

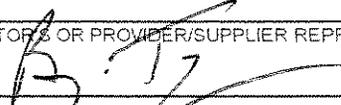
1076

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505313</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/31/2014</b>
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NAME OF PROVIDER OR SUPPLIER <b>HALLMARK MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>32300 FIRST AVENUE SOUTH FEDERAL WAY, WA 98003</b>
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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: 19192 On January 31, 2014 an unannounced fire and life safety code recertification survey was conducted at Hallmark Manor Located at 32300 1st ave S Federal Way WA, 98003 by a representative of the Washington State Patrol, State Fire Marshal's Office. This survey was conducted using the existing section of the 2000 life safety code in accordance with 42 CFR 483.70.  This facility is a single story type V-A structure with exiting direct to grade level, the building is protected throughout by a full NFPA 13 fire sprinkler system and automatic detection throughout.  The facility has a licensed capacity of 141 with a census today of 117.  The facility is not in compliance at this time:  Deputy State Fire Marshal	K 000	Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.  K012  The ceiling above the laundry area has been repaired.  The Maintenance Director/Designee will inspect the remainder of the facility roof and ensure that there are no more holes in the roof.	
K 012 SS=D	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  This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on January 31, 2014 from	K 012	Maintenance Director/Designee will inspect weekly for a month and ensure that and report to the monthly performance improvement committee any trends.  The Executive Director will ensure compliance. Completion Date: Feb. 21, 2014	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Executive Director</b>	(X6) DATE <b>2/5/14</b>
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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 012 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></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: Surveyor: 19192 During the facility tour on January 31, 2014 from</p>	K 012	<p>Maintenance Director/Designee will inspect weekly for a month and ensure that and report to the monthly performance improvement committee any trends.</p> <p>The Executive Director will ensure compliance. Completion Date: Feb. 21, 2014</p>	

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NAME OF PROVIDER OR SUPPLIER <b>HALLMARK MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>32300 FIRST AVENUE SOUTH FEDERAL WAY, WA 98003</b>		
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K 012	Continued From page 1 0800 to 1130 it was observed that the facility failed to maintain the fire resistive construction of the building, this has the potential for the spread of fire throughout the building in the event of a fire, this finding was acknowledged at the time of the survey by the facility maintenance director. The finding was:  1. In the main laundry above the commercial dryers there is a large section of drywall that has been removed, there is a piece of plywood partially covering the hole.	K 012		
K 018 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ 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  Roller latches are prohibited by CMS regulations in all health care facilities.  This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on January 31, 2014 from	K 018	K018  The door next to the Environmental room by the Nurses Station was repaired and now latches.  The Maintenance Director/Designee will inspect the remainder of the facility fire rated doors, that are capable of closing and ensure that they close and self latch.  Maintenance Director/Designee will inspect weekly for a month and ensure that and report to the monthly performance improvement committee any trends.  The Executive Director will ensure compliance. Completion Date: Feb. 21, 2014	

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K 018	Continued From page 2 0800 to 1130 it was observed that the facility failed to maintain the fire rated doors in the building capable of self closing and latching tight to the frame, this has the potential for the passage of smoke throughout the corridors in the event of a fire, this finding was acknowledged at the time of the survey by the facility maintenance director. The finding was but is not limited to;  1. The door to the Environment room next to the nurses station is dragging on the carpet and will not close and latch.	K 018		
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5  This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on January 31, 2014 from 0800 to 1130 it was observed that the facility failed to maintain the sprinkler system in the building, this has the potential for the sprinkler system to fail in the event of a fire, this finding was acknowledged at the time of the survey by	K 056	K056  The dry pendant sprinkler head in the walk-in cooler has been replaced.  The Maintenance Director/Designee will inspect the remainder of the facility dry pendant sprinkler heads and ensure that they are operating effectively.  Maintenance Director/Designee will inspect weekly for a month and ensure that and report to the monthly performance improvement committee any trends.  The Executive Director will ensure compliance. Completion Date: Feb. 28, 2014	

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K 056	Continued From page 3 the facility maintenance director. The finding was:  1. In the walk in cooler it appears that the dry pendent sprinkler head is more than ten years old and my have been leaking.	K 056		
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 During the facility tour on January 31, 2014 from 0800 to 1130 it was observed that the facility failed to maintain the sprinkler system free of obstruction that could affect the sprinklers ability to extinguish a fire, these findings were acknowledged at the time of the survey by the facility maintenance director. The findings were:  1. In the 200 wing med supply closet the light fixture is to close to the sprinkler head. 2. In the 600 wing storage closet next to resident room # [REDACTED] there is storage to close to the sprinkler head.	K 062	K062  The light fixture in the 200 wing med supply closet was fixed and is now in compliance. The storage in the 600 wing storage closet next to resident room # [REDACTED] has been moved and is now an appropriate distance from the sprinkler head.  The Maintenance Director/Designee will inspect the remainder of the facility light fixtures to ensure that they are in compliance. The Maintenance Director/Designee will inspect the facility to ensure that there is not storage too close to the sprinkler heads.  Maintenance Director/Designee will inspect weekly for a month and ensure that they are in compliance and report to the monthly performance improvement committee any trends.  The Executive Director will ensure compliance. Completion Date: Feb. 21, 2014	