

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

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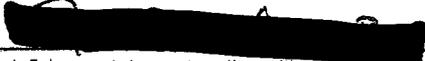
Printed: 02/14/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505257	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/14/2014
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NAME OF PROVIDER OR SUPPLIER ALDERWOOD MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 3600 EAST HARTSON AVENUE SPOKANE, WA 99202
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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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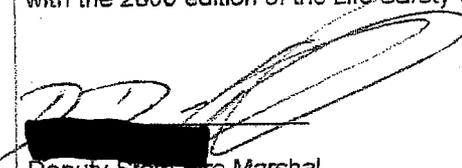
K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 28239 DSHS Nursing Home Complaint Intake ID: 2948606 Local Smoke Detector Trip / Melting Cup</p> <p>Investigated 02/14/2014</p> <p>This report is the result of a Fire and Life Safety complaint survey conducted at Alderwood Manor, Spokane, WA by a representative of the Washington State Fire Marshal's Office. The purpose of this survey is to confirm that the staff followed emergency protocols during the incident of 01/20/2014..</p> <p>Through record review (written reports by nursing and environmental staff), observation and staff interviews with the Environmental Services Director and the resident's Social Worker, between the hours of 0845 and 0930 today, it is determined that the staff followed emergency protocols.</p> <p>At approximately 0700 01/20/2014, fumes from a melting plastic cup tripped the local detector only. LPN discovered a partially melted plastic cup with a heating element inserted into the water (there was no actual ignition - the melting plastic cup was partially filled with hot water that had come to a boil and was melting the cup). The heat source was unplugged and the LPN gave it to the Environmental Services Director (who had just arrived on scene) who removed it to outside the building.</p> <p>The LPN removed the resident from the room (resident was combative and fought staff to stay in her room) and closed the door. The room was then ventilated naturally by staff (very light smell</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 2-14-14
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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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NAME OF PROVIDER OR SUPPLIER ALDERWOOD MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 3600 EAST HARTSON AVENUE SPOKANE, WA 99202		
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K 000	<p>Continued From page 1 of smoke). Detector head was replaced by the Director of Maintenance and the room was determined to be clear.</p> <p>Resident was evaluated and found to be A&O with no signs of smoke inhalation.</p> <p>Staff was unaware that the resident had acquired the appliance (her son was informed of the incident and requested not to bring in appliances without notice to facility). Resident was educated regarding same.</p> <p>Resident has a history of hoarding and uncooperative behavior, Administrator requested DSFM to interceed with resident while on scene. DSFM interviewed resident while accompanied by the ESD and Social Worker. Combustibles are away from protected radiant water heater. The room is found to be somewhat cluttered but the resident can be accessed. The resident is difficult to communicate with and is at odds with the facility regarding her desire to ad another table to her room. It was communicated to her that she could trade-off some of her other items to make room for a table. This did not satisfy her, she was very argumentative. Staff will have to police her room on a regular basis for clutter and appliances (that she orders on-line).</p> <p>The finding is that staff acted appropriately per protocol. The facility is found to be in compliance with the 2000 edition of the Life Safety Code.</p> <p> Deputy State Fire Marshal Life Safety Code Surveyor</p>	K 000		

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K 000	Continued From page 2 28239 The Surveyor was from: Washington State Patrol Fire Protection Bureau 2803 156th Ave SE Bellevue, WA. 98007 Telephone: (425) 401-7731 FAX: (425) 401-7842	K 000		
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