

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

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FORM APPROVED
OMB NO. 0938-0391

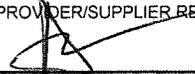
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555539	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2025
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NAME OF PROVIDER OR SUPPLIER COALINGA REGIONAL MEDICAL CTR DP/SNF	STREET ADDRESS, CITY, STATE, ZIP CODE 1191 PHELPS AVE. COALINGA, CA 93210
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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: 43	E 000		
K 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 1992 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V, FULLY SPRINKLERED. Resident Certified Beds: 51 Resident Census: 43 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 211 SS=D	The facility is not in substantial compliance with 42 CFR §483.90 for Long Term Care Facilities. Means of Egress - General CFR(s): NFPA 101	K 211		

RECEIVED
By MMonterr at 2:51 pm, Apr 30, 2025

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 04/30/2025
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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.

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K 211	<p>Continued From page 1</p> <p>Means of Egress - General Aisles, passageways, corridors, exit discharges, exit locations, and accesses are in accordance with Chapter 7, and the means of egress is continuously maintained free of all obstructions to full use in case of emergency, unless modified by 18/19.2.2 through 18/19.2.11. 18.2.1, 19.2.1, 7.1.10.1 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain the means of egress. This was evidenced by a minimized exit pathway. This could result in a delay of egress in the event of an evacuation. This affected 24 of 43 residents and one of two smoke compartments.</p> <p>Findings:</p> <p>During a tour of the facility and interview with the staff on 4/15/25, the means of egress were observed.</p> <p>At 10:11 a.m., the exit pathway along the southwest side of the building outside Room 214 was observed obstructed by a wheelbarrow, lawn mower and trash bin. The exit access was observed minimized down to approximately 12 inches. During a concurrent interview, Staff 1 stated that the maintenance equipment was likely placed in that location by the Landscaping Staff.</p>	K 211	<p>All residents were identified as having potential to be affected by this deficient practice. This deficient practice could result in a delay of egress in the event of an evacuation. To correct this, all maintenance and landscaping equipment were immediately removed from the exit route. The Maintenance Department lead re-educated all Maintenance, Landscaping, and Facility staff on April 24, 2025, regarding the necessity of always keeping all means of egress clear and unobstructed. Visual inspections of all exit paths will be conducted daily by the Maintenance Department and the DSD. Any obstruction is reported and resolved immediately. A written log of these inspections will be maintained and audited weekly by the Maintenance Department to ensure compliance.</p>	April 15, 2025
K 363 SS=D	<p>Corridor - Doors CFR(s): NFPA 101</p> <p>Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or</p>	K 363		

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K 363	<p>Continued From page 2</p> <p>hazardous areas resist the passage of smoke and are made of 1 3/4 inch solid-bonded core wood or other material capable of resisting fire for at least 20 minutes. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. Corridor doors and doors to rooms containing flammable or combustible materials have positive latching hardware. Roller latches are prohibited by CMS regulation. These requirements do not apply to auxiliary spaces that do not contain flammable or combustible material. Clearance between bottom of door and floor covering is not exceeding 1 inch. Powered doors complying with 7.2.1.9 are permissible if provided with a device capable of keeping the door closed when a force of 5 lbf is applied. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Nonrated protective plates of unlimited height are permitted. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.3, unless the smoke compartment is sprinklered. Fixed fire window assemblies are allowed per 8.3. In sprinklered compartments there are no restrictions in area or fire resistance of glass or frames in window assemblies.</p> <p>19.3.6.3, 42 CFR Parts 403, 418, 460, 482, 483, and 485</p> <p>Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc.</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to maintain the corridor doors. This was evidenced by a non-latching corridor door. This</p>	K 363	<p>The door to Room 228 was observed not to be latching properly due to broken latching hardware. On April 15, 2025, the Maintenance Department replaced the defective hardware and verified the door now closes and latches securely. All corridor doors were inspected on April 16, 2025, to ensure proper functioning. necessary repairs were made immediately. The Plant Operations team has added door-latching functionality checks to its preventative maintenance schedule and annual Door inspections. All deficiencies will be corrected within 24 hours of identification.</p>	April 15, 2025
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K 363	Continued From page 3 can increase the passage of smoke through smoke compartments. This affected 24 of 43 residents and one of two smoke compartments. Findings: During a tour of the facility and interview with the staff on 4/15/25, the corridor doors were observed. At 10:17 a.m., the corridor door to the Room 228 failed to latch when tested for closure. The door was observed with broken latching hardware. During a concurrent interview, Staff 1 stated that the door's malfunctioning latching hardware prevented the door from full closure.	K 363		
K 521 SS=F	HVAC CFR(s): NFPA 101 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 document review and interview, the facility failed to maintain the HVAC system. This was evidenced by the failure to conduct the required test and inspection for the facility's fire/smoke dampers. This could result in the spread of smoke throughout smoke compartments in the event of a fire. This affected	K 521	The last smoke damper inspection was completed on September 28, 2020, exceeding the four-year testing requirement. On April 15, 2025, the facility contacted the licensed HVAC inspection company to inspect and test all fire/smoke dampers within Building 02. The inspection and testing are scheduled on May 5th 2025 by the vendor. The Maintenance Department Staff were educated on the regulatory differences between hospital and SNF buildings to prevent recurrence. A digital calendar reminder and compliance tracker were implemented to ensure timely testing in 2029. The maintenance lead will be responsible for contacting and scheduling the timely inspections with the vendor.	May 5th, 2025

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K 521	<p>Continued From page 4</p> <p>43 of 43 residents and two of two smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.5.2.1 Heating, ventilating, and air-conditioning shall comply with the provisions of Section 9.2 and shall be installed in accordance with the manufacturer's specifications, unless otherwise modified by 19.5.2.2.</p> <p>9.2.1 Air-Conditioning, Heating, Ventilating Ductwork, and Related Equipment. Air-conditioning, heating, ventilating ductwork, and related equipment shall be in accordance with NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, or NFPA 90B, Standard for the Installation of Warm Air Heating and Air-Conditioning Systems, as applicable, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 90A, Standard for the Installation of Air-Conditioning and Ventilating Systems, 2012 Edition 5.4.8.1 Fire dampers and ceiling dampers shall be maintained in accordance with NFPA 80, Standard for Fire Doors and Other Opening Protectives.</p> <p>NFPA 80, Standard for Fire Doors and Other Opening Protectives, 2010 Edition 19.4 * Periodic Inspection and Testing. 19.4.1 Each damper shall be tested and inspected 1 year after installation. 19.4.1.1 The test and inspection frequency shall then be every 4 years, except in hospitals, where the frequency shall be every 6 years. 19.4.3 Full unobstructed access to the fire or combination fire/ smoke damper shall be verified</p>	K 521		
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K 521	<p>Continued From page 5 and corrected as required.</p> <p>19.4.4 If the damper is equipped with a fusible link, the link shall be removed for testing to ensure full closure and lock-inplace if so equipped.</p> <p>19.4.5 The operational test of the damper shall verify that there is no damper interference due to rusted, bent, misaligned, or damaged frame or blades, or defective hinges or other moving parts.</p> <p>19.4.6 The damper frame shall not be penetrated by any foreign objects that would affect fire damper operations.</p> <p>19.4.7 The damper shall not be blocked from closure in any way.</p> <p>19.4.8 The fusible link shall be reinstalled after testing is complete.</p> <p>19.4.8.1 If the link is damaged or painted, it shall be replaced with a link of the same size, temperature, and load rating.</p> <p>19.4.9 All inspections and testing shall be documented, indicating the location of the fire damper or combination fire/ smoke damper, date of inspection, name of inspector, and deficiencies discovered.</p> <p>19.4.9.1 The documentation shall have a space to indicate when and how the deficiencies were corrected.</p> <p>19.4.10 All documentation shall be maintained and made available for review by the AHJ.</p> <p>Findings:</p> <p>During document review and interview with staff on 4/15/25, the smoke damper inspection and testing records were requested and reviewed.</p> <p>At 11:21 a.m., the facility failed to conduct the four-year smoke damper testing. The date of the last smoke damper testing was 9/28/20. During a</p>	K 521		
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K 521	Continued From page 6 concurrent interview, Staff 1 stated that the facility had conducted damper testing at the same time as the Main Hospital Building. Staff 1 stated he was under the impression that the damper testing requirements for the Skilled Nursing Building were the same as the Main Hospital Building.	K 521			
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 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 maintenance and testing are maintained and readily available. EES electrical panels and circuits are marked, readily identifiable, and separate from normal power circuits. Minimizing	K 918	The facility failed to conduct the annual diesel generator fuel quality test in 2025. On April 15, 2025, the diesel generator fuel testing vendor was contacted, and a service is scheduled for May 2 nd , 2025, for the diesel to be sampled and tested by the certified vendor. The testing requirement was added to the facility's emergency preparedness checklist and calendar. The maintenance lead will be responsible for contacting and scheduling the timely inspections with the vendor.	May 2nd, 2025	

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K 918	<p>Continued From page 7</p> <p>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 System (EPSS). This was evidenced the failure to conduct required tests to the EPSS. This affected 43 of 43 residents and two of two smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.5.1.1 Utilities shall comply with the provisions of Section 9.1.</p> <p>9.1.3 Emergency Generators and Standby Power Systems. Where required for compliance with this Code, emergency generators and standby power systems shall comply with 9.1.3.1 and 9.1.3.2.</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 8.1.1 The routine maintenance and operational testing program shall be based on all of the following:</p> <ol style="list-style-type: none"> (1) Manufacturer ' s recommendations (2) Instruction manuals (3) Minimum requirements of this chapter (4) The authority having jurisdiction <p>8.3.8 A fuel quality test shall be performed at least annually using tests approved by ASTM standards.</p>	K 918		
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K 918	Continued From page 8 Findings: During document review and interview with staff on 4/15/25, the generator testing records were requested and reviewed. At 11:52 a.m., the facility failed to conduct the annual fuel quality test for the facility's 400-kilowatt diesel generator. The date of the last fuel-quality test was 3/4/24. During a concurrent interview, Staff 1 stated that the facility had not conducted a recent fuel quality test. Staff 1 stated that the generator's fuel reserves required contaminant filtering before a test were to be conducted.	K 918			
K 920 SS=D	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) assembles 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	K 920	On April 15, 2025, a power strip suspended from under the Nurse Station desk was observed. It was immediately removed and was wall-mounted that supports the necessary electrical equipment. Nursing staff were re-educated on the safe and compliant use of power strips in patient care and administrative areas. The maintenance lead/Maintenance staff and the DSD would be responsible for conducting weekly audits of nurse stations and office areas to identify improper electrical setups.	April 15, 2025	

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K 920	<p>Continued From page 9</p> <p>immediately upon completion of the purpose for which it was installed and meets the conditions of 10.2.4.</p> <p>10.2.3.6 (NFPA 99), 10.2.4 (NFPA 99), 400-8 (NFPA 70), 590.3(D) (NFPA 70), TIA 12-5</p> <p>This REQUIREMENT is not met as evidenced by:</p> <p>Based on observation and interview, the facility failed to maintain the electrical equipment. This was evidenced by a suspended power strip. This could result in an electrical fire. This affected 24 of 43 residents and one of two smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.5.1.1 Utilities shall comply with the provisions of Section 9.1. 9.1.2 Electrical Systems. Electrical wiring and equipment shall be in accordance with NFPA 70, National Electrical Code, unless such installations are approved existing installations, which shall be permitted to be continued in service.</p> <p>NFPA 70, National Electrical Code, 2011 Edition 400.10 Pull at Joints and Terminals. Flexible cords and cables shall be connected to devices and to fittings so that tension is not transmitted to joints or terminals.</p> <p>Findings:</p> <p>During a tour of the facility and interview with the staff on 4/15/25, the electrical equipment was observed.</p> <p>At 10:49 a.m., a power strip along the south wall of the Nurse Station was observed suspended under a desk. The power strip was observed suspended approximately an inch and a half off</p>	K 920		
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K 920	Continued From page 10 the floor. The power strip was observed powering computer and printer components. During a concurrent interview, Staff 2 confirmed the finding and stated he was not aware of the condition of the power strip.	K 920			