

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

PRINTED: 04/22/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055858	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 04/16/2025
NAME OF PROVIDER OR SUPPLIER RANCHO SECO CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 144 F STREET GALT, CA 95632	
(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. Census = 95	E 000	Rancho Seco Care Center 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 of Correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider of its employees, agents, officers, directors, or shareholders.	
K 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 12/12/1967 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED. Resident Certified Beds: 99 Resident Census: 95	K 000	The provider reserves the right to challenge the cited findings if at anytime the provider determines that the disputed findings are relied upon in a manner adverse to the interest of the provider either by the governmental agencies or third party. Any changes to provider policy or procedures should be considered to be subsequent remedial measures as that concept is employed in Rule 407 of the federal rules of evidence and California evidence code section 1151 and should be inadmissible in any proceeding on that basis.	
K 521	HVAC SS=F CFR(s): NFPA 101	K 521	K521 HVAC How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: a) Facility completed contract to have chiller replaced on 04/05/2024. Chiller install date is May of 2025.	

RECEIVED
By Rocio Casper at 1:10 pm, May 05, 2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE
C. Mott 

TITLE
Administrator

(X6) DATE
04/28/2025

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.

5/5/25 POC approved by Cynthia Luc, SSM-I

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K 521	Continued From page 1 HVAC Heating, ventilation, and air conditioning shall comply with 9.2 and shall be installed in accordance with the manufacturer's specifications. 18.5.2.1, 19.5.2.1, 9.2 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the Heating, Ventilation and Air Conditioning (HVAC) System. This was evidenced by a malfunctioned chiller system. This affected 95 of 95 residents in four of four compartments and could result in unmaintainable temperatures. Findings: During an tour of the facility, record review and interview with Staff on 4/16/25, portable AC units were observed. At 12:10 p.m., the facility was equipped with a chiller system containing four air handlers (one serving each wing) that were all inoperable. The facility was observed with a total of six portable AC units in-used (one per corridor and two in the dining room). Upon interview, Staff 1 stated that the facility's cooling system has been down for over a year and the facility was working on getting a new cooling system while using portable AC units throughout the facility until then.	K 521	How the facility will identify other residents having the potential to be affected by the same deficient practice and what action will be taken b) All areas have the potential to be affected by this deficient practice. No other areas were identified. What measures will be put into place or what systemic changes you will take to ensure that the deficient practice will not recur. c) In-service was conducted by the facility Administrator to the Maintenance Director on 04/17/2025 regarding the importance of ensuring the facility maintains functional HVAC system to maintain facility temperatures. d) Maintenance Director and/or designee will conduct weekly facility inspections focusing on functioning HVAC system and maintaining facility temperature. Issues identified will be corrected immediately by the Maintenance Director and/or designee and will be validated by the Administrator. Maintenance Director and/or designee will do trending/analysis and will report to the quarterly QAPI committee for further evaluation and/or recommendations. How the facility plans to monitor its performance to make sure that solutions are sustained. e) Maintenance Director and/or designee will conduct weekly facility inspections focusing on the facility maintains functional HVAC system to maintaining facility temperatures.		
K 712 SS=C	Fire Drills CFR(s): NFPA 101	K 712			

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K 712	Continued From page 2 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 by: Based on record review and interview, the facility failed to maintain the fire drills. This was evidenced by fire drills conducted at repeated times and missing shift fire drills. This affected 95 of 95 residents in four of four smoke compartments and could result in a delayed evacuation in the event of a fire. Findings: During record review and interview with Staff on 4/16/25, the fire drill records were reviewed. 1. At 11:41 a.m., the facility provided fire drills that were conducted at the same time. The PM shift fire drills on 4/30/24 and 7/24/24 were conducted at 3:30 p.m. Upon interview, Staff 1 stated that they were recently made aware that drill times must vary. 2. At 11:43 a.m., the facility failed to provide shift fire drills for the first quarter (January, February, March 2025), second quarter (April, May, June 2024) and fourth quarter (October, November,	K 712	Issues identified will be corrected immediately by the Maintenance Director and/or designee and will be validated by the Maintenance Director and/or designee will do trending/analysis and will report to the quarterly QAPI Committee for further evaluation and/or recommendations. Completion Date: 04/17/2025 K712 Fire Drills How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice: a) A fire drill was conducted for PM shift on 01/31/2025, for NOC shift on 02/27/2025, and for AM shift on 03/25/2025. How the facility will identify other residents having the potential to be affected by the same deficient practice and what action will be taken b) All areas have the potential to be affected by this deficient practice. No other areas were identified as being affected. What measures will be put into place or what systemic changes you will take to ensure that the deficient practice will not recur. c) In-Service was conducted by Administrator to the Maintenance Director on 04/17/2025 regarding the importance of ensuring that the facility is following the proper procedures and regulations as it pertains to fire drills for all three shifts (AM, PM and NOC).		

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K 712	Continued From page 3 December 2024). Upon interview, Staff 1 stated that they tried to conducted drills at over lapping shift times to involve two shifts in the fire drills.	K 712	d) Maintenance Director and/or designee will bring monthly to the department manager morning meeting the fire drill binder to validate that fire drills are being conducted as required and for all three shifts. Issues identified will be immediately addressed and corrected by the Maintenance Director and/or designee and will be validated by the Administrator.	
K 920 SS=F	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 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. 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: Based on observation and interview, the facility failed to maintain the electrical equipment. This was evidenced by the use of extension cords. This could result in a fire and affected 95 of 95 residents and four of four smoke compartments.	K 920	e) Maintenance Director and/or designee will bring monthly to the department manager morning meeting the fire drill binder to validate that fire drills are being conducted as required and for all three shifts. Issues identified will be immediately addressed and corrected by the Maintenance Director and/or designee and will be validated by the Administrator. Maintenance Director and/or designee will do trending/analysis and will report to the quarterly QAPI Committee for further evaluation and/or recommendations. Completion Date: 04/17/2025 K920 Electrical Equipment – Power Cords and Extens How the corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice:	

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K 920	Continued From page 4 Findings: During a tour of the facility and interview with Staff on 4/16/25, the electrical equipment was observed. 1. At 9:09 a.m., the corridor near resident room 23 was observed with a portable air conditioning plugged into an orange extension cord. Upon interview, Staff 1 stated that the residents family brought in the power strip to the facility. 2. At 9:10 a.m., resident room 20 by bed A was observed with an extension cord. Upon interview, Staff 1 stated that the residents brought the extension cord into the facility. 3. At 9:16 a.m., the corridor near resident room 50 was observed with a portable air conditioning plugged into an orange extension cord. Upon interview, Staff 1 stated that the residents family brought in the power strip to the facility. 4. At 9:27 a.m., the corridor near resident room 36 was observed with a portable air conditioning plugged into an orange extension cord. Upon interview, Staff 1 stated that the residents family brought in the power strip to the facility. 5. At 9:32 a.m., medication storage closet in nurses station 2 was observed with an extension cord plugged into an air conditioning unit placed on a cabinet. Upon interview, Staff 1 stated 6. At 9:40 a.m., the corridor near resident room 9 was observed with a portable air conditioning plugged into an orange extension cord. Upon interview, Staff 1 stated that the residents family	K 920	a) The Maintenance Director immediately removed the orange extension cord plugged into the portable air conditioning found in the corridor near resident room 23 on 04/16/2025. b) The Maintenance Director immediately removed the extension cord plugged into the resident room 20 on 04/16/2025. c) The Maintenance Director immediately removed the orange extension cord plugged into the portable air conditioning found in the corridor near resident room 50 on 04/16/2025. d) The Maintenance Director immediately removed the orange extension cord plugged into the portable air conditioning found in the corridor near resident room 36 on 04/16/2025. e) The Maintenance Director immediately removed the extension cord plugged into the air conditioning in the medication storage closet 04/16/2025. f) The Maintenance Director immediately removed the orange extension cord plugged into the portable air conditioning found in the corridor near resident room 9 on 04/16/2025. How the facility will identify other residents having the potential to be affected by the same deficient practice and what action will be taken g) All areas have the potential to be affected by this deficient practice. No other areas were identified as being affected. What measures will be put into place or what systemic changes you will take to ensure that the deficient practice will not recur.	

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K 920	Continued From page 5 brought in the power strip to the facility.	K 920	<p>h) In-Service was conducted by Administrator to the Maintenance Director on 04/17/2025 regarding the importance of ensuring that the facility is following the proper procedures and regulations as it pertains to the use of extension cords within the facility.</p> <p>i) Maintenance Director and/or designee will conduct weekly facility inspections focusing on the facility use of extension cords. Issues identified will be corrected immediately by the Maintenance Director and/or designee and will be validated by the Administrator.</p> <p>How the facility plans to monitor its performance to make sure that solutions are sustained.</p> <p>j) Maintenance Director and/or designee will conduct weekly facility inspections focusing on the facility use of extension cords. Issues identified will be corrected immediately by the Maintenance Director and/or designee and will be validated by the Maintenance Director and/or designee will do trending/analysis and will report to the quarterly QAPI Committee for further evaluation and/or recommendations.</p> <p>Completion Date: 04/17/2025</p>		