

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

Printed: 06/11/2013
FORM APPROVED
OMB NO. 0938-0391

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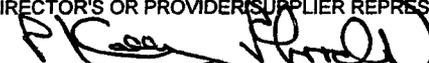
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505411	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/11/2013
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NAME OF PROVIDER OR SUPPLIER SUNSHINE GARDENS	STREET ADDRESS, CITY, STATE, ZIP CODE EAST 10410 NINTH AVENUE SPOKANE, WA 99206
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K 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Fire and Life Safety Re-certification Survey conducted at Sunshine Gardens located at East 10410 9th Avenue, Spokane Valley. The inspection commenced on 6/11/13 at approximately 0910 hours and ended at approximately 1300 hours. The Survey was conducted by a representative of the Washington State Patrol, Office of the State Fire Marshal. During this Survey I was accompanied by the Facility Maintenance Director who witnessed any deficiency noted during this Survey. The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. Sunshine Gardens is a one story structure of Type V (111) construction covering approximately 39,500 square feet and is protected by a Type 13 Fire Sprinkler System and an Automatic/Manual Fire Alarm System. This Survey was conducted in conjunction with the Health Survey Team from the Department of Social and Health Services. Sunshine Gardens is licensed for 84 residents with a current census of 77 residents.</p> <p>The Facility fails to meet the Life Safety Code 2000 Edition based upon the deficiencies noted during this Survey.</p> <p>The Surveyor was: ██████████ Deputy State Fire Marshal Nursing Home Surveyor 20225</p> <p>The Surveyor was from: Washington State Patrol Office of the State Fire Marshal Fire Prevention Bureau PO Box 19130</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 6-20-2013
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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 000	Continued From page 1 Spokane, WA 99219-9130 Telephone: (509) 227-6567 Fax: (509) 227-6639  DSFM	K 000		
K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This Standard is not met as evidenced by: Based upon observation made during this Survey conducted on 6/11/13 between the hours of 0910 to 1145 while accompanied by the facility maintenance director we observed the following doors that failed to close and latch as required:</p> <p>1. Fire/Smoke door between the Boarding Home and Skilled Nursing Facility failed to close and</p>	K 018	<p>Maintenance department adjusted the stated doors to latch properly.</p> <p>Environmental Services Director will monitor doors ongoing to make sure they latch properly.</p>	6-13-13

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K 018	Continued From page 2 latch upon releasing from magnetic hold open device 2. Fire/Smoke door by North Nurses Station failed to close and latch upon releasing from magnetic hold open device 3. Dishwashing Room door failed to close and latch upon releasing from magnetic hold open device Doors are to be properly adjusted to close and latch to prevent the possible movement of smoke or fire which could place residents, staff and visitors at risk of possible harm.	K 018		
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This Standard is not met as evidenced by: Based upon observations made during this Survey conducted on 6/11/13 between the hours of 0910 to 1145 while accompanied by the facility maintenance director we observed the following door not closing and latching as required: 1. Laundry Room door failed to close and latch upon releasing from magnetic hold open device	K 029	Maintenance department adjusted the laundry room door to latch properly. Environmental Services Director will monitor door ongoing to make sure they latch properly.	6-13-13

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K 029	Continued From page 3 Door is to be properly adjusted to close and latch to prevent the possible movement for smoke or fire which could place residents, staff or visitors at risk of possible harm.	K 029		
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This Standard is not met as evidenced by: Based upon observations made during the Survey conducted on 6/11/13 between the hours of 0910 to 1145 while accompanied by the facility maintenance director we observed that the Kitchen Hood Suppression System inspection tag was dated 8/31/12. In reviewing the facility documentation the facility was unable to provide documentation for a current Kitchen Hood Suppression System inspection which would have been done in February of 2013 (Required every six months). Facility will need to have the inspection conducted as soon as possible and maintain documentation for review. Failure to conduct the required semi-annual inspection and testing could place staff, residents and visitors at risk of possible harm.	K 069	Maintenance department will make sure the kitchen hood suppression system is inspected two times per year. Environmental Services Director will monitor kitchen hood suppression system ongoing to make sure it is inspected two times per year.	7-1-13 6-13-13
K 076 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4	K 076		

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K 076	Continued From page 4 This Standard is not met as evidenced by: Based upon observations made during the survey conducted on 6/11/13 between the hours of 0910 to 1145 while accompanied by the facility maintenance director we observed several portable oxygen cylinders that were unsecured in the oxygen storage rooms: 1. Oxygen storage room by room #511 had four oxygen cylinders that were not secured to prevent accidental damage 2. Oxygen storage room by room #109 had five oxygen cylinders that were not secured to prevent accidental damage Cylinders are to be properly secured to prevent possible damage to the tanks which could also place residents, staff or visitors at risk of possible harm (NFPA 99 , 4-3.1.1.2 (3)).	K 076	Maintenance department placed the tanks back in the properly secured holders. Staff were inserviced on placing the tanks back in there secured holders. Placed signs on both oxygen tank room doors to remind them of proper placement. Environmental Services Director will monitor proper tank placement ongoing.	
K 147 SS=F	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: Based upon observations made during this Survey conducted on 6/11/13 between the hours of 0910 to 1145 while accompanied by the facility maintenance director we observed multiple locations throughout the facility where multi-plug power strips were being used in lieu of permanent wiring for non-computer type electrical items. Following is a listing of areas observed, however	K 147		6-13-13

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K 147	<p>Continued From page 5</p> <p>the facility will need to inspect all resident rooms and areas to ensure compliance with this standard:</p> <ol style="list-style-type: none"> 1. Resident rooms #305, #309, #408, #405, #510, #508, #506, #101 (Items such as TV's, clocks, phones, bed and chair) 2. Social Services Office (refrigerator plugged into power strip and other non-computer items in other power strip) 3. Resident Care Manager Office (non-computer items plugged into power strip) 4. Dining Room (TV and Stereo Equipment plugged into power strips) <p>C.M.S. has made a determination that approved power strips (built in circuit breaker, manual reset button) are approved for Computer Equipment but all other electrical equipment are not authorized unless covered by a Wavier.</p> <p>In addition we observed lightweight extension cords being used in lieu of permanent wiring in the following locations:</p> <ol style="list-style-type: none"> 1. Resident rooms #409 (behind TV) and #406 (By Bed). <p>Failure to ensure that electrical wiring and equipment are used properly could result in the residents, staff and visitors to be at risk from possible harm due to overheating of electrical circuits.</p>	K 147	<p>Maintenance department removed all unallowed power strips and installed 6 prong wall taps on all areas mentioned.</p> <p>Environmental Services Director will monitor facility for unallowed power strips ongoing.</p> <p>Maintenance department removed the two extension cords.</p> <p>Environmental Services Director will monitor facility for unallowed extension cords ongoing.</p>	<p>6-20-13</p> <p>6-20-13</p>

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