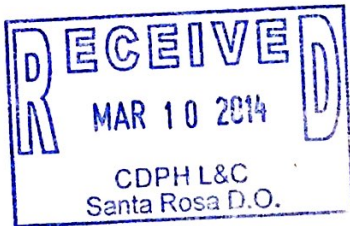


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 02/27/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>055334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>PACIFIC REHABILITATION &amp; WELLNESS CENTER, LP</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2211 HARRISON AVENUE EUREKA, CA 95501</b>		
(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
F 000	<p><b>INITIAL COMMENTS</b></p> <p>The following represents the findings of the California Department of Public Health during an ABBREVIATED SURVEY investigation of COMPLAINT INCIDENT: CA 00380826</p> <p>Inspection was limited to the specific COMPLAINT and does not represent the findings of a full inspection of the facility.</p> <p>Representing the California Department of Public Health: Surveyor # 31572, Health Facilities Evaluator Nurse.</p> <p>The facility census on date of entry (12/19/13) was 55 plus 1 bed hold and 57 on the day of exit (12/20/13).</p> <p>IMMEDIATE JEOPARDY (IJ) was identified on 12/20/13 at 9:43 a.m. under 483.25 (h) Quality of Care for F-323. Management Staff 1, Management Staff 2 and Management Staff 3 were present when the IJ was identified.</p> <p>The IMMEDIATE JEOPARDY was abated on 12/20/13 at 1 p.m. when the facility discontinued the use of the portable space heaters eliminating the fire danger. Management Staff 1, Management Staff 3, Management Staff 6 and Management Staff 7 were present when the IJ was abated.</p>	F 000	<p><i>Pacific Rehabilitation and Wellness Center, LP submits this response and Plan of Correction as part of the requirements under state and federal law. The plan of correction is submitted in accordance with specific regulatory requirements. It shall not be construed as admission of any alleged deficiency cited or any liability. The provider submits this plan of correction with the intention that it is inadmissible by any third party in any civil, criminal action or proceedings against the provider or its employee, agent, officers, directors, or shareholders.</i></p> <p><i>The provider reserves the right to challenge the cited findings if at any time the provider determines that the disputed findings are relied upon in a manner adverse to the interests of the provider either by the governmental agencies or third party.</i></p> <p><b>AMENDED: 2/5/2014</b> <b>INITIAL COMPLETION: 1/24/2014</b></p>		
F 323 SS=L	<p><b>483.25(h) FREE OF ACCIDENT HAZARDS/SUPERVISION/DEVICES</b></p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; and each resident receives adequate supervision and assistance devices to</p>	F 323			<p>Initial Completion Date: 1/24/2014</p> <p>Amended: 2/5/14</p>

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

TITLE

(X6) DATE

*Com Cheryl Administrator* **3/4/14**

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.

*Informed Administrator PK accepted at 12:06pm*



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F 323	<p>Continued From page 1 prevent accidents.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to provide a safe environment by placing all 57 residents at risk when 7 portable space heaters were used in resident care areas accessible to both, ambulatory and wheelchair bound residents. This practice had the potential to cause harm by fire.</p> <p>Findings: Concurrent observation and interview on 12/19/13 at 1:26 p.m., Resident A in wheelchair, was wearing a fitting head cover, layers of clothing articles, a scarf and a coat. Resident A stated, "I sit here because it is the warmest part of the building." The thermostat on wall next to Medical Supply Room was set at 70 degrees Fahrenheit. During an interview on 12/19/13 at 4:07 p.m., Management Staff 3 stated, the facility's heating system had been malfunctioning and had not been working at full capacity resulting in lack of heat in the building. During an interview on 12/19/13 at 4:33 p.m., Management Staff 1 stated the facility did not have a preventative maintenance program that included their heating system. During observation on 12/20/13 at 7:15 a.m., 7 of 7 portable space heaters were in operation on the high setting. Portable, electric space heaters were observed while in use in the following locations: One in the front lobby underneath a table near a lighted artificial Christmas tree.</p>	F 323	<p><b>F 323 483.25(h) FREE OF ACCIDENT HAZARDS/ SUPERVISION/ DEVICES</b></p> <p><b>The facility respectfully disputes this deficiency and an appeal is in progress.</b></p> <p>The facility must ensure that the resident environment remains as free of accident hazards as is possible; each resident receives adequate supervision and assistance devices to prevent accidents.</p> <p>Any space heaters were immediately removed on from the stated areas 12/20/2013 at 9:43 AM. A QAIP (Quality Assurance Improvement Plan) for the care and monitoring of the residents, ongoing maintenance of the heater and repair, and the immediate discontinued use of portable space heaters was made and implemented under the direction of the Administrator with support of the QA Consultant RN and the facility Medical Director. This plan was accepted by the DPH as our immediate sincere intentions to provide care, comfort and safety to our residents. Ongoing reports of the status of the plan were provided to the Medical Director by the</p>		<p>Initial Completion Date: 1/24/2014</p> <p>Amended: 2/5/2014</p>



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F 323	<p>Continued From page 2</p> <p>One in the hallway between Rooms 3 and 4. Two in the dining room. One in the hallway between Rooms 11 and 12. One underneath a card table in the hallway across the nurses station. One inside the nurses station between two racks that held clinical records for resident. Five of the 7 space heaters were observed under A-frame type yellow plastic "caution" signs placed over the heaters. During an interview on 12/20/13 at 7:20 a.m., Licensed Staff 8 working night shift, stated that the facility started using the space heaters about three weeks ago. She stated that the space heaters were in operation when she came on shift on 12/19/13 at 10:30 p.m.. During an interview on 12/20/13 at 8:08 a.m., Licensed Staff 9 working the day shift, stated that the space heaters were placed into operation about three weeks ago, when the "cold snap" started. During an interview on 12/20/13 at 9:03 a.m., Management Staff 3 stated, that he was involved in the placement and operation of the portable space heaters approximately three weeks ago.</p> <p>IMMEDIATE JEOPARDY (IJ) was identified and called on 12/20/13 at 9:43 a.m. under 483.25 (h) Quality of Care for F-323. with Management Staff 1, Management Staff 2 and Management Staff 3 present.</p> <p>The IMMEDIATE JEOPARDY was abated on 12/20/13 at 1 p.m. when the facility discontinued the use of the portable space heaters eliminating the fire danger.</p> <p>During an interview on 12/20/13 at 10:07 a.m., a family member of Resident B stated that she</p>	F 323	<p>Administrator until deemed resolved and stable.</p> <p>Resident B is no longer a resident in the facility. Goals were met and she was discharged home without any noted negative outcomes.</p> <p>Residents in the facility received ongoing monitoring and care and no negative outcomes or harm was identified.</p> <p>The facility does have a preventative maintenance program for the heating system and it was given to the surveyor during the survey as evidenced by her quote from the policy and procedure stating that preventative maintenance would be performed semi-annually in the Fall and Spring. The requirement for an inspection in the Spring are for those facilities with air conditioning systems so that they may be checked out prior to hot weather. This facility does not have an air conditioning system due to the lower temperatures in Eureka.</p> <p>The policy and procedure further states that "Invoices from outside companies will be maintained as proof of inspection by the Maintenance Department."</p>		<p>Initial Completion Date: 1/24/2014</p> <p>Amended: 2/5/2014</p>



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F 323	Continued From page 3 wore a very thick jacket when visiting and that she felt very cold. The family member stated that she clothed Resident B with a fleece hat, fleece gloves, a wool sweater and placed multiple blankets on her when she visited her loved one. During an interview on 12/20/13 at 11 a.m., Management Staff 5 stated Management Staff 1 and Management Staff 3 introduced the use of space heaters in response to complaints of residents feeling cold. During a telephone interview on 12/20/13 at 11:45 a.m., Licensed Staff 10, working the evening shift, stated that seven or eight space heaters were in place and turned on when she started work at 2:30 p.m.. During an interview on 12/20/13 at 12:16 p.m., Management Staff 4 stated she attended daily stand up meetings during which a report on the cold temperatures of the facility were discussed. Review of facility document, titled "Heating and Air Conditioning System Inspection" (revised January 01, 2012) revealed it served to protect the health and safety of residents, visitors and facility staff. The facility's heating and air-conditioning system was to be inspected at least semi-annually.  The facility did not produce a policy and procedure which addressed the use of portable space heaters.  The Life Safety Code, NFPA 101, section 19.7 prohibits the use of portable space heaters in health care occupancies...UC (University of California) Davis Fire Department, revised January 2010.	F 323	Spring is considered from 3/20/13 thru 6/20/13 and Fall from 9/22/13 through 12/20/13.  The heating unit was inspected and serviced by outside contractors on the following dates: 4/17/13, 6/28/13, 12/6/13, 12/12/13 and 12/16/13 prior to the survey.  Copies of the invoices are available for review.  Furthermore, the maintenance supervisor inspected and or performed maintenance to the heating system on the dates listed under the plan of correction for F456. The documentation of these visits are contained in his maintenance logs.  The written reports and results of the inspections and maintenance of the heater by the Maintenance Supervisor or contracted providers will be provided timely by the Maintenance Supervisor to the Administrator. The report will be discussed and followed up timely as indicated by the Administrator.  Staff was in-serviced during the week of 1/20/2014 by the Administrator of the practice to not use space heaters.		
F 456 SS=F	483.70(c)(2) ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION	F 456			Initial Completion Date: 1/24/2014  Amended: 2/5/14



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F 456	<p>Continued From page 4</p> <p>The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.</p> <p>This REQUIREMENT is not met as evidenced by: Based on observation, interview, and record review the facility failed to maintain the facility's heating system in safe operating condition when it did not perform semi-annual inspections and preventative maintenance of the equipment, resulting in equipment malfunction and cold room temperatures affecting all 57 residents with the potential to residents for hypothermia and susceptibility to loss of body heat, respiratory ailments and colds.</p> <p>Findings:</p> <p>During observation on 12/20/13 at 7:15 a.m., seven portable space heaters were in operation on a high setting. Temperature readings observed were as follows: On 12/19/13 at 1:49 p.m. in Room 5, temperature reading was 68 degrees F, in Room 6, it was 68.5 degrees F, in Room 8, it was 69.5 degrees F, in Room 9, it was 68.5 degrees F, in Room 10, it was 69.5 degrees F, in Room 11, it was 68 degrees F, in Room 12, it was 67 degrees F and in Room 16, it was 69.5 degrees F. On 12/19/13 at 2:31 p.m., in Rooms 3, 6 and 7, the thermostat on the wall was set at 70 degrees. During an observation in the dining Room on 12/20/13 at 7:15 a.m., the temperature was 67.4 degrees F, and at 12 noon, the temperature was 69 degrees F.</p>	F 456	<p>Residents in the facility could be affected if the temperature of the building does not maintain at a comfortable temperature therefore; the facility provided an action plan to assure that the residents baseline vitals - to include temperature within normal range - and provision of ongoing assessment and additional covers or clothing and warm fluids to enhance comfort was provided by the nursing staff. The Medical Director, QA RN was included in the action plan and process. The attending MD's of the resident and their responsible parties were notified by the care staff of the actions taken by the facility to monitor the residents and continue with ongoing maintenance to the heating system. Through out this time the residents were reassured that their comfort was important to us.</p> <p>The facility will ensure the resident environment remains as free of accident hazards as is possible and portable space heaters will not be utilized in resident care areas.</p> <p>Staff will be in-serviced on 2/5/14 on policy and procedure for "Extreme Weather" and "Steps To Follow"</p>	<p>Initial Completion Date: 1/24/2014</p> <p>Amended: 2/5/2014</p>	



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F 456	<p>Continued From page 5</p> <p>Record review of facility document dated 12/19/13 at 8 a.m., revealed that temperatures in Room 1 and 3 was 70 degrees F; in Rooms 4 and 5, it was 69 degrees F; and in Room 6, it was 68 degrees F.</p> <p>Record review of facility document dated 12/19/13 at 1:30 p.m., revealed that temperatures in Room 5 was 69 degrees F, in Room 11, it was 70 degrees F, in Room 12 it was 69 degrees F and in Room 14, it was 70 degrees F.</p> <p>During an interview on 12/19/13 at 4:07 p.m., Management Staff 3 stated, the facility's heating system had been malfunctioning and had not been working at full capacity resulting in lack of heat in the building.</p> <p>During an interview on 12/19/13 at 4:33 p.m., Management Staff 1 stated the facility did not have a preventative maintenance program that included their heating system.</p> <p>During an interview on 12/20/13 at 9:03 a.m., Management Staff 3 stated, that he was involved in the placement and operation of the portable space heaters approximately three weeks ago.</p> <p>During an interview on 12/20/13 at 11 a.m., Management Staff 5 stated Management Staff 1 and Management Staff 3 introduced the use of space heaters in response to complaints of residents feeling cold.</p> <p>Review of facility document, titled "Heating and Air Conditioning System Inspection" (revised January 01, 2012) revealed it served to protect the health and safety of residents, visitors and facility staff. The facility's heating and air-conditioning system was to be inspected at least semi-annually.</p> <p>The facility was unable to produce documentation that applicable inspections and preventative maintenance of the heating equipment were</p>	F 456	<p>Should A Concern Regarding Comfortable Temperatures In The Building Occur During Extreme Cold Weather" and will continue to be in-serviced as indicated by the Administrator and or delegate.</p> <p>This information will also be posted and available at the nurse's station in the communication flip chart for staff reference.</p> <p>The monitoring of the understanding of this practice and compliance will continue to be made by the Administrator, DNS, Maintenance Supervisor and the Charge Nurses during random rounds. Staff will be educated on their role and responsibility and that concerns will promptly be referred to the Administrator for follow up at the time of noting. Identified staff will be in serviced by the Administrator on this practice and staff expectations/ reporting and the availability of the procedure and steps to follow. A safety meeting was held on 2/5/2014 to review this procedure. The facility has added to the monthly QA &amp; A and Safety Meeting to the agenda the following: Review of the procedure to follow for Resident</p>		<p>Initial Completion Date: 1/24/2014</p> <p>Amended: 2/5/2014</p>



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F 456	Continued From page 6 performed by qualified professionals on a regular basis.	F 456	<p>Environment/Safety/Supervision and compliance.</p> <p>The Administrator and Maintenance Supervisor were in contact with various vendors to perform work on an ongoing basis and regular visits were made by the Maintenance Supervisor and the outside contracted services of Maples Service, Inc. on the dates of 4/18/13, 6/28/13, 12/06/13 and 12/23/13 and also were providing repair and maintenance from the onset of the unseasonably cold weather snap, unusual for this area, with the efforts to increase the heating capacity of the current heating system.</p> <p>The heating system was deemed in working order on 12/21/2013 by Maples Service, Inc. The facility continued to monitor and assess the residents and provide timely updates to the DPH of the status of the residents, temperatures in the building as well as the repair process. The facility continued with the monitoring of the residents and temperatures until the action plan was confirmed and ceased doing so on 12/30/2013 after the DPH was notified by the Administrator.</p> <p>The heating system remains functioning and the temperatures in</p>		<p>Initial Completion Date: 1/24/2014</p> <p>Amended: 2/5/2014</p>



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F 456	Continued From page 6 performed by qualified professionals on a regular basis.	F 456	<p>the facility are stable as well as the residents and their comfort.</p> <p><b>Additionally, from 12/20/2013 to 12/30/2013:</b></p> <ul style="list-style-type: none"> <li>• Staff were assigned and instructed by the Maintenance Supervisor to regularly assess and monitored temperatures in hallways, common areas, and resident rooms as part of the action plan and to document this activity and findings. Review was provided ongoing by the Administrator.</li> <li>• Non-interviewable residents were monitored every two hours per shift for body comfort using touch, observation and body temperatures would be obtained if directed by the charge nurse</li> <li>• Offered to residents for additional comfort: such as the closing of curtains in resident rooms, cubical curtains, providing of additional clothing and closing of doors</li> <li>• Care plans were implemented for all residents and updated by the nursing staff on 12/20/2013 and revised if indicated.</li> </ul>		<p>Initial Completion Date: 1/24/2014</p> <p>Amended: 2/5/2014</p>



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F 456	Continued From page 6 performed by qualified professionals on a regular basis.	F 456	<ul style="list-style-type: none"> <li>The DSD and DNS provided in-services to staff on all 3 shifts of the action plan taken to ensure the residents comfort and needs are met and the action plan and monitoring process on 12/20/2013 and repeated through out the week of 12/23/2013.</li> </ul> <p>No residents were noted with hypothermia, loss of body heat, respiratory ailments.</p> <p>The Maintenance Supervisor will continue to monitor the effectiveness of the upgrade to the heating system and it will be monitored by performing random temperature checks and this activity will be documented. The Administrator has in-serviced him on the importance of this activity on 01/21/2014 and he demonstrated a good understanding. The Administrator and DNS/ADNS/charge nurses on each shift will provide rounds and random resident interviews to ensure resident comfort. The facility will add the temperatures of the building and residents comfort to the monthly Resident Council Meeting and the Activity Director will document the findings and report timely the results to the Administrator. The nursing staff will be responsible to notify the</p>		<p>Initial Completion Date: 1/24/2014</p> <p>Amended: 2/5/2014</p>



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>055334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>C</b> <b>12/20/2013</b>
NAME OF PROVIDER OR SUPPLIER  <b>PACIFIC REHABILITATION &amp; WELLNESS CENTER, LP</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>2211 HARRISON AVENUE</b> <b>EUREKA, CA 95501</b>		
(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
F 456	Continued From page 6 performed by qualified professionals on a regular basis.	F 456	<p>Maintenance Supervisor, DNS and/or the Administrator of any noted heat or comfort concerns regarding the temperature of the building promptly for follow up. The managers of the facility will make random biweekly rounds on various shifts to audit the resident's response to comfortable temperatures in the building and document this information on an audit form and submit weekly to the Administrator for review.</p> <p>The Maintenance Supervisor and the Administrator will assure that portable space heaters are not available or used in the facility. Rounds will be made on each shift . ongoing by the charge nurse's assigned to the residents to monitor for this standard. Any concerns or findings will be immediately addressed and the Administrator will be promptly notified by the charge nurse. Licensed Nurses on staff were in-serviced as well as the entire staff and management team on the non use of portable heaters and this action plan by the DSD/DNS/Administrator on 1/24/14.</p> <p>The effectiveness of the trainings, steps for staff to follow to assure that the resident environment remains as</p>		<p>Initial Completion Date: 1/24/2014</p> <p>Amended: 2/5/2014</p>



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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  055204	(X2) MULTIPLE CONSTRUCTION A. BUILDING _____  B. WING _____		(X3) DATE SURVEY COMPLETED  C 12/20/2013
NAME OF PROVIDER OR SUPPLIER  PACIFIC REHABILITATION & WELLNESS CENTER, LP			STREET ADDRESS, CITY, STATE, ZIP CODE 220 HARRISON AVENUE EUREKA, CA 95501		
(X4) C 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	
F 456	Continued From page 6 performed by qualified professionals on a regular basis.	F 456	free of accident hazards and adequate supervision to prevent accidents is made, the non use of portable space heaters in resident care areas is maintained, resident monitoring, temperature monitoring, heating system repairs and functioning, manager rounds, audits and questions by the staff to the residents, the results of the Resident Council Meetings, non use of portable space heaters in resident care areas and any noted trends or concerns will be addressed at the monthly QAA Meeting on 02 18 2014 and monthly for the next 5 months until substantial compliance is met and maintained. Otherwise, the Administrator will make new recommendations timely and act upon them accordingly until compliance to this standard is met.  Date of Completion: 2/5/2014	Initial Completion Date: 11/24/2014  Amended: 2/5/2014    Initial Completion Date: 11/24/2014  Amended: 2/5/2014	



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F 456	Continued From page 6 performed by qualified professionals on a regular basis.	F 456	<b>F 456 483.70(c) (2)</b> <b>ESSENTIAL EQUIPMENT, SAFE OPERATING CONDITION</b>  <b>The facility respectfully disputes this deficiency and an appeal is in progress.</b>  The facility must maintain all essential mechanical, electrical, and patient care equipment in safe operating condition.  The facility does have a policy and procedure for preventative maintenance and inspection of the heating system. This was given to the surveyor. This policy states that invoices from outside companies will be maintained as proof of inspection by the maintenance department.  Invoices showing proof of inspection and maintenance were available and in the facility in the business office for the following dates: 4/18/13, 6/28/13, 12/6/13 and 12/16/13.  Additionally, the heating system was serviced on 12/23/13, 12/27/13 and 12/29/13.  The heater was functioning but was challenged by the unexpected cold snap.		Initial Completion Date: 1/24/2014  Amended: 2/5/2014



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F 456	Continued From page 6 performed by qualified professionals on a regular basis.	F 456	<p>The temperatures in the building and the comfort of the residents remain stable at this time with the temperature range of 71F-81F as checked on 1/21/13.</p> <p>Maples Service was involved from the onset of the unseasonably cold weather to increase the heating capacity of the heating system.</p> <p>Additionally, from 12/20/2013 to 12/30/2013:</p> <ul style="list-style-type: none"> <li>• Staff regularly assessed and monitored temperatures in hallways, common areas, and resident rooms</li> <li>• Non-interview able residents were monitored every two hours per shift for body comfort using touch, observation and body temperatures would be obtained if directed by the charge nurse</li> <li>• Offered to residents for additional comfort: closing of curtains in resident rooms, cubical curtains, providing of additional clothing and closing of doors</li> <li>• Care plans were drafted for all residents with in-services to staff on all 3 shifts.</li> </ul> <p>No residents experienced hypothermia, loss of body heat,</p>		<p>Initial Completion Date: 1/24/2014</p> <p>Amended: 2/5/2014</p>



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F 456	Continued From page 6 performed by qualified professionals on a regular basis.	F 456	<p>respiratory ailments or colds caused by this.</p> <p>Space heaters were in place to prevent patients from getting cold. The space heater use was discontinued on 12/20/2013. Prior to that:</p> <p>The space heaters were being checked every 15 minutes and were in hallways and common areas - not in resident rooms. An action plan was provided at that time to the staff to monitor and assure safe practice by the Administrator. Residents were provided reassurance and updates of the process of the heater maintenance/repairs by the nursing staff.</p> <p>In addition to contracted work on the heating system the Maintenance Department inspected and/or worked on the heating system on the following dates and he documented his work:</p> <table border="0"> <tr> <td>3/25/13</td> <td>3/30/13</td> <td></td> </tr> <tr> <td>4/3/13</td> <td>4/4/13</td> <td>4/5/13</td> </tr> <tr> <td>4/8/13</td> <td>4/12/13</td> <td>4/15/13</td> </tr> <tr> <td>4/17/13</td> <td>4/18/13</td> <td>4/19/13</td> </tr> <tr> <td>4/26/13</td> <td>4/29/13</td> <td></td> </tr> </table>		3/25/13	3/30/13		4/3/13	4/4/13	4/5/13	4/8/13	4/12/13	4/15/13	4/17/13	4/18/13	4/19/13	4/26/13	4/29/13		<p>Initial Completion Date: 1/24/2014</p> <p>Amended: 2/5/2014</p>
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F 456	Continued From page 6 performed by qualified professionals on a regular basis.	F 456	<p>An additional in-service on the non use of portable heaters, when to report to the Administrator of any concerns or trends regarding the heating system and or comfort of the residents in regards to temperatures of the facility and the importance of immediate reporting will be provided the week of 1/20/2014 by the Administrator.</p> <p>The effectiveness of the trainings, the upgrade to the heating system, residents comfort, temperatures in the building, adherence to the procedure of applicable inspections and preventative maintenance of the heating equipment were performed by qualified professionals on a regular basis, documentation of such and that the licensed nurses and staff understand the importance of notifying the Administrator promptly of any concerns and no use of portable heaters will be discussed at the monthly QA and A Meeting under the direction of the Administrator until substantial compliance is met and maintained. Otherwise, new recommendations will be made and acted upon by the Administrator.</p> <p>Date of Completion: 2/5/2014</p>		<p>Initial Completion Date: 1/24/2014</p> <p>Amended: 2/5/2014</p>