

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505473</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/07/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>UNIVERSITY PLACE CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>5520 BRIDGEPORT WAY WEST UNIVERSITY PLACE, WA 98467</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: 19192 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at University Place Care Center on 11/7/2014 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 120 beds and at the time of this survey the census was 99.</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 sing story structure, with a basement 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 &amp; Medicaid Services.</p> <p>The surveyor was:</p>  Donald L West Deputy State Fire Marshal	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> <p><b><u>K-012</u></b></p> <p>The penetrations in the basement ceiling will be fixed by 11/28/14. The hole in the wall of resident room 105 was fixed on 11/7/14.</p> <p>No other issues were noted.</p> <p>The Maintenance Director and /or designee was inserviced on the requirement.</p> <p>Audits will be conducted by the Maintenance Director or designee to determine ongoing compliance. Results will be forwarded to Quality Assurance Committee for review of trends/patterns.</p>	
K 012	NFPA 101 LIFE SAFETY CODE STANDARD	K 012		

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

*Christine Miller*

TITLE

LNHA

(X6) DATE

11/14/14

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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K 012 SS=E	Continued From page 1  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 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 requirement is not met as evidenced by:  Based upon observations and staff interviews on 11/7/2014 between approximately 0830 and 1030 hours the facility has failed to maintain fire resistive construction of the building capable of resisting the passage of smoke and fire into other compartments. This could allow the toxic product of combustion to move out of a room and into the exit access corridor and the smoke compartment which would endanger the residents, staff and/or visitors within the facility.  The findings include, but are not limited to:  1. In the basement there is sheetrock missing from the ceiling due to a water leak. 2. In resident room #105 there is a hole in the wall where the door handle punched the door stop thru.  The above was discussed and acknowledged by the facility Administrator.	K 012	Correction Date: 11/28/14 and on-going  Administrator or designee will be responsible for compliance.  <b><u>K-147</u></b>  The extension cord in resident room 104 bed two was removed on 11/7/14. The power strips in central supply were removed at the time it was noted.  No other issues were noted. Audits will be conducted by the Maintenance Director or designee to determine ongoing compliance. Results will be forwarded to Quality  Assurance Committee for review of trends/patterns.  Correction Date: 11/28/14 and on-going  Administrator or designee will be responsible for compliance.	
K 147 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD  Electrical wiring and equipment is in accordance	K 147		

*Christine Miller, LNHA 11/14/14*

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K 147	<p>Continued From page 2 with NFPA 70, National Electrical Code. 9.1.2</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 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 11/7/2014 between approximately 0830 and 1030 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"> <li>1. In resident room #104 there is an extension cord in use at bed #2 by the TV.</li> <li>2. In the basement central supply there were two power strips connected together. (THIS DEFICIENCY WAS CORRECTED AT THE TIME OF SURVEY)</li> </ol> <p>The above was discussed and acknowledged by the facility Administrator.</p>	K 147		

*Christine Miller, LNHA 11/14/14*