

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

PRINTED: 04/24/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 055957	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2025
NAME OF PROVIDER OR SUPPLIER SANTA PAULA POST ACUTE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 250 MARCH ST SANTA PAULA, CA 93060	
(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 = 79 INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 1/1/73 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED. Resident Certified Beds: 99 Resident Census: 79 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=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	K 345	K345 Fire Alarm System - Testing and maintenance	

RECEIVED
By Rocio Casper at 6:59 am, May 13, 2025

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



TITLE

Admin Assistant

(X6) DATE

05/07/2025

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 3 During a tour of the facility, record review, and interview with the Maintenance Supervisor 1 and Assistant Administrator on 4/22/25, the fire alarm system was observed, and documentation was reviewed. On 4/22/25 at 3:20 p.m., the facility failed to transmit fire alarm signals to a central station upon the activation of initiating devices. Three devices were tested at the premise from 2:36 p.m. to 2:44 p.m. During a concurrent interview, the Maintenance Supervisor 1 stated that he called central station after the test was completed. Central Station confirmed that they did not receive a trouble signal. At 3:49 p.m., the Assistant Administrator confirmed the finding and stated that he will activate the fire watch policy immediately to monitor the building. On 4/23/25 at 4:25 p.m., the Assistant Administrator stated that the alarm panel was functioning as intended and the issues may be related to the phone service provider. In the meantime, the fire watch will be on-going until service was restored.	K 345	MEASURES TO PREVENT RECURRENCE: Maintenance Dept/ Designees were inserviced to inform administration during daily department manager morning meeting/report whenever testing is taking place to ensure administration is able to monitor the testing and confirm succesful testing and transmission to providers Central Station. SEE EXHIBIT - E	04/23/2025	
K 918 SS=C	Electrical Systems - Essential Electric Syste 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.	K 918	K918 CORRECTIVE ACTION Maintenance Supervisor/ Designee Immediately contacted our back up generator service provider to follow up on service delay as we are contracted to have the generaror serviced yearly. Additionally an inservice was provided to a our maintenance staff in the regarding the generator service and maintenance SEE EXHIBIT - F	04/23/2025 04/23/2025	

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K 918	<p>Continued From page 4</p> <p>Maintenance and testing of the generator and transfer switches are performed in accordance with NFPA 110.</p> <p>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 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 record review and interview, the facility failed to maintain the Emergency Power Supply System (EPSS). This was evidenced by the failure to provide a test of the automatic transfer switch (ATS) at least annually. This could result in a delay to provide power to selected areas during an emergency. This affected 79 of 79 residents in three of three smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.5.1 Utilities.</p>	K 918	<p>IDENTIFICATION OF OTHERS</p> <p>Maintenance Supervisor/ Designee immediately reviewed equipment and facility maintenance logs to ensure no other equipment was affected by this deficient practice</p> <p>MEASURES TO PREVENT RECURRENCE:Maintenance log reports and findings will be reviewed by the quality assurance panel during monthly and quarterly reports. Findings and suggestios for improvement will be included in QA report.</p> <p>MONITORING PROCESS: Maintenance Supervisor/ Designee were inserviced to include the completed maintenance report findings of all regularly serviced equipment and facility inspections in our quarterly assurance meetings to including dates upcoming of scheduled maintenance.</p> <p>SEE EXHIBIT - G</p>	04/22/2025	ONGOING
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K 918	<p>Continued From page 5</p> <p>19.5.1.1 Utilities shall comply with the provisions of Section 9.1.</p> <p>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</p> <p>8.3 Maintenance and Operational Testing.</p> <p>8.3.1* The EPSS shall be maintained to ensure to a reasonable degree that the system is capable of supplying service within the time specified for the type and for the time duration specified for the class.</p> <p>8.3.5 * Transfer switches shall be subjected to a maintenance and testing program that includes all of the following operations:</p> <p>(1) Checking of connections</p> <p>(2) Inspection or testing for evidence of overheating and excessive contact erosion</p> <p>(3) Removal of dust and dirt</p> <p>(4) Replacement of contacts when required</p> <p>8.4 Operational Inspection and Test</p> <p>8.4.7* EPSS circuit breakers for Level 1 system usage, including main and feed breakers between the EPS and the transfer switch load terminals, shall be exercised annually with the EPS in the "off" position.</p> <p>Findings:</p> <p>During a review of record and interview with the Maintenance Supervisor 1 on 4/22/25, the EPSS was observed, and documentation was requested.</p> <p>At 9:12 a.m., the facility failed to provide</p>	K 918			

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K 923	<p>Continued From page 7</p> <p>Storage is planned so cylinders are used in order 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 and interview, the facility failed to maintain the oxygen cylinders. This was evidenced by an oxygen cylinder that was not supported in a proper cylinder stand. This could result in damage to cylinder during an emergency. This affected 38 of 79 residents in one of three smoke compartments.</p> <p>NFPA 99, Health Care Facilities Code, 2012 Edition 11.3 Cylinder and Container Storage Requirements. 11.6.2.3 Cylinders shall be protected from damage by means of the following specific procedures: (1) Oxygen cylinders shall be protected from abnormal mechanical shock, which is liable to damage the cylinder, valve, or safety device. (11) Freestanding cylinders shall be properly chained or supported in a proper cylinder stand or cart.</p> <p>Findings:</p> <p>During a tour of the facility and interview with the Maintenance Supervisor 1 on 4/22/25, the storage room containing oxygen cylinders was observed.</p>	K 923	<p>MONITORING PROCESS:</p> <p>Administrator/Designee will assign the safety committee panel members designated areas of the building to inspect for innapropriately placed or stored oxygen tanks and report findings during our monthly safety committee meeting for monitoring, improvement, and implement strategies for compliance.</p>	Ongoing	

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K 923	Continued From page 8 At 11:57 a.m., the facility failed to store an "E" type oxygen cylinder in a stand or a cart. The cylinder was freestanding and located in the oxygen storage room. In addition, there was an aggregate volume of more than 300 cubic feet of oxygen that was stored the room. During a concurrent interview, the Maintenance Supervisor 1 confirmed the finding and stated that the cylinder may belong to an outside agency.	K 923		