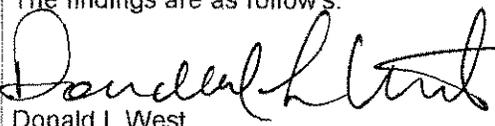


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 01/15/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50G046	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/15/2014
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NAME OF PROVIDER OR SUPPLIER RAINIER SCHOOL PAT E	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
K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 19192 On January 15, 2014 an unannounced fire and life safety code recertification survey was conducted at Rainier State School Pat "E" this survey was conducted using the existing section of the 2000 life safety code in accordance with 42 CFR 483.70 by a representative of the Washington State Patrol, State Fire Marshal's Office.</p> <p>This facility consists of 8 cottages of type V-A structures with exiting direct to grade level, all buildings are protected throughout by a full NFPA 13 r sprinkler systems and automatic smoke detections, 1 ATP area of type II-a construction and 1 ATP area of type V-a construction, the ATP areas are not sprinkled and are detected throughout.</p> <p>The facility has a licensed capacity of the cottages of 16 residents with a census today of 16 each.</p> <p>The facility is not in compliance at this time:</p> <p>The findings are as follow's:</p>  Donald L West Deputy State Fire Marshal	K 000		
K 012	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p>	K 012		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE _____

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 This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on January 15, 2014 from 0815 to 1530 it was observed that the facility failed to maintain the fire resistive construction of the buildings, this finding has the potential for the passage of fire throughout the building 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. In the ISB building there is drywall missing from the ceiling in the exterior covered walkway's exposing the wood frame construction.	K 012		
K 023	NFPA 101 LIFE SAFETY CODE STANDARD Smoke barriers are provided to form at least two smoke compartments on every sleeping room floor for more than 30 patients. 19.3.7.1, 19.3.7.2 This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on January 15, 2014 from 0815 to 1530 it was observed that the facility failed to maintain the fire rated separation doors in the buildings capable of self closing and latching tight to the frame, this has the potential for the passage of smoke through the corridors in the event of a fire. These findings were acknowledged at the time of the survey by the facility safety officer. The findings were: 1. On Alpine house the fire door to the B side dinning room from the service hall failed to close and latch.	K 023		

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K 023	Continued From page 2 2. On Shasta house the double fire separation doors between A & B side failed to close and latch.	K 023		
K 046	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on January 15, 2014 from 0815 to 1530 it was observed that the facility failed to maintain the emergency egress lighting in the living units, this has the potential to delay the egress of residents and staff 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>ALPINE HOUSE</p> <p>1. The emergency light above the main door on "A" side failed to function on battery back-up.</p> <p>SAN JUAN HOUSE</p> <p>1. The emergency egress light on "B" side above the exit door to the patio failed to function on battery back-up power.</p> <p>SHASTA HOUSE</p> <p>1. A side back hallway by the service hallway door. 2. B side above the door to the patio.</p> <p>OMAK HOUSE</p>	K 046		

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K 046	<p>Continued From page 3</p> <ol style="list-style-type: none"> 1. A side above the door to the patio. 2. B side above the door to the patio. <p>ORCAS HOUSE</p> <ol style="list-style-type: none"> 1. A side back hallway by the door to the service hallway. 2. Above the A side exit door to the patio. 3. above the A side main entry door. <p>CHELAN HOUSE</p> <ol style="list-style-type: none"> 1. Above the door to the B side patio. <p>COLUMBIA HOUSE</p> <ol style="list-style-type: none"> 1. In the service hallway by the kitchen. 	K 046		
K 062	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on January 15, 2014 from 0815 to 1530 it was observed that the facility failed to maintain the sprinkler system in the buildings, this has the potential for the sprinklers to be obstructed 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> <ol style="list-style-type: none"> 1. On Aspen house the sprinkler in the outside overhang at the back exit on A side has the 	K 062		

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K 062	Continued From page 4 escutcheon ring hanging loose over the deflector of the sprinkler head. 2. On Columbia house the escutcheon ring is missing in the linen closet by resident room B-06	K 062		
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 This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on January 15, 2014 from 0815 to 1530 it was observed that the facility failed to maintain the portable fire extinguishers in the buildings, this has the potential for the extinguishers to failed in the event of a fire. These findings were acknowledged at the time of the survey by the facility safety officer. The findings were: The fire extinguishers in the following locations have not had there monthly inspections. 1. ISB not checked since May. 2. Omak the extinguisher in the kitchen has a missing tamper band and the pin is dislocated from the extinguisher. 3. Hurelburt the extinguishers have not been checked since September.	K 064		
K 066	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions:	K 066		

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K 066	<p>Continued From page 5</p> <p>(1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING or with the international symbol for no smoking.</p> <p>(2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision.</p> <p>(3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted.</p> <p>(4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on January 15, 2014 from 0815 to 1530 it was observed that the facility failed to maintain the smoking regulations on the houses, this has the potential for a fire to start due to improperly discarded cigarette butts, this these findings were acknowledged at the time of the survey by the facility safety officer. The findings were:</p> <p>1. On Aspen house in the back exit of the building there is a sign indicating no smoking within 25 feet of the building, there are cigarette butts stuffed in between the sign and the siding</p>	K 066		

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K 066	Continued From page 6 on the building. 2. On Orcas house on the A side patio there is a sign indicating no smoking within 25 feet of the building , there are cigarette butts stuffed in between the sign and the siding of the building.	K 066		
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 During the facility tour on January 15, 2014 from 0815 to 1530 it was observed that the facility failed to maintain the emergency egress corridors free of obstructions that could affect the evacuation of the residents and staff, these findings were acknowledged at the time of the survey by the facility safety officer. The findings were: 1. On Aspen house there is a metal cart being stored in the back hallway on A side. 2. On Shasta house there are staff lockers in the back hallway on A side. 3. On Orcas house there is a metal cart stored in the back hallway on A side.	K 072		