

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055758	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/28/2025
NAME OF PROVIDER OR SUPPLIER COTTAGE CREST POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 12350 ROSECRANS NORWALK, CA 90650	
(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
K 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 1985 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, TYPE V-B, 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 (LTC) Facilities. Resident Certified Beds: 59 Census: 50	K 000	Preparation, submission and/or execution of this Plan of Correction does not constitute admission or agreement by the Provider of the truth of the facts alleged or conclusions set forth in this statement of deficiencies. The Plan of Correction is prepared, submitted and/or executed solely because it is required by the provision of federal and state law. K345 Fire Alarm System – Testing and Maintenance CFR(s): NFPA 101	06/20/25
K 345 SS=D	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 observation, interview, and record review, the facility failed to ensure the circuit	K 345	Corrective Action Initiated for those resident(s) found to have been affected by deficient practice: Upon notification of the deficient practice on 05/28/2025, the Maintenance Supervisor (MS) placed a red marking on the fire alarm breaker. (Exhibit #1) 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. There was no other trend identified and no other residents were affected by this deficient practice. Measures put into place or systematic changes the facility will make to ensure the deficient practice does not occur;	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE  (X6) DATE
JC Frances C. Baloy, Administrator 06/20/2025

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.

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K 345	Continued From page 1 disconnecting means (device, group of devices, or other means by which the conductors of a circuit can be disconnected from their source of supply) for the fire alarm system (building system designed to detect fires and alert occupants) control unit was identified with a red marking in accordance with NFPA 101, Life Safety Code, 2012 Edition, Section 9.6.1.3, NFPA 70, National Electrical Code, 2011 Edition, Section 760.121(B), and NFPA 72, National Fire Alarm Code, 2010 Edition, Section 10.5.5.2.3, affecting one of one fire alarm systems. This failure has the potential to result in the accidental or unintentional activation of the fire alarm system circuit disconnecting means and the impairment of the fire alarm system. Findings: During a concurrent observation and interview on 5/28/2025 at 2:37 p.m. with the Maintenance Supervisor (CMO) at the electrical panel, the circuit disconnecting means labeled as "F.A." was not identified with a red marking. The CMO stated the fire alarm breaker needs to be marked with a red marking. During a review of the facility's policy and procedure (P&P) titled, "Preventative Maintenance Program," last revised on 12/19/2022, the P&P indicated, "A Preventative Program shall be developed and implemented to ensure the provision of a safe functional sanitary, and comfortable environment for residents, staff, and the public."	K 345	On 5/28/25, the Administrator (ADM) provided re-education to Maintenance Supervisor (MS) regarding policies and procedures entitled "Preventative Maintenance Program," to ensure that the fire alarm breaker needs to have red marking. Monitoring for the effectiveness and the sustainability of the corrective action put into place to correct the issue identified. An observational audit of the Fire Alarm System will be done once a month by MS for 3 months. A summary of this deficient practice will be brought to the monthly QA meeting for 3 months by MS for evaluation of the plan effectiveness. Date of compliance: June 20, 2025		
K 353 SS=F	Sprinkler System - Maintenance and Testing CFR(s): NFPA 101	K 353			

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K 353	<p>Continued From page 2</p> <p>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.</p> <p>a) Date sprinkler system last checked _____</p> <p>b) Who provided system test _____</p> <p>c) Water system supply source _____</p> <p>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 interview and record review, the facility failed to provide documentation the facility's sprinklers that have been in service for 50 years and failed to meet testing requirements by a recognized testing laboratory had been replaced in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition, Section 5.3.1.1.1, affecting five of five smoke compartments (space within a building separated from other interior areas of the building by smoke barriers, including interior walls and doors). This deficient practice has the potential to result in the ineffective operation of the sprinkler system (an integrated system of underground and overhead piping designed in accordance with fire protection engineering standards for fire protection purposes) in the event of an</p>	K 353	<p>K353 sprinkler system – maintenance and testing CFR(s): NFPA 101</p> <p>Corrective Action Initiated for those resident(s) found to have been affected by deficient practice:</p> <p>Upon notification of the deficient practice on 05/28/2025, the MS called to follow-up the fire sprinkler heads replacement schedule by vendor on 05/28/2025 and 06/13/2025 and by the ADM on 06/16/2025 and 06/17/2025.</p> <p>All sprinkler heads will be replaced pending approval of plans submitted by vendor to HCAI/OSHPD (Exhibit #2, Exhibit #s 5-8).</p> <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>There was no other trend identified and no other residents were affected by this deficient practice.</p> <p>Measures put into place or systematic changes the facility will make to ensure the deficient practice does not occur</p>	06/20/25

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K 353	<p>Continued From page 3 emergency or fire, affecting the safety of residents, staff, and visitors.</p> <p>Findings:</p> <p>During a concurrent interview and record review on 5/28/2025 at 2:04 p.m. with the CMO, the facility's annual sprinkler inspection report titled, "California Code of Regulations - Title 19 Inspection, Testing, and Maintenance," dated 4/18/2025, was reviewed. The report indicated the sprinkler inspection failed because the sprinklers were out of date. The CMO stated the laboratory testing for the sprinklers failed so the facility is in the process of replacing the sprinklers.</p> <p>During a review of the facility's annual sprinkler inspection report titled, "California Code of Regulations - Title 19 Inspection, Testing, and Maintenance," dated 5/10/2024, the report indicated, "Deficiency - (180) ½" 165° pendants are dated 1974 are due for testing or replacement."</p> <p>During a review of the facility's sprinkler system report titled, "Laboratory Test Results," dated 4/19/2024, the report indicated the sprinklers failed the water seal release test.</p> <p>During a review of the facility's P&P titled, "Preventative Maintenance Program," dated 12/19/2022, the P&P indicated, "The Maintenance Director is responsible for developing and maintaining a schedule of maintenance services to ensure that the buildings, grounds, and equipment are maintained in a safe and operable manner."</p>	K 353	<p>On 05/28/2025, the ADM provided an in-service/re-education to MS regarding policies and procedures on Preventative Maintenance Program, ensuring the need for regular testing and maintenance of the sprinkler system for compliance and safety.</p> <p>Monitoring for the effectiveness and the sustainability of the corrective action put into place to correct the issue identified.</p> <p>An observational audit on the maintenance log for the sprinkler system will be done once a month for 3 months with Administrator/Designee.</p> <p>A summary of the identified trend of the audit will be brought to the monthly QA meeting for 3 months by MS for evaluation of the plan effectiveness and sustainability.</p> <p>Date of compliance: June 20, 2025</p>		

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K 511 K 511 SS=D	Continued From page 4 Utilities - Gas and Electric CFR(s): NFPA 101 Utilities - Gas and Electric Equipment using gas or related gas piping complies with NFPA 54, National Fuel Gas Code, electrical wiring and equipment complies with NFPA 70, National Electric Code. Existing installations can continue in service provided no hazard to life. 18.5.1.1, 19.5.1.1, 9.1.1, 9.1.2 This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review, the facility failed to ensure an electrical outlet at Nurse Station #2 was equipped with a faceplate cover (piece of material used to fit over a wall receptacle for protection) and was protected from damage in accordance with NFPA 70, 2011 Edition, Article 406.6, affecting one of five smoke compartments. This deficient practice has the potential to result in electrical wirings and prongs becoming exposed and resulting in an electrocution and fire risk. Findings: Based on observation and interview on 5/28/2025 at 11:02 a.m. with the CMO in Nurse Station #2, there was an electrical outlet with half of the faceplate cover broken apart, exposing metal terminals. The CMO stated he had not seen that faceplate cover broken. During a review of the facility's P&P titled,	K 511 K 511	K511 Utilities - Gas and Electric CFR(s) NFPA 101 Corrective Action Initiated for those resident(s) found to have been affected by deficient practice Upon notification of the deficient practice on 05/28/2025, the MS changed the faceplate of the electrical outlet at Nurse Station #2 on 05/28/2025. (Exhibit #3) 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. There was no other trend identified and no other residents were affected by this deficient practice. Measures put into place or systematic changes the facility will make to ensure the deficient practice does not occur On 05/28/2025, the ADM provided an in-service/re-education to MS regarding policies and procedures on Preventative Maintenance Program, ensuring all electrical receptacles were maintained free of damage. Monitoring for the effectiveness and the sustainability of the corrective action put into place to correct the issue identified.		

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K 511	Continued From page 5 "Preventative Maintenance Program," dated 12/19/2022, the P&P indicated, "The Maintenance Director is responsible for developing and maintaining a schedule of maintenance services to ensure that the buildings, grounds, and equipment are maintained in a safe and operable manner."	K 511	An observational audit of the electrical receptacles will be done once a month by MS for 3 months. A summary of this deficient practice will be brought to the monthly QA meeting for 3 months by MS for evaluation of the plan effectiveness and sustainability.	
K 923 SS=D	Gas Equipment - Cylinder and Container Storage CFR(s): NFPA 101 Gas Equipment - Cylinder and Container Storage Greater than or equal to 3,000 cubic feet Storage locations are designed, constructed, and ventilated in accordance with 5.1.3.3.2 and 5.1.3.3.3. >300 but <3,000 cubic feet Storage locations are outdoors in an enclosure or within an enclosed interior space of non- or limited- combustible construction, with door (or gates outdoors) that can be secured. Oxidizing gases are not stored with flammables, and are separated from combustibles by 20 feet (5 feet if sprinklered) or enclosed in a cabinet of noncombustible construction having a minimum 1/2 hr. fire protection rating. Less than or equal to 300 cubic feet In a single smoke compartment, individual cylinders available for immediate use in patient care areas with an aggregate volume of less than or equal to 300 cubic feet are not required to be stored in an enclosure. Cylinders must be handled with precautions as specified in 11.6.2. A precautionary sign readable from 5 feet is on each door or gate of a cylinder storage room, where the sign includes the wording as a minimum "CAUTION: OXIDIZING GAS(ES) STORED WITHIN NO SMOKING." Storage is planned so cylinders are used in order	K 923	Date of compliance: June 20, 2025 K923 Gas Equipment – Cylinder and Container Storage CFR(s): NFPA101 Corrective Action Initiated for those resident(s) found to have been affected by deficient practice Upon notification of the deficient practice on 05/28/2025, the MS posted "No Smoking signs" on the exterior of areas of the Oxygen Room and the Beauty Shop on 05/28/2025. (Exhibit #4 &Exhibit #5) 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. There was no other trend identified and no other residents were affected by this deficient practice. Measures put into place or systematic changes the facility will make to ensure the deficient practice does not occur	06/20/25

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K 923	<p>Continued From page 6</p> <p>of which they are received from the supplier. Empty cylinders are segregated from full cylinders. When facility employs cylinders with integral pressure gauge, a threshold pressure considered empty is established. Empty cylinders are marked to avoid confusion. Cylinders stored in the open are protected from weather. 11.3.1, 11.3.2, 11.3.3, 11.3.4, 11.6.5 (NFPA 99) This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation, interview, and record review, the facility failed to post "No Smoking" signs in areas where oxygen cylinders (tube containing oxygen under pressure for use by residents) were stored in accordance with NFPA 99, Health Care Facilities Code, 2012 Edition, Section 11.3.4, affecting one of five smoke compartments. This deficient practice has the potential to lead to fire hazard and/or fire emergencies, affecting the safety of residents, staff, and visitors.</p> <p>Findings:</p> <p>During a concurrent observation and interview on 5/28/2025 at 10:40 a.m. with the CMO in the beauty salon, there was a full H-sized (244 cubic feet [ft³] in volume) oxygen cylinder stored in the room. There was no "No Smoking" sign in that area or at the exterior entrances of the facility. The CMO stated that items are stored in this room temporarily when the salon is not being used and stated the sign was missing.</p> <p>During a review of the facility's P&P titled, "Oxygen Safety," dated 12/19/2022, the P&P indicated, "Precautionary signs readable from 5 feet shall be maintained on the door or gate where oxygen is used or stored."</p>	K 923	<p>On 05/28/2025, the ADM provided an in-service/re-education to MS regarding policies and procedures on Oxygen Safety, ensuring that there are "No Smoking" signs in areas where oxygen cylinders were stored.</p> <p>Monitoring for the effectiveness and the sustainability of the corrective action put into place to correct the issue identified.</p> <p>An observational audit of rooms with oxygen use will be done once a month by MS for 3 months and kept in a log.</p> <p>A summary of this deficient practice will be brought to the monthly QA meeting for 3 months by MS for evaluation of the plan effectiveness and sustainability.</p> <p>Date of compliance: June 20, 2025</p>		

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