

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

1011

Printed: 02/12/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505325	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/12/2014
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NAME OF PROVIDER OR SUPPLIER ISLAND HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 835 MADISON AVENUE NORTH BAINBRIDGE ISLAND, WA 98110
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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>An unannounced Life Safety Code Survey was conducted at Island Health and Rehab Center, Bainbridge Island, Washington, on February 12, 2014 by staff from the Washington State Patrol, Fire Protection Bureau, Oak Harbor Detachment. The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.</p> <p>The LTC 69 bed facility with a census of 53, consisted of a Type V-111, 1 story structure, built in 1972 and has no basement. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade and have an all weather surface and lead to a public way.</p> <p>The deficiencies identified during this survey are listed below.</p> <p>The facility is not in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p> Deputy State Fire Marshal</p>	K 000	<p>This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report.</p> <p>K - 048 (D) The Facility will correct the mislabeled exterior exit signs giving proper direction when exiting from the South Hallway exit.</p> <p>The facility has corrected all mislabeled exit signs throughout the facility. All exit signs are now in compliance with state and federal regulation.</p> <p>The exit signs have been corrected and permanently reposted on the North, South, and West halls, as well as in a central location near the nurse's station.</p>	3/7/14
K 048 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>This Standard is not met as evidenced by: Based on record review, the facility failed to maintain a written plan for the protection of all residents and for their evacuation in the event of an emergency in accordance with the Life Safety</p>	K 048	<p>Observed non-compliant items regarding mislabeled evacuation routes have been permanently reposted to the North, South, and West halls, as well as in a central location near the nurse's station. This update will be discussed during the facility's next scheduled safety committee meeting, and/or brought to QA meeting as needed for further follow up.</p> <p>Dates when corrective action will be completed: March 7, 2014</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE <i>2/19/14</i>
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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 048	Continued From page 1 Code. Findings include: During the facility tour on February 12, 2014 from 10:30 AM to 2:30 PM, it was observed that the posted evacuation routes were mislabeled as to the the proper direction to go from the South Hallway exterior exit. These findings were acknowledged by the Maintenance Director.	K 048	The title of the person/s responsible to ensure correction: Maintenance Director, Administrator, Designee K - 062 (D) The Facility replaced the escutcheon ring for the North Wing janitor closet sprinkler head. [REDACTED] has been contacted to replace the deficient sprinkler heads.	3/7/14
K 062 SS=D	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: Based on observations, the facility failed to maintain the proper operational condition of the sprinkler system. This has the potential of having a non-functional sprinkler system that would expose residents to a fire or smoke environment. The findings are as follows: During the facility tour on February 12, 2014 from 10:30 AM to 2:30 PM, the following deficiencies were found: 1. North Wing janitor closet by the oxygen storage room, the sprinkler head was missing its escution ring. 2. On February 12, 2014 at 1:00 PM while checking sprinkler documentation, it was observed that the facility had deficient sprinkler heads on the report that had not been corrected.	K 062	The facility will review its physical plant to ensure that there are no additional deficient sprinkler heads. The facility will also review its remaining escutcheons to ensure that they are properly in place and secured. Any findings will be immediately repaired to ensure resident safety and compliance. The facility will re-educate the housekeeping department regarding escution ring placement so as not to detach or loosen the ring during cleaning and/or with the ends of brooms/mops/etc. The facility will promptly remove recalled sprinkler heads going forward. Observed non-compliant items regarding deficient sprinkler heads or escutcheons will be corrected at the time of observation and discussed during the facility's next scheduled safety committee meeting, and/or brought to QA meeting as needed for further follow up.	

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K 062	Continued From page 2	K 062	Dates when corrective action will be completed: Mar 7, 2014	3/7/14
K 064 SS=D	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: Based on observation and record review, the facility failed to assure fire extinguishers are properly maintained. This potentially delays a quick response to contain a fire from spreading, exposing residents to fire in the environment. During the facility tour on February 12, 2014 from 10:30 AM to 2:30 PM, observed fire extinguishers in the following locations where the tops of the fire extinguishers were more than 5 feet above the floor: 1. Kitchen 2. Laundry 3. By the loading zone door of the North Wing The Maintenance Director acknowledged the findings.	K 064	The title of the person/s responsible to ensure correction: Maintenance Director, Administrator, Designee K - 064 (D) The three fire extinguishers noted on the report have been lowered to where the tops are less than 5 feet in distance from the floor. These areas include the kitchen, laundry, and North Wing loading zone door. The facility will also review its remaining fire extinguishers to ensure that they are properly secured at the correct height. Any findings will be immediately repaired to ensure resident safety and compliance. All extinguishers will be permanently lowered to be within state and federal compliance. If future extinguishers are added to the facility they will be added within the 5-foot regulation to ensure resident safety and compliance. Observed non-compliant items regarding extinguishers will be corrected at the time of observation and discussed during the facility's next scheduled safety committee meeting, and/or brought to QA meeting as needed for further follow up.	
K 147 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This Standard is not met as evidenced by:	K 147	Dates when corrective action will be completed: Mar 7, 2014	

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K 147	<p>Continued From page 3</p> <p>Based on observations, the facility failed to maintain proper electrical conditions per NFPA 70, National Electrical Code. This has the potential to expose staff and patients to a fire environment. The findings are as follows:</p> <p>During the facility tour on February 12, 2014 from 10:30 AM to 2:30 PM the following deficiencies were found:</p> <p>1. Electrical panel #8, located in the North Wing janitors closet by the oxygen storage room was missing the door lock.</p> <p>These findings were acknowledged by the Maintenance Director</p>	K 147	<p>The title of the person/s responsible to ensure correction: Maintenance Director, Administrator, Designee</p> <p>K - 147 (B) The facility placed a lock on the #8 electric panel.</p> <p>The facility will audited other Facility electrical panels for safety and compliance. Any findings will be promptly resolved to ensure resident safety and compliance.</p> <p>The Facility has permanently replaced the lock on the #8 electrical panel. In the event that a new panel is put into place, and/or repaired, the Facility will ensure that future electrical panels properly secure shut for future safety and compliance.</p> <p>Observed non-compliant items regarding wall non-secured electrical panels will be corrected at the time of observation and discussed during the facility's next scheduled safety committee meeting, and/or brought to QA meeting as needed for further follow up.</p> <p>Dates when corrective action will be completed: Mar 7, 2014</p> <p>The title of the person/s responsible to ensure correction: Maintenance Director, Administrator, Designee</p>	3/7/14

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 505325	DATE SURVEY COMPLETE: 02/12/2014
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ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES	
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> <p>This Standard is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain the integrity of smoke barriers. This potentially allows the spread of smoke to other areas of the facility, exposing residents to a smoke or fire environment. The findings are as follows.</p> <p>During the facility tour on February 12, 2014 from 10:30 AM to 2:30 PM penetrations were observed in the following location(s)</p> <ol style="list-style-type: none"> 1. Nurses station Oxygen storage room - around wiring. 2. Charting Room - around conduit 3. Sprinkler Riser Room - around piping <p>These findings were acknowledged by the Maintenance Director.</p> <p>THE LISTED ABOVE DEFICIENCIES WERE CORRECTED BY THE MAINTENANCE STAFF AND VERIFIED CORRECTED BY THE INSPECTING DEPUTY STATE FIRE MARSHAL PRIOR TO LEAVING THE FACILITY ON FEBRUARY 12, 2014.</p>	

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.

The above isolated deficiencies pose no actual harm to the residents