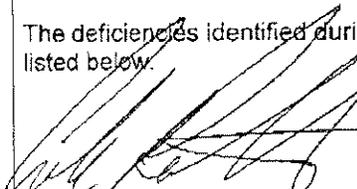


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 10/17/2012  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>505473</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MAIN BUILDING 01</b><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>10/16/2012</b> |
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|---|---|
| NAME OF PROVIDER OR SUPPLIER<br><b>UNIVERSITY PLACE CARE CENTER</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>5520 BRIDGEPORT WAY WEST<br/>UNIVERSITY PLACE, WA 98467</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 |
|--------------------|--|---------------|---|----------------------|
| K 000              | <p><b>INITIAL COMMENTS</b></p> <p>An unannounced Life Safety Code Survey was conducted at University Place Care Center, on 10/16/2012 by staff from Washington State Patrol Office of the State Fire Marshal. The 2000 Existing Edition of the Life Safety Code was utilized for this survey, in accordance to 42 Code of Federal Regulations, Part 483.70: Requirements for Long Term Care Facilities.</p> <p>The 120 bed facility with a census of 87, consisted of a TypeV-A construction built in 1991. The structure is fully sprinkled (except where noted) and has an automatic fire and smoke alarm system. There are no Life Safety Code waivers in effect at this time.</p> <p>The deficiencies identified during this survey are listed below.</p>  <p>Cole Roberts<br/>Deputy State Fire Marshal<br/>Washington State Patrol<br/>(253) 538-3125<br/>cole.roberts@wsp.wa.gov</p> | K 000         | <p><u>The following written allegation of compliance is intended to meet the requirements for a plan of correction under state and federal law and is not an admission that the survey findings are correct or that they rise to the level of deficiencies under applicable law.</u></p> <div data-bbox="1023 987 1364 1228" style="text-align: center;"> <p><b>RECEIVED</b><br/>OCT 30 2012<br/><b>FIRE PROTECTION BUREAU</b></p> </div> |                      |
| K 018<br>SS=D      | <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></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 1 1/4 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</p>   | K 018         | <p><b><u>K-018</u></b></p> <p>The obstruction of the door in the Physical Therapy gym was removed immediately. The Linen Storage door near room 101 closes properly.</p> <p>No other issues were noted.</p>   |                      |

|  |                      |                              |
|--|----------------------|------------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><i>Christine Miller</i> | TITLE<br><b>LNHA</b> | (X8) DATE<br><b>10/24/12</b> |
|--|----------------------|------------------------------|

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 018   | Continued From page 1<br>are permitted. 19.3.6.3<br><br>Roller latches are prohibited by CMS regulations in all health care facilities.<br><br>This Standard is not met as evidenced by:<br>It was observed during a physical inspection of the facility during the hours of 1100-1415 with the Maintenance Director, and the facility Administrator that the following doors were obstructed or did not properly function when tested:<br><br>1. Physical Therapy gym (blocked by patient bed table and "Wet floor" sign)<br><br>2. Linen storage door by #101.<br><br>This condition increases the likelihood of injury or death during fire conditions. | K 018   | The Physical Therapy department and Housekeeping department have been inserviced. The Maintenance department will continue to check doors for proper functioning.<br><br>Audits will be conducted by the Administrator or designee to determine ongoing compliance. Results will be forwarded to Quality Assurance Committee for review of trends/patterns.<br><br>Correction Date: 10-26-12 and on-going<br><br>Administrator or designee will be responsible for compliance. |   |
| K 052<br>SS=C   | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4  | K 052   | <b>K052</b><br><br>The electrical breaker #16 in the electrical panel "EP" that governs the fire alarm panel has a lock out device.<br><br>No other issues noted.<br><br>The Maintenance staff is aware that the electrical breaker #16 on the electrical  |   |

*Christine Miller, WHA 10/24/12*

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| K 052   | Continued From page 2   | K 052   | panel "EP" requires a lock out device.   |  |
|   | This Standard is not met as evidenced by:<br>It was observed during a physical inspection of the facility during the hours of 1100-1415 with the Maintenance Director, and the facility Administrator that electrical breaker #16 in electrical panel "EP" that governs the fire alarm panel lacks a lock out device as required in NFPA 72.                                    |   | Random audits will be conducted by the Administrator or designee to determine ongoing compliance. Results will be forwarded to Quality Assurance Committee for review of trends/patterns.  |  |
|   | This condition may lead to the unintentional inadvertent shut down of the breaker thus increasing the likelihood of injury or death during fire conditions.   |   | Correction Date: 10-26-12 and on-going.  |  |
| K 144<br>SS=F   | NFPA 101 LIFE SAFETY CODE STANDARD<br>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.  | K 144   | Administrator or designee will be responsible for compliance.<br><br><u>K144</u><br><br>The facility will seek to update equipment to meet the standard of having an annunciator at a constantly attended/staffed location for the generator. A waiver is being requested for this deficiency. (See attached letter) |  |
|   | This Standard is not met as evidenced by:<br>It was observed during a physical inspection of the facility during the hours of 1100-1415 with the Maintenance Director, and the facility Administrator that the facility's emergency generator fails to have an annunciator at a constantly attended/staffed location that would alert staff of a variety of generator faults as |   | Administrator or designee will be responsible for compliance.  |  |

FORM CMS-2567(02-99) Previous Versions Obsolete

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If continuation sheet Page 3 of 5

*Christine Muller, LNHA 10/24/12*

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|--------------------|--|---------------|--|----------------------|
| K 144              | Continued From page 3<br>required by code (i.e. the annunciator is in the maintenance office only).  | K 144         |  |                      |
| K 147<br>SS=E      | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This Standard is not met as evidenced by: It was observed during a physical inspection of the facility during the hours of 1100-1415 with the Maintenance Director, and the facility Administrator that the following 110v receptacles required ground fault circuit interrupter (GFCI) protection due to their proximity (&lt; 6') to a wet location, and existing GFCI receptacles failed to properly function when a ground fault was induced as noted:</p> <ol style="list-style-type: none"> <li>1. North dining near domestic range.</li> <li>2. South dining near ice machine.</li> <li>3. Kitchen near water filter next to cooking line.</li> <li>4. Faulty GFCI in clean utility in 200 hall.</li> <li>5. In medication room.</li> <li>6. Second GFCI in 200 hall clean utility is needed.</li> <li>7. Faulty GFCI in Laundry/Soiled Utility in 300 hall.</li> <li>8. Existing GFCI in staff lounge @ sink was</li> </ol> | K 147         | <p><b><u>K-147</u></b></p> <p>The receptacles that needed GFCI protection have been switched out (north dining room, south dining room, kitchen, and medication room). The GFCI was fixed in the clean utility room in 200 hall and Laundry/Soiled Utility room on 300 hall. A second GFCI was added in the 200 hall clean utility room. The GFCI was fixed in the staff lounge.</p> <p>No other issues were noted.</p> <p>Audits will be conducted by the <u>Administrator</u> or designee to determine ongoing compliance. Results will be forwarded to Quality Assurance Committee for review of trends/patterns.</p> |                      |

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If continuation sheet Page 4 of 5

*Christine Miller, LHA 10/24/12*

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| K 147              | Continued From page 4<br>found that Hot wire and Neutral Wire were improperly reversed.<br><br>This condition increases the risk of injury or death by electrocution. | K 147         | Correction Date: 10-26-12<br>and ongoing<br><br>Administrator or designee will be responsible for <u>compliance.</u> |                      |

*Christine Miller, LNHA 10/24/12*