

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

Printed: 04/24/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505411</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - <b>MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/24/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>SUNSHINE GARDENS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>EAST 10410 NINTH AVENUE SPOKANE, WA 99206</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: 32863 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Sunshine Gardens in Spokane, Washington on 4/24/14 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. During the physical tour of the facility I was accompanied by the Facility Maintenance Director who witnessed any deficiency noted during this survey.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a one story structure of Type 1 hour construction with exits to grade and is protected by a Type 13 sprinkler system and an Automatic / Manual Fire Alarm System with corridor smoke detection. The facility is licensed for 84 residents with a current census of 80.</p> <p>The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare &amp; Medicaid Services. The following citations were documented during the survey:</p> <p>The surveyor was:</p> <p>David Rogers Deputy State Fire Marshal Nursing Home Surveyor 32863</p> <p>The surveyor was from: Washington State Patrol Office of the State Fire Marshal Fire Protection Bureau</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*[Handwritten Signature]*

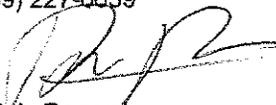
*Administrator*

*4-24-14*

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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NAME OF PROVIDER OR SUPPLIER <b>SUNSHINE GARDENS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>EAST 10410 NINTH AVENUE SPOKANE, WA 99206</b>		
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K 000	Continued From page 1 PO Box 19130 Spokane WA 99219-9130 Telephone: (509) 954-2746 Fax: (509) 227-6639   DSFM D.A. Rogers	K 000		
K 062 SS=D	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  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: 32863 Based upon observations and staff interviews on 4/24/14 between approximately 1000 and 1300 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.  The findings include, but are not limited to: The sprinkler head in the Medical Records room is obstructed by an overhead light, preventing the water from the sprinkler reaching the far wall in event of a fire.  The above was discussed and acknowledged by the Maintenance Director.	K 062	We will be extending the Sprinkler head, so that it will be at the proper height as per the Life Safety Code. We will make sure that the water will be able to reach the far wall. This will be completed by May 30 2014.	
K 069 SS=D	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>	K 069		5-30-14

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NAME OF PROVIDER OR SUPPLIER <b>SUNSHINE GARDENS</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>EAST 10410 NINTH AVENUE SPOKANE, WA 99206</b>		
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K 069	<p>Continued From page 2</p> <p>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>This Standard is not met as evidenced by: Surveyor: 32863 Based upon record review and staff interviews on 4/24/14 between approximately 1000 and 1300 hours the facility has failed to conduct the required cleaning of the commercial cooking equipment in the kitchen. This could result in an excessive accumulation of flammable grease which would endanger the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to: The facility has not had the kitchen hood cleaned since 9-11-13 (required every 6 months).</p> <p>The above was discussed and acknowledged by the Maintenance Director.</p>	K 069	<p>We have scheduled a cleaning of the Kitchen Hood to be completed by April 30 2014. Our maintenance director will also put in his outlook when the cleaning should be scheduled next.</p>	
K 070 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8</p> <p>This Standard is not met as evidenced by: Surveyor: 32863 Based upon record review and staff interviews on 4/24/14 between approximately 1000 and 1300 hours the facility has failed to prohibit the use of unapproved portable electric heaters within the facility. This could result in a fire due to the ignition of combustible materials that would place</p>	K 070		4-30-14

