STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	555804	A. BUILDING **02** B. WING _____	**01/23/2020**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
VICTORIA POST ACUTE CARE	**654 S. ANZA** **EL CAJON, CA 92020**

(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: 40325 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: 40325 The facility is not in substantial compliance with 42 CFR §483.73 for Long Term Care Facilities. Census = 115	E 000		
E 032 SS=D	Primary/Alternate Means for Communication CFR(s): 483.73(c)(3) [(c) The [facility] must develop and maintain an emergency preparedness communication plan that complies with Federal, State and local laws and must be reviewed and updated at least every 2 years (annually for LTC).] The communication plan must include all of the following: (3) Primary and alternate means for communicating with the following: (i) [Facility] staff. (ii) Federal, State, tribal, regional, and local emergency management agencies. *[For ICF/IIDs at §483.475(c):] (3) Primary and alternate means for communicating with the ICF/IID's staff, Federal, State, tribal, regional, and	E 032		2/7/20

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

Electronically Signed | 02/06/2020

Approved 02/10/2020 per Jose Gonzalez, SSM I

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E 032	Continued From page 1 local emergency management agencies. This REQUIREMENT is not met as evidenced by: Surveyor: 40325 Based on record review and interview, the facility failed to maintain their Communication plan, as part of their Emergency Operations Plan (EOP). This was evidenced by incorrect information regarding the facility's external communication devices. This could cause delay and confusion during an emergency, and affect visitors, staff, and 115 of 115 residents. Findings: On 1/23/20, during a record review with the Administrator and Maintenance Director (MD), the EOP Communication Plan was reviewed. At 11:03 a.m., in the EOP binder, in the section titled Communication Plan, the facility lists amateur/ham radio as one of their devices. The MD stated they did not have that device or the required licensed operator. The Administrator acknowledged the finding at the exit conference.	E 032	E032 Primary/Alternate means of Communication No Residents were affected by the deficient practice. Maintenance Director updated EOP Communication Plan section regarding external communication equipment and MD replaced the amateur/ham radio with CB radio. Maintenance Director will continue to check and update EOP as needed.	
K 000	INITIAL COMMENTS Surveyor: 40325 K3 BUILDING: 01 K6 PLAN APPROVAL: 1990 K7 SURVEY UNDER: 2012 Existing STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V(000), FULLY SPRINKLERED.	K 000		

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K 000	Continued From page 2 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: 40325 The facility is not in substantial compliance with 42 CFR §483.90 for Long Term Care Facilities. Census = 115	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	K 161		2/7/20

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K 161	Continued From page 3 3 II (000) Not allowed non-sprinklered 4 III (211) Maximum 2 stories sprinklered 5 IV (2HH) 6 V (111) 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: 40325 Based on observation and interview, the facility failed to maintain their fire-rated construction. This was evidenced by an unsealed penetration in a wall. During a fire, this could allow smoke and flames to pass through the penetration and affect visitors, staff, and 115 of 115 residents. This affected one of three smoke compartments. Findings: On 1/23/20, during a facility tour with the Maintenance Director (MD), the fire-rated construction was observed.	K 161	K 161 Building Construction Type and Height Maintenance Director immediately filled wall penetrations in physician□s office with fire rate barrier sealant. Maintenance Director will conduct facility inspection to ensure there are no other wall penetrations without sealant. Maintenance Director will report findings to QA&A.	

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K 161	Continued From page 4 At 9:37 a.m., in the Physicians office, a penetration measuring approximately 1/4 inch was in the wall. A cable went through the penetration into the wall. The MD stated he needed to seal the penetration. The Administrator acknowledged the finding at the exit conference.	K 161		
K 211 SS=D	Means of Egress - General CFR(s): NFPA 101 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 REQUIREMENT is not met as evidenced by: Surveyor: 40325 Based on observation and interview, the facility failed to maintain their means of egress. This was evidenced by a partially blocked evacuation route. This could cause delay during an emergency evacuation and affect visitors, staff, and 115 of 115 residents. This affected one of five evacuation routes. Findings: On 1/23/20, during a facility tour with the Maintenance Director (MD), the means of egress was observed. At 8:54 a.m., the east evacuation route, located	K 211	K 211 Means of Egress The laundry cart and table was removed immediately from blocking the south pathway. Maintenance Director will conduct daily rounds to ensure all evacuation routes and pathways are cleared of any obstructions. Maintenance Director will report findings to QA&A.	2/7/20

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K 211	Continued From page 5 along the south side of the building, was blocked by a table and laundry cart. The table and cart reduced the width of the paved evacuation path to approximately 23 inches. The MD stated staff should not store the laundry cart there. The Administrator acknowledged the finding at the exit conference.	K 211		
K 321 SS=D	Hazardous Areas - Enclosure CFR(s): NFPA 101 Hazardous Areas - Enclosure Hazardous areas are protected by a fire barrier having 1-hour fire resistance rating (with 3/4 hour fire rated doors) or an automatic fire extinguishing system in accordance with 8.7.1 or 19.3.5.9. When the approved automatic fire extinguishing system option is used, the areas shall be separated from other spaces by smoke resisting partitions and doors in accordance with 8.4. Doors shall be self-closing or automatic-closing and permitted to have nonrated or field-applied protective plates that do not exceed 48 inches from the bottom of the door. Describe the floor and zone locations of hazardous areas that are deficient in REMARKS. 19.3.2.1, 19.3.5.9 Area Automatic Sprinkler Separation N/A a. Boiler and Fuel-Fired Heater Rooms b. Laundries (larger than 100 square feet) c. Repair, Maintenance, and Paint Shops d. Soiled Linen Rooms (exceeding 64 gallons) e. Trash Collection Rooms (exceeding 64 gallons) f. Combustible Storage Rooms/Spaces (over 50 square feet)	K 321		2/7/20

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K 321	Continued From page 6 g. Laboratories (if classified as Severe Hazard - see K322) This REQUIREMENT is not met as evidenced by: Surveyor: 40325 Based on observation and interview, the facility failed to maintain their hazardous areas. This was evidenced by a hazardous area not protected by a door with a self-closing device. During a fire, this could allow smoke and flames to pass through the open door and affect visitors, staff, and 115 of 115 residents. This affected one of three smoke compartments. Findings: On 1/23/20, during a facility tour with the Maintenance Director (MD), the hazardous areas were observed. At 9:02 a.m., the facility had a laundry room which measured approximately 300 square feet. The door to the laundry room was not equipped with a self-closing device. The MD stated he was not aware that the door needed to be self-closing. The Administrator acknowledged the finding at the exit conference.	K 321	K 321 Hazardous Area Enclosure Maintenance Director immediately installed a self-closing door closer in the Laundry Room. Maintenance Director will conduct weekly checks on all self-closing doors within the facility. Maintenance Director will report findings to QA&A.	
K 920 SS=E	Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101 Electrical Equipment - Power Cords and Extension Cords Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assembles that have been assembled	K 920		2/7/20

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K 920	Continued From page 7 by qualified personnel and meet the conditions of 10.2.3.6. Power strips in the patient care vicinity may not be used for non-PCREE (e.g., personal electronics), except in long-term care resident rooms that do not use PCREE. Power strips for PCREE meet UL 1363A or UL 60601-1. Power strips for non-PCREE in the patient care rooms (outside of vicinity) meet UL 1363. In non-patient care rooms, power strips meet other UL standards. All power strips are used with general precautions. Extension cords are not used as a substitute for fixed wiring of a structure. Extension cords used temporarily are removed immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4. 10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5 This REQUIREMENT is not met as evidenced by: Surveyor: 40325 Based on observation and interview, the facility failed to maintain electrical safety. This was evidenced by the use of interconnected extension cords, suspended power cords, and a multi-outlet adapter. This could cause electrical overload, sparking, smoke and flames, and could affect visitors, staff, and 115 of 115 residents. This affected one of three smoke compartments. NFPA 99, Health Care Facilities Code, 2012 Edition 10.2.3.5 Cord Strain Relief. 10.2.3.5.1 Cord strain relief shall be provided at the attachment of the power cord to the appliance so that mechanical stress, either pull, twist, or bend, is not transmitted to internal connections. 10.2.3.5.2 A strain relief molded onto the cord	K 920	K 920 Electrical Equipment Maintenance Director immediately remove the extension cord and remove six plug outlet from the Staff Lounge. Maintenance Director will conduct weekly facility rounds to ensure all extension cords and adapters are being used appropriately. Maintenance Director will report findings to QA&A.	

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K 920	Continued From page 8 shall be bonded to the jacket and shall be of compatible material. Findings: On 1/23/20, during a facility tour with the Maintenance Director (MD), the electrical equipment was observed. At 9:12 a.m., in the Staff Lounge, a television was connected to an extension cord, which was interconnected to another extension cord. That second extension cord was suspended mid-air, supported by the cord of the first extension, and was itself interconnected to a six-outlet multi adapter, which was directly plugged into the duplex receptacle wall outlet. Two refrigerators were also plugged into the multi-adapter. The MD stated that the previous MD interconnected the cords and attached the adapter. The Administrator acknowledged the finding at the exit conference.	K 920		