

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

PRINTED: 03/25/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055222	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 03/18/2025
NAME OF PROVIDER OR SUPPLIER SPRINGS ROAD HEALTHCARE			STREET ADDRESS, CITY, STATE, ZIP CODE 1527 SPRINGS ROAD VALLEJO, CA 94591	
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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. The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities.	E 000	This document will serve as a credible allegation of our intent to correct the deficient practice identified. Preparation and/or execution of this Plan of Correction do not constitute admission or agreement, by the provider, of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because it is required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 405.1907	
K 000	Census = 59 INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 1/1/1974 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED. Resident Certified Beds: 65 Resident Census: 59 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.	K 000		
K 345 SS=C	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101	K 345	How corrective action(s) will be accomplished for those residents found to have been affected by the deficient Practice. -No residents were found to be affected at this time. Upon identification of this alleged deficient practice, the facility Maintenance Director called the facility fire alarm service vendor, Pacific Signaling, to request battery replacements.	

RECEIVED
By Rocio Casper at 7:27 am, Apr 01, 2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Connor Airey ADMINISTRATOR TITLE: 03/27/2025 (X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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K 345	Continued From page 1 Fire Alarm System - Testing and Maintenance A fire alarm system is tested and maintained in accordance with an approved program complying with the requirements of NFPA 70, National Electric Code, and NFPA 72, National Fire Alarm and Signaling Code. Records of system acceptance, maintenance and testing are readily available. 9.6.1.3, 9.6.1.5, NFPA 70, NFPA 72 This REQUIREMENT is not met as evidenced by: Based on observation, document review and interview, the facility failed to maintain the fire alarm system (FAS). This was evidenced by two seal lead acid (SLA) batteries that failed testing. This affected 59 of 59 residents and two of two smoke compartments, and could result in a non-detected system malfunction in the event of a fire. NFPA 101, Life Safety Code, 2012 Edition 19.3.4.1 General. Health care occupancies shall be provided with a fire alarm system in accordance with section 9.6 9.6.1* General. 9.6.1.5* To ensure operational integrity, the fire alarm system shall have an approved maintenance and testing program complying with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code. NFPA 72, National Fire Alarm and Signaling Code, 2010 Edition. Chapter 14 Inspection, Testing, and Maintenance 14.1 Application.	K 345	Pacific Signaling fulfilled the service request on 3/18/2025 by replacing the two SLA Batteries with with expiration of 03/18/2028. How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken. -No other residents were found to be affected at this time. All residents are potentially to be affected by this alleged deficient practice as failure to comply with NFPA 101 and maintaining the fire alarm system could potentially cause harm in the event of an emergency. The two SLA Batteries were replaced on 3/18/2025 and will be checked at least quarterly for proper functioning. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur. It is the policy of the facility to ensure that emergency procedures are followed according to Life Safety Codes. The Administrator and Maintenance Director reviewed NFPA 72 codes regarding fire alarm and signaling testing and inspections on 03/27/2025. The Maintenance Director will inspect the fire alarm system, including the SLA batteries, at least monthly in conjunction with the facility fire alarm and signaling vendor, Pacific Signaling.		

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K 345	<p>Continued From page 2</p> <p>14.1.1 The inspection, testing, and maintenance of systems, their initiating devices, and notification appliances shall comply with the requirements of this chapter.</p> <p>14.3 Inspection.</p> <p>14.3.1* Unless otherwise permitted by 14.3.2 visual inspections shall be performed in accordance with the schedules in Table 14.3.1 or more often if required by the authority having jurisdiction.</p> <p>14.3.2 Devices or equipment that is inaccessible for safety considerations (e.g., continuous process operations, energized electrical equipment, radiation, and excessive height) shall be permitted to be inspected during scheduled shutdowns if approved by the authority having jurisdiction.</p> <p>14.3.4 The visual inspection shall be made to ensure that there are no changes that affect equipment performance.</p> <p>Table 14.3.1 Visual Inspection Frequencies-semiannually</p> <ol style="list-style-type: none"> 3. Batteries 4. Transient suppressors 5. Fire alarm control unit trouble signals 7. In- building fire emergency voice/alarm communications equipment 8. Remote annunciators 9. Initiating devices 10. Guard's tour equipment 11. Combination systems (a) Fire extinguisher electronic monitoring device/systems (b) Carbon monoxide detectors/systems 12. Interface equipment 13. Alarm notification appliances 14. Exit marking audible notification appliances 15. Supervising station alarm systems-transmitters 	K 345	<p>How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>Maintenance Director/Designee will present any findings during our Daily Clinical meetings. Interventions to be reviewed in the facility monthly QAPI meeting x 3 months. Administrator will bring 2567 and POC to the meeting to discuss and ensure understanding. Date of compliance:03/27/2025</p>		

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K 345	<p>Continued From page 3</p> <p>16. Special procedures</p> <p>17. Supervising station alarm systems-receivers</p> <p>18. Public emergency alarm reporting system transmission equipment</p> <p>20. Mass notification system, non-supervised systems installed prior to adoption of this edition</p> <p>Table 14.4.2.2. Test Methods</p> <p>5. Batteries (General Tests)</p> <p>(b) Battery Replacement - Batteries shall be replaced in accordance with the recommendations of the alarm equipment manufacturer or when the recharged battery voltage or current falls below the manufacturer ' s recommendations.</p> <p>14.4.5* Testing Frequency. Unless otherwise permitted by other sections of this Code, testing shall be performed in accordance with the schedules in Table 14.4.5, or more often if required by the authority having jurisdiction.</p> <p>Table 14.4.5 Testing Frequencies.</p> <p>6. Batteries - fire alarm systems</p> <p>(d) Sealed lead-acid type</p> <p>(1) Charger test: Initial/Reacceptance and Annually</p> <p>(2) Discharge test (30 minutes): Initial/Reacceptance and Annually</p> <p>(3) Load voltage test: Initial/Reacceptance and Semiannually</p> <p>14.6.2 Maintenance, Inspection, and Testing Records.</p> <p>14.6.2.1 Records shall be retained until the next test and for 1 year thereafter.</p>	K 345			

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K 345	Continued From page 4 14.6.2.4* A record of all inspections, testing, and maintenance shall be provided that includes the following information regarding tests and all the applicable information requested in Figure 14.6.2.4: (1) Date (2) Test frequency (3) Name of property (4) Address (5) Name of person performing inspection, maintenance, tests, or combination thereof, and affiliation, business address, and telephone number (6) Name, address, and representative of approving agency(ies) (7) Designation of the detector(S) tested (8) Functional test of detectors (9)*Functional test of required sequence of operations (10) Check of all smoke detectors (11) Loop resistance for all fixed-temperature, line-type heat detectors (12) Functional test of mass notification system control units (13) Functional test of signal transmission to mass notification systems (14) Functional test of ability of mass notification system to silence fire alarm notification appliances (15) Tests of intelligibility of mass notification system speakers (16) Other tests as required by the equipment manufacturer's published instructions (17) Other tests as required by the authority having jurisdiction (18) Signatures of tester and approved authority representative (19) Disposition of problems identified during test (e.g., system owner notified, problem	K 345			

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K 345	Continued From page 5 corrected/successfully retested, device abandoned in place) Findings: During a facility tour, document review, and interview with Maintenance Staff on 3/18/25, the FAS was observed and records were requested. At 11:56 a.m., a review of the FAS semi-annual inspection, dated 12/3/24 indicated two of two SLA batteries in the Fire Alarm Control Panel (FACP) failed the semi-annual load voltage test. The batteries were not replaced and remained connected to the FACP at the time of the survey. Upon interview, the FAS technician indicated it was an oversight to not replace the batteries during the inspection on 12/3/24.	K 345			
K 741 SS=F	Smoking Regulations CFR(s): NFPA 101 Smoking Regulations Smoking regulations shall be adopted and shall include not less than the following provisions: (1) Smoking shall be prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area shall be posted with signs that read NO SMOKING or shall be posted with the international symbol for no smoking. (2) In health care occupancies where smoking is prohibited and signs are prominently placed at all major entrances, secondary signs with language that prohibits smoking shall not be required. (3) Smoking by patients classified as not responsible shall be prohibited. (4) The requirement of 18.7.4(3) shall not apply	K 741	How corrective action(s) will be accomplished for those residents found to have been affected by the deficient Practice. No residents were found to be affected at this time. Upon identification of this alledged deficient practice, the facility Maintenance Director and Housekeeping personnel immediately removed the extinguished cigarette buds found on the south egress entrance, the kitchen egress, and the area surrounding the generator. A sweep of the exterior of the entire facility was completed by the Maintenance Director and no other smoking products were found.		

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K 741	<p>Continued From page 6</p> <p>where the patient is under direct supervision.</p> <p>(5) Ashtrays of noncombustible material and safe design shall be provided in all areas where smoking is permitted.</p> <p>(6) Metal containers with self-closing cover devices into which ashtrays can be emptied shall be readily available to all areas where smoking is permitted.</p> <p>18.7.4, 19.7.4</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview and record review, the facility failed to adhere to the smoking policy. This was evidenced by extinguished cigarette buds found littered on the grounds of the facility. This affected 59 of 59 residents and two of two smoke compartments, and could result in a fire.</p> <p>Findings:</p> <p>During a tour of the facility and interview with Maintenance Staff on 3/18/25, the facility's smoking policy was requested and reviewed.</p> <p>1. At 10:32 a.m., the south egress entrance sign was observed with approximately three dozen extinguished cigarette butts littered on the ground. A review of the facility's smoking policy, which was undated, indicated "the use of cigarettes, cigars, pipes, or other tobacco smoking products are prohibited." Upon interview, the Maintenance Staff confirmed the facility operates as a non-smoking environment and mentioned that signs are displayed throughout the premises to remind staff.</p> <p>2. At 10:38 a.m., the south exterior of the facility</p>	K 741	<p>How the facility will identify other residents having the potential to be affected by the same deficient practice and what corrective action will be taken.</p> <p>No other residents were found to be affected at this time. All residents are potentially to be affected by this alleged deficient practice as failure to comply with NFPA 101 and smoking policies could affect patient care and has to potential to cause harm to facility residents, staff, and visitors. The Maintenance Director did a sweep of the facility exterior and found no smoking products. An all staff inservice was conducted on 03/27/2025 regarding the facility smoking policies and procedures.</p> <p>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.</p> <p>It is the policy of the facility to ensure that emergency procedures, including smoling policies, are followed according to Life Safety Codes. The Director of Staff Development conducted an inservice on 03/27/2025 to all staff regarding the facility smoking policies and proedures. The Maintenance Director will conduct daily rounds of the exterior of the faciity x 4 weeks, and weekly thereafter to ensure no smoking products are found on facility grounds.</p>	

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K 741	<p>Continued From page 7</p> <p>by the kitchen egress and the inspector test valve was observed with approximately 12 extinguished cigarette butts littered on the ground. A review of the facility's smoking policy, which was undated, indicated "the use of cigarettes, cigars, pipes, or other tobacco smoking products are prohibited." Upon interview, the Maintenance Staff confirmed the facility operates as a non-smoking environment and mentioned that signs are displayed throughout the premises to remind staff.</p> <p>3. At 10:40 a.m., the south exterior of the facility by the generator area was observed with eight cigarette butts littered on the ground. A review of the facility's smoking policy, which was undated, indicated "the use of cigarettes, cigars, pipes, or other tobacco smoking products are prohibited." Upon interview, the Maintenance Staff confirmed the facility operates as a non-smoking environment and mentioned that signs are displayed throughout the premises to remind staff.</p>	K 741	<p>How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>Maintenance Director/Designee will present any findings from facility safety rounds during our Daily Clinical meetings. Interventions to be reviewed in the facility monthly QAPI meeting x 3 months. Administrator will bring 2567 and POC to the meeting to discuss and ensure understanding. Date of compliance:03/27/2025</p>		