STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	056096	A. BUILDING 02 B. WING _____	06/19/2018

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
PIEDMONT GARDENS HEALTH FACILITY	110 41ST STREET OAKLAND, CA 94611

(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 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: Federal ID Number: 29753 The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities. Census: 66	E 000	The following plan of correction constitutes Piedmont Gardens' written credible allegation of compliance for the deficiencies noted. We make our best efforts to operate in compliance with Federal and State laws. Nothing in this plan of correction is an admission otherwise. We have submitted this plan of correction in order to comply with our obligations and do not waive any objections to the merits or form of any allegations contained herein.	
K 000	INITIAL COMMENTS K3 BUILDING: 02 K6 PLAN APPROVAL: 7/7/69 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: THREE STORY, SNF ON 2ND AND 3RD FLOORS, CONSTRUCTION TYPE II (111), FULLY SPRINKLERED. The following reflects the findings of the California Department of Public Health, during an annual Life Safety Code recertification survey. The findings are in accordance with 42 Code of Federal Regulations (CFR) 483.90 (a)(b)(c)(j), National Fire Protection Association (NFPA) 101, Life Safety Code 2012 Edition, and NFPA 99 Health Care Facilities Code 2012 Edition. Representing the California Department of Public Health: 29753	K 000		

RECEIVED
By CDPH-L&C-Life Safety Code Unit at 8:29 am, Jul 05, 2018

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE — TITLE: Administrator — (X6) DATE: 7/3/18

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.

Approved 07/05/2018 per Jose Gonzalez, HFES

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K 000	Continued From page 1 The facility is not in substantial compliance with 42 CFR 483.90 for Long Term Care Facilities. Census: 66	K 000	K 161 It is the standard of this facility to maintain the integrity of smoke compartments with respect to escutcheon rings for all sprinkler heads. Residents in the 3rd floor smoke compartment associated with room 3303 had the potential to be affected by this deficiency. On 6/19/18, immediately following the inspection, a maintenance supervisor installed an escutcheon ring on noted sprinkler head in 3303. Monitoring for similar deficiencies will be done by outside vendor during quarterly inspections to ensure compliance. Vendor inspection reports will be reviewed by Director of Buildings & Grounds and deficient findings will be reported to Quality Assurance (QAPI) Committee for review, root cause analysis and recommendations. Director of Buildings & Grounds is responsible for ongoing compliance.	6/19/18
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) 7 III (200) Not allowed non-sprinklered 8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered	K 161		

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K 161	Continued From page 2 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: Based on observation and interview, the facility failed to maintain the integrity of the building construction. This was evidenced by a penetration through the ceiling in a resident room that was caused by a missing escutcheon ring. This could result in the passage of smoke in the event of a fire or damage to the sprinkler pipe, and affected one of two smoke compartments on the Third Floor. Findings: During a tour of the facility and interview with staff on 6/19/18, the walls and ceiling were observed. At 2:28 p.m., the escutcheon ring to a sprinkler above Bed B in Room 3303 was missing. Maintenance Staff 1 acknowledged and confirmed the finding.	K 161		
K 324 SS=D	Cooking Facilities CFR(s): NFPA 101 Cooking Facilities Cooking equipment is protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless:	K 324		

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K 324	Continued From page 3 * 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. 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. 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 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain all portable fire extinguishers. This was evidenced by the absence of a placard above or near the K-type extinguisher This could result in delayed extinguishment in the event of a fire, and affected one smoke compartment on the First Floor. NFPA 101, Life Safety Code, 2012 Edition 9.2.3 Commercial Cooking Equipment. Commercial cooking equipment shall be in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, unless such installations are approved existing	K 324	K 324 It is the standard of this facility to maintain K-type extinguishers and related placards in compliance with Life Safety regulations. All residents had the potential to be affected by this deficiency. On 7/2/18, required placard was mounted by maintenance supervisor above the K-type extinguisher in kitchen. Director of Buildings & Grounds will conduct annual inspections of signage to for compliance. Deficient findings will be reported to Quality Assurance (QAPI) Committee for review, root cause analysis and recommendations. Director of Buildings & Grounds will be responsible for ongoing compliance.	7/2/18

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K 324	Continued From page 4 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 Chapter 10 Fire-Extinguishing Equipment 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. Finding: During at our of the facility and interview with staff on 6/19/18, the cooking facilities fire extinguishers were observed. At 2:15 p.m., there was no sign at or near the K-type portable fire extinguisher inside the Kitchen to instruct kitchen staff to use the extinguisher as a backup to the fixed fire-extinguishing system. Maintenance Staff 1 acknowledged and confirmed the finding.	K 324		
K 753 SS=D	Combustible Decorations CFR(s): NFPA 101 Combustible Decorations Combustible decorations shall be prohibited	K 753		

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K 753	Continued From page 5 unless one of the following is met: o Flame retardant or treated with approved fire-retardant coating that is listed and labeled for product. o Decorations meet NFPA 701. o Decorations exhibit heat release less than 100 kilowatts in accordance with NFPA 289. o Decorations, such as photographs, paintings and other art are attached to the walls, ceilings and non-fire-rated doors in accordance with 18.7.5.6(4) or 19.7.5.6(4). o The decorations in existing occupancies are in such limited quantities that a hazard of fire development or spread is not present. 19.7.5.6 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain combustible decorations in a sleeping room, as evidenced by wall decorations that exceeded 50 percent of a wall. This could result in the increased risk of smoke accumulation in the event of a fire, and affected one of two smoke compartments on the Third Floor. NFPA 101 Life Safety Code, 2012 Edition 19.7.5.6 Combustible decorations shall be prohibited in any health care occupancy, unless one of the following criteria is met: (4) The decorations, such as photographs, paintings, and other art, are attached directly to the walls, ceiling, and non-fire-rated doors in accordance with the following: (a) Decorations on non-fire-rated doors do not interfere with the operation or any required	K 753	K 753 It is the standard of this facility to allow decorations that are in compliance with Life Safety regulations. All residents in the same smoke compartment had the potential to be affected by this deficiency. On 7/2/18, resident removed all decorations from the noted door. Maintenance staff will add combustible decorations monitoring to weekly inspections. Deficient findings will be reported to Quality Assurance (QAPI) Committee for review, root cause analysis and recommendations. Director of Buildings & Grounds will be responsible for ongoing compliance.	7/2/18

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K 753	Continued From page 6 latching of the door and do not exceed the area limitations of 19.7.5.6(b), (c), or (d). (d) Decorations do not exceed 50 percent of the wall, ceiling, and door areas inside patient sleeping rooms, having a capacity not exceeding four persons, in a smoke compartment that is protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7. Finding: During a tour of the facility with staff on 6/19/18, all decorations were observed. At 2:53 p.m., decorations on the corridor door to Room 3206 covered more than 50 percent of the door. The decorations were made of paper and fabric. Maintenance Staff 1 acknowledged and confirmed the finding.	K 753		
K 918 SS=E	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. Generator sets are inspected weekly, exercised under load 30 minutes 12 times a year in 20-40 day intervals, and exercised once every 36	K 918		

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K 918	Continued From page 7 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: Based on document review and interview, the facility failed to maintain the emergency power supply system. This was evidenced by the absence of annual fuel quality testing on the emergency generator, and by the absence of 30-minute monthly load tests. This could result in failure of the generator in the event of an emergency, and affected two of two floors in the Skilled Nursing Facility. NFPA 101, Life Safety Code, 2012 Edition 19.5.1 Utilities. 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	K 918	K 918 It is the standard of this facility to maintain and service the generator in compliance with all Life Safety regulations. All residents had the potential to be affected by this deficiency. The outside vendor who services the generator has confirmed that moving forward, 1) the monthly load tests will run for at least 30 minutes, and 2) there will be annual fuel quality tests. The next scheduled generator service is for 7/5/18. Outside vendor will provide service reports and deficient findings will be reported to Quality Assurance (QAPI) Committee for review, root cause analysis and recommendations. Director of Buildings & Grounds will be responsible for ongoing compliance.	7/5/18

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K 918	Continued From page 8 maintained in accordance with NFPA 110, Standard for Emergency and Standby Power Systems. NFPA 110, Standard for Emergency and Standby Power Systems. Chapter 8 Routine Maintenance and Operational Testing 8.3 Maintenance and Operational Testing. 8.3.1 The EPSS shall be maintained to ensure to a reasonable degree that the system is capable of supplying service within the time specified for the type and for the time duration specified for the class. 8.3.2 A routine maintenance and operational testing program shall be initiated immediately after the EPSS has passed acceptance tests or after completion of repairs that impact the operational reliability of the system. 8.3.2.1 The operational test shall be initiated at an ATS and shall include testing of each EPSS component on which maintenance or repair has been performed, including the transfer of each automatic and manual transfer switch to the alternate power source, for a period of not less than 30 minutes under operating temperature. 8.3.8 A fuel quality test shall be performed at least annually using tests approved by ASTM standards. 8.4.1* EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly. Findings: During document review and interview with staff on 6/19/18, the generator maintenance records	K 918		

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K 918	Continued From page 9 were requested and reviewed. 1. At 1:08 p.m., a review of the generator maintenance documents revealed that an annual fuel quality test has not been performed. 2. At 1:11 p.m., a review of the monthly load test documents indicated that for the past 12 of 12 months, the load tests were conducted for 15 minutes instead of the required continues run times of 30-minutes once a month. Maintenance Staff 1 acknowledged and confirmed the findings.	K 918		