

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>555923</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/22/2025</b>
NAME OF PROVIDER OR SUPPLIER  <b>TEMECULA HEALTHCARE CENTER</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>44280 CAMPANULA WAY TEMECULA, CA 92592</b>	
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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.  The facility is in substantial compliance with 42 CFR 483.73 for Long Term Care (LTC) Facilities.	E 000	<b>Disclaimer:</b>  <b>This document will serve as a credible allegation of our intent to correct the deficient practice identified. Preparation and/or execution of this Plan of Correction does not constitute admission or agreement, by the provider, of the truth of the facts alleged or conclusions set forth on the Statement of Deficiencies. This Plan of Correction is prepared and/or executed solely because required by the provisions of Health and Safety Code Section 1280 and 42 C.F.R. 405.1907</b>	
K 000	Census = 114 INITIAL COMMENTS  K3 BUILDING: 01 K6 PLAN APPROVAL: 2018 K7 SURVEY UNDER: 2012 NEW  STRUCTURE TYPE: ONE STORY, CONSTRUCTION TYPE V (111), FULLY SPRINKLERED.  Resident Certified Beds: 120 Resident Census: 114  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	<b>K222</b>  <b>1. How corrective action will be accomplished for those residents found to have been affected by this deficient practice.</b> The facility immediately addressed the non-functioning internal door release mechanism in the walk-in refrigerator and freezer doors. The doors were repaired to function properly so that no potential entrapment could occur.	4/22/25
K 222 SS=D	Egress Doors CFR(s): NFPA 101	K 222		

**RECEIVED**  
By Rocio Casper at 1:24 pm, May 06, 2025

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

TITLE

(X6) DATE

*James Geddis*

**Administrator**

**5/6/2025**

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 222	Continued From page 4 installed on openings, as required by 7.2.1.5.12. 7.2.1.15.8 Door openings not in proper operating condition shall be repaired or replaced without delay.  Findings:  During a tour of the facility and interview with the Director of Maintenance (DOM) on 4/22/25, the means of egress was observed.  At 10:45 a.m., the walk-in refrigerator was observed along with a walk-in freezer located towards the back of the walk-in refrigerator. Both the walk-in refrigerator and freezer had deadbolt locks equipped on their doors with internal release knobs that were intended to open the doors from the inside. The DOM attempted to release the locks from inside on both units, but the internal release mechanisms failed to operate. Upon interview, the DOM stated he was unaware the internal release knobs were not functioning.	K 222	<b>K711</b>  <b>1. How corrective action will be accomplished for those residents found to have been affected by this deficient practice.</b> The Environmental Services Director immediately discussed with the two staff who were unaware of the protocols for addressing a grease fire and made them aware of the appropriate procedures to address such an occurrence.	4/22/25	
K 355 SS=D	Portable Fire Extinguishers CFR(s): NFPA 101  Portable Fire Extinguishers Portable fire extinguishers are selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers. 18.3.5.12, 19.3.5.12, NFPA 10 This REQUIREMENT is not met as evidenced by: Based on observation and interview, the facility failed to properly equip the generator enclosure with required fire safety equipment. This was evidenced by the absence of a portable fire	K 355	<b>2. How the facility will identify other residents having the potential to be affected.</b> All residents have the potential to be affected. No other negative findings were noted.  <b>3. What measures systems will be put into place to ensure the deficient practice does not recur.</b> To ensure that the alleged deficient practice does not recur, the facility staffs were in-serviced by the DSD and/or Maintenance Director regarding "The protocols for addressing a grease fire and the appropriate procedures to address such an occurrence" The DSD and/or	4/22/25	

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K 355	<p>Continued From page 5</p> <p>extinguisher within the minimum travel distance to the diesel fuel storage area enclosure. This deficiency could lead to delayed responses in the event of a fire, increasing risk of property damage or personal injury. This affected all 114 of 114 residents and four of four smoke compartments.</p> <p>NFPA 101, Life Safety Code, 2012 Edition 18.3.5.12 Portable fire extinguishers shall be provided in all health care occupancies in accordance with 9.7.4.1. 9.7.4 Manual Extinguishing Equipment. 9.7.4.1 * Where required by the provisions of another section of this Code, portable fire extinguishers shall be selected, installed, inspected, and maintained in accordance with NFPA 10, Standard for Portable Fire Extinguishers.</p> <p>NFPA 10: Standard for Portable Fire Extinguishers, 2010 Edition - Chapter 6 Installation of Portable Fire Extinguishers 6.3 Installations for Class B Hazards. 6.3.1 Other Than for Fires in Flammable Liquids of Appreciable Depth. 6.3.1.1 Minimum sizes of fire extinguishers for the listed grades of hazard shall be provided in accordance with Table 6.3.1.1, except as modified by 6.3.1.5. Table 6.3.1.1 Fire Extinguisher Size and Placement for Class B Hazards</p> <table border="1"> <thead> <tr> <th>Type of Hazard</th> <th>Basic</th> <th>Minimum Extinguisher Rating</th> <th>Maximum Travel Distance to Extinguishers</th> </tr> </thead> <tbody> <tr> <td rowspan="2">Light (low)</td> <td>5-B</td> <td>30 ft</td> <td>9.14 m</td> </tr> <tr> <td>10-B</td> <td>50 ft</td> <td>15.25 m</td> </tr> <tr> <td rowspan="2">Ordinary (moderate)</td> <td>10-B</td> <td>30 ft</td> <td>9.14 m</td> </tr> <tr> <td>20-B</td> <td>50 ft</td> <td>15.25 m</td> </tr> <tr> <td>Extra (high)</td> <td>40-B</td> <td>30 ft</td> <td>9.14 m</td> </tr> </tbody> </table>	Type of Hazard	Basic	Minimum Extinguisher Rating	Maximum Travel Distance to Extinguishers	Light (low)	5-B	30 ft	9.14 m	10-B	50 ft	15.25 m	Ordinary (moderate)	10-B	30 ft	9.14 m	20-B	50 ft	15.25 m	Extra (high)	40-B	30 ft	9.14 m	K 355	<p>Maintenance Director conducted monthly through random facility staff interviews will verify that staff are aware of the protocols for addressing a grease fire and the appropriate procedures to address such an occurrence. Any negative findings will be immediately corrected and reported to the Administrator.</p> <p><b>4. How the facility plans to monitor its performance to make sure that solutions are sustained.</b> The Administrator will monitor monthly with the Safety Committee the findings from the random facility staff interviews to verify that staff are aware of the protocols for addressing a grease fire and the appropriate procedures to address such an occurrence. The findings will be reported to the QA/QAPI Committee monthly for analysis, review, modification and/or correction.</p>	5/5/25
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K 355	Continued From page 6   80-B   50 ft 15.25 m  6.3.1.2 Fire extinguishers shall be located so that the maximum travel distances do not exceed those specified in Table 6.3.1.1. (See Annex E.)  Findings:  During a tour of the facility and interview with the Director of Maintenance (DOM) on 4/22/25, the generator enclosure was observed.  At 11:00 a.m., the diesel fuel storage area with generator was located in an external concrete enclosure and lacked a fire extinguisher. Upon interview, the DOM stated that the closest fire extinguisher was located inside the facility across a courtyard. There was no fire extinguisher installed within 30 or 50 feet of the diesel fuel storage enclosure.	K 355			
K 711 SS=D	Evacuation and Relocation Plan CFR(s): NFPA 101  Evacuation and Relocation Plan There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. Employees are periodically instructed and kept informed with their duties under the plan, and a copy of the plan is readily available with telephone operator or with security. The plan addresses the basic response required of staff per 18/19.7.2.1.2 and provides for all of the fire safety plan components per 18/19.2.2. 18.7.1.1 through 18.7.1.3, 18.7.2.1.2, 18.7.2.2, 18.7.2.3, 19.7.1.1 through 19.7.1.3, 19.7.2.1.2, 19.7.2.2, 19.7.2.3 This REQUIREMENT is not met as evidenced	K 711			

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

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K 711	<p>Continued From page 7</p> <p>by: Based on observation and interview, the facility failed maintain the cooking facilities. This evidenced by kitchen staff that were unaware of proper response protocols for addressing a grease fire. This deficiency could lead to delayed or improper responses to fires, increasing risk of injury or property damage. This affected one of four smoke compartments.</p> <p>NFPA 101: Life Safety Code, 2012 Edition 18.7.1.8 Employees of health care occupancies shall be instructed in life safety procedures and devices.</p> <p>Findings:</p> <p>During a tour of the facility and interview with the Director of Maintenance (DOM) on 4/22/25, cooking facilities were observed.</p> <p>At 10:48 a.m., two kitchen staff members interviewed and asked if they knew what the response protocols were if a grease fire were to occur on the griddle or stove top. Both of the kitchen staff members stated they did not know what the response protocols were and stated that they had not received training on responding to a grease fire. The DOM and the Kitchen Lead Staff were present during this interview.</p>	K 711			