintain an Emergency Preparedness Program (EPP). This was evidenced by missing information in the emergency power supply system policy and procedure. This affected the 51 of 51 residents and could result in the failure to properly react during an emergency.</p> <p>Findings:</p> <p>During record review and interview with the Administrator on 2/8/24, the EPP was requested.</p> <p>At 3:44 p.m., the facility was missing a written and specified policy and procedure for maintaining emergency power during an outage such as, how long back up fuel could sustain emergency power as well information on the generator type. Upon interview, the Administrator stated that they will update the information.</p>	E 041	<p>response and plan of correction as part of the requirements under State and Federal law. The Plan of Correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider of its employees, agents, officer's directors or shareholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interest of the governmental agencies or third party for evaluation and appropriate treatment modalities.</p> <p>The emergency operations plan was updated by the administrator to include a policy and procedure for maintaining emergency power during an outage including how long back up fuel could sustain emergency power as well as generator specific information, including generator type. This was completed on 02/08/2024.</p> <p>The updated policy and procedure was shared with CDPH.</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>The director of staff development will provide an inservice to facility staff on the</p>		

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E 041	Continued From page 4	E 041	<p>facility policy and procedure for maintaining emergency power during an outage including how long back up fuel could sustain emergency power as well generator specific information, including generator type. This inservice will be completed by 02/29/2024.</p> <p>The administrator will update the facility policy and procedure for maintaining emergency power during an outage including how long back up fuel could sustain emergency power as well generator specific information, including generator type, upon any changes in emergency generator or reserve fuel supply.</p> <p>Monthly the administrator and/or designee will audit the facility policy and procedure for maintaining emergency power during an outage including how long back up fuel could sustain emergency power as well as information on the generator type to ensure information is present and current. Any findings will be immediately resolved.</p> <p>The administrator and/or designee will report their audit findings to the QAPI committee for further review and follow up. The QAPI committee will review the effectiveness of the plan monthly by measuring the number of same occurrences. The QAPI Committee will develop a Performance Improvement Plan for areas or issues identified as recurring or trending negatively and implement a new and more effective plan of action. The QAPI committee will</p>		

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E 041	Continued From page 5	E 041	reassess the need for further monitoring quarterly.		
K 000	INITIAL COMMENTS Surveyor: 43035 K3 BUILDING: 01 K6 PLAN APPROVAL: 1974 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED. Resident Certified Beds: 60 Resident Census: 51 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: 43035 The facility is not in substantial compliance with 42 CFR §483.90 for Long Term Care Facilities.	K 000	This Plan of Correction will be completed by 02/29/2024.		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities	K 324		2/29/24	

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K 324	<p>Continued From page 6</p> <p>Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:</p> <ul style="list-style-type: none"> * 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. <p>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.</p> <p>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: Surveyor: 43035 Based on observation, document review, and interview, the facility failed to maintain the kitchen cooking equipment. This was evidenced by missing records of annual kitchen appliance inspections and by dirty nozzles for the ANSUL fire suppression system. This affected one of three smoke compartments, 22 of 51 residents, and could result in a failure of the fuel-fired kitchen cooking equipment or an inability to extinguish a fire in the kitchen.</p>	K 324	<p>The kitchen ANSUL nozzles over the griddle were cleaned on 02/08/2024.</p> <p>An annual inspection of kitchen equipment was completed by an outside agency on 03/02/2023. Record was requested and maintained. No findings Noted.</p> <p>All residents have the potential to be affected by this deficient practice.</p>		

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K 324	<p>Continued From page 7</p> <p>NFPA 101, Life Safety Code, 2012 Edition. 19.3.2.5 Cooking Facilities. 19.3.2.5.1 Cooking facilities shall be protected in accordance with 9.2.3, unless otherwise permitted by 19.3.2.5.2, 19.3.2.5.3, or 19.3.2.5.4. 9.2.3 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. 19.3.2.5.3* Within a smoke compartment, where residential or commercial cooking equipment is used to prepare meals for 30 or fewer persons, one cooking facility shall be permitted to be open to the corridor, provided that all of the following conditions are met: (10) Procedures for the use, inspection, testing, and maintenance of the cooking equipment are in accordance with Chapter 11 of NFPA 96 and the manufacturer's instructions and are followed.</p> <p>NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. 10.2.6 Automatic fire-extinguishing systems shall be installed in accordance with the terms of their listing, the manufacturer's instructions, and the following standards where applicable: (1) NFPA 12 (2) NFPA 13 (3) NFPA 17 (4) NFPA 17A 10.2.7.3 The addition of obstructions to spray patterns from the cooking appliance nozzle(s) such as baffle plates, shelves, or any modification shall not be permitted.</p>	K 324	<p>The administrator and/or designee will inservice the kitchen and housekeeping/maintenance staff on the necessity of routine weekly cleaning of the kitchen ANSUL nozzles over the griddle. This inservice will be completed by 02/29/2024.</p> <p>The administrator provided an inservice to the Housekeeping/maintenance Supervisor on the need for kitchen equipment to be inspected annually and for the records to be requested and maintained. This inservice was completed on 02/19/2024.</p> <p>The kitchen ANSUL nozzles over the griddle will be cleaned by the kitchen staff weekly and as needed. The kitchen supervisor and/or designee will perform a weekly check on the kitchen ANSUL nozzles over the griddle to ensure the kitchen ANSUL nozzles over the griddle are free from grease. The kitchen supervisor and/or designee will report audit findings to the administrator and/or director of nursing in the daily stand-up meeting. Any findings will be immediately resolved.</p> <p>Annually the housekeeping/maintenance Supervisor and/or designee will contact an outside agency to inspect kitchen equipment, and as needed. The results of the kitchen equipment inspection will be recorded and maintained.</p> <p>Annually the administrator and/or designee will audit the kitchen equipment</p>		

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K 324	<p>Continued From page 8</p> <p>11.7 Cooking Equipment Maintenance. 11.7.1 Inspection and servicing of the cooking equipment shall be made at least annually by properly trained and qualified persons.</p> <p>NFPA 17A, Standard for Wet Chemical Extinguishing Systems, 2009 Edition. 5.5 Discharge Nozzles. All discharge nozzles shall be located to minimize damage or misalignment and be within the limitations and constraints of the manufacturer's listed installation and maintenance manual. 5.6.4 Movable cooking equipment shall be provided with a means to ensure that it is correctly positioned in relation to the appliance discharge nozzle during cooking operations. 7.3.2* A service technician who has the applicable manufacturer ' s design, installation, and maintenance manual and service bulletins shall service the wet chemical fire-extinguishing system at intervals of no more than 6 months as outlined in 7.3.3. 7.3.3* At least semiannually and after any system activation, maintenance shall be conducted in accordance with the manufacturer's design, installation, and maintenance manual. 7.3.3.1 Maintenance shall include the following: (1) A check to see that the hazard has not changed (2) An examination of all detectors, the expellant gas container(s), the agent container(s), releasing devices, piping, hose assemblies, nozzles, signals, all auxiliary equipment, and the liquid level of all nonpressurized wet chemical containers (3)* Verification that the agent distribution piping is not obstructed</p> <p>Findings:</p>	K 324	<p>inspection records to ensure all kitchen equipment has been inspected at least annually. The administrator and/or designee will report their audit findings to the administrator and/or director of nursing in the daily stand-up meeting. Any findings will be immediately resolved.</p> <p>The kitchen supervisor and/or designee will report their audit findings to the QAPI committee for further review and follow up. The QAPI committee will review the effectiveness of the plan monthly by measuring the number of same occurrences. The QAPI Committee will develop a Performance Improvement Plan for areas or issues identified as recurring or trending negatively and implement a new and more effective plan of action. The QAPI committee will reassess the need for further monitoring quarterly.</p> <p>The Administrator and/or designee will report their audit findings to the QAPI committee for further review and follow up. The QAPI committee will review the effectiveness of the plan annually by measuring the number of same occurrences. The QAPI Committee will develop a Performance Improvement Plan for areas or issues identified as recurring or trending negatively and implement a new and more effective plan of action. The QAPI committee will reassess the need for further monitoring annually. This Plan of Correction will be completed by 02/29/2024.</p>		

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K 324	Continued From page 9 During a tour of the facility, document review, and interview with the Maintenance Supervisor and Staff 2 on 2/8/24, the kitchen and associated maintenance records were inspected. 1. At 9:53 a.m., the kitchen ANSUL nozzles over the griddle were observed to be covered in grease. Upon interview, Staff 2 confirmed the finding and stated that they did not notice. 2. At 2:13 p.m., the facility was unable to provide documentation for the annual kitchen equipment inspection. Upon interview, the Maintenance Supervisor confirmed the finding and stated that they could not find the documentation.	K 324			
K 325 SS=D	Alcohol Based Hand Rub Dispenser (ABHR) CFR(s): NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met: * Corridor is at least 6 feet wide * Maximum individual dispenser capacity is 0.32 gallons (0.53 gallons in suites) of fluid and 18 ounces of Level 1 aerosols * Dispensers shall have a minimum of 4-foot horizontal spacing * Not more than an aggregate of 10 gallons of fluid or 135 ounces aerosol are used in a single smoke compartment outside a storage cabinet, excluding one individual dispenser per room * Storage in a single smoke compartment greater than 5 gallons complies with NFPA 30 * Dispensers are not installed within 1 inch of an ignition source * Dispensers over carpeted floors are in sprinklered smoke compartments	K 325		2/29/24	

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K 325	<p>Continued From page 10</p> <p>* ABHR does not exceed 95 percent alcohol</p> <p>* Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11)</p> <p>* ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Surveyor: 43035</p> <p>Based on observation and interview, the facility failed to maintain the alcohol-based hand-rub dispensers. This was evidenced by installation near an ignition source. This affected one of three smoke compartments, 15 of 51 residents, and could result in the ignition of fire in the event of an emergency.</p> <p>Findings:</p> <p>During a tour of the facility and interview with the Maintenance Supervisor on 2/8/24, the alcohol-based hand-rub (ABHR) dispensers were observed.</p> <p>At 10:11 a.m., the automatic ABHR dispenser located in the outdoor patio was observed mounted directly above an electrical receptacle. Upon interview, the Maintenance Supervisor confirmed the finding and stated that they were not aware.</p>	K 325	<p>The alcohol based hand rub dispenser located on the outdoor patio was immediately removed by the housekeeping/maintenance supervisor on 02/08/2024.</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>The administrator audited automatic alcohol based hand rub dispensers throughout the facility to ensure each had proper placement and none were above electrical receptacles. This audit was completed on 02/08/2024. No findings noted.</p> <p>The administrator provided an inservice to the housekeeping/maintenance supervisor on the proper placement of alcohol based hand rub dispensers with an emphasis on not placing automatic alcohol based hand rub dispensers above electrical receptacles. This inservice was completed on 02/19/2024.</p> <p>The housekeeping/maintenance supervisor and/or designee will place alcohol based hand rub dispensers in appropriate locations as needed.</p>		

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K 325	Continued From page 11	K 325	<p>Monthly the Administrator and/or designee will audit placement of automatic alcohol based hand rub dispensers to ensure they are not placed above electrical receptacles. The administrator and/or designee will report their audit findings to the administrator and/or director of nursing in the daily stand-up meeting. Any findings will be immediately resolved.</p> <p>The administrator and/or designee will report their audit findings to the QAPI committee for further review and follow up. The QAPI committee will review the effectiveness of the plan monthly by measuring the number of same occurrences. The QAPI Committee will develop a Performance Improvement Plan for areas or issues identified as recurring or trending negatively and implement a new and more effective plan of action. The QAPI committee will reassess the need for further monitoring quarterly.</p> <p>This Plan of Correction will be completed by 02/29/2024.</p>		
K 347 SS=E	<p>Smoke Detection CFR(s): NFPA 101</p> <p>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: Surveyor: 43035</p>	K 347	<p>Smoke detector sensitivity tests were</p>	2/29/24	

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K 347	<p>Continued From page 12</p> <p>Based on record review and interview, the facility failed to maintain the smoke detectors. This was evidenced by missing smoke detector testing records. This affected three of three smoke compartments, 51 of 51 residents, and could result in the failure or delay of notification during a fire.</p> <p>NFPA 101 Life Safety Code, 2012 Edition 19.3.4 Detection, Alarm, and Communications Systems. 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with Section 9.6 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, 9.6.10.1.3, or 9.6.2.10.1.4.</p> <p>NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition 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. 14.4.5.3.3 After the second required calibration test, if sensitivity tests indicate that the device has remained within its listed and marked sensitivity range (or 4 percent obscuration light gray smoke, if not marked), the length of time between calibration tests shall be permitted to be extended to a maximum of 5 years.</p> <p>Findings:</p> <p>During record review and interview with the</p>	K 347	<p>conducted by an outside agency on facility smoke detectors on 02/14/2024. No findings noted. The smoke detector sensitivity test report was maintained.</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>The administrator provided an inservice to the housekeeping/maintenance supervisor on the need for sensitivity tests for smoke detectors to be conducted every two years and records are to be maintained. This inservice was completed on 02/19/2024.</p> <p>The housekeeping/maintenance supervisor will contact an outside agency to conduct smoke detector sensitivity tests every two years, and as needed.</p> <p>Every two years the administrator and/or designee will audit the smoke detector sensitivity test reports to ensure smoke detectors have had sensitivity testing at least every two years. Any findings will be immediately resolved.</p> <p>The Administrator and/or designee will report their audit findings to the QAPI committee for further review and follow up. The QAPI committee will review the effectiveness of the plan every two years by measuring the number of same occurrences. The QAPI Committee will develop a Performance Improvement Plan for areas or issues identified as recurring or trending negatively and implement a new and more effective plan</p>		

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K 347	Continued From page 13 Maintenance Supervisor on 2/8/24, the smoke detector records were requested. At 2:26 p.m., the facility was unable to provide smoke detector sensitivity testing records. Upon interview, the Maintenance Supervisor confirmed the finding and stated that it was done and will send the documentation. No documentation was sent.	K 347	of action. The QAPI committee will reassess the need for further monitoring every two years. This Plan of Correction will be completed by 02/29/2024.		
K 353 SS=E	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 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: 43035 Based on observation, record review, and interview, the facility failed to maintain the automatic sprinkler system. This was evidenced by missing inspection records. This affected three	K 353	The housekeeping/maintenance supervisor contacted an outside agency to perform sprinkler inspection and testing on 02/22/2024. All records maintained.	2/29/24	

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K 353	<p>Continued From page 14</p> <p>of three smoke compartments, 51 of 51 residents, and could result in the failure to extinguish and suppress fire in the event of an emergency.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.3.5 Extinguishment Requirements. 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. 9.7.1.1* Each automatic sprinkler system required by another section of this Code shall be in accordance with one of the following: (1) NFPA 13, Standard for the Installation of Sprinkler Systems (2) NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two Family Dwellings and Manufactured Homes (3) NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height 9.7.5 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 Installation of Sprinkler Systems, 2011 Edition 5.2.1.1* Sprinklers shall be inspected from the floor level annually. 5.2.2* Sprinkler pipe and fittings shall be inspected annually from the floor level. 5.2.6* The hydraulic design information sign for hydraulically designed systems shall be inspected quarterly to verify that it is attached securely to</p>	K 353	<p>All residents have the potential to be affected by this deficient practice.</p> <p>The administrator provided an inservice to the housekeeping/maintenance supervisor on the need for annual sprinkler inspection, semi-annual sprinkler testing, and quarterly sprinkler inspection. This inservice was completed on 02/22/2024.</p> <p>The housekeeping/maintenance supervisor and/or designee will contact an outside agency to perform an annual sprinkler inspection, semi-annual sprinkler testing, and quarterly sprinkler inspection. Records of inspection and testing will be maintained.</p> <p>Quarterly the administrator and/or designee will audit facility sprinkler inspection records to ensure that annual sprinkler inspection, semi-annual sprinkler testing, and quarterly sprinkler inspections have been conducted. The administrator and/or designee will report audit findings to the administrator and/or director of nursing in the daily stand-up meeting. Any findings will be immediately resolved.</p> <p>The Administrator and/or designee will report their audit findings to the QAPI committee for further review and follow up. The QAPI committee will review the effectiveness of the plan monthly by measuring the number of same occurrences. The QAPI Committee will develop a Performance Improvement Plan for areas or issues identified as</p>		

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K 353	<p>Continued From page 15</p> <p>the sprinkler riser and is legible.</p> <p>5.2.8 * Information Sign.</p> <p>The information sign shall be inspected annually to verify that it is securely attached and is legible.</p> <p>5.3.3 Waterflow Alarm Devices.</p> <p>5.3.3.2* Vane-type and pressure switch-type waterflow alarm devices shall be tested semiannually.</p> <p>13.3.2.2* The valve inspection shall verify that the valves are in the following condition:</p> <p>(1) In the normal open or closed position</p> <p>(2)* Sealed, locked, or supervised</p> <p>(3) Accessible</p> <p>(4) Provided with correct wrenches</p> <p>(5) Free from external leaks</p> <p>(6) Provided with applicable identification</p> <p>13.7 Fire Department Connections.</p> <p>13.7.1 Fire department connections shall be inspected quarterly to verify the following:</p> <p>(1) The fire department connections are visible and accessible.</p> <p>(2) Couplings or swivels are not damaged and rotate smoothly.</p> <p>(3) Plugs or caps are in place and undamaged.</p> <p>(4) Gaskets are in place and in good condition.</p> <p>(5) Identification signs are in place.</p> <p>(6) The check valve is not leaking.</p> <p>(7) The automatic drain valve is in place and operating properly.</p> <p>(8) The fire department connection clapper(s) is in place and operating properly.</p> <p>13.7.4 Any obstructions that are present shall be removed.</p> <p>Findings:</p> <p>During a tour of the facility, record review, and</p>	K 353	<p>recurring or trending negatively and implement a new and more effective plan of action. The QAPI committee will reassess the need for further monitoring quarterly.</p> <p>This Plan of Correction will be completed by 02/29/2024.</p>		

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K 353	Continued From page 16 interview with the Maintenance Supervisor and Staff 1 on 2/8/24, the automatic sprinkler system records were requested and reviewed. 1. At 2:48 p.m., the facility was unable to provide the annual sprinkler inspection records. The last known inspection record was dated 1/23/23. Upon interview, the Maintenance Supervisor confirmed the finding and stated that they could not locate the documentation. 2. At 2:52 p.m., the facility was unable to provide semi-annual sprinkler testing records. Upon interview, the Maintenance Supervisor confirmed the finding and stated that they could not locate the documentation. 3. At 2:55 p.m., the facility was unable to provide quarterly sprinkler inspection records. Upon interview, the Maintenance Supervisor confirmed the finding and stated that they could not locate the documentation.	K 353			
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101 Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Surveyor: 43035 Based on observation and interview, the facility failed to maintain the portable fire extinguishers. This was evidenced by portable fire extinguishers missing monthly inspections. This affected one of	K 355	The Class K portable fire extinguisher located in the kitchen was inspected and the inspection tag was updated on 02/08/2024.	2/29/24	

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K 355	<p>Continued From page 17</p> <p>three smoke compartments, 22 of 51 residents, and could result in the delay to extinguish a fire in the event of an emergency.</p> <p>NFPA 101 Life Safety Code, 2012 Edition 19.3.5.12 Portable fire extinguishers shall be provided in all health care occupancies in accordance with 9.7.4.1. 9.7.4.1* Where required by the provisions of another section of this Code, portable fire extinguishers shall be selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.</p> <p>NFPA 10 Standard for Portable Fire Extinguishers, 2010 Edition 7.2.1.2* Fire extinguishers shall be inspected either manually or by means of an electronic monitoring device/system at a minimum of 30-day intervals. 7.2.2 Periodic inspection or electronic monitoring of fire extinguishers shall include a check of at least the following items: (1) Location in designated place (2) No obstruction to access or visibility (3) Pressure gauge reading or indicator in the operable range or position (4) Fullness determined by weighing or hefting for self-expelling-type extinguishers, cartridge-operated extinguishers, and pump tanks (5) Condition of tires, wheels, carriage, hose, and nozzle for wheeled extinguishers (6) Indicator for nonrechargeable extinguishers using push-to-test pressure indicators 7.2.2.1 In addition to 7.2.2, fire extinguishers shall be visually inspected in accordance with 7.2.2.2 if they are located where any of the following conditions exists:</p>	K 355	<p>All residents have the potential to be affected by this deficient practice.</p> <p>The administrator audited all fire extinguisher inspection tags to ensure a monthly inspection was completed. Audit was completed on 02/09/2024. No findings noted.</p> <p>The administrator provided an inservice to the housekeeping/maintenance supervisor on the need for fire extinguishers inspections to be conducted monthly and as needed, for inspection tags to be updated following inspection, and for inspection records to be maintained. This inservice was completed on 02/19/2024.</p> <p>Monthly the Housekeeping/maintenance supervisor and/or designee will inspect fire extinguishers and record the inspection on the fire extinguisher inspection tag. Records of inspection will be maintained.</p> <p>Monthly the Administrator and/or designee will audit fire extinguisher inspection tags to ensure a monthly inspection of each fire extinguisher was completed. The administrator and/or designee will report their audit findings to the administrator and/or director of nursing in the daily stand-up meeting. Any findings will be immediately resolved.</p> <p>The Administrator and/or designee will report their audit findings to the QAPI committee for further review and follow up. The QAPI committee will review the</p>		

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K 355	Continued From page 18 (1) High frequency of fires in the past (2) Severe hazards (3) Locations that make fire extinguishers susceptible to mechanical injury or physical damage (4) Exposure to abnormal temperatures or corrosive atmospheres 7.2.4.1 Personnel making manual inspections shall keep records of all fire extinguishers inspected, including those found to require corrective action. 7.2.4.3 Where at least monthly manual inspections are conducted, the date the manual inspection was performed and the initials of the person performing the inspection shall be recorded. 7.2.4.4 Where manual inspections are conducted, records for manual inspections shall be kept on a tag or label attached to the fire extinguisher, on an inspection checklist maintained on file, or by an electronic method. 7.2.4.5 Records shall be kept to demonstrate that at least the last 12 monthly inspections have been performed. Findings: During a tour of the facility and interview with Staff 2 on 2/8/24, the portable fire extinguishers were observed. At 9:42 a.m., the Class K portable fire extinguisher located in the kitchen was observed with monthly inspection records missing on the inspection tag. Upon interview, Staff 2 confirmed the finding and stated that it was missed.	K 355	effectiveness of the plan monthly by measuring the number of same occurrences. The QAPI Committee will develop a Performance Improvement Plan for areas or issues identified as recurring or trending negatively and implement a new and more effective plan of action. The QAPI committee will reassess the need for further monitoring quarterly. This Plan of Correction will be completed by 02/29/2024.		
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101	K 511		2/29/24	

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K 511	<p>Continued From page 19</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: Surveyor: 43035 Based on observation and interview, the facility failed to maintain the electrical receptacles. This was evidenced by an outdoor receptacle missing weatherproof covering. This affected one of three smoke compartments, 15 of 51 residents, and could result in the ignition and spread of fire.</p> <p>NFPA 101 Life Safety Code, 2012 Edition 19.5 Building Services. 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 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 406.9(A) A receptacle installed outdoors in a location protected from the weather or in other damp locations shall have an enclosure for the receptacle that is weatherproof when the</p>	K 511	<p>Weatherproof coverings were applied to electrical receptacles located outside in the patio on 02/09/2024.</p> <p>All residents have the potential to be affected by this deficient practice.</p> <p>The administrator inspected all external electrical receptacles to ensure they had a weatherproof covering. This audit was completed on 02/09/2024. No findings noted.</p> <p>The administrator provided an inservice to the housekeeping/maintenance supervisor on the need for external electrical receptacles to have a weatherproof covering. This inservice was completed on 02/19/2024.</p> <p>Monthly the housekeeping/maintenance supervisor and/or designee will audit external electrical receptacles to ensure they have a weatherproof covering. The</p>		

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K 511	<p>Continued From page 20</p> <p>receptacle is covered (attachment plug cap not inserted and receptacle covers closed). An installation suitable for wet locations shall also be considered suitable for damp locations. A receptacle shall be considered to be in a location protected from the weather where located under roofed open porches, canopies, marquees, and the like, and will not be subjected to a beating rain or water runoff. All 15- and 20-ampere, 125- and 250-volt nonlocking receptacles shall be a listed weather-resistant type.</p> <p>Informational Note: The types of receptacles covered by this requirement are identified as 5-15, 5-20, 6-15, and 6-20 in ANSI/NEMA WD 6-2002, National Electrical Manufacturers Association Standard for Dimensions of Attachment Plugs and Receptacles.</p> <p>Findings:</p> <p>During a tour of the facility and interview with the Maintenance Supervisor on 2/8/24, the electrical receptacles were observed.</p> <p>At 8:56 a.m., the electrical receptacle located outside in the patio was observed missing weatherproof covering. Upon interview, the Maintenance Supervisor confirmed the finding and stated that it was because it was under the patio.</p>	K 511	<p>housekeeping/maintenance supervisor and/or designee will report audit findings to the administrator and/or director of nursing in the daily stand-up meeting. Any findings will be immediately resolved.</p> <p>The housekeeping/maintenance supervisor and/or designee will report their audit findings to the QAPI committee for further review and follow up. The QAPI committee will review the effectiveness of the plan monthly by measuring the number of same occurrences. The QAPI Committee will develop a Performance Improvement Plan for areas or issues identified as recurring or trending negatively and implement a new and more effective plan of action. The QAPI committee will reassess the need for further monitoring quarterly.</p> <p>This Plan of Correction will be completed by 02/29/2024.</p>		
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</p>	K 918		2/29/24	

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

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555838	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 02/08/2024
NAME OF PROVIDER OR SUPPLIER CAMDEN POSTACUTE CARE, INC			STREET ADDRESS, CITY, STATE, ZIP CODE 1331 CAMDEN AVENUE CAMPBELL, CA 95008		
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K 918	<p>Continued From page 21</p> <p>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:</p> <p>Surveyor: 43035</p> <p>Based on document review and interview, the facility failed to maintain the emergency power supply. This was evidenced by the failure to conduct the monthly (conductance) testing for the generator batteries and the weekly inspection of the generator batteries. This affected three of</p>	K 918	<p>Emergency generator battery conductance testing was completed on 02/08/2024.</p> <p>Emergency generator battery inspection was completed on 02/08/2024.</p>		

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K 918	<p>Continued From page 22</p> <p>three smoke compartments, 51 of 51 residents, and could result in the failure to provide emergency power during the loss of normal utility power.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.5.1 Utilities, Utilities shall comply with the provisions of section 9.1 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 8.3.2.1 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. 8.3.7 * Storage batteries, including electrolyte levels or battery voltage, used in connection with systems shall be inspected weekly and maintained in full compliance with manufacturer's specifications. 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. 8.4.1 * 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</p>	K 918	<p>All residents have the potential to be affected by this deficient practice.</p> <p>The administrator reviewed the emergency generator monthly emergency generator battery conductance testing and weekly emergency generator battery inspection for the last 3 months. Audit was completed on 02/12/2024. No findings noted.</p> <p>The administrator provided an inservice to the housekeeping/maintenance supervisor on the need for monthly emergency generator battery conductance testing and weekly emergency generator battery inspection. This inservice was completed on 02/19/2024.</p> <p>Monthly the housekeeping/maintenance supervisor and/or designee will test the emergency generator battery conductance.</p> <p>Weekly the housekeeping/maintenance supervisor and/or designee will inspect the emergency generator battery.</p> <p>Monthly the administrator and/or designee will audit the emergency generator battery conductance testing and emergency generator battery inspection logs to ensure that the emergency generator battery conductance testing was performed monthly and the emergency generator battery inspection was performed weekly. The Administrator and/or designee will report audit findings to the administrator and/or director of</p>		

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K 918	<p>Continued From page 23 within every 36 months.</p> <p>Findings:</p> <p>During document review and interview with the Maintenance Supervisor on 2/8/24, the generator testing records were requested and reviewed.</p> <p>1. At 1:26 a.m., the facility failed to conduct the required monthly emergency generator battery conductance testing for January 2024. The facility has a 7 kW gasoline powered generator. Upon interview, Maintenance confirmed the finding and stated it was done but could not find documentation.</p> <p>2. At 1:28 a.m., the facility failed to conduct the required weekly emergency generator battery inspection for January 2024. Upon interview, Maintenance confirmed the finding and stated it was done but could not find documentation.</p>	K 918	<p>nursing in the daily stand-up meeting Any findings will be immediately resolved.</p> <p>The administrator and/or designee will report their audit findings to the QAPI committee for further review and follow up. The QAPI committee will review the effectiveness of the plan monthly by measuring the number of same occurrences. The QAPI Committee will develop a Performance Improvement Plan for areas or issues identified as recurring or trending negatively and implement a new and more effective plan of action. The QAPI committee will reassess the need for further monitoring quarterly.</p> <p>This Plan of Correction will be completed by 02/29/2024.</p>		