

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

8800

Printed: 12/12/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G050	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/12/2013
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NAME OF PROVIDER OR SUPPLIER RAINIER SCHOOL PAT A	STREET ADDRESS, CITY, STATE, ZIP CODE RYAN ROAD BUCKLEY, WA 98321
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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

INITIAL COMMENTS

Surveyor: 19192
On December 12, 2013 an unannounced fire and life safety code recertification survey was conducted at Rainier State School Pat "A" located at 600 Ryan Rd Buckley WA 98321 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.

This facility consists of eight cottages and a Headquarters/ATP area the cottages are type V-A single story construction with exits direct to grade level, the buildings are protected throughout by a full NFPA 13 fire sprinkler system and automatic smoke detection.

This facility has 16 residents per cottage for a total capacity of 128 residents with a census today of 128.

The facility is not in compliance at this time.


Deputy State Fire Marshal

K 000

K 018

NFPA 101 LIFE SAFETY CODE STANDARD

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

K 018

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

TITLE

(X6) DATE

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	<p>Continued From page 1</p> <p>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> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on December 12, 2013 from 0800 to 1330 it was observed that the facility failed to maintain the fire rated doors in the facility capable of self closing and latching tight to the frame, this has the potential for the passage of smoke throughout the building in the event of a fire. These findings were acknowledged at the time of the survey by the facility safety officer. The findings were:</p> <p>NACHES HOUSE</p> <p>1. The door to the "B" side patio failed to close and latch tight to the frame.</p> <p>HADDON HOUSE</p> <p>1. The door to the service hallway from the kitchen hits the frame and will not close and latch.</p>	K 018		

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K 018	Continued From page 2 CASCADE HOUSE 1. The door to closet #102 in the service hallway failed to close and latch. 2. The door to the laundry failed to latch closed. CRYSTAL HOUSE 1. The door from the kitchen to the dinning room failed to close and latch.	K 018		
K 020	NFPA 101 LIFE SAFETY CODE STANDARD Stairways, elevator shafts, light and ventilation shafts, chutes, and other vertical openings between floors are enclosed with construction having a fire resistance rating of at least one hour. An atrium may be used in accordance with 8.2.5.6. 19.3.1.1. This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on December 12, 2013 from 0800 to 1330 it was observed that the facility failed to maintain the vertical openings in the facility, this has the potential for smoke and flames to spread to the attic in the event of a fire, this finding was acknowledged at the time of the survey by the facility safety officer. The finding was: 1. On Chinook House the access door to the attic was found in the open position.	K 020		
K 064	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10	K 064		

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K 064	<p>Continued From page 3</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on December 12, 2013 from 0800 to 1330 it was observed that the facility failed to maintain the portable fire extinguishers in the facility, this has the potential for the extinguishers to fail when needed. These findings were acknowledged at the time of the survey by the facility safety officer. The findings were:</p> <p>PAT A HEADQUARTERS</p> <p>1. All of the fire extinguishers in the headquarters area have not been inspected and signed off since September</p> <p>.DEVENISH HOUSE</p> <p>1. The fire extinguishers were not inspected in November.</p>	K 064		
K 072	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This Standard is not met as evidenced by: Surveyor: 19192</p>	K 072		

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K 072	<p><i>Continued From page 4</i></p> <p>During the facility tour on December 12, 2013 from 0800 to 1330 it was observed that the facility failed to maintain the corridors free of obstructions that have the potential for the delay of residents being evacuated from the building, these findings were acknowledged at the time of the survey by the facility safety officer. The findings were:</p> <p>HADDON HOUSE</p> <p>1. In the back hallway of "B" side there is a lift being stored.</p> <p>CASCADE HOUSE</p> <p>1. In the service corridor there is a lift being stored.</p> <p>DEVINISH HOUSE</p> <p>1. In the corridor on "A" side at the fire speparation doors there is a lift being stored.</p>	K 072		
K 211	<p>NEPA 101 LIFE SAFETY CODE STANDARD</p> <p>Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor:</p> <ul style="list-style-type: none"> o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623 	K 211		

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K 211	<p>Continued From page 5</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on December 12, 2013 from 0800 to 1330 it was observed that the facility failed to maintain the use of Alcohol based hand sanitizer in the facility, this has the potential for a fire to occur from an ignition source, this finding was acknowledged at the time of the survey by the facility safety officer. The finding was:</p> <p>1. On 2010 "B" there is a hand sanitizer mounted over the top of a light switch.</p>	K 211		