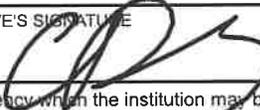


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 06/27/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555021	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 06/25/2025
NAME OF PROVIDER OR SUPPLIER THE GROVE POST ACUTE			STREET ADDRESS, CITY, STATE, ZIP CODE 12332 GARDEN GROVE BLVD. GARDEN GROVE, CA 92843		
(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 = 93 INITIAL COMMENTS K3 BUILDING: 02 K6 PLAN APPROVAL: 1980 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED. Resident Certified Beds: 97 Resident Census: 93 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 SS=D	Cooking Facilities CFR(s): NFPA 101	K 324			

RECEIVED
By TNewmann at 3:42 pm, Jul 07, 2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 7/7/25
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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.

7/16/25 POC approved by Jose Gonzalez, SSM-I

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K 324	<p>Continued From page 1</p> <p>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</p> <p>This REQUIREMENT is not met as evidenced by: Based on record review and interview, the facility failed to maintain the cooking facilities maintenance and testing. This was evidenced by missing inspection, maintenance, and testing reports for the cooking equipment in the kitchen. This could result in the kitchen cooking equipment being overloaded and potentially increase the risk of a fire. This affected 24 of 93 residents in one of smoke compartments.</p>	K 324	<p>K324</p> <ul style="list-style-type: none"> • <i>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</i> <p>Stove and oven maintenance was inspected and verified by Maintenance Director under the supervision of regional director for environmental services. Condition of all equipment, connections, and burners passed inspection.</p> <ul style="list-style-type: none"> • <i>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;</i> <p>All patients have the ability to be affected by this deficient practice</p> <ul style="list-style-type: none"> • <i>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</i> <p>Maintenance director has been put on a quarterly inspection of stove and oven components, required to fill out the log documenting all inspections and any findings to be brought to QA for review.</p> <ul style="list-style-type: none"> • <i>How the facility plans to monitor its performance to make sure that solutions are sustained.</i> <p>Environmental services director will be responsible for bringing the log to each quarterly QA meeting until reaching 3 consecutive quarters with no findings.</p> <ul style="list-style-type: none"> • <i>Include dates when corrective action will be completed.</i> <p>Inspection completed 7/2/25</p>	

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K 324	<p>Continued From page 2</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, 2014 Edition 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 charbroilers, 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> <p>Findings:</p> <p>During record review and interview with the Administrator and Maintenance Director (MD) on 6/25/2025, the generator maintenance and testing records were reviewed and staff was interviewed.</p> <p>At 11:44 a.m., the Kitchen was equipped with six burners, two ovens, and one griddle. The facilities kitchen equipment inspection, maintenance, and</p>	K 324		

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K 324	Continued From page 3 testing records indicated that the cooking equipment was only inspected once the equipment was broken. The annual inspection, maintenance, and testing records for the kitchen equipment were missing. During a concurrent interview, the Administrator stated that they do not have a program in place for an annual kitchen cooking equipment inspection.	K 324			
K 353 SS=F	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 sprinkler system maintenance and testing. This was evidenced by inspection and testing records being out of date. This could result in the sprinkler system being inoperable during an emergency situation or fire.	K 353	K353 • How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice; 1. 5 year fire sprinkler inspection, main drain test on all systems, inspectors test/water flow test, back flush on all fire department department connections, visual inspection of all fireheads and components, shutdown/reinstatement was performed 6/26/25 by GNA Firebrook Protection certified technician. 2. Boxes were removed from the kitchen storage room 6/25/25. • 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; All patients have the ability to be affected by this deficient practice • What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur; 1. Maintenance director has put together and annual list of required testing, required to bring to January QA for review by all department heads/governing body. 2. Maintenance director is required to audit storage spaces for ceiling clearance once per week until reaching compliance for 3 months.		

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K 353	<p>Continued From page 4</p> <p>This affected 93 of 93 residents in four of four smoke compartments.</p> <p>NFPA 101: Life Safety Code, 2012 Edition 19.3.5 Extinguishment Requirements. 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. 9.7.1 Automatic Sprinklers. 9.7.1.1 * Each automatic sprinkler system required by another section of this Code shall be in accordance with one of the following: (1) NFPA 13, Standard for the Installation of Sprinkler Systems (2) NFPA 13D, Standard for the Installation of Sprinkler Systems in One- and Two-Family Dwellings and Manufactured Homes (3)(3) NFPA 13R, Standard for the Installation of Sprinkler Systems in Residential Occupancies up to and Including Four Stories in Height 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 13, Standard for the Installation of Sprinkler Systems, 2010 Edition 8.5.5.2 * Obstructions to Sprinkler Discharge Pattern Development. 8.5.5.2.1 Continuous or noncontinuous obstructions less than or equal to 18 in. (457 mm) below the sprinkler deflector that prevent the pattern from fully developing shall comply with 8.5.5.2.</p>	K 353	<p><i>• How the facility plans to monitor its performance to make sure that solutions are sustained.</i></p> <p>1. Environmental services director will be responsible for scheduling and verifying all inspections are completed on a timely basis. All inspections and planned schedule will be brought to QA on a monthly basis for review until reaching 3 consecutive months with no concerns.</p> <p>2. Environmental services director will bring his storage room ceiling clearance audit results to monthly QA until 3 consecutive months with no findings.</p> <p><i>• Include dates when corrective action will be completed.</i></p> <p>1. Inspection completed 6/26/25 2. Compliance for ceiling clearance on 6/25/25</p>		

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K 353	Continued From page 5 NFPA 25: Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition 5.1.1.2 Table 5.1.1.2 shall be used to determine the minimum required frequencies for inspection, testing, and maintenance. Inspection - Obstruction, internal inspection of piping - 5 years Findings: During record review and interview with the Administrator and Maintenance Director (MD) on 6/25/2025, the sprinkler system maintenance and testing records were reviewed and staff was interviewed. 1. At 11:28 a.m., the 5-year inspection and testing records for the sprinkler system were past due. The facility provided a document titled "GN Brook Fire Protection" dated 7/18/2019. During a concurrent interview, the MD stated that the most current 5-year inspection and testing records were the ones dated 7/18/2019. 2. At 1:56 p.m., there were storage items located in the Kitchen storage closet that were observed to be stored within 8 inches from from a sprinkler deflector. During a concurrent interview, the MD stated that they were unaware of regulation.	K 353			
K 918 SS=F	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	K 918			

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K 918	<p>Continued From page 6</p> <p>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.</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 essential electrical system maintenance and testing. This was evidenced by the emergency generator not being exercised under load for 30 minutes. This could result in the generator being inoperable during an emergency situation or fire. This affected 93 of 93 residents</p>	K 918	<p>K918</p> <ul style="list-style-type: none"> • <i>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</i> <p>Environmental services director held a 30 minute load test on 6/26/25 with no negative findings.</p> <ul style="list-style-type: none"> • <i>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;</i> <p>All patients have the ability to be affected by this deficient practice</p> <ul style="list-style-type: none"> • <i>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</i> <p>Environmental services director is required to test the generator backup system for 30 minutes each month, was given a 1:1 by the administrator on 6/26/25 explaining the 30 minute monthly requirement and has agreed to perform the test each month for the full, required 30 minutes</p> <ul style="list-style-type: none"> • <i>How the facility plans to monitor its performance to make sure that solutions are sustained.</i> <p>Environmental services director will be responsible for scheduling and verifying all inspections are completed on a timely basis. Maintenance generator load testing log sheet will be brought to QA on a monthly basis for review until reaching 3 consecutive months with no concerns.</p> <ul style="list-style-type: none"> • <i>Include dates when corrective action will be completed.</i> <p>Inspection completed 6/26/25</p>		

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K 918	Continued From page 7 in four of four smoke compartments. Findings: During record review and interview with the Administrator and Maintenance Director (MD) on 6/25/2025, the generator maintenance and testing records were reviewed and staff was interviewed. At 10:46 a.m., the facility provided documents titled "Emergency Generator Log" that indicated that a weekly inspection as well as a monthly test under load was done on the generator. The reports showed that a load test was performed for 20 minutes each month instead of the required 30-minutes. During a concurrent interview, the MD stated that they were unaware that the monthly load test was required to be done for 30 minutes.	K 918			
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.	K 923			

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K 923	<p>Continued From page 8</p> <p>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 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: Based on observation and interview, the facility failed to follow the regulations for gas equipment - cylinder and container storage. This was evidenced by a portable oxygen tank freestanding not properly secured. This could result in the portable oxygen tank being accidentally tipped over resulting the spread of gas to the rest of the facility. This affected two of 93 residents in one of four smoke compartments.</p> <p>NFPA 99, Health Care Facilities Code, 2012 Edition 11.6.2.3 Cylinders shall be protected from damage by means of the following specific procedures: (11) Freestanding cylinders shall be properly</p>	K 923	<p>K923</p> <ul style="list-style-type: none"> • <i>How corrective action(s) will be accomplished for those residents found to have been affected by the deficient practice;</i> <p>Oxygen tank was removed from room 18 on 6/25/25 and replaced with an oxygen tank that was fully secured.</p> <ul style="list-style-type: none"> • <i>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;</i> <p>DON and DSD audited all rooms within the facility and found no other freestanding oxygen tanks, no other residents were affected.</p> <ul style="list-style-type: none"> • <i>What measures will be put into place or what systemic changes the facility will make to ensure that the deficient practice does not recur;</i> <p>Administrator gave 1:1 inservice with Central supply coordinator (CSC) on 6/26/25. CSC will be auditing all rooms 2 x week to verify all oxygen tanks are properly stored in resident rooms and oxygen storage rooms.</p> <ul style="list-style-type: none"> • <i>How the facility plans to monitor its performance to make sure that solutions are sustained.</i> <p>Central supply coordinator will bring audit findings to monthly QA meeting until 3 consecutive months with no findings</p> <ul style="list-style-type: none"> • <i>Include dates when corrective action will be completed.</i> <p>Completed 6/26/25</p>	

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K 923	<p>Continued From page 9</p> <p>chained or supported in a proper cylinder stand or cart.</p> <p>Findings:</p> <p>During a facility tour and interview with the Administrator and Maintenance Director (MD) on 6/25/2025, the generator maintenance and testing records were reviewed and staff was interviewed.</p> <p>At 1:46 p.m., there was a portable oxygen tank observed in Bedroom 18 to be freestanding, not properly secured. During a concurrent interview the MD stated that a nurse most likely was replacing the oxygen tank and left the old one in the room.</p>	K 923		
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STOVE and OVEN MAINTENANCE CHECK LIST

STATUS

DATE 7-4-25

General Condition	PASS	FAIL	REMARKS	DONE BY
Check for any visible damage or wear (cracks, rust, dents)	✓			DM
Ensure the unit is level and stable	✓			DM
Verify appliance is clean (top, sides, and underneath)	✓			DM
Electrical or Gas Connections	PASS	FAIL	REMARKS	DONE BY
Inspect power cord or gas line for damage or wear	✓			DM
Confirm proper connection to power/gas supply	✓			DM
Check for any gas smell (if gas-powered)	✓			DM
Test igniters (gas) or heating elements (electric)	✓			DM
Stovetop (Burners)	PASS	FAIL	REMARKS	DONE BY
Confirm all burners ignite and heat evenly	✓			DM
Inspect burner caps and heads (clean, no debris)	✓			DM
Check control knobs for smooth operation and accurate labeling	✓			DM
Clean grease buildup around burners and control panel	✓			DM
Oven Functionality	PASS	FAIL	REMARKS	DONE BY
Test bake and broil functions	✓			DM
Confirm oven heats to set temperature (use thermometer if needed)	✓			DM
Inspect door seal/gasket for cracks or wear	✓			DM
Ensure oven light is working	N/A		N/A	DM
Check oven racks (no warping, move smoothly)	✓			DM
Safety and Cleanliness	PASS	FAIL	REMARKS	DONE BY
Check ventilation or exhaust system (clean, no blockages)	✓			DM
Clean oven interior (especially if there's burnt residue)	✓			DM
Inspect anti-tip bracket (should be properly installed)	✓			DM
Check for signs of pests or food spills underneath	✓			DM
Preventive Maintenance	PASS	FAIL	REMARKS	DONE BY
Replace or clean air filters (if applicable)			N/A	DM
Recommend deep cleaning schedule (e.g., every 6 months)	✓			DM
Note any parts that may need future replacement			All Good	DM

WORK ACKNOWLEDGEMENT



Your Technician:
Eric Shoemaker
On site 6/26/2025 at 6:56am

From | **GNA-Brook Fire Protection, Inc**
117 South Vermont Avenue
Glendora, CA 91741
(626) 914-5529

Date of Service | 6/26/2025
Job No. | 41744093
Type | Inspection
PO No. |

Job For | **The Grove Post Acute**
12332 Garden Grove Blvd
Garden Grove, CA 92843

Services completed



5 Year Fire Sprinkler Inspection
Perform main drain test on all systems.
Perform Inspectors test / water flow test on all systems.
Perform back flush on all Fire Department Connections.
Exercise all sprinkler shut off valves.
Perform visual inspection of all sprinkler heads and system components.
Shut down and reinstatement of the sprinkler system.
Inspection to conform to NFPA 13 requirements and local authority having jurisdiction.

AES 2.1/2.2

Comments

No Comments

Signature

06/26/2025 09:13am PDT

Accepted By: Nate Mancenido

Wet Pipe Fire Sprinkler System		California Code of Regulations – Title 19 Inspection, Testing and Maintenance		5 Year Report	1 of 3
Property Information			Contractor or Licensed Owner Information		
Building Name: The Grove Post Acute			Name: GNA-Brook Fire Protection, Inc		
Address: 12332 Garden Grove Blvd			Address: 117 South Vermont Avenue		
City: Garden Grove			City: Glendora St: CA Zip:		
Contact Person: Ben Berber			License #: 782494 Phone:		
Phone: 9519015385			<input type="checkbox"/> SFM <input checked="" type="checkbox"/> CSLB Job #: 41744093 Misc.		

Riser Information			Main Drain Test (Annual)				
Riser No	Location	Riser Diameter	Main Drain Diameter	Initial Static Pressure	Residual Pressure	Final Static Pressure	P,F,N/A
1	Exterior West Riser Room	4	2	55	50	55	P
This building has more than 5 risers. See additional AES 2.9 form attached.				Number of AES 2.9 forms attached:			

5-Year INSPECTION, TESTING AND MAINTENANCE						
Includes ALL Quarterly and Annual Inspections, Tests, and Maintenance						
I = Inspection T = Test M = Maintenance			P = Pass F = Fail N/A = Not Applicable			
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.1	I	Control Valves – Identification Sign	13.3.1	06-26-2025	N/A	P
1.2	I	Control Valves – Inspection	13.3.2	06-26-2025	N/A	P
1.3	I	Waterflow Alarm Devices	5.2.5	06-26-2025	N/A	P
1.4	I	Supervisory Devices	5.2.5	06-26-2025	N/A	P
1.5	I	Gauges (Wet Pipe Systems)	5.2.4.1	06-26-2025	N/A	F
1.6	I	Hydraulic Design Information Sign (For hydraulically designed systems)	5.2.6	06-26-2025	N/A	N/A
1.7	I	Enter Water Supply Pressure Below Riser Check	5.2.4.1	06-26-2025	psi	N/A
1.8	I	Enter Water Supply Pressure Above Riser Check	5.2.4.1	06-26-2025	psi	N/A
1.9	I	Pressure Readings Acceptable	5.2.4.1	06-26-2025	N/A	P
1.10	I	General Information Sign (not required for system prior to 2007 Edition NFPA 13)	5.2.8	06-26-2025	N/A	N/A
1.11	I	Heat Tape	5.2.7	06-26-2025	N/A	N/A
1.12	I	Spare Sprinklers	5.2.1.4	06-26-2025	N/A	P
1.13	I	Fire Department Connections	13.7	06-26-2025	N/A	P
1.14	I	Alarm Valves – Exterior Inspection	13.4.1	06-26-2025	N/A	P
1.15	I	Pressure Reducing Valves	13.5.1.1	06-26-2025	N/A	N/A
1.16	I	Backflow Preventers	13.6.1	06-26-2025	N/A	P

Wet Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5 Year Report	2 of 3
Property Information			Contractor or Licensed Owner Information
Building Name: The Grove Post Acute			Name: GNA-Brook Fire Protection, Inc
Address: 12332 Garden Grove Blvd			Job #:41744093
City: Garden Grove			

ANNUAL INSPECTION, TESTING, AND MAINTENANCE Include ALL Quarterly Inspections (See Previous Page)						
I = Inspection T = Test M = Maintenance				P = Pass F = Fail N/A = Not Applicable		
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
1.17	I	Small Hose Connections - Hose Valve*	5.1.6, 13.5.2 13.5.5.1	06-26-2025	N/A	N/A
1.18	I	PRV – Fire Sprinkler Systems	13.5.1.1	06-26-2025	N/A	N/A
1.19	I	Buildings (Freeze Protection)	4.1.1.1	06-26-2025	<i>Owner's Responsibility</i>	N/A
1.20	I	Sprinklers	5.2.1	06-26-2025	N/A	F
1.21	I	Sprinklers - Accessible Concealed Space	5.2.1.1.6	06-26-2025	N/A	P
1.22	I	Pipe and Fittings	5.2.2	06-26-2025	N/A	P
1.23	I	Pipe and Fittings - Accessible Concealed Space	5.2.2.3	06-26-2025	N/A	P
1.24	I	Hangers	5.2.3	06-26-2025	N/A	P
1.25	I	Hangers - Accessible Concealed Space	5.2.3.3	06-26-2025	N/A	P
1.26	I	Seismic Braces	5.2.3	06-26-2025	N/A	P
1.27	I	Seismic Braces - Accessible Concealed Space	5.2.3.3	06-26-2025	N/A	P
1.28	I	Unsprinklered Areas	CFC 901.4	06-26-2025	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
2.1	T	Field Service Test Required <i>Send Report to Fire Code Official</i>	5.3.1	06-26-2025	If REQUIRED, Enter "F" until results are returned from Lab	P
2.2	T	Recalled Sprinklers <i>If not present = Pass; If present = Fail</i>	Title 19 904.1(c)	06-26-2025	N/A	P
2.3	T	Water Flow Alarm Devices <i>90 secs max. Enter time</i>	5.3.3 13.2.6	06-26-2025	70 sec	P
2.4	T	Main Drain Test <i>(Enter data on Page 1 of this form)</i>	13.2.5 13.3.3.4	06-26-2025	N/A	P
2.5	T	Control Valve - Position	13.3.3.2	06-26-2025	N/A	P
2.6	T	Control Valve – Operation	13.3.3.1	06-26-2025	N/A	P
2.7	T	Supervisory Devices	13.3.3.5	06-26-2025	N/A	P
2.8	T	Backflow Preventer Assemblies	13.6.2	06-26-2025	N/A	P
2.9	T	Small Hose Connections* w/PRV Hose Valves – Partial Flow Test	13.5.2.3 13.5.3.3	06-26-2025	N/A	N/A
2.10	T	PRV – Fire Sprinkler Systems	13.5.1.3	06-26-2025	N/A	N/A
2.11	T	Pressure Gauges - Calibration	5.3.2	06-26-2025	N/A	P
2.12	T	Small Hose Connections*	13.5.6.2.2	06-26-2025	N/A	N/A

* Small hose connections are hose valves and optional hose supplied by the fire sprinkler system. They do not include Class I, II, or III standpipe systems.

Wet Pipe Fire Sprinkler System	California Code of Regulations - Title 19 Inspection, Testing, and Maintenance	5 Year Report	3 of 3
Property Information			Contractor or Licensed Owner Information
Building Name: The Grove Post Acute			Name: GNA-Brook Fire Protection, Inc
Address: 12332 Garden Grove Blvd			Job #: 41744093
City: Garden Grove			

ANNUAL INSPECTION, TESTING, AND MAINTENANCE Include ALL Quarterly Inspections (See Previous Page)						
I = Inspection T = Test M = Maintenance				P = Pass F = Fail N/A = Not Applicable		
Item		Description	NFPA 25 CA ed. Reference	Date	Comments Only	P,F,N/A
3.1	M	Check Valves - Internal inspection	13.4.2	06-26-2025	N/A	P
3.2	M	Control Valves	13.3.4	06-26-2025	N/A	P
3.3	M	FDC - Backflush	14.3.2.3 14.3.2.4	06-26-2025	N/A	P
3.4	M	Internal Pipe Inspection <i>If "Yes" - See Deficiencies and Comments Section for Results.</i>	14.2	06-26-2025		yes
3.5	M	Obstruction Investigation Required. <i>If "Yes" - See Deficiencies and Comments Section for Results.</i>	14.3	06-26-2025		no
3.6	M	System Returned to Service	4.5.3	06-26-2025		yes

D = Deficiency C = Comment (Indicate type)						
Item	Date	Riser	D	C	Deficiencies and Comments <small>Indicate all equipment, devices and parts that were repaired or replaced</small>	
1.5	06-26-2025	1	D		0-300 psig in service more than 5 years	
1.20	06-26-2025	1	D		Corroded/Damaged/Out of Date fire sprinklers.	
See Correction Form AES 10 for corrected deficiencies.				no	Number attached:	
I hereby certify that the fire protection equipment listed above has been fully inspected, tested, and maintained on this date by the company indicated above, in accordance with CCR, Title 19, Sections 901 to 906 and that the equipment is fully operable except as noted in the "Deficiencies and Comments" section of this form.						
Print Name	Eric Shoemaker					
Signature						Date 06-26-2025

Emergency Generator Log

Generator #1

Facility Name: Orangecroove Rehabilitation Hospital
 Target Goal (30% of Nameplate Rating) = XXX Amps

Date	Operator	Start	Stop	Time Elapse	Oil Pressure	Jacket Water Temp	Battery Check (All Cells)	PHASE(amps)			ATS Y=Operated Correctly	Transfer Time to Emergency Power	Meet Or Exceed Target Goal Y/N	Notes
								1	2	3				
5-8-75	NM	7:40 am	7:40 am	10 mins	✓	N/A	B-2	Yes			w/o load	Y		
5-15-75	NM	7:40 am	7:40 am	10 mins	✓	N/A	B-2	Yes			w/o load	Y		
5-22-75	NM	7:30 am	7:40 am	10 mins	✓	N/A	B-2	Yes			w/o load	Y		
5-28-75	NM	7:30 am	7:45 am	15 mins	✓	N/A	B-2	Yes			w/ load	Y		
6-5-75	NM	7:30 am	7:40 am	10 mins	✓	N/A	B-2	Yes			w/o load	Y		
6-12-75	NM	7:30 am	7:40 am	10 mins	✓	N/A	B-2	Yes			w/o load	Y		
6-19-75	NM	7:30 am	7:40 am	10 mins	✓	N/A	B-2	Yes			w/o load	Y		
6-26-75	NM	7:30 am	8:00 am	30 mins	✓	N/A	B-2	Yes			w/ load	Y		
7-4-75	NM	7:30 am	8:00 am	30 mins	✓	N/A	B-2	Yes			w/o load	Y		

