

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

PRINTED: 06/16/2025
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 555554	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 B. WING _____		(X3) DATE SURVEY COMPLETED 06/11/2025
NAME OF PROVIDER OR SUPPLIER DANISH CARE CENTER			STREET ADDRESS, CITY, STATE, ZIP CODE 10805 EL CAMINO REAL ATASCADERO, CA 93422		
(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. Census = 5	E 000			
K 000	INITIAL COMMENTS K3 BUILDING: 01 K6 PLAN APPROVAL: 3/17/93 K7 SURVEY UNDER: 2012 EXISTING STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED. Resident Certified Beds: 65 Resident Census: 5 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	NFPA 101 Life Safety Code Standards K161 Building Construction Type and Height The penetration in the ceiling of the Electrical Room was repaired by the Maintenance Director (See attached photo) To monitor and ensure that the Electrical Room remains free of unsealed penetrations. The Director of Maintenance and/or designee will perform a weekly audit of the Electrical Room for 3 months. The Administrator will review the weekly audits and bring findings to the Quality Assurance Team on a quarterly basis to evaluate the effectiveness of the program. This corrective action was completed by June 20th 2025		
K 161 SS=D	Building Construction Type and Height CFR(s): NFPA 101	K 161			

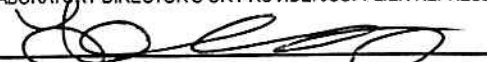
RECEIVED

By Rocio Casper at 11:22 am, Jun 25, 2025

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

TITLE

(X6) DATE

 TERESA M. BERNING ADMINISTRATOR 06/25/2025

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 161	<p>Continued From page 1</p> <p>Building Construction Type and Height 2012 EXISTING Building construction type and stories meets Table 19.1.6.1, unless otherwise permitted by 19.1.6.2 through 19.1.6.7 19.1.6.4, 19.1.6.5</p> <p>Construction Type</p> <p>1 I (442), I (332), II (222) Any number of stories non-sprinklered and sprinklered</p> <p>2 II (111) One story non-sprinklered Maximum 3 stories sprinklered</p> <p>3 II (000) Not allowed non-sprinklered</p> <p>4 III (211) Maximum 2 stories sprinklered</p> <p>5 IV (2HH) 6 V (111)</p> <p>7 III (200) Not allowed non-sprinklered</p> <p>8 V (000) Maximum 1 story sprinklered Sprinklered stories must be sprinklered throughout by an approved, supervised automatic system in accordance with section 9.7. (See 19.3.5) Give a brief description, in REMARKS, of the construction, the number of stories, including basements, floors on which patients are located, location of smoke or fire barriers and dates of</p>	K 161			

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K 161	Continued From page 2 approval. Complete sketch or attach small floor plan of the building as appropriate. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain building integrity. This deficiency was evidenced by an unsealed penetration in the electrical room. This deficiency could result in the spread of smoke and fire in the event of an emergency. This affected one of two smoke compartments. Findings: During a tour of the facility and interview with the Maintenance Consultant on 6/11/25, the electrical room was observed. At 11:33 a.m., an approximately four-inch penetration was observed in the ceiling on the south side of the electrical room, with a conduit passing through the ceiling space. Upon interview, the Maintenance Consultant stated that the facility recently had utility upgrades and the vendor failed to seal the penetration after completing the work.	K 161			
K 353 SS=D	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.	K 353			

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K 353	<p>Continued From page 3</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 observation and interview, the facility failed to maintain the sprinkler system. This deficiency was evidenced by a corroded sprinkler pendant and missing signage on the sprinkler backflow piping and fire department connection (FDC). This deficiency could result in malfunction of the sprinkler system or confusion during an emergency response. This affected five of five residents and two of two smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 19.3.5.3 Where required by 19.1.6, buildings containing hospitals or limited care facilities shall be protected throughout by an approved, supervised automatic sprinkler system in accordance with Section 9.7 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 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems, 2011 Edition.</p>	K 353	<p>NFPA 101 Life Safety Code Standards K353 Sprinkler Maintenance and Training The sprinkler pendant in the shower room was replaced and a sign with the facility address was placed on the sprinkler backflow piping. (See attached photos) To monitor the fire sprinkler pendants in the building and to verify that the signage is on the backflow piping. The director of Maintenance will preform a monthly audit for 3 months. The Administrator will review the monthly audits and bring the findings to the Quality Assurance Team on a quarterly basis to evaluate the effectiveness of the program. This corrective action was completed June 20th 2025</p>		

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K 353	<p>Continued From page 4</p> <p>5.2* Inspection.</p> <p>5.2.1 Sprinklers.</p> <p>5.2.1.1* Sprinklers shall be inspected from the floor level annually.</p> <p>5.2.1.1.1* Sprinklers shall not show signs of leakage; shall be free of corrosion, foreign materials, pain, and physical damage; and shall be installed in the correct orientation (e.g., up-right, pendent, or sidewall).</p> <p>5.2.1.1.2 Any sprinkler that shows signs of any of the following shall be replaced:</p> <p>(1) Leakage</p> <p>(2) Corrosion</p> <p>3.3.19 Inspection, Testing, and Maintenance Service. A service program provided by a qualified contractor or qualified property owner's representative in which all components unique to the property's systems are inspected and tested at the required times and necessary maintenance is provided. This program includes logging and retention of relevant records.</p> <p>13.3 Control Valves in Water-Based Fire Protection Systems.</p> <p>13.3.1* Each control valve shall be identified and have a sign indicating the system or portion of the system it controls.</p> <p>Findings:</p> <p>During a tour of the facility and interview with the Maintenance Consultant on 6/11/25, the sprinkler system was observed.</p> <p>1. At 11:14 a.m., the Shower Room next to the MDS Office had a sprinkler pendant that was green, corroded, and had a green-tinted fusible link. Upon interview, the Maintenance Consultant</p>	K 353			

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K 353	Continued From page 5 stated that the moisture and steam from showers caused the sprinkler pendants to corrode.	K 353		
K 363 SS=D	2. At 11:40 a.m., the sprinkler backflow piping and Fire Department Connection (FDC) were missing required signage. Upon interview, the Maintenance Consultant stated that the missing signage was not mentioned on previous life safety surveys and believed signage was unnecessary since their building was the only structure connected to these pipes. Corridor - Doors CFR(s): NFPA 101 Corridor - Doors Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or 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	K 363	NFPA 101 Life Safety Code Standards K 363 Corridor- Doors The corridor doors were adjusted and the gaps were fixed (See attached photos) The Director of Maintenance will audit the corridor doors weekly ensuring that the fire doors are free of gaps, and close completely for the next 3 months. The Administrator will review the audits and bring findings to the Quality Assurance Team on a quarterly basis to evaluate the effectiveness of the program. This corrective action was completed June 20th 2025	

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K 363	<p>Continued From page 6</p> <p>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 Show in REMARKS details of doors such as fire protection ratings, automatics closing devices, etc. This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to maintain corridor doors. This deficiency was evidenced by a door that did not fully close, resulting in a gap between the door leaf and frame. This deficiency could result in the delayed prevention of smoke spread during an emergency. This affected one of two smoke compartments.</p> <p>NFPA 101: Life Safety Code, 2012 Edition 19.3.6.3.1* Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas shall be doors constructed to resist the passage of smoke and shall be constructed of materials such as the following: (1) 1 3/4 in. (44 mm) thick, solid-bonded core wood (2) Material that resists fire for a minimum of 20 minutes 19.3.6.3.5* Doors shall be provided with a means for keeping the door closed that is acceptable to the authority having jurisdiction, and the following requirements also shall apply:</p>	K 363			

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K 363	Continued From page 7 1. The device used shall be capable of keeping the door fully closed if a force of 5 lbf (22 N) is applied at the latch edge of the door. 19.3.6.3.10* Doors shall not be held open by devices other than those that release when the door is pushed or pulled. Findings: During a tour of the facility and interview with the Maintenance Consultant on 6/11/25, corridor doors were observed. At 11:04 a.m., the door to the small dining room was observed closed, leaving an approximately one-half inch gap between the door leaf and doorframe. Upon interview, the Maintenance Consultant stated that the building was continually shifting, and this likely contributed to the door gap.	K 363			
K 912 SS=D	Electrical Systems - Receptacles CFR(s): NFPA 101 Electrical Systems - Receptacles Power receptacles have at least one, separate, highly dependable grounding pole capable of maintaining low-contact resistance with its mating plug. In pediatric locations, receptacles in patient rooms, bathrooms, play rooms, and activity rooms, other than nurseries, are listed tamper-resistant or employ a listed cover. If used in patient care room, ground-fault circuit interrupters (GFCI) are listed. 6.3.2.2.6.2 (F), 6.3.2.2.4.2 (NFPA 99) This REQUIREMENT is not met as evidenced by: Based on observation, document review, and interview, the facility failed to maintain electrical	K 912			

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K 912	<p>Continued From page 8</p> <p>outlets. This deficiency was evidenced by a non-Ground Fault Interrupter (GFI) protected outlet near a waterline, failing to inspect and test GFI outlets per manufacturer's recommendations, and by a damaged electrical outlet faceplate. This deficiency could result in electrical shock or fire hazards. This affected three of five residents and one of two smoke compartments.</p> <p>NFPA 99, Health Care Facilities Code, 2012 Edition 6.3.2.1 Electrical Installation. Installation shall be in accordance with NFPA 70, National Electrical Code. NEC 70: National Electrical Code, 2011 Edition</p> <p>210.8(A) Dwelling Units. All 125-volt, single-phase, 15- and 20-ampere receptacles installed in the locations specified in 210.8(A)(1) through (8) shall have ground-fault circuit-interrupter protection for personnel. (6) Kitchens- where the receptacles are installed to serve the countertop surfaces</p> <p>230.95(C) Performance Testing. The ground-fault protection system shall be performance tested when first installed on site. The test shall be conducted in accordance with instructions that shall be provided with the equipment. A written record of this test shall be made and shall be available to the authority having jurisdiction.</p> <p>406.6 Receptacle Faceplates (Cover Plates). Receptacle faceplates shall be installed so as to completely cover the opening and seat against the mounting surface.</p>	K 912	<p>NFPA 101 Life Safety Code Standards K 912 Electrical Systems- Receptacles The outlet in the Snack Shack was replaced with a GFI receptacle. The wall plate in the resident room was replaced that afternoon. (See attached photos) The Director of Maintenance will audit the electrical receptacles though out the building monthly and ongoing, to ensure that each receptacle is in proper working order. The Administrator will review the audits quarterly and bring findings to the Quality Assurance Team as part of the QAPI safety program evaluating the effectiveness. This corrective action was completed June 20th 2025</p>		

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K 912	<p>Continued From page 9</p> <p>Findings:</p> <p>During a tour of the facility, review of documents, and interview with the Environmental Consultant and Maintenance Consultant on 6/11/25, electrical outlets were observed.</p> <p>1. At 10:48 a.m., the auxiliary space between Rooms 25 and 24 (known to staff as the Snack Station) had an electrical outlet on the south wall beneath a waterline connected to a refrigerator. This outlet was not Ground Fault Interrupter (GFI) protected. Upon interview, the Environmental Consultant stated that he was unaware of this issue, noting it was not mentioned in previous life safety surveys.</p> <p>2. At 10:50 a.m., Room 26 Bed C had an electrical outlet faceplate that was bent, damaged, and not flush with the outlet. Upon interview, the Maintenance Consultant stated that he was unaware of the damage to the electrical outlet.</p> <p>3. At 12:30 p.m., documentation for GFI testing and maintenance was reviewed and stated that the GFI outlets were being tested annually. Upon interview, the Maintenance Consultant stated that all of the outlets in the facility were tested annually. A GFI outlet in the Shower Room was observed, and the plastic cover of the outlet stated TEST MONTHLY. The Maintenance Consultant stated that he was not aware of this requirement.</p>	K 912			