

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

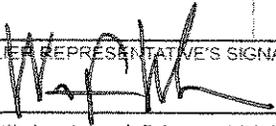
Printed: 12/02/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505395	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/02/2014
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NAME OF PROVIDER OR SUPPLIER STAFHOLT GOOD SAMARITAN CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 456 C STREET BLAINE, WA 98230
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 19192 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Stafholt Good Samaritan on 12/2/2014 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 57 beds and at the time of this survey the census was 54.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70.</p> <p>The facility is a single story structure of Type V-A construction with exits to grade. The facility is protected by a Type 13 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>The facility is not in compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.</p> <p>The surveyor was:  Donald L West Deputy State Fire Marshal</p>	K 000		
K 016 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	K 016		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ADJ	DATE 12/9/14
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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 016	<p>Continued From page 1</p> <p>Newly installed interior floor finish complying with 10.2.7 is permitted in corridors and exits if Class 1. 19.3.3.3</p> <p>In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, no interior floor finish requirements apply.</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 Newly installed interior floor finish complying with 10.2.7 is permitted in corridors and exits if Class 1. 19.3.3.3</p> <p>In smoke compartments protected throughout by an approved, supervised automatic sprinkler system in accordance with 19.3.5.2, no interior floor finish requirements apply. Based upon observations and staff interviews on 12/2/2014 between approximately 0815 and 1045 hours the facility has failed to obtain plan review approval for newly installed floor coverings, this has the potential for smoke to form in the exit corridors in the event of a fire.</p> <p>This requirement is not met as evidenced by:</p> <p>The findings include, but are not limited to:</p> <p>1. The facility is installing new vinyl floor coverings and have not gone thru the DOH plan review process for approval of materials.</p>	K 016	<p>Proper application filed and fee paid to DOH/Construction review services in Tumwater, Washington.</p> <p>Check # 24272 for \$150.00 mailed with application on 12/05/2014.</p> <p>Administrator will inform environmental supervisor of necessity of submitting plan review for approval on finishing projects.</p> <p>Wayne Weinschenk will monitor process with DOH/Construction Review.</p>	01-05-2015

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K 018	Continued From page 3 Roller latches are prohibited by CMS regulations in all health care facilities. This requirement is not met as evidenced by: Based upon observations and staff interviews on 12/2/2014 between approximately 0815 and 1045 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. The findings include, but are not limited to: 1. The door to the MDS office has the self closer removed. The above was discussed and acknowledged by the Lead housekeeper.	K 018	Items 1 & 2: All obstructions removed; All department leaders will be inserviced on rules concerning obstruction of sprinkler heads. Chris Nielson (Maintenance) will monitor for compliance. Item 3: Vendor has been notified to replace outdated sprinkler head in refridgerator/freezer. Vendor is Commercial Fire Protection; they will be asked to identify sprinklers nearing the end of life and correct them during ongoing annual servicing. Wayne Weinschenk (Administrator) will monitor for compliance.	01-05-2015
K 062 SS=E	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: Surveyor: 19192 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	K 062		

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K 062	Continued From page 4 25, 9.7.5 This requirement is not met as evidenced by: Based upon observations and staff interviews on 12/2/2014 between approximately 0815 and 1045 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: 1. In the storage closet #1 next to resident room #08 there is storage to high obstructing the sprinkler head. 2. In the clean utility by the west wing nurses station the storage is to high obstructing the sprinkler head. 3. In the walk in cooler and freezer the sprinkler heads are more than 10 years old and shall be replaced. The above was discussed and acknowledged by the Lead housekeeper.	K 062		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		

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K 144	Continued From page 5 This Standard is not met as evidenced by: Surveyor: 19192 Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This requirement is not met as evidenced by: Based upon observations and staff interviews on 12/2/2014 between approximately 0815 and 1045 hours the facility has failed to have the emergency generator meet the requirements of the Fire Safety Code. This could result in conditions that would result in the failure of the emergency generator that would not be detected by staff in a timely manner which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: 1. The generator annunciator panel at the est nurses station indicate that the generator has a low water temp and the alarm is turned off. The above was discussed and acknowledged by the lead housekeeper.	K 144	Will have generator thermostat and or water heater repaired or replaced. Annunciator panel will have a posted warning not to silence until repairs have been scheduled. Vendor is Washington Generator LLC. Vendor has been notified of repairs. Wayne Weinschenk (Administrator) will monitor for compliance.	01-05-2015
K 147 SS=D	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: Surveyor: 19192	K 147		

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K 147	<p>Continued From page 6</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This requirement is not met as evidenced by:</p> <p>Based upon observations and staff interviews on 12/2/2014 between approximately 0815 and 1045 hours the facility has failed to restrict the use of multi-plug outlets (power strips) to providing power to permitted electrical equipment. This could result in a fire from overheating of the plug strip due to the heavy power draw endangering the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to:</p> <ol style="list-style-type: none"> 1. In resident room #25 behind the TV there is a outlet with no cover plate. <p>The above was discussed and acknowledged by the lead housekeeper.</p>	K 147	<p>Cover Plate has been replaced.</p> <p>Maintenance will replace all electrical hazards (ie. plates) as appropriate.</p> <p>Chris Nielson (Maintenance) will monitor future issues via repair requisitions.</p>	Immediate