

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

PRINTED: 12/29/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 056300	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/22/2016
NAME OF PROVIDER OR SUPPLIER GRANADA REHABILITATION & WELLNESS CENTER, LP			STREET ADDRESS, CITY, STATE, ZIP CODE 2895 HARRIS STREET EUREKA, CA 95503		
(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	
K 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 7/10/1973 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, TYPE V (111) CONSTRUCTION, 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 CFR (Code of Federal Regulations) 483.70 (a), NFPA (National Fire Protection Association) 101, Life Safety Code 2012 edition, and NFPA 99 Health Care Facilities Code 2012 edition. Representing the California Department of Public Health: Federal ID Number: 32973 The facility is not in substantial compliance with 42 CFR 483.70 (a) for Long Term Care Facilities. Census: 82	K 000	Preparation, submission and/or execution of this plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared submitted and/or executed solely because it is required by the provision of federal and state law. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JAN 17 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO		
K 161 SS=D	NFPA 101 Building Construction Type and Height Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5 Construction Type 1 I (442), I (332), II (222) Any number of stories non-sprinklered and	K 161	K161 Maintenance Director repaired the two by three inches penetration in the Director of Nursing Office located in the bottom center area of the wall on December, 2016. Maintenance Director and Administrator will monitor walls and ceilings to ensure the integrity of the building construction. Results will be acted upon immediately. Any trends identified will be brought to the monthly Safety meeting. Completion date: 1/23/2017	1/23/2017	

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

TITLE

(X6) DATE

Admission

1-13-17

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.

1/19/17 - POC Acceptable Per Robert Compton

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K 161	<p>Continued From page 1</p> <p>sprinklered</p> <p>2 II (111) One story non-sprinklered Maximum 3 stories sprinklered</p> <p>3 II (000) Not allowed non-sprinklered</p> <p>4 III (211) Maximum 2 stories sprinklered</p> <p>5 IV (2HH) 6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story sprinklered</p> <p>Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5)</p> <p>Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located; location of smoke or fire barriers and dates of approval. Complete sketch or attach small floor plan of the building as appropriate. This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the integrity of the building construction. This was evidenced by an unsealed wall penetration. This affected one of four smoke compartments, and could result in the passage of smoke to other areas in the event of a fire.</p> <p>Findings:</p>	K 161	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JAN 17 2017</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 161	Continued From page 2 During a tour of the facility with staff on 12/22/16, the walls and ceilings were observed.	K 161			
K 211 SS=D	At 11:45 a.m., the West Wall in the Director of Nursing (DON) Office was observed. An approximately two by three inches penetration was located in the bottom center area of the wall. NFPA 101 Means of Egress - General Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11; 18.2.1, 19.2.1; 7.1.10.1 This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the means of egress. This was evidenced by obstructions at two different locations in corridors. This affected two of four smoke compartments, and could result in a delayed evacuation in the event of an emergency. NFPA 101, Life Safety Code, 2012 Edition. 19.2.1 General. Every aisle, passageway, corridor, exit discharge, exit location, and access shall be in accordance with Chapter 7, unless otherwise modified by 19.2.2 through 19.2.11. 7.1.2 Definitions. 7.1.2.1 General. For definitions see Chapter 3 Definitions. 3.3.170* Means of Egress. A continuous and unobstructed way of travel from any point in a building or structure to a public way consisting of	K 211	K211 The alcohol based hand rub dispenser was moved on January 11, 2017 in the back exit corridor, directly by Laundry. The wooden storage cabinet was fastened to the wall on January 11, 2017. Maintenance Director and Administrator will monitor to ensure items do not obstruct exits. Results will be acted upon immediately. Any trends identified will be brought to the monthly Safety meeting. Completion date: 1/23/2017. CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JAN 17 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO	1/23/2017	

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K 211	<p>Continued From page 3</p> <p>three separate and distinct parts: (1) the exit access, (2) the exit, and (3) the exit discharge.</p> <p>3.3.170.1 Accessible Means of Egress. A means of egress that provides an accessible route to an area of refuge, a horizontal exit, or a public way.</p> <p>7.1.10 Means of Egress Reliability.</p> <p>7.1.10.1* Means of egress shall be continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency.</p> <p>7.1.10.2 Furnishings and Decorations in Means of Egress.</p> <p>7.1.10.2.1 No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress therefrom, or visibility thereof.</p> <p>19.2.3.4* Any required aisle, corridor, or ramp shall be not less than 48 in. (1220 mm) in clear width where serving as means of egress from patient sleeping rooms, unless otherwise permitted by one of the following:</p> <p>(1) Aisles, corridors, and ramps in adjunct areas not intended for the housing, treatment, or use of inpatients shall be not less than 44 in. (1120 mm) in clear and unobstructed width.</p> <p>(2)*Where corridor width is at least 6 ft (1830 mm), noncontinuous projections not more than 6 in. (150 mm) from the corridor wall, above the handrail height, shall be permitted.</p> <p>(3) Exit access within a room or suite of rooms complying with the requirements of 19.2.5 shall be permitted.</p> <p>(4) Projections into the required width shall be permitted for wheeled equipment, provided that all of the following conditions are met:</p> <p>(a) The wheeled equipment does not reduce the</p>	K 211	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JAN 17 2017</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 211	Continued From page 4 clear unobstructed corridor width to less than 60 in. (1525 mm). (b) The health care occupancy fire safety plan and training program address the relocation of the wheeled equipment during a fire or similar emergency. (c)*The wheeled equipment is limited to the following: i. Equipment in use and carts in use ii. Medical emergency equipment not in use iii. Patient lift and transport equipment (5)*Where the corridor width is at least 8 ft (2440 mm), projections into the required width shall be permitted for fixed furniture, provided that all of the following conditions are met: (a) The fixed furniture is securely attached to the floor or to the wall. (b) The fixed furniture does not reduce the clear unobstructed corridor width to less than 6 ft (1830 mm), except as permitted by 19.2.3.4(2). (c) The fixed furniture is located only on one side of the corridor. (d) The fixed furniture is grouped such that each grouping does not exceed an area of 50 ft ² (4.6 m ²). (e) The fixed furniture groupings addressed in 19.2.3.4(5)(d) are separated from each other by a distance of at least 10 ft (3050 mm). (f)*The fixed furniture is located so as to not obstruct access to building service and fire protection equipment. (g) Corridors throughout the smoke compartment are protected by an electrically supervised automatic smoke detection system in accordance with 19.3.4, or the fixed furniture spaces are arranged and located to allow direct supervision by the facility staff from a nurses' station or similar space. (h) The smoke compartment is protected	K 211	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JAN 17 2017</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 211	Continued From page 5 throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.8. Findings: During a tour of the facility with staff on 12/22/16, the means of egress was observed. 1. At 11:20 a.m., the Back Exit Corridor, directly by Laundry was observed. The corridor width measured 8 feet. One alcohol based hand rub (ABHR) dispenser stand, was stationed on one side of the corridor in front of the handrail, unsecured to either the floor or wall. The ABHR dispenser stand projected approximately 17 inches into the corridor, with the corridor clear width reduced to approximately six feet seven inches. Smoke alarms were installed in the corridor. The ABHR dispenser was not in an area under direct supervision. 2. At 11:40 a.m., the Exit Corridor, directly by Director of Nursing (DON) Office was observed. The corridor width measured 10 feet. One wooden storage cabinet was stationed on one side of the corridor in front of the handrail, unsecured to either the floor or wall. The cabinet projected approximately two feet into the corridor, with the corridor clear width reduced to approximately eight feet. The cabinet was in an area under direct supervision of office staff.	K 211			
K 324 SS=D	NFPA 101 Cooking Facilities Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking	K 324	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JAN 1 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO		

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K 324	<p>Continued From page 6</p> <p>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 STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the kitchen fire extinguishing system. This was evidenced by no operational instructions located with the K-Class portable extinguisher. This affected one of four smoke compartments, and could result in the uncontrolled spread of a grease fire in the direct cooking area.</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 9.2.3 Commercial Cooking Equipment. Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of</p>	K 324	<p>K 324 Maintenance Director ordered the identification sign that the fire protection system shall be activated prior to using the fire extinguisher in the dietary cooking area. The Maintenance Director will equip the Ansul hood fire suppression system with the identification sign when receive. Administrator will ensure the work is completed. Maintenance Director and Administrator will monitor to ensure there are no issues with the sign. Results will be acted upon immediately. Any trends identified will be brought to the monthly Safety Committee.</p> <p>Completion date: 1/23/2017</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JAN 17 2017</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>	1/23/2017	

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K 324	Continued From page 7 Commercial Cooking Operations, unless such installations are approved existing installations, which shall be permitted to be continued in service. NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2011 Edition 10.2 Types of Equipment. 10.2.1 Fire-extinguishing equipment shall include both automatic fire-extinguishing systems as primary protection and portable fire extinguishers as secondary backup. 10.2.2* A placard shall be conspicuously placed near each extinguisher that states that the fire protection system shall be activated prior to using the fire extinguisher. 10.2.2.1 The language and wording for the placard shall be approved by the authority having jurisdiction. Findings: During a facility tour with staff on 12/22/16, the kitchen hood and fire extinguishing systems were observed. At 11:32 a.m., the Dietary Cooking Area was equipped with an Ansul hood fire suppression system, and K-Class portable back-extinguisher. No sign was posted along with the portable K-Class extinguisher to indicate the fire suppression system should be activated first, prior to using the fire extinguisher.	K 324			
K 325 SS=D	NFPA 101 Alcohol Based Hand Rub Dispenser (ABHR)	K 325			

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
LICENSING & CERTIFICATION PROGRAM

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K 325	<p>Continued From page 8</p> <p>Alcohol Based Hand Rub Dispenser (ABHR) ABHRs are protected in accordance with 8.7.3.1, unless all conditions are met:</p> <ul style="list-style-type: none"> * Corridor is at least 6 feet wide * Maximum individual dispenser capacity is 0.32 gallons (0.59 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 * ABHR does not exceed 95 percent alcohol * Operation of the dispenser shall comply with Section 18.3.2.6(11) or 19.3.2.6(11) * ABHR is protected against inappropriate access 18.3.2.6, 19.3.2.6, 42 CFR Parts 403, 416, 460, 482, 483, and 485 <p>This STANDARD is not met as evidenced by: Based on observation, document review, and interview, the facility failed to maintain the alcohol based hand rub (ABHR) dispensers. This was evidenced by the absence of inspection and testing for dispensers when refilled. This affected four of four smoke compartments, and could result in the malfunction of ABHR dispensers.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.3.2.6 Alcohol-Based Hand-Rub Dispensers. Alcohol-based hand-rub dispensers shall be protected in accordance with 8.7.3.1, unless all of the following conditions are met:</p>	K 325	<p>K 325 Housekeeping staff was in serviced to maintain the alcohol based hand-rub dispensers using the new QA form. The new QA form was implemented to inspect and test the dispenser when refills were installed to meet the new regulation. The Maintenance Director, and/or Housekeeping Supervisor will monitor staff for effectiveness of facility training. Results will be acted upon immediately. Any trends identified will be brought to the monthly Safety Committee.</p> <p>Completion date: 1/23/2017</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JAN 17 2017</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>	1/23/2017	

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K 325	Continued From page 9 (1)Where dispensers are installed in a corridor, the corridor shall have a minimum width of 6 ft (1830 mm). (2)The maximum individual dispenser fluid capacity shall be as follows: (a)0.32 gal (1.2 L) for dispensers in rooms, corridors, and areas open to corridors (b)0.53 gal (2.0 L) for dispensers in suites of rooms (3)Where aerosol containers are used, the maximum capacity of the aerosol dispenser shall be 18 oz. (0.51 kg) and shall be limited to Level 1 aerosols as defined in NFPA 30B, Code for the Manufacture and Storage of Aerosol Products. (4)Dispensers shall be separated from each other by horizontal spacing of not less than 48 in. (1220 mm). (5)Not more than an aggregate 10 gal (37.8 L) of alcohol-based hand-rub solution or 1135 oz (32.2 kg) of Level 1 aerosols, or a combination of liquids and Level 1 aerosols not to exceed, in total, the equivalent of 10 gal (37.8 L) or 1135 oz (32.2 kg), shall be in use outside of a storage cabinet in a single smoke compartment, except as otherwise provided in 19.3.2.6(6) (6) One dispenser complying with 19.3.2.6 (2) or (3) per room and located in that room shall not be included in the aggregated quantity addressed in 19.3.2.6(5). (7)Storage of quantities greater than 5 gal (18.9 L) in a single smoke compartment shall meet the requirements of NFPA 30, Flammable and Combustible Liquids Code. (8)Dispensers shall not be installed in the following locations: (a)Above an ignition source within a 1 in. (25 mm) horizontal distance from each side of the ignition source (b)To the side of an ignition source within a 1 in.	K 325	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JAN 17 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO		

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(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	
K 325	Continued From page 10 (25 mm) horizontal distance from the ignition source (c) Beneath an ignition source within a 1 in. (25 mm) vertical distance from the ignition source (9) Dispensers installed directly over carpeted floors shall be permitted only in sprinklered smoke compartments. (10) The alcohol-based hand-rub solution shall not exceed 95 percent alcohol content by volume. (11) Operation of the dispenser shall comply with the following criteria: (a) The dispenser shall not release its contents except when the dispenser is activated, either manually or automatically by touch-free activation. (b) Any activation of the dispenser shall occur only when an object is placed within 4 in. (100 mm) of the sensing device. (c) An object placed within the activation zone and left in place shall not cause more than one activation. (d) The dispenser shall not dispense more solution than the amount required for hand hygiene consistent with label instructions. (e) The dispenser shall be designed, constructed, and operated in a manner that ensures that accidental or malicious activation of the dispensing device is minimized. (f) The dispenser shall be tested in accordance with the manufacturer's care and use instructions each time a new refill is installed. 8.7.3.1 The storage and handling of flammable liquids or gases shall be in accordance with the following applicable standards: (1) NFPA 30(1), Flammable and Combustible Liquids Code (2) NFPA 54, National Fuel Gas Code (3) NFPA, Liquefied Petroleum Gas Code	K 325			

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
LICENSING & CERTIFICATION PROGRAM

JAN 12 2017

LIFE SAFETY CODE UNIT
SAN BERNARDINO

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

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K 325	Continued From page 11 Findings: During observation, interview, and document review with staff on 12/22/16, the refillable ABHR dispensers were observed and documentation requested. At 10:50 a.m., the facility was observed with ABHR dispensers located throughout the facility and corridors. No inspection and/or testing had been performed on the units when new refills were installed. Staff 3 confirmed this finding and stated "they were unaware of the new inspection and testing requirements for ABHR dispensers for refilling."	K 325			
K 355 SS=D	NFPA 101 Portable Fire Extinguishers 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 STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the portable fire extinguishers. This was evidenced by a fire extinguisher obstructed from view and access. This affected one of four smoke compartments, and could result in the inability of staff to readily access the fire extinguisher in the event of a fire. 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	K 355	K 355 Dietary staff was in-serviced December 12, 2016 on the importance of not blocking the portable K – class fire extinguisher located in Dietary by a food cart. The Maintenance Director and Dietary Supervisor will monitor staff for effectiveness of facility training. Results will be acted upon immediately. Any trends identified will be brought to the monthly Safety Committee. Completion date: 1/23/2017 CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JAN 11 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO	1/23/2017	

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K 355	Continued From page 12 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. NFPA 10, Standard for Portable Fire Extinguishers, 2010, edition. 6.1.3.3 Visual Obstructions. 6.1.3.3.1 Fire extinguishers shall not be obstructed or obscured from view. Findings: During a tour of the facility with staff on 12/22/16, the portable fire extinguishers were observed. At 11:30 a.m., the portable K-class fire extinguisher located in Dietary, was obstructed from view and access by a food cart. The extinguisher was located only after asking Kitchen Staff of it's location.	K 355	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JAN 17 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO		
K 363 SS=D	NFPA 101 Corridor - Doors Corridor - Doors 2012 EXISTING Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be substantial doors, such as those constructed of 1-3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Doors shall be provided with a means suitable for keeping the door closed. There is no impediment to the closing of the	K 363	K 363 Maintenance Director immediately removed the trash barrel. The staff will be inservice on not to hold open doors by devices other than those that release when the door is pushed or pulled. Maintenance Director and Administrator will monitor the staff for effectiveness of facility training. Results will be acted upon immediately. Any trends identified will be brought to the monthly Safety Committee. Completion date: 1/23/2017		1/23/2017

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K 363	<p>Continued From page 13</p> <p>doors. Clearance between bottom of door and floor covering is not exceeding 1 inch. Roller latches are prohibited by CMS regulations on corridor doors and rooms containing flammable or combustible materials. Powered doors complying with 7.2.1.9 are permissible. 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. 19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This STANDARD is not met as evidenced by: Based on observation, the facility failed to maintain the doors. This was evidenced by a corridor door obstructed from closing and latching. This affected one of four smoke compartments, and could result in the inability to contain smoke and/or fire to a room.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.3.6.3.10* Doors shall not be held open by devices other than those that release when the door is pushed or pulled.</p> <p>Findings:</p> <p>During a tour of the facility with staff on 12/22/16, the doors were observed.</p>	K 363	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JAN 17 2017</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 363	Continued From page 14	K 363			
K 918 SS=D	<p>At 11:35 a.m., the corridor door to the Class Room was observed. The door was equipped with a self-closing device. The door was held open, obstructed from closing and latching by a floor-standing trash barrel. No staff were in the room at the time.</p> <p>NFPA 101 Electrical Systems - Essential Electric System</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 and readily identifiable.</p>	K 918	<p>K 918 In accordance NFPA 110, Section 8-4, Emergency power system (Temporary Generator and Transfer Switch) shall be inspected weekly and exercised under full available load every other week. Temporary generator and existing transfer switch, as installed, have been accepted as the temporary EPS for this facility by OSHPD under #S153014-12-00-BT01 expiration date 9/30/2017.</p> <p>The Administrator submitted a waiver, on December 9, 2016, requesting a 12 month waiver extension because we are unable to complete this project within the time frame.</p> <p>Attached to the POC is the invoice for the generator testing.</p> <p>Completion date: 1/23/2017</p> <p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM</p> <p>JAN 11 2017</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>	1/23/2017	

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K 918	<p>Continued From page 15</p> <p>Minimizing the possibility of damage of the emergency power source is a design consideration for new installations. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This STANDARD is not met as evidenced by: Based on observation, document review, and interview, the facility failed to maintain the emergency power system (EPS). This was evidenced by the failure to install and provide a permanent EPS in accordance with NFPA 110, 2010 Edition, and perform minimal required load testing on a temporary EPS. This affected four of four smoke compartments, and could result in a loss of power due to a generator malfunction during an emergency power outage.</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 99, Health Care Facilities Code, 2012 Edition. 6.4.4.1.1.4 Inspection and Testing. Criteria, conditions, and personnel requirements shall be in accordance with 6.4.4.1.1.4(A) through 6.4.4.1.1.4(C). (A)* Test Criteria. Generator sets shall be tested 12 times a year, with testing intervals of not less than 20 days nor more</p>	K 918	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION DIVISION</p> <p>JAN 17 2017</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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K 918	Continued From page 16 than 40 days. Generator sets serving essential electrical systems shall be tested in accordance with NFPA 110, Standard for Emergency and Standby Power Systems, Chapter 8. (B) Test Conditions. The scheduled test under load conditions shall include a complete simulated cold start and appropriate automatic and manual transfer of all essential electrical system loads. (C) Test Personnel. The scheduled tests shall be conducted by competent personnel to keep the machines ready to function and, in addition, serve to detect causes of malfunction and to train personnel in operating procedures. NFPA 110, Standard for Emergency and Standby Power Systems, 2010 edition: 4.4.2* Level 2 systems shall be installed where failure of the EPSS to perform is less critical to human life and safety. 4.4.3 All equipment shall be permanently installed. 7.4 Mounting. 7.4.1 Rotating energy converters shall be installed on solid foundations to prohibit sagging of fuel, exhaust, or lubricating oil piping and damage to parts resulting in leakage at joints. 7.4.1.1 Such foundations or structural bases shall raise the engine at least 150 mm (6 in.) above the floor or grade level and be of sufficient elevation to facilitate	K 918			

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K 918	Continued From page 17 lubricating-oil drainage and ease of maintenance. 7.4.2 Foundations shall be of the size (mass) and type recommended by the energy converter manufacturer. 7.4.3 Where required to prevent transmission of vibration during operation, the foundation shall be isolated from the surrounding floor or other foundations, or both, in accordance with the manufacturer's recommendations and accepted structural engineering practices. 7.4.4 The EPS shall be mounted on a fabricated metal skid base of the type that shall resist damage during shipping and handling. After installation, the base shall maintain alignment of the unit during operation. 7.5* Vibration. Vibration isolators, as recommended by the manufacturer of the EPS, shall be installed either between the rotating equipment and its skid base or between the skid base and the foundation or inertia base. 8.3.3 A written schedule for routine maintenance and operational testing of the EPSS shall be established. 8.3.4 A permanent record of the EPSS inspections, tests, exercising, operation, and repairs shall be maintained and readily available. 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	K 918	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JAN 17 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO		

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K 918	Continued From page 18 replaced (4) Testing of any repair for the time as recommended by the manufacturer 8.4.2* Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods: (1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer (2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating 8.4.2.1 The date and time of day for required testing shall be decided by the owner, based on facility operations. 8.4.2.2 Equivalent loads used for testing shall be automatically replaced with the emergency loads in case of failure of the primary source. 8.4.2.3 Diesel-powered EPS installations that do not meet the requirements of 8.4.2 shall be exercised monthly with the available EPSS load and shall be exercised annually with supplemental loads at not less than 50 percent of the EPS nameplate kW rating for 30 continuous minutes and at not less than 75 percent of the EPS nameplate kW rating for 1 continuous hour for a total test duration of not less than 1.5 continuous hours. Findings:	K 918	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION DIVISION JAN 1 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO		

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K 918	Continued From page 19 During a facility tour, document review, and interview with staff on 12/22/16, the EPS was observed, and records reviewed. 1. At 9:30 a.m., the facility was observed with a temporary trailer mounted 13 kilowatt diesel EPS, with seismic bracing, located outside behind the building by Laundry. The temporary EPS was installed under Office of Statewide Health Planning and Development (OSHPD) permit # S153014-12-00-BPT01, issued 11/24/15, expiration date 9/30/2017. The facility submitted OSHPD documentation titled "Building Permit" that indicated a permit BP # S161020-12-00 was issued on 10/28/16 for installation of a permanent EPS, with expiration date 9/30/2017. Staff 1 indicated in an interview at the time that on 12/9/16, they requested a 12 month waiver extension, and are now in the process of receiving bids, and once the bid is accepted the project will start. No current waiver was in place at the time of survey. No current signed contract for project engineering and installation was available. 2. At 9:40 a.m., a review of bi-monthly load testing did not indicate 30 percent of the nameplate kilowatt rating was achieved for the temporary diesel EPS. Annual load bank testing dated 11/21/16, was performed per run flow sheet at 60 minutes, "not the required 90 minutes." Staff 3 confirmed the finding in an interview at the time stating "he thought it was done for 90 minutes, and would fax the report if available by 12/27/16 at 9:00 a.m." No fax was received.	K 918			
K 923 SS-D	NFPA 101 Gas Equipment - Cylinder and Container Storage	K 923			

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K 923	Continued From page 21 evidenced by the failure to segregate full and empty cylinders in the same enclosure. This affected one of four smoke compartments, and could result in a safety hazard. NFPA 99, Health Care Facilities Code, 2012 Edition. 11.6.5 Special Precautions - Storage of Cylinders and Containers. 11.6.5.1 Storage shall be planned so that cylinders can be used in the order in which they are received from the supplier. 11.6.5.2 If empty and full cylinders are stored within the same enclosure, empty cylinders shall be segregated from full cylinders. Findings: During a facility tour, with staff on 12/22/16, the portable oxygen storage was observed. At 2:45 p.m., the Oxygen Storage Room was observed. Two full tanks were stored together with six empty in the same rack.	K 923	CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION PROGRAM JAN 17 2017 LIFE SAFETY CODE UNIT SAN BERNARDINO		
K 926 SS=D	NFPA 101 Gas Equipment - Qualifications and Training Gas Equipment - Qualifications and Training of Personnel Personnel concerned with the application, maintenance and handling of medical gases and cylinders are trained on the risk. Facilities provide continuing education, including safety guidelines and usage requirements. Equipment is serviced only by personnel trained in the	K 926		K 926 The staff will be inservice yearly on handling and use of oxygen by the Respiratory Therapist. The Administrator, Respiratory Therapist, and/or DSD will monitor staff for effectiveness of Facility training. Results will be acted upon immediately. Any trends identified will be brought to the monthly Safety meeting. Completion date: 1/23/2017	1/23/2017

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 058300	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/22/2016
NAME OF PROVIDER OR SUPPLIER GRANADA REHABILITATION & WELLNESS CENTER, LP			STREET ADDRESS, CITY, STATE, ZIP CODE 2885 HARRIS STREET EUREKA, CA 95503		
(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	
K 926	<p>Continued From page 22</p> <p>maintenance and operation of equipment.</p> <p>11.5.2.1 (NFPA 99)</p> <p>This STANDARD is not met as evidenced by: Based on observation, document review, and interview, the facility failed to maintain oxygen safety. This was evidenced by the absence of a continuing in-service and training program for risks associated with handling and use of medical gases. This affected four of four smoke compartments, and could result in the unsafe handling and use of oxygen and oxygen delivery equipment.</p> <p>NFPA 99, Health Care Facilities Code, 2012 Edition.</p> <p>11.5.2 Gases in Cylinders and Liquefied Gases in Containers.</p> <p>11.5.2.1 Qualification and Training of Personnel.</p> <p>11.5.2.1.1* Personnel concerned with the application and maintenance of medical gases and others who handle medical gases and the cylinders that contain the medical gases shall be trained on the risks associated with their handling and use.</p> <p>11.5.2.1.2 Health care facilities shall provide programs of continuing education for their personnel.</p> <p>11.5.2.1.3 Continuing education programs shall include periodic review of safety guidelines and usage requirements for medical gases and their cylinders.</p> <p>Findings:</p> <p>During observation, interview, and document review with staff on 12/22/16, the oxygen delivery</p>	K 926	<p>CALIFORNIA DEPARTMENT OF PUBLIC HEALTH LICENSING & CERTIFICATION BOARD</p> <p>JAN 17 2017</p> <p>LIFE SAFETY CODE UNIT SAN BERNARDINO</p>		

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: 056300	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 12/22/2016
NAME OF PROVIDER OR SUPPLIER GRANADA REHABILITATION & WELLNESS CENTER, LP			STREET ADDRESS, CITY, STATE, ZIP CODE 2885 HARRIS STREET EUREKA, CA 95503		
(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	
K 926	Continued From page 23 equipment was observed, and training records requested. At 10:55 a.m., the facility was observed with a portable oxygen supply tank delivery system. No documentation was available for continuing education of personnel associated with the handling and use of oxygen. Staff 3 confirmed the finding in an interview at the time stating "that they were unaware of the new requirement."	K 926			

CALIFORNIA DEPARTMENT OF PUBLIC HEALTH
LICENSING & CERTIFICATION PROGRAM

JAN 17 2017

LIFE SAFETY CODE UNIT
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