

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

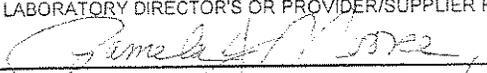
Printed: 08/07/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G008	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/06/2013
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NAME OF PROVIDER OR SUPPLIER ROCKY BAY HEALTH CARE FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE 17526 STATE ROUTE #302 GIG HARBOR, WA 98329
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(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
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 19192 On August 6, 2013 an unannounced fire and life safety code recertification survey was conducted at Rocky Bay Healthcare located at 17526 SR 302 Gig Harbor WA, 98329 by a representative of the Washington State Patrol, State Fire Marshal's Office, this survey was conducted using the existing section of the 2000 life safety code in accordance with 42 CFR 483.70.</p> <p>This facility is a single story type V-A structure, exiting is direct to grade level and the building is protected throughout by a full NFPA 13 fire sprinkler system with automatic smoke detection throughout the building.</p> <p>The building has a licensed capacity of 16 residents with a census today of 13.</p> <p>The facility is not in compliance at this time.</p> <p> Donald L. West Deputy State Fire Marshal</p>	K 000	<p>The following written allegation of of compliance is intended to meet the requirements for a plan of correction under state and federal law and is not an admission that the survey finding are correct or that they rise to the level of deficiencies under applicable law.</p>	
K 018	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p>	K 018	<p>Periodic inspection and adjustment of the door closer. Inspections will be added to monthly check list. Q & A meeting to review list.</p>	<p>Administrator Maintenance Responsible 9/10/13</p>

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 8/1/13
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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 018	Continued From page 1 Roller latches are prohibited by CMS regulations in all health care facilities. This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on August 6, 2013 from 0915 to 1130 it was observed that the facility failed to maintain the fire rated doors in the building capable of self closing and latching tight to the frame, this has the potential for smoke to penetrate into the corridors in the event of a fire. This finding was acknowledged at the time of the survey by the facility director of nursing. The finding was: 1. The door to the restroom by the laundry failed to close and latch.	K 018		
K 047	NFPA 101 LIFE SAFETY CODE STANDARD Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1 This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on August 6, 2013 from 0915 to 1130 it was observed that the facility failed to maintain the illuminated exit signs in the	K 047	The burnt out bulbs have been replaced. The exit signs will be monitored by staff on a daily basis and notify maintenance if bulbs need replacement.	Administrator Maintenance Responsible 9/10/13

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K 047	Continued From page 2 building capable of illuminating the path of egress, this has the potential for the delay of residents and staff to exit the building in the event of a fire. These findings were acknowledged at the time of the survey by the facility director of nursing. The findings were: 1. The exit sign in the dining room has a bulb burnt out. 2. The exit sign above the door to Blanches room has a bulb burnt out.	K 047		
K 056	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on August 6, 2013 from 0915 to 1130 it was observed that the facility failed to maintain the fire sprinkler system in accordance with NFPA 13, this has the potential for the spread of fire throughout the building in the event of a fire. This finding was acknowledged at the time of the survey by the facility maintenance director. The finding was:	K 056	The sprinkler head is in place and was over looked during inspection.	Administrator Maintenance Responsible 9/10/13

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K 056	Continued From page 3	K 056		
K 144	<p>1. There is no sprinkler in the closet behind the commercial dryer.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 During an interview and review of the facility emergency generator records on August 6, 2013 at 1100 it was observed that the facility has failed to maintain the emergency generator, this has the potential for the generator to not function in the event of an emergency. This finding was acknowledged at the time of the survey by the facility maintenance director. The finding was:</p> <p>1. The facility is not conducting the weekly inspection of the generator.</p>	K 144	<p>Maintenance staff will conduct generator inspection once a week. A chart will be implemented to document the inspections and the chart will be posted in the generator room.</p>	<p>Administrator Maintenance Responsible 9/10/13</p>
K 147	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on August 6, 2013 from</p>	K 147	<p>The extension cord has been removed. Staff will be informed with a written notice that extension electrical cords cannot be used in the facility. Maintenance staff will perform periodic facility walk around inspection to assure the absence of extension cords.</p>	<p>Administrator Maintenance Responsible 9/10/13</p>

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K 147	Continued From page 4 0915 to 1130 it was observed that the facility failed to maintain the building free of the use of extension cords, this has the potential for fire due to overloading the extension cord. This finding was acknowledged at the time of the survey by the facility director of nursing. The finding was: 1. There is an extension cord in use at the refrigerator in Lee's room.	K 147		