

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

PRINTED: 03/26/2025  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>055241</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/20/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILLOW PASS HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3318 WILLOW PASS ROAD CONCORD, CA 94519</b>	
(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.  The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities  Census: 77	E 000	<b>E 000</b>  This plan of correction is being submitted in compliance with specific regulatory requirements. Neither its completion nor content should not be construed as admission by this provider of the validity of any findings or citation contained herein.	
K 000	INITIAL COMMENTS  K3 BUILDING: 02 K6 PLAN APPROVAL: 01/01/1967 K7 SURVEY UNDER: 2012 EXISTING  STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V, 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.  The facility is not in substantial compliance with 42 CFR §483.90 for Long Term Care Facilities.  Census: 77	K 000	<b>K 000</b>  This plan of correction is being submitted in compliance with specific regulatory requirements. Neither its completion nor content should not be construed as admission by this provider of the validity of any findings or citation contained herein.	
K 324	Licensed Beds: 83 Cooking Facilities	K 324		

**RECEIVED**  
By LSC at 1:24 pm, Apr 15, 2025

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

*G. Sonoy Espinosa*

TITLE

*Administrator*

(X8) DATE

*04/15/25*

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 324	<p>Continued From page 2</p> <p>a malfunctioning kitchen suppression system and exhaust in the event of a fire.</p> <p>NFPA 101 Life Safety Code, 2012 Edition 19.3.2.5.1 Cooking facilities shall be protected in accordance with 9.2.3, unless otherwise permitted by 19.3.2.5.2, 19.3.2.5.3, or 19.3.2.5.4. 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 installations, which shall be permitted to be continued in service.</p> <p>NFPA 96 Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations, 2011 Edition 11.2.1* Maintenance of the fire-extinguishing systems and listed exhaust hoods containing a constant or fire-activated water system that is listed to extinguish a fire in the grease removal devices, hood exhaust plenums, and exhaust ducts shall be made by properly trained, qualified, and certified person(s) acceptable to the authority having jurisdiction at least every 6 months. 11.7 Cooking Equipment Maintenance 11.7.1 Inspection and servicing of the cooking equipment shall be made at least annually by properly trained and qualified persons. 11.7.2 Cooking equipment that collects grease below the surface, behind the equipment, or in cooking equipment flue gas exhaust, such as griddles or char broilers, shall be inspected and, if found with grease accumulation, cleaned by a properly trained, qualified, and certified person acceptable to the authority having jurisdiction.</p>	K 324	<p><b>Identify other residents</b></p> <p>Other residents may have the potential to be affected by this deficient practice so maintenance supervisor along with dietary supervisor will make sure that all kitchen equipment is serviced, and preventive maintenance is done regularly. Administrator and maintenance director will walk through in the building to ensure that this deficient practice is not affecting in any other areas.</p> <p><b>Systemic Changes</b></p> <p>As a result of systemic change, the maintenance director, dietary manager and administrator will meet monthly to ensure that there is no kitchen equipment inspection due at that time.</p> <p>Facility will keep a special binder to keep all the maintenance records for the kitchen equipment.</p>	04/18/25

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K 324	<p>Continued From page 3</p> <p>Findings:</p> <p>During a tour of the facility, record review and interview with the Maintenance Director on 3/20/25, the Kitchen equipment was observed maintenance records were requested.</p> <p>1. At 1:50 p.m., the facility was observed with a gas six burner gas range with two ovens and one griddle. The facility failed to provide their annual Kitchen equipment inspection records, and no previous records were provided. Upon interview, the Maintenance Director stated they call the vendor to check the equipment when something breaks down. He further stated they did not have an annual inspection plan.</p> <p>2. At 3:13 p.m., the facility failed to provide one of two semiannual maintenance records for the kitchen suppression system. One record was provided that was dated 6/7/24. Upon interview, the Maintenance Director stated he had those records but needed to locate them.</p> <p>The facility was given the opportunity to email a copy of the missing records by 10 a.m. on 3/21/25. CDPH did not receive any records.</p> <p>3. At 3:20 p.m., the facility failed to provide one of two semiannual kitchen hood-exhaust cleaning records. One record was provided that was dated 2/27/25. Upon interview, the Maintenance Director stated he had those records but needed to locate them.</p> <p>The facility was given the opportunity to email a copy of the missing records by 10 a.m. on 3/21/25. CDPH did not receive any records.</p>	K 324	<p><b>Monitoring Process</b></p> <p>Maintenance supervisor will monitor for compliance on a monthly basis.</p> <p>Administrator will oversee the process with the help of the safety committee members.</p> <p><b>QA Process</b></p> <p>This plan of correction is integrated into the monthly QA committee for its effectiveness and completeness.</p> <p><b>Completion Date</b></p> <p>This plan of correction completed on 04/18/2025.</p>	04/18/25

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K 353 K 353 SS=E	Continued From page 4 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: Based on record review and interview the facility failed to maintain the automatic fire sprinkler system. This was evidenced by the failure to maintain quarterly sprinkler inspection records. This affected 77 of 77 residents in three of three smoke compartments and could result in a malfunctioning fire sprinkler system in the event of a fire.  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.	K 353 K 353	<b>K 353</b>  <b>Corrective Action</b>  Facility renewed the contract with the sprinkler company. Moving forward facility will make sure that sprinkler inspections are done by a professional company on a quarterly basis.  Maintenance director will make sure that there will be no quarterly missing inspections. He will make sure that it is done by a contracted professional vendor.  <b>Identify other residents</b>  All other residents have the potential to be affected by this deficient practice so the facility will ensure that fire sprinklers are inspected on a quarterly basis by a professional vendor.  Maintenance director and administrator made a walk through and made sure that this deficiency is not affecting any other areas of the facility.	

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K 353	<p>Continued From page 5</p> <p>9.7.5 Maintenance and Testing. All automatic sprinkler and standpipe systems required by this Code shall be inspected, tested, and maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems.</p> <p>NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition.</p> <p>4.3.1 Records shall be made for all inspections, tests, and maintenance of the system and its components and shall be made available to the authority having jurisdiction upon request.</p> <p>Table 5.1.1.2 Summary of Sprinkler System Inspection, Testing, and Maintenance Inspection:</p> <p>Waterflow alarm devices- Quarterly Valve supervisory alarm devices- Quarterly Supervisory signal devices (except valve supervisory switches)- Quarterly Hydraulic nameplate- Quarterly</p> <p>Test: Waterflow alarm devices- Quarterly Mechanical devices- Quarterly</p> <p>Findings:</p> <p>During record review and interview with Maintenance Director on 3/20/25, the records were requested.</p> <p>At 2:00 p.m., the facility failed to provide records of the quarterly sprinkler inspections/testing for the first quarter(January/February/March), second quarter (April, May, June) and fourth quarter (October/November/December) of 2024/25. The only record provided was the third quarter dated 7/29/24. Upon interview, the Maintenance</p>	K 353	<p><b>Systemic Changes</b></p> <p>As a systemic change the facility will add a quarterly sprinkler inspection into the safety committee action list.</p> <p>Team members will monitor also check the maintenance records for compliance.</p> <p>Any discrepancy will bring it to the maintenance director and administrator immediately.</p> <p><b>Monitoring Process</b></p> <p>Maintenance supervisor will monitor for compliance on a monthly basis. Administrator will oversee the process with the help of the safety committee members.</p> <p><b>QA Process</b></p> <p>This plan of correction is integrated into the monthly QA committee for its effectiveness and completeness.</p> <p><b>Completion Date</b></p> <p>This plan of correction completed on <u>04/18/2025</u>.</p>	04/18/25

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K 353	Continued From page 6	K 353		
K 355 SS=E	<p>Director stated they do them in-house and have not had a vendor perform the inspections/testing.</p> <p><b>Portable Fire Extinguishers</b> CFR(s): NFPA 101</p> <p><b>Portable Fire Extinguishers</b> 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 REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the portable fire extinguishers. This was evidenced by fire extinguishers that were obstructed. This affected 54 of 77 residents in two of three smoke compartments and could result in a delay in accessing a fire extinguisher in the event of a fire.</p> <p>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.</p> <p>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.</p>	K 355	<p><b>K 355</b> <b>Corrective Action</b></p> <p>Maintenance director immediately removed the obstruction (metal cart) in front of the fire extinguisher. The Dietary manager will do an in-service to the kitchen team regarding the importance of keeping the fire extinguisher area clean and easily accessible.</p> <p>Maintenance director pulled the med cart away from the fire extinguisher immediately.</p> <p>DSD will in-service the nursing team regarding the importance of keeping the fire extinguishers area clear and accessible all the time.</p> <p><b>Identify Other Residents</b></p> <p>Facility will ensure that no other residents are affected by this deficient practice by ensuring that fire extinguishers in the facility are not obstructed anything.</p>	04/18/25

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K 353	Continued From page 6	K 353		
K 355 SS=E	<p>Director stated they do them in-house and have not had a vendor perform the inspections/testing.</p> <p><b>Portable Fire Extinguishers</b> CFR(s): NFPA 101</p> <p><b>Portable Fire Extinguishers</b> 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 REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the portable fire extinguishers. This was evidenced by fire extinguishers that were obstructed. This affected 54 of 77 residents in two of three smoke compartments and could result in a delay in accessing a fire extinguisher in the event of a fire.</p> <p>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.</p> <p>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.</p>	K 355	<p>Maintenance director in conjunction with dietary manager, periodically checks the fire extinguisher in the kitchen to ensure that it is not obstructed by any equipment.</p> <p>Maintenance director will make sure that this deficiency is not affected in any other area by checking all other fire extinguishers at the facility.</p> <p><b>Systemic changes</b></p> <p>As a systemic change safety committee members check the fire extinguishers at the facility randomly to ensure that there are no impediments in front of any fire extinguishers.</p> <p><b>Monitoring Process</b></p> <p>Administrator and maintenance supervisor will monitor for compliance on a quarterly basis.</p>	04/18/25

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K 355	Continued From page 7 Findings:  During a tour of the facility and interview with the Maintenance Director on 3/20/25, the facility's fire extinguishers were observed.  1. At 10:28 a.m., the K fire extinguisher in the Kitchen by the entrance was being obstructed by an approximately 3 feet high metal cart. The metal cart had three empty shelves and was approximately one inch away from the extinguisher. Upon interview, the Maintenance Director stated the staff were in the middle of dishwashing and it was there temporary.  2. At 11:34 a.m., the fire extinguisher next to Room 133 was observed obstructed by an approximately 4 feet high medical cart. The medical cart was approximately 3 inches away from the extinguisher. Upon interview, the Maintenance Director stated the cart was there to charge the computer used on the cart.	K 355	<b>QA Process.</b>  This plan of correction is integrated into the facilities' monthly QA process.  POC will review for the completeness and effectiveness.  <b>Completion Date</b>  Plan of correction will be completed on 04/18/2025.	
K 712 SS=C	Fire Drills CFR(s): NFPA 101  Fire Drills Fire drills include the transmission of a fire alarm signal and simulation of emergency fire conditions. Fire drills are held at expected and unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Where drills are conducted between 9:00 PM and 6:00 AM, a coded announcement may be used instead of audible alarms. 19.7.1.4 through 19.7.1.7 This REQUIREMENT is not met as evidenced	K 712	<b>K 712</b>  <b>Corrective Action</b>  Facility will ensure that fire drills are conducted each quarter each shift. Director of Staff development and maintenance supervisor is on board with the new plans. Facility already contacted the vendor and explained to them the importance of fire drills in each quarter.  Facility got the copies of the missing fire drills conducted from the vendor. Please see attached.	04/18/25

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K 712	Continued From page 8 by: Based on record review and interview, the facility failed to maintain their fire drills. This was evidenced by incomplete fire drill records. This affected 77 of 77 residents in three of three smoke compartments. This could result in a delayed evacuation in the event of a fire.  Findings:  During record review and interview with the Administrator on 3/20/25, the fire drill records were requested.  At 3:11 p.m., the facility failed to provide fire drills for the AM shift during the fourth quarter (October, November, December) of 2024. Upon interview, the Administrator stated it was strange they were not in the binders and should have them.  The facility was given the opportunity to email a copy of the missing fire drills by 10 a.m. on 3/21/25. CDPH did not receive any records.	K 712	Facility will make sure that disaster drill is not mingled with the quarterly fire drills.  <b>Identify Other Residents</b>  Facility will ensure that other residents in the facility are not affected by this deficiency.  As a new plan there will be a new schedule for the fire drills for the whole year to make sure each quarter, each shifts are covered and with the new documentation sheet it will be clearly documented. Disaster drills will be separated from the fire drill.		
K 920 SS=D	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) assemblies that have been assembled 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	K 920	<b>Systemic Changes</b>  As a new system, the safety committee monthly meeting will review the documentation to ensure the plan of correction is sustained and completed.  Any discrepancy will be addressed to the maintenance supervisor and administrator immediately.	04/18/25	

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K 712	<p>Continued From page 8</p> <p>by:</p> <p>Based on record review and interview, the facility failed to maintain their fire drills. This was evidenced by incomplete fire drill records. This affected 77 of 77 residents in three of three smoke compartments. This could result in a delayed evacuation in the event of a fire.</p> <p>Findings:</p> <p>During record review and interview with the Administrator on 3/20/25, the fire drill records were requested.</p> <p>At 3:11 p.m., the facility failed to provide fire drills for the AM shift during the fourth quarter (October, November, December) of 2024. Upon interview, the Administrator stated it was strange they were not in the binders and should have them.</p> <p>The facility was given the opportunity to email a copy of the missing fire drills by 10 a.m. on 3/21/25. CDPH did not receive any records.</p>	K 712	<p><b>Monitoring Process</b></p> <p>Maintenance supervisor will monitor for compliance monthly.</p> <p>This plan of correction is integrated into the monthly QA committee for its effectiveness and completeness.</p> <p><b>Completion Date</b></p> <p>This plan of correction will be completed on 04/18/2025.</p>	
K 920 SS=D	<p>Electrical Equipment - Power Cords and Extens CFR(s): NFPA 101</p> <p>Electrical Equipment - Power Cords and Extension Cords</p> <p>Power strips in a patient care vicinity are only used for components of movable patient-care-related electrical equipment (PCREE) assemblies that have been assembled 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</p>	K 920		04/18/25

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

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FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>055241</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02</b>  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>03/20/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>WILLOW PASS HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>3318 WILLOW PASS ROAD CONCORD, CA 94519</b>		
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K 920	<p>Continued From page 9</p> <p>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.</p> <p>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:</p> <p>Based on observation and interview, the facility failed to maintain the electrical equipment. This was evidenced by the use of extension cords and a daisy chained power strip. This affected 17 of 77 residents in one of three smoke compartments and could result in the increased risk of an electrical fire.</p> <p>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 Systems. 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.</p> <p>NFPA 70, National Electrical Code, 2011 Edition 400.8 Uses Not Permitted. Unless specifically permitted in 400.7, flexible cords and cables shall not be used for the following: (1) As a substitute for the fixed wiring of a structure (2) Where run through holes in walls, structural</p>	K 920	<p>K 920</p> <p><b>Corrective Action</b></p> <p>Maintenance director removed the yellow extension cord at the main entrance. Wander guard system is directly connected to the main power.</p> <p>Facility immediately removed the power strip from the kaiser room. The maintenance director will make sure that all electrical equipment is connected directly to the power outlet in the wall.</p> <p>Maintenance director and dietary manger removed the extension cord from the dietary manager's office and the portable air conditioner connected directly to the wall outlet.</p> <p><b>Identify other residents</b></p> <p>Maintenance director will do walk through the facility to make sure that this deficiency is not repeating in any other rooms.</p>	04/18/25	

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K 920	<p>Continued From page 10</p> <p>ceilings, suspended ceilings, dropped ceilings, or floors</p> <p>(3) Where run through doorways, windows, or similar openings</p> <p>(4) Where attached to building surfaces</p> <p>(5) Where concealed by walls, floors, or ceilings or located above suspended or dropped ceilings</p> <p>(6) Where installed in raceways, except as otherwise permitted in this Code</p> <p>(7) Where subject to physical damage</p> <p>400.10 Pull at Joints and Terminals. Flexible cords and cables shall be connected to devices and to fittings so that tension is not transmitted to joints or terminals. Exception: Listed portable single-pole devices that are intended to accommodate such tension at their terminals shall be permitted to be used with single-conductor flexible cable.</p> <p><b>Findings:</b></p> <p>During a tour of the facility and interview with the Maintenance Director on 3/20/25, the facility's electrical equipment was observed.</p> <p>1. At 9:38 a.m., a yellow extension cord was observed at the Main Entrance. The extension cord was observed supplying power to a wonder guard detector that was attached next to the Main Entrance door frame. Upon interview, the Maintenance Director stated the power cord is being used to power the wonder guard device.</p> <p>2. At 9:48 a.m., a power strip under a desk in the Kaiser Room was observed powering another power strip that was stapled to the Southside wall. Both power strips were powering computers and monitors. Upon interview, the Maintenance Director stated the staff probably did it because</p>	K 920	<p>Any similar violations will be corrected immediately. Safety committee members will assist the maintenance director to identify any similar violations at the facility.</p> <p><b>Systemic Changes</b></p> <p>As a systemic change the DSD and maintenance director will conduct an in-service to housekeeping and maintenance staff to re- educate them about the importance of not having any extension cords in the rooms &amp; hallway.</p> <p>Housekeeping will assist and report to the maintenance director if they see any similar violations anywhere in the facility and maintenance will correct it immediately.</p> <p><b>Monitoring Process</b></p> <p>Maintenance supervisor will monitor for compliance monthly.</p> <p>Administrator will oversee the process with the help of the safety committee members.</p>		

*04/18/25*

