

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

1067

Printed: 10/02/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505387	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/02/2013
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NAME OF PROVIDER OR SUPPLIER PROVIDENCE MOTHER JOSEPH CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 3333 ENSIGN ROAD NORTHEAST OLYMPIA, WA 98506
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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

INITIAL COMMENTS

Surveyor: 

This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at the Providence Mother Joseph Care Center on 10/02/2013 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.

The facility has a total of 152 beds and at the time of this survey the census was 140.

The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70.

The facility is a one story structure of Type VA 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.

The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.


Deputy State Fire Marshal

K 000

K 012
SS=B

NFPA 101 LIFE SAFETY CODE STANDARD

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

K 012

The facility corrected the deficiencies by sealing the uncovered penetrations and gaps in the Med room and Rec and

10/02/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Admin	(X6) DATE 10/11/2013
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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 147	<p>Continued From page 2</p> <p>This requirement is not met as evidenced by:</p> <p>Based upon observations and staff interviews on 10/02/2013 between approximately 1000 and 1300 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: There were powerstrips in use in the Bistro Dining Room, Med Room, Pharmacy, and the Beauty Salon.</p> <p>The above was discussed and acknowledged by the General Manager..</p>	K 147	<p>The facility has a continuing waiver (see attached) issued by CMS on September 24, 2012 and ending on September 15, 2015. The person responsible to ensure compliance is the General Manager Multi-Services/ Environmental Services Manager.</p> <p>The Administrator is responsible to ensure compliance.</p>	10/02/13