STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	055213	A. BUILDING **02** B. WING _____	**01/04/2022**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
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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) 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). Representing the California Department of Public Health: 43035 The facility is in substantial compliance with 42 CFR 483.475, Condition of Participation for Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IID). CENSUS: 139	E 000		
K 000	INITIAL COMMENTS Surveyor: 43035 K3 BUILDING: 01 K6 PLAN APPROVAL: 1967 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE I (111), FULLY SPRINKLERED. The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) §483.90(a)(b)(c)(j), National Fire Protection Association (NFPA) 101 -	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Electronically Signed | 01/14/2022

1/18/22: POC approved by Jose Gonzalez, SSM-I

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K 000	Continued From page 1 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 Census = 139	K 000		
K 161 SS=D	Building Construction Type and Height CFR(s): NFPA 101 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 sprinklered 2 II (111) One story non-sprinklered Maximum 3 stories sprinklered 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111)	K 161		1/17/22

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K 161	Continued From page 2 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) 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 REQUIREMENT is not met as evidenced by: Surveyor: 43035 Based on observation and interview, the facility failed to maintain the building construction. This was evidenced by a wall penetration. This affected one of seven smoke compartments and could result in the passage of smoke and/or fire throughout the facility. NFPA 101 - Life Safety Code, 2012 Edition 8.5.6 Penetrations. 8.5.6.2 Penetrations for cables, cable trays, conduits, pipes, tubes, vents, wires, and similar items to accommodate electrical, mechanical, plumbing, and communications systems that pass through a wall, floor, or floor/ceiling assembly constructed as a smoke barrier, or through the ceiling membrane of the roof/ceiling of a smoke barrier assembly, shall be protected by a system or material capable of restricting the transfer of smoke. Findings:	K 161	Corrective action: Fire retardant caulking was put in the hole around the wiring. An in-service was given to the maintenance department. Potential problems: No other wall was found to have a circular penetration. Systemic changes: All holes in walls where the wires enter will be visually checked and resolved if required by the maintenance department. Monitoring: A log will be filled out monthly by the maintenance department for visual inspection of all holes in walls and ceilings where wires enter. Results of the monitoring will be brought to QA for oversight and recommendations.	

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K 161	Continued From page 3 During a tour of the facility and interview with the Administrator on 1/4/22, the building construction was observed. At 11:58 a.m., the East wall of the Infectious Waste Storage room was observed with a circular penetration measured at approximately 1/2 inches in diameter. Upon interview, the Administrator confirmed the finding.	K 161		
K 223 SS=D	Doors with Self-Closing Devices CFR(s): NFPA 101 Doors with Self-Closing Devices Doors in an exit passageway, stairway enclosure, or horizontal exit, smoke barrier, or hazardous area enclosure are self-closing and kept in the closed position, unless held open by a release device complying with 7.2.1.8.2 that automatically closes all such doors throughout the smoke compartment or entire facility upon activation of: * Required manual fire alarm system; and * Local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and * Automatic sprinkler system, if installed; and * Loss of power. 18.2.2.2.7, 18.2.2.2.8, 19.2.2.2.7, 19.2.2.2.8 This REQUIREMENT is not met as evidenced by: Surveyor: 43035 Based on observation and interview, the facility failed to maintain the doors. This was evidenced by a self-closing exit door failing to close and latch. This affected one of seven smoke compartments and could result in the spread of fire in the event of an emergency.	K 223	Corrective action: The self-closing exit door located between rooms 37 and 39 was repaired to allow it to fully close and latch by the maintenance department. Potential problems: Other exit doors were inspected and no other door was found not to be fully closing and latching.	1/17/22

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K 223	Continued From page 4 Findings: During a tour of the facility and interview with the Administrator on 1/4/22, the doors and exits were observed. At 11:11 a.m., a self-closing exit door located between Room 37 and 39 was observed being unable to fully close and latch. Upon interview, the Administrator confirmed the finding.	K 223	In-services were provided to staff. Systemic changes: All exit doors will be inspected for proper closing and latching by the maintenance department. Monitoring: A log will be filled out monthly by the maintenance department to verify proper closing and latching of each exterior self-closing door. Result of such monitoring will be brought to the QAA committee for over sight and recommendation as needed.	
K 353 SS=D	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	K 353	Corrective action: A new sign was	1/17/22

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K 353	Continued From page 5 Based on observation and interview, the facility failed to maintain the automatic sprinkler system. This was evidenced by illegible signage and a missing escutcheon plate on a sprinkler head. This affected seven of seven smoke compartments and could result in the failure to extinguish and suppress fire in the event of an emergency. NFPA 101 Life Safety Code, 2012 Edition 19.3.5.1 Buildings containing nursing homes shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7, unless otherwise permitted by 19.3.5.5. 9.7.1.1 * 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 9.7.8 Testing and maintenance records required by NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, shall be maintained at an approved, secured location. NFPA 25 Standard for the Installation of Sprinkler Systems, 2011 Edition 5.2.1.1* Sprinklers shall be inspected from the floor level annually. 5.2.1.1.1* Sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, paint, and physical damage; and shall be installed in the correct orientation (e.g., upright, pendent, or sidewall). 5.2.8 * Information Sign. The information sign shall be inspected annually to verify that it is securely attached and is legible.	K 353	ordered from Majestic Fire company. Potential problems: No other controls were without signage. Systemic changes: There will be a visual inspection of each of the fire stations on the property for proper and legible signage by the maintenance department every week. Every automatic fire sprinkler head will be visually inspected every week by the maintenance director and/or designee. Monitoring: A log will be filled out monthly by the maintenance department to visually inspect each of the fire stations on the property for proper and legible signage. Result of such monitoring will be brought to the QAA for oversight and recommendation monthly and as needed. Corrective action: Escutcheon plate was replaced by the maintenance department. Potential problems: No other automatic sprinkler system was found to be without an escutcheon plate. Systemic changes: All sprinkler heads were inspected for proper placement of the escutcheon plate throughout the facility by the maintenance department. Monitoring: A log will be kept by the maintenance department to visually inspect the presence of escutcheon plates around each sprinkler head. Result of	

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K 353	Continued From page 6 NFPA 13, Standard for the Installation of Sprinkler Systems, 2010 Edition 6.2.7 Escutcheons and Cover Plates. 6.2.7.1 Plates, escutcheons, or other devices used to cover the annular space around a sprinkler shall be metallic or shall be listed for use around a sprinkler. 6.2.7.2 * Escutcheons used with recessed, flush-type, or concealed sprinklers shall be part of a listed sprinkler assembly. 6.2.7.3 Cover plates used with concealed sprinklers shall be part of the listed sprinkler assembly. Findings: During observation and interview with the Administrator on 1/4/22, the automatic sprinkler system was observed. 1. At 10:40 a.m., the control valve of the South sprinkler rise located at the front of the facility was observed with a faded control valve sign causing it to be illegible. Upon interview, the Administrator confirmed the finding. 2. At 11:32 a.m., the automatic sprinkler head located outside of the Kitchen egress door was observed missing an escutcheon plate. Upon interview, the Administrator confirmed the finding.	K 353	such monitoring will be brought to the QAA for oversight and recommendation monthly and as needed.	
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	K 355		1/17/22

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K 355	Continued From page 7 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 is evidenced by a portable fire extinguisher missing the required monthly inspections. This affected one of seven smoke compartments and could result in the delay to extinguish a fire in the event of an emergency. 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. 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	K 355	Corrective action: The fire extinguisher was inspected and signed off on the tag by the maintenance department. Potential problems: No other fire extingusiher was noted not to be signed off after inspection of all fire extinguishers in the building by the maintenance director. Systemic changes: A list of locations of each fire extinguisher will be identified on a checklist by the maintenance department to verify each month that they are being checked. Monitoring: A log will be kept for the monthly check with locations identified by the maintenance department. Result of such monitoring will be brought to the QAA committee for over sight and recommendation on a monthly basis and as needed	

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K 355	Continued From page 8 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 7.2.4.1 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, record review, and interview with the Administrator on 1/4/22, the portable fire extinguishers were observed, and inspection records were requested. At 12:18 p.m., a portable fire extinguisher located in front of the Director of Nursing office was observed with monthly inspection record missing on the inspection tag. Upon interview, the Administrator confirmed the finding and stated that the inspection was just missed.	K 355		
K 363 SS=D	Corridor - Doors	K 363		1/17/22

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K 363	Continued From page 9 CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies. 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,	K 363		

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K 363	Continued From page 10 etc. This REQUIREMENT is not met as evidenced by: Surveyor: 43035 Based on observation and interview, the facility failed to maintain the corridor doors. This was evidenced by a self-closing corridor door being held open. This affected one of seven smoke compartments and could result in the spread of fire in the event of an emergency. 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. Findings: During a tour of the facility and interview with the Administrator on 1/4/22, the corridor doors were observed. At 12:13 p.m., the self-closing corridor door of the Activities room was observed being held open by a propped up folding chair which obstructed the door from being closed. Upon interview, the Administrator confirmed the finding.	K 363	Corrective action: A magnet has been installed to keep door open with ability to close during fire or fire drill. An in-service was given to all staff to not prop any door open. Potential problems: No other door was found to held open by devices other than those that will release when the door is pushed or pulled. Systemic changes: All doors will be identified and checked for full closure without obstruction. Monitoring: All doors will be visually checked for obstructions on a weekly basis and logged by the maintenance department. Result of such will brought to the QAA for oversight and recommendation on a monthly basis and as needed.	
K 374 SS=D	Subdivision of Building Spaces - Smoke Barrie CFR(s): NFPA 101 Subdivision of Building Spaces - Smoke Barrier Doors 2012 EXISTING Doors in smoke barriers are 1-3/4-inch thick solid bonded wood-core doors or of construction that resists fire for 20 minutes. Nonrated protective plates of unlimited height are permitted. Doors	K 374		1/17/22

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K 374	Continued From page 11 are permitted to have fixed fire window assemblies per 8.5. Doors are self-closing or automatic-closing, do not require latching, and are not required to swing in the direction of egress travel. Door opening provides a minimum clear width of 32 inches for swinging or horizontal doors. 19.3.7.6, 19.3.7.8, 19.3.7.9 This REQUIREMENT is not met as evidenced by: Surveyor: 43035 Based on observation and interview, the facility failed to maintain the smoke barrier doors. This was evidenced by an obstructed automatic closing smoke barrier door. This affected two of seven smoke compartments and could result in the spread of fire in the event of an emergency. Findings: During a tour of the facility and interview with the Administrator on 1/4/22, the smoke barrier doors were observed. At 11:11 a.m., an automatic closing smoke barrier door located adjacent the lobby next to Room 5 and 6 was observed being obstructed by a nursing cart preventing the door from closing when activated by the fire alarm system. Upon interview, the Administrator confirmed the finding.	K 374	Corrective action: The medication cart was moved to allow the full closure of the fire door. An in-service was given to the nursing staff to ensure the medication carts are not parked over the yellow line closer to the door. Potential problems: No other medication cart was found to be obstructing the fire door. Systemic changes: A yellow tape line will be placed 3 feet away from the full closure position of the fire door and extending 3 feet away from the wall by the maintenance department. Monitoring: Tape will be visually verified monthly for integrity and need for replacement due to wear and tear by the maintenance department. Result of such monitoring will be brought to the QAA committee for oversight and recommendation monthly and as needed.	
K 511 SS=D	Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric	K 511		1/17/22

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K 511	Continued From page 12 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 This REQUIREMENT is not met as evidenced by: Surveyor: 43035 Based on observation and interview, the facility failed to maintain the electrical panels and electrical receptacles. This was evidenced by obstructions to the electrical panel and missing weatherproof faceplates on outdoor electrical receptacles. This affected seven of seven smoke compartments and could result in the ignition and spread of fire. NFPA 101 Life Safety Code, 2012 Edition 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. 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 receptacle is covered (attachment plug cap not	K 511	Corrective action: Weather proof cover plates were placed by the maintenance department. Potential problems: all other electrical receptacle and panel were inspected by the maintenance director, none was found without weather proofing. Systemic changes: All outdoor electrical plugs have been visually inspected for proper weatherproofing by the maintenance director. Monitoring: A monthly log will be kept for inspection of outdoor electrical plugs by the maintenance department. Result of such monitoring will be brought to the QAA for recommendation and oversight on a monthly basis and as needed. Corrective action: Both closets have had all items on the floor removed immediately. Potential problems: No other electrical	

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K 511	Continued From page 13 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. 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. 408.18 Clearances. 408.18(B) Around Switchboards. Clearances around switchboards shall comply with the provisions of 110.26. 110.26 Spaces About Electrical Equipment. Access and working space shall be provided and maintained about all electrical equipment to permit ready and safe operation and maintenance of such equipment. 110.26(A) Working Space. Working space for equipment operating at 600 volts, nominal, or less to ground and likely to require examination, adjustment, servicing, or maintenance while energized shall comply with the dimensions of 110.26(A)(1), (A)(2), and (A)(3) or as required or permitted elsewhere in this Code. 110.26(A)(1) Depth of Working Space. The depth of the working space in the direction of live parts shall not be less than that specified in Table 110.26(A)(1) unless the requirements of 110.26(A)(1)(a), (A)(1)(b), or (A)(1)(c) are met.	K 511	panel was observed to have any boxes or soiled linen bins obstructing access to them. Systemic changes: All electrical panels will be inspected weekly by the maintenance director and/or designee to verify that there are no boxes and/or linen bins obstructing its access. The maintenance director/designee will ensure that there is at least 3 feet of clutter free perimeter. Monitoring: A weekly log will be kept by the maintenance department to verify all electrical panels have at least a 3 foot clutter free perimeter. Results of such monitoring will be brought to the QA committee by the maintenance director and/or designee for oversight, review and recommendation on a monthly basis and as needed.	

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K 511	Continued From page 14 Distances shall be measured from the exposed live parts or from the enclosure or opening if the live parts are enclosed. Table 110.26(A)(1) Working Spaces 0-150 Nominal Voltage to Ground, 3-feet Minimum Clear Distance Findings: During a tour of the facility and interview with the Administrator on 1/4/22, the electrical panels and electrical receptacles were observed. 1. At 10:54 a.m., an electrical receptacle located on the West exterior side of the facility was observed missing a weatherproof cover plate. Upon interview, the Administrator confirmed the finding. 2. At 11:14 a.m., an electrical receptacle located on the North exterior side of the facility was observed missing a weatherproof cover plate. Upon interview, the Administrator confirmed the finding. 3. At 11:39 a.m., the electrical panel labeled "L" located in the Utility room was observed being obstructed by storage boxes resulting in the inability to access the panel. Upon interview, the Administrator confirmed the finding. 4. At 12:33 p.m., the electrical panel labeled "bwg south panel" located in the Soiled Linen Room was observed being obstructed by a soiled linen bin resulting in the inability to access the panel. Upon interview, the Administrator confirmed the finding.	K 511		
K 911 SS=D	Electrical Systems - Other	K 911		1/17/22

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K 911	Continued From page 15 CFR(s): NFPA 101 Electrical Systems - Other List in the REMARKS section any NFPA 99 Chapter 6 Electrical Systems requirements that are not addressed by the provided K-Tags, but are deficient. This information, along with the applicable Life Safety Code or NFPA standard citation, should be included on Form CMS-2567. Chapter 6 (NFPA 99) This REQUIREMENT is not met as evidenced by: Surveyor: 43035 Based on observation and interview, the facility failed to maintain the electrical system. This was evidenced by missing identification of the switches in an electrical panel. This affected seven of seven smoke compartments and could result in the failure of electrical systems essential for life and safety in the event of an emergency. NFPA 101 - Life Safety Code, 2012 Edition 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. NFPA 70 - National Electric Code, 2011 Edition 408.4 Field Identification Required. 408.4(A) Circuit Directory or Circuit Identification. Every circuit and circuit modification shall be legibly identified as to its clear, evident, and specific purpose or use. The identification shall include sufficient detail to allow each circuit to be distinguished from all others. Spare positions that	K 911	Corrective action: All 18 circuits have been labeled on the electrical panel (E-LS). Potential problems: No other panel was found not to be labeled. Systemic changes: Maintenance director and/or designee will visually inspect each electrical panel to ensure that all circuits are labeled. Monitoring: A log will be kept to identify that the inspection has been done by the maintenance department. Result of such monitoring will be brought to the QAA for oversight and recommendation monthly and as needed.	

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K 911	Continued From page 16 contain unused overcurrent devices or switches shall be described accordingly. The identification shall be included in a circuit directory that is located on the face or inside of the panel door in the case of a panelboard, and located at each switch or circuit breaker in a switchboard. No circuit shall be described in a manner that depends on transient conditions of occupancy. Findings: During a tour of the facility and interview with the Maintenance Assistant on 1/4/22, the electrical panels were observed. At 12:33 p.m., the electrical panel labeled "E-LS" located in the Housekeeping/Laundry room was observed without identification for 18 of 18 circuits that were in the ON position. The elements that the circuits supplied were unable to determined because of the missing identification. Upon interview, the Maintenance Assistant confirmed the finding and stated that he was not sure what areas the circuits supplied.	K 911		
K 918 SS=D	Electrical Systems - Essential Electric Syste CFR(s): NFPA 101 Electrical Systems - Essential Electric System Maintenance and Testing The generator or other alternate power source and associated equipment is capable of supplying service within 10 seconds. If the 10-second criterion is not met during the monthly test, a process shall be provided to annually confirm this capability for the life safety and critical branches. Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.	K 918		1/17/22

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K 918	Continued From page 17 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. 6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70) This REQUIREMENT is not met as evidenced by: Surveyor: 43035 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 generator 30 minute load test and the 4-hour load test of the emergency generator. This affected seven of seven smoke compartments and could result in the failure to provide emergency power during the loss of normal utility power. NFPA 101, Life Safety Code, 2012 Edition 19.5.1 Utilities, Utilities shall comply with the	K 918	Corrective action: The 4-hour load test for the emergency generator has been scheduled for 1/13/22. The monthly load testing log was located for the months of January, February, and March from the previous Plant manager. Systemic changes: The monthly testing log will be kept up to date and the 4-hour load test will be scheduled every 3 years. Monitoring: The log book will be looked at by the maintenance department each month to verify that the monthly load test	

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K 918	Continued From page 18 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. 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. 8.4.1 * EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly. 8.4.9* Level 1 EPSS shall be tested at least once within every 36 months. 8.4.9.1 Level 1 EPSS shall be tested continuously for the duration of its assigned class (see Section 4.2). 8.4.9.2 Where the assigned class is greater than 4 hours, it shall be permitted to terminate the test after 4 continuous hours. 8.4.9.3 The test shall be initiated by operating at least one transfer switch test function and then by operating the test function of all remaining ATSs, or initiated by opening all switches or breakers supplying normal power to all ATSs that are part of the EPSS being tested. Findings: During document review and interview with the	K 918	was completed.	

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K 918	Continued From page 19 Administrator on 1/4/22, the generator testing records were requested and reviewed. 1. At 3:57 p.m., the facility failed to conduct the required monthly load testing of the emergency generator for the months of January through March of 2021. The facility had a 30 kW diesel powered generator. Upon interview, the Administrator confirmed the finding. 2. At 4:06 p.m., the facility failed to conduct the required 4-hour load bank test of the emergency generator every 3-years. The facility did not have a 4-hour load bank test documented. Upon interview, the Administrator confirmed the finding.	K 918		
K 923 SS=D	Gas Equipment - Cylinder and Container Storag CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be	K 923		1/17/22

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K 923	Continued From page 20 stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by: Surveyor: 43035 Based on observation and interview, the facility failed to maintain medical gas cylinders/gas equipment safety. This was evidenced by the failure to segregate full and empty oxygen cylinders. This affected one of seven smoke compartments and could result in harm during the event of an emergency. NFPA 99: Health Care Facilities Code, 2012 Edition 11.6.5.2 If empty and full cylinders are stored within the same enclosure, empty cylinders shall be segregated from full cylinders. 11.6.5.3 Empty cylinders shall be marked to avoid confusion and delay if a full cylinder is needed in a rapid manner. Findings:	K 923	Corrective action: The 2 empty oxygen tanks were removed from the full oxygen storage room. All staff in-servicing done. Potential problems: No other oxygen room was identified to have both empty and full oxygen tanks. Systemic changes: QA and/or designee will verify that every oxygen storage rooms has the appropriate full or empty tanks. Monitoring: Weekly visual inspection of oxygen tanks for appropriate placement by QA and/or designee will done. results of such monitoring will be brought to the QAA for oversight and recommendation.	

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K 923	Continued From page 21 During a tour of the facility and interview with the Administrator on 1/4/22, the Full Oxygen Storage room was observed. At 12:41 p.m., the Full Oxygen Storage room was observed with nine full and two empty oxygen cylinders being stored together. The cylinders were not segregated. Upon interview, the Administrator confirmed the finding.	K 923		