

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

PRINTED: 06/19/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055693	(X2) MULTIPLE CONSTRUCTION A. BUILDING 03 B. WING _____	(X3) DATE SURVEY COMPLETED 06/17/2025
NAME OF PROVIDER OR SUPPLIER ONTARIO GROVE HEALTHCARE & WELLNESS CENTRE, LP			STREET ADDRESS, CITY, STATE, ZIP CODE 933 EAST DEODAR STREET ONTARIO, CA 91764	
(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.	E 000		
K 000	Census = 51 INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 1960 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED. Resident Certified Beds: 59 Resident Census: 51 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.	K 000		
K 324	Cooking Facilities	K 324		

RECEIVED
By Rocio Casper at 7:02 am, Jun 25, 2025

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

TITLE

(X6) DATE

[Signature]

[Signature]

06/24/2025

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.

6/26/25 POC approved by Brian Fenton, SSM-I

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K 324 SS=D	Continued From page 1 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: * 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 document review and interview, the facility failed to maintain the cooking equipment. This was evidenced by missing records of annual kitchen appliance inspections. This affected one of two smoke compartments, 24 of 51 residents, and could result in malfunction of the fuel-fired kitchen cooking equipment. NFPA 101, Life Safety Code, 2012 Edition.	K 324			

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K 324	<p>Continued From page 2</p> <p>19.3.2.5 Cooking Facilities.</p> <p>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.</p> <p>9.2.3 Commercial Cooking Equipment.</p> <p>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>19.3.2.5.3* Within a smoke compartment, where residential or commercial cooking equipment is used to prepare meals for 30 or fewer persons, one cooking facility shall be permitted to be open to the corridor, provided that all of the following conditions are met:</p> <p>(10) Procedures for the use, inspection, testing, and maintenance of the cooking equipment are in accordance with Chapter 11 of NFPA 96 and the manufacturer's instructions and are followed.</p> <p>NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations.</p> <p>10.2.6 Automatic fire-extinguishing systems shall be installed in accordance with the terms of their listing, the manufacturer's instructions, and the following standards where applicable:</p> <p>(1) NFPA 12 (2) NFPA 13 (3) NFPA 17 (4) NFPA 17A</p> <p>10.2.7.3 The addition of obstructions to spray patterns from the cooking appliance nozzle(s) such as baffle plates, shelves, or any modification shall not be permitted.</p> <p>11.7 Cooking Equipment Maintenance.</p>	K 324			

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K 324	Continued From page 3 11.7.1 Inspection and servicing of the cooking equipment shall be made at least annually by properly trained and qualified persons. Findings: During document review and interview with the Assistant Administrator on 6/17/25, the kitchen maintenance records were requested. At 12:53 p.m., the documents for annual kitchen equipment inspections were missing. Upon interview, the Assistant Administrator stated that they did not have it.	K 324			
K 345 SS=F	Fire Alarm System - Testing and Maintenance CFR(s): NFPA 101 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 document review and interview, the facility failed to maintain the fire alarm system. This was evidenced by the failure to provide documentation of semi-annual fire alarm control panel battery testing. This affected two of two smoke compartments, 51 of 51 residents, and could result in the failure to notify and evacuate occupants and extinguish fire in the event of an emergency.	K 345			

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K 345	Continued From page 4 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. 9.6.1.3 A fire alarm system required for life safety shall be installed, tested, and maintained in accordance with the applicable requirements of NFPA 70, National Electrical Code, and NFPA 72, National Fire Alarm and Signaling Code, unless it is an approved existing installation, which shall be permitted to be continued in use. 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 14.3 Inspection. 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. Table 14.3.1 3. Batteries (d) Sealed lead-acid - Semiannually 9. Initiating devices (b) Duct detectors - Semiannually (e) Manual fire alarm boxes - Semiannually (f) Heat detectors - Semiannually (h) Smoke detectors - Semiannually (i) Supervisory signal devices - Semiannually 14.4.2.2* Systems and associated equipment shall be tested according to Table 14.4.2.2. 5. Batteries-general tests. Prior to conducting any	K 345			

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K 345	Continued From page 5 battery testing, the person conducting the test shall ensure that all system software stored in volatile memory is protected from loss. (a) Visual inspection - Batteries shall be inspected for corrosion or leakage. Tightness of connections shall be checked and ensured. If necessary, battery terminals or connections shall be cleaned and coated. Electrolyte level in lead-acid batteries shall be visually inspected. (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. (e) Load voltage test - With the battery charger disconnected, the terminal voltage shall be measured while supplying the maximum load required by its application. The voltage level shall not fall below the levels specified for the specific type of battery. If the voltage falls below the level specified, corrective action shall be taken and the batteries shall be retested. Exception: An artificial load equal to the full fire alarm load connected to the battery shall be permitted to be used in conducting this test. 14.4.5 * 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. Table 14.4.5 6. Batteries-fire alarm systems (d) Sealed lead-acid type (3) Load voltage test - Semi-annually Findings: During document review and interview with the	K 345			

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K 345	Continued From page 6 Maintenance Director and Assistant Administrator 6/17/25, the fire alarm control panel battery testing records were requested. At 1:20 p.m., the facility was unable to provide documentation for one of two semi-annual fire alarm control panel battery load voltage tests. Upon interview, the Maintenance Director and Assistant Administrator stated that they were not aware of the requirements.	K 345			
K 918 SS=F	Electrical Systems - Essential Electric System 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 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	K 918			

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K 918	<p>Continued From page 7</p> <p>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.</p> <p>6.4.4, 6.5.4, 6.6.4 (NFPA 99), NFPA 110, NFPA 111, 700.10 (NFPA 70)</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>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. This affected two of two smoke compartments, 51 of 51 residents, and could result in the failure to provide emergency power during the loss of normal utility power.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.5.1 Utilities, Utilities shall comply with the 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.</p> <p>NFPA 110, Standard for Emergency and Standby Power Systems, 2010 Edition 8.4 Operational Inspection and Testing. 8.4.1 * EPSSs, including all appurtenant components, shall be inspected weekly and exercised under load at least monthly. 8.4.1.1</p>	K 918		

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K 918	<p>Continued From page 8</p> <p>If the generator set is used for standby power or for peak load shaving, such use shall be recorded and shall be permitted to be substituted for scheduled operations and testing of the generator set, providing the same record as required by 8.3.4.</p> <p>8.4.2 *</p> <p>Diesel generator sets in service shall be exercised at least once monthly, for a minimum of 30 minutes, using one of the following methods:</p> <p>(1) Loading that maintains the minimum exhaust gas temperatures as recommended by the manufacturer</p> <p>(2) Under operating temperature conditions and at not less than 30 percent of the EPS nameplate kW rating</p> <p>8.4.2.1</p> <p>The date and time of day for required testing shall be decided by the owner, based on facility operations.</p> <p>8.4.2.2</p> <p>Equivalent loads used for testing shall be automatically replaced with the emergency loads in case of failure of the primary source.</p> <p>Findings:</p> <p>During document review and interview with the Assistant Administrator and Maintenance Director on 6/17/25, the generator testing records were reviewed.</p> <p>At 12:33 p.m., the facility was unable to provide documentation for one of twelve monthly load tests of the emergency generator in August of 2024. The facility has a 4 kilowatt (kW) gasoline powered generator with 25 gallons of back up fuel. Upon interview, the Maintenance Director and Assistant Administrator stated that they were</p>	K 918			

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K 918	Continued From page 9 in between Maintenance Directors at the time.	K 918			

Ontario Grove Healthcare and Wellness Centre

Plan of Correction for Life and Safety June 17,2025

Submitted by: Belinda Busuego, RN DON

Submitted on: 6/24/2025

Ontario Grove Healthcare & Wellness submits this response and Plan of Correction as part of the requirements under state and federal law. The Plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan or correction with the intention that it is inadmissible by any third party to any civil, criminal action or proceedings against the provider or its employees, agents, offers, director or stakeholders. The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provide either by the governmental agencies or third party. The facility desires that this plan of correction be considered the facility's allegation of compliance.

"Preparation, submission and or execution of the Plan of Correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusion set forth in this statement of deficiencies. The plan of Correction is prepared, submitted and/or executed solely because it is required by the provisions of federal and state law".

K324 Cooking Facilities

1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.

On 6/17/2025, Maintenance Supervisor conducted the annual kitchen equipment inspection to ensure no malfunction of the fuel-fired kitchen cooking equipment in the kitchen. No issues identified.

2. How the facility will identify other residents having the potential to be affected by the same deficient and what corrective action will be taken

On 6/17/2025, Maintenance Supervisor conducted the annual kitchen equipment inspection to ensure no malfunction of the fuel-fired kitchen cooking equipment in the kitchen. No issues identified.

3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur

On 6/17/2025, Assistant Administrator conducted a one-to one in-service with Maintenance Supervisor to ensure that the annual kitchen equipment inspection is conducted as required.

Maintenance Supervisor will conduct annual kitchen appliance inspection to ensure that kitchen cooking equipment is functioning and protected in accordance with NFPA 96, Standard for Ventilation Control and Fire Protection of Commercial Cooking Operations. The Maintenance Supervisor will report identified issues to Administrator or Assistant Administrator for corrective actions.

4. How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness. The POC is integrated into the quality assurance process.

Maintenance Supervisor will present kitchen inspection findings on QA&A meeting for further evaluation and recommendations x 3 months.

K345 Fire Alarm System - Testing and Maintenance

1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.

On 6/20/2025, James Gollner Services conducted the semi-annual fire alarm control panel battery testing to ensure that the fire alarm system was maintained, no issues were identified with the fire alarm system

2. How the facility will identify other residents having the potential to be affected by the same deficient and what corrective action will be taken

No residents were affected by this deficient practice

3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur

On 6/17/2025, Assistant Administrator conducted a one to one in service with Maintenance supervisor to ensure that fire alarm control panel battery testing will be done every six months.

The Maintenance Supervisor has scheduled semi-annual testing of the facility's fire alarm control panel batteries with an outside provider. Any issues identified during testing will be reported to the Maintenance Supervisor or Administrator for prompt corrective action.

4. How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness/ The POC is integrated into the quality assurance process.

Maintenance Supervisor will present semi-annual testing of the facility's fire alarm control panel findings on QA&A meeting for further evaluation and recommendations semi-annually x 1 year.

K918 Electrical Systems - Essential Electric System

1. What corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice.

On 6/23/2025, Maintenance Supervisor conducted a 30-minute generator load test, during which time the Assistant Administrator conducted visual rounds of the facility to ensure two of two smoke compartments, 51 of 51 residents, were provided emergency power, no issues were identified.

2. How the facility will identify other residents having the potential to be affected by the same deficient and what corrective action will be taken.

No residents were affected by this deficient practice

3. What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur.

On 06/17/2025, the Assistant Administrator conducted a one-to-one in-service with Maintenance Supervisor regarding the requirements to conduct the monthly generator load testing.

Maintenance Supervisor will conduct a 30 – minute monthly generator load test as required and will provide the Assistant Administrator the documentation that testing was conducted monthly.

4. How the facility plans to monitor its performance to make sure that solutions are sustained. The facility must develop a plan for ensuring that correction is achieved and sustained. This plan must be implemented, and the corrective action evaluated for its effectiveness/ The POC is integrated into the quality assurance process.

Maintenance Supervisor will present monthly load test result to the QA&A meeting for further evaluation and recommendations x 3 months.