

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

Printed: 03/02/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G007	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2016
NAME OF PROVIDER OR SUPPLIER LAKELAND VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE S 2320 SALNAVE RD. PO BOX 200 MEDICAL LAKE, WA 99022		
(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
K 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Lakeland Village ICF/IID in Medical Lake, Washington on 3/1/2016 by a representative of the Washington State Patrol, Fire Protection Bureau. The survey was conducted in concert with the Washington State Department of Social and Health Services (DSHS) health survey teams. During the physical tour of the facility, I was accompanied by the Facility Safety Manager who witnessed any deficiency noted during this survey.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This existing ICF/IID facility is comprised of 9 cottages of Type V non-rated construction on the north and south sides of the campus. All buildings have exits to grade and the north cottages (5) are protected by a Type 13R sprinkler system while the south cottages (4) have full Type 13 Sprinkler systems. All cottages have an Automatic / Manual Fire Alarm System with corridor smoke detection.</p> <p>The survey was conducted on an Evacuation Score (E-Score) of Impractical.</p> <p>The Pinewood Cottage was not inspected due to contact precautions being required for entry in the cottage resulting from an infectious condition of one of the residents.</p> <p>The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.</p> <p>The following citations were documented during the survey:</p> <p>The surveyor was:</p>	K 000		

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

TITLE

(X6) DATE

Cheryl R. B. [Signature]

Supervisor [Signature]

03-11-16

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.

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

Printed: 03/02/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G007	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2016
NAME OF PROVIDER OR SUPPLIER LAKELAND VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE S 2320 SALNAVE RD. PO BOX 200 MEDICAL LAKE, WA 99022		
(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
K 000	Continued From page 1 David Rogers Deputy State Fire Marshal Nursing Home Surveyor 32863 The surveyor was from: Washington State Patrol Office of the State Fire Marshal Fire Protection Bureau PO Box 19130 Spokane WA 99219-9130 Telephone: (509) 954-2746 Fax: (509) 227-6639  DSFM D.A. Rogers	K 000		
K0018	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Doors are provided with latches or other mechanisms suitable for keeping the doors closed. No doors are arranged to prevent the occupant from closing the door. 32.2.3.6.3, 32.2.3.6.4, 33.2.3.6.3, 33.2.3.6.4 Doors are self-closing or automatic closing in accordance with 7.2.1.8 Exception: Door closing devices are not required in buildings protected throughout by an approved automatic sprinkler system in accordance with 32.2.3.5.1 and 33.2.3.5.2. This Standard is not met as evidenced by: Based upon observations and staff interviews on 3/1/2016 during the physical tour of the facility between approximately 0915 and 1330 hours the facility has failed to maintain doors with operational latches or other means of keeping the doors closed. This could result in toxic products	K0018	K 0018 Facility Services will ensure that doors are provided with operational latches or other mechanisms suitable for keeping the doors closed, to prevent the passage of smoke & fire from one compartment to another. Completion Date for door deficiencies: March 01, 2016 – All cottage(s) door deficiencies were completed before close of inspection. (Confirmation Provided) Upon discovery of improper function; Safety Office contacted CSS/CMO Carpenter Shop for immediate repair. Doors were repaired, tested, & functioning properly in accordance with Life Safety Code Standard requirements. Compliance for cited deficiencies will be examined via Monthly Fire Drills, quarterly Program Self Inspections, and random	

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

Printed: 03/02/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G007	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2016
NAME OF PROVIDER OR SUPPLIER LAKELAND VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE S 2320 SALNAVE RD. PO BOX 200 MEDICAL LAKE, WA 99022		
(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
K0018	Continued From page 2 of combustion getting into the room and into the exit corridor which would endanger the residents, staff and/or visitors within the smoke compartment. The findings include, but are not limited to: The Sunrise Cottage room door #107 did not latch when closed. The Sunrise Cottage Kitchen door #132 did not latch when closed. The Wildrose Fire Separation door #133 did not latch when closed. The Hillside Cottage room door #125 did not have enough self-closer force to fully close and latch. The Hillside Cottage room door #109 did not have enough self-closer force to fully close and latch. The Evergreen Fire Separation door near the nurses station did not have enough self-closer force to fully close and latch. The above was discussed with the Facility Safety Manager who said the doors were not previously observed to not close and latch, but that the facility is now starting a preventative maintenance schedule to verify doors are latching.	K0018	K0018 (Continued) No-notice Safety Spot inspections. Additionally, a preventative maintenance program verifying doors are in proper working order has been scheduled with CSS.	
K0046	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD Utilities comply with Section 9.1. 32.2.5.1, 33.2.5.1 This Standard is not met as evidenced by: Based upon observations and staff interviews on 3/1/16 during the physical tour of the facility between 0915 and 1330 hours the facility has failed to maintain the facility's electrical system./ utilities in accordance with LSC 101 9.1 and NFPA 70. This could result in electrical hazards endangering staff, residents and visitors within	K0046	K 0046 The facility will ensure that the electrical system(s) is maintained in accordance to LSC 101.9.1 & NFPA 70. 5885 Sunrise & Apple 93 will be equipped with Ground Fault Circuit Interruption (GFCI) protection by the sink(s). Facility Services has submitted work orders that will ensure the replacement of existing electrical outlets, with GFCI protection outlets.	

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

Printed: 03/02/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G007	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2016
NAME OF PROVIDER OR SUPPLIER LAKELAND VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE S 2320 SALNAVE RD. PO BOX 200 MEDICAL LAKE, WA 99022		
(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
K0046	Continued From page 3 the facility. The findings include, but are not limited to: The electrical outlet within 3 feet of a sink in the Sunrise 5885 side was not equipped with Ground Fault Circuit Interruption (GFCI) protection. The electrical outlet within 3 feet of a sink in the Apple 93 side was not equipped with Ground Fault Circuit Interruption (GFCI) protection. The above was discussed and acknowledged by the Safety Manager who said that several outlets throughout the campus were recently replaced with GFCI outlets, but was unaware these outlets were missing the required protection.	K0046	K0046 (Continued) -Apple Cottage – grooming area -5885 Sunrise – grooming area Completion dates for deficiencies: March 28, 2016 Compliance for cited deficiencies will be examined via Quarterly Safety Program Self Inspections, and random No-notice Safety spot inspections.	
K0051	483.470(j)(1)(i) LIFE SAFETY CODE STANDARD A manual fire alarm system is provided in accordance with Section 9.6, 33.2.3.4.1. Exception No 1: Where there are interconnected smoke detectors meeting the requirements of 33.2.3.4.3 and there is not less than one manual fire alarm box per floor arranged to continuously sound the smoke detector alarms. Exception No. 2: Other manually activated continuously sounding alarms acceptable to the authority having jurisdiction. This Standard is not met as evidenced by: Based upon observations and staff interviews on 3/1/2016 during the physical tour of the facility between approximately 0915 and 1330 hours the facility has failed to maintain the manual fire alarm system per LSC 101 9.6 and NFPA 72. This could allow for unauthorized shutting off / failure to activate of the Fire Alarm system, which would endanger residents, staff, and visitors. The findings include, but are not limited to:	K0051	K0051 Facility Services will ensure that the FACP Circuit on the Emergency electrical panel(s) are secured against unauthorized access as required by NFPA 72 1-5.4.8 Facility Services has submitted work orders to ensure the proper function and repair of locks for all Emergency electrical panels on cottages: -Sunrise -Cascade 86/87 -Wildrose Completion dates for deficiencies: March 28, 2016 Upon discovery of improper function; work order-request has been submitted for repair. Compliance for cited deficiencies will be examined via random No- notice safety inspections, & by CSS/CMO Electrical Shop	

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

Printed: 03/02/2016
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G007	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/02/2016
NAME OF PROVIDER OR SUPPLIER LAKELAND VILLAGE		STREET ADDRESS, CITY, STATE, ZIP CODE S 2320 SALNAVE RD. PO BOX 200 MEDICAL LAKE, WA 99022		
(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
K0051	Continued From page 4 The FACP Circuit on the Emergency electrical panel in Sunrise, Cascade, and Wildrose Cottages is not secured against unauthorized access as required by NFPA 72 1-5.4.8. The above was discussed and acknowledged by the Facility Safety Officer who said the unsecured Fire Alarm Control Panel circuits had not been previously observed.	K0051		