Printed: 03/10/2015
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	50G050		03/10/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
RAINIER SCHOOL PAT A	RYAN ROAD BUCKLEY, WA 98321

(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	INITIAL COMMENTS	K 000		
	Surveyor: 19192 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Rainier State School Pat "A" on 3/10/2015 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. The facility has a total of 112 beds and at the time of this survey the census was 112. The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. The facility of 7 single story cottages of Type V-A construction with exits to grade. The facility is protected by a Type 13-r fire sprinkler system throughout and an automatic fire alarm system with corridor smoke detection. All exits are to grade with paved exit discharges to the public way. The facility is not in compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services. The surveyor was: Donald L West Deputy State Fire Marshal			
K 012	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one	K 012		

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 012	Continued From page 1 of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This Standard is not met as evidenced by: Surveyor: 19192 Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This requirement is not met as evidenced by: Based upon observations and staff interviews on 2/10/2015 between approximately 0815 and 1400 hours the facility has failed to maintain fire resistive construction of the building capable of resisting the passage of smoke and fire into other compartments. This could allow the toxic product of combustion to move out of a room and into the exit access corridor and the smoke compartment which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: 1. On 2010 B there are two holes in the ceiling in room #193 where a light fixture has been moved. 2. On Buckley house there are two holes in the ceiling of the back hallway on A side where a light fixture was removed. The above was discussed and acknowledged by the safety officer.	K 012		
K 018	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or	K 018		

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K 018	Continued From page 2 hazardous areas are substantial doors, such as those constructed of 1¾ 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 Roller latches are prohibited by CMS regulations in all health care facilities. This Standard is not met as evidenced by: Surveyor: 19192 Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ 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 Roller latches are prohibited by CMS regulations in all health care facilities. This requirement is not met as evidenced by:	K 018		

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K 018	Continued From page 3 Based upon observations and staff interviews on 3/10/2015 between approximately 0815 and 1400 hours the facility has failed to maintain doors without impediments to their closing and latching. This could result in a delay in getting the door to the room closed in the event of a fire. This could result in toxic products 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: 1. In the Pat A basement there is a double door closet at the end of the hallway by room B-21 that failed to close and latch. The above was discussed and acknowledged by the safety officer.	K 018		
K 046	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This Standard is not met as evidenced by: Surveyor: 19192 Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1 This requirement is not met as evidenced by: Based upon observations and staff interviews on 3/10/2015 between approximately 0815 and 1400 hours the facility has failed to maintain records of testing for the emergency battery backup lighting. This could result in the failure of the battery powered backup lighting in the event of a power outage and render the means of	K 046		

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K 046	Continued From page 4 egress dark. This could result in tripping and fall injuries to residents, staff and/or visitors. The findings include, but are not limited to: On percival house the emergency egress above the door to the A side patio failed to function on battery power. The above was discussed and acknowledged by the safety officer.	K 046		
K 062	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This Standard is not met as evidenced by: Surveyor: 19192 Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This requirement is not met as evidenced by: Based upon observations and staff interviews on 3/10/2015 between approximately 0815 and 1400 hours the facility has failed to maintain the fire sprinkler system as required. This could result in the failure of the fire sprinkler system to operate properly in the event of a fire and allow the fire to increase in size and intensity which would endanger the residents, staff and/or visitors within the facility.	K 062		

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K 062	Continued From page 5 The findings include, but are not limited to: 1. In 2010 B tub room #194 there is a cabinet that obstructs the sprinkler head. 2. On Klamath house in the laundry room #105 there is an escutcheon ring missing. The above was discussed and acknowledged by the safety officer.	K 062		
K 072	NFPA 101 LIFE SAFETY CODE STANDARD 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 This Standard is not met as evidenced by: Surveyor: 19192 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 This requirement is not met as evidenced by: Based upon observations and staff interviews on 3/10/2015 between approximately 0815 and 1400 hours the facility has failed to maintain the exit access corridors free of obstructions and impediments to full and instant use in the event of an emergency. This could result in the delays	K 072		

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K 072	Continued From page 6 in smoke compartment evacuations or full evacuation of the building due to a fire or other emergency which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: 1. On Klamath house there is a sit and stand lift obstructing the fire doors in the back hallway of B side. 2. On Devenish house there is a Hoyer lift obstructing the fire doors in the back hallway of B side by resident room #B-11. The above was discussed and acknowledged by the safety officer.	K 072		