

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

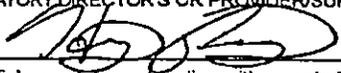
Printed: 06/23/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50G046</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/23/2015</b>
--	---	--	---

NAME OF PROVIDER OR SUPPLIER <b>RAINIER SCHOOL PAT E</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>RYAN ROAD BUCKLEY, WA 98321</b>
---	---

(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><b>INITIAL COMMENTS</b></p> <p>Surveyor: 19192 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Rainier State School Pat "E" on 6/23/2015 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.</p> <p>The facility has a total of 112 beds and at the time of this survey the census was 112.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70.</p> <p>The facility consists of seven single story structures of Type V-A construction with exits to grade, and two ATP buildings of Type II-A construction. 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.</p> <p>This facility is an ICFID surveyed under Health Care.</p> <p>The facility is not in compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare &amp; Medicaid Services.</p> <p>The surveyor was:  Donald L West</p>	K 000	<p><b>RECEIVED</b> JUL 08 2015 FIRE PREVENTION DIVISION</p>	
-------	---	-------	---	--

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Superintendent</b>	(X6) DATE <b>6/29/15</b>
--	--------------------------------	-----------------------------

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: 06/23/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50G046</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/23/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>RAINIER SCHOOL PAT E</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>RYAN ROAD BUCKLEY, WA 98321</b>		
(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 Deputy State Fire Marshal	K 000		
K 018	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  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 Standard is not met as evidenced by: Surveyor: 19192 This requirement is not met as evidenced by:  Based upon observations and staff interviews on 6/23/2015 between approximately 0815 and 1530 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.	K 018		

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

Printed: 06/23/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50G046</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/23/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>RAINIER SCHOOL PAT E</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>RYAN ROAD BUCKLEY, WA 98321</b>		
(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 018	Continued From page 2  The findings include, but are not limited to:  <b>SAN JUAN HOUSE</b> 1. The fire separation door from the service hall to the A- side back hallway was wedged open.  <b>CHELAN HOUSE</b> 1. The door to the nurses room from the hallway failed to close and latch. 2. The fire separation door from the service hallway to the B-side dinning room failed to close and latch.  <b>HYAK HOUSE</b> 1. The fire separation door from the service hallway to the B-side dinning room failed to close and latch.  The above was discussed and acknowledged by the facility safety officer.	K 018		
K 046	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  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 This requirement is not met as evidenced by:  Based upon observations and staff interviews on 6/23/2015 between approximately 0815 and 1530 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 egress dark. This could result in tripping and fall	K 046		

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

Printed: 06/23/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50G046</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/23/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>RAINIER SCHOOL PAT E</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>RYAN ROAD BUCKLEY, WA 98321</b>		
(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 046	Continued From page 3 injuries to residents, staff and/or visitors.  The findings include, but are not limited to:  OMAK HOUSE 1. The emergency egress light above the main entry door failed to function on battery power.  CHELAN HOUSE 1. The emergency egress light above the door to the B-side patio failed to function on battery power. 2. The emergency egress light above the B-side entry door failed to function on battery power.  OAKLEY ATP 1. In the main entry by the news paper recycling room.  The above was discussed and acknowledged by the facility safety officer.	K 046		
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 This requirement is not met as evidenced by:  Based upon observations and staff interviews on 6/23/2015 between approximately 0815 and 1600 hours the facility has failed to maintain the	K 072		

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

Printed: 06/23/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50G046</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____		(X3) DATE SURVEY COMPLETED  <b>06/23/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>RAINIER SCHOOL PAT E</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>RYAN ROAD BUCKLEY, WA 98321</b>		
(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 072	<p>Continued From page 4</p> <p>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 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.</p> <p>The findings include, but are not limited to:</p> <p><b>ASPEN HOUSE</b></p> <ol style="list-style-type: none"> <li>1. In the back hallway on A-side there were 3 laundry bins and a rolling rack.</li> <li>2. In the back hallway on B-side there is a laundry bin blocking the fire doors.</li> </ol> <p><b>SAN JUAN HOUSE</b></p> <ol style="list-style-type: none"> <li>1. In the back hallway on B-side there is a laundry cart blocking the fire door.</li> </ol> <p><b>HYAK</b></p> <p><del>OMAK</del> <b>HOUSE</b></p> <ol style="list-style-type: none"> <li>1. In the hallway on A-side there are 2 arm chairs stored in the hallway.</li> </ol> <p>The above was discussed and acknowledged by the safety officer.</p>	K 072			