

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

Printed: 12/06/2012
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505410 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 12/06/2012 |
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| NAME OF PROVIDER OR SUPPLIER SELAH CONVALESCENT | STREET ADDRESS, CITY, STATE, ZIP CODE 203 WEST NACHES AVENUE SELAH, WA 98942 |
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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

K 000

This report is a result of an unannounced Federal Life Safety re-certification survey conducted at Selah Convalescent, 203 W. Naches Avenue, Selah, WA, on December 6, 2012 by staff from the Washington State Patrol, Fire Protection Bureau, Union Gap Detachment. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Social and Health Services (DSHS).

The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.

The LTC 39 bed facility, census of 36 was provided by Administrator and verified by Rehab Coordinator. The facility consisted of construction type III (211) one story building with two partial basements, one used for maintenance, laundry, and storage. The second partial basement is used for kitchen services. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade have been provided with an all weather surface and lead to a public way.

The facility is not in substantial compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.

The Surveyor was:
Maria C. Valladares
Deputy State Fire Marshal
Nursing Home Surveyor
28058

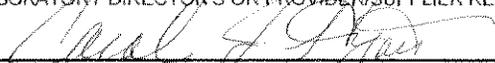
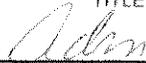
The Surveyor was from:
Washington State Patrol
Fire Protection Bureau

RECEIVED

FIRE PROTECTION BUREAU

ADDENDUM TO PLAN OF CORRECTION

Submission of the Response and Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, and is also not to be construed as an admission of interest against the facility, the Administrator or any employees, agents or other individuals who draft or may be discussed in this Response and Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the facility of the truth of any facts alleged or the correctness of any conclusions set forth in this allegation by the survey agency. Accordingly, the Facility has prepared and submitted this Plan of Correction solely because of the requirements under state and federal law that mandate submission of a Plan of Correction within ten (10) days of the survey as a condition to participate in the Title 18 and Title 19 programs. The submission of the Plan of Correction within this time frame should in no way be considered or construed as agreement with the allegations of non compliance or admissions by the facility.

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  | TITLE  | (X6) DATE 12/14/12 |
|---|---|-----------------------|

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 000 | Continued From page 1 2715 Rudkin Road Union Gap, WA. 98903-1795 Telephone: (509) 575-2190 FAX: (509) 576-3002  Maria C. Valladares, DSFM 28058 | K 000 | | |
| K 038 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This Standard is not met as evidenced by: Based upon observation and staff interviews the facility has failed to maintain exits so that they are readily accessible and useable at all times. This may result in residents and staff not being able to exit the building in an emergency. The findings include but are not limited to: During the facility tour on December 06, 2012 between the hours of 1:30pm and 3:30pm, I could not open the exit door out of the main dining room. The door was observed and tested to be locked. The door could not be opened without the use of a key. This finding was observed and discussed with the Maintenance Staff. | K 038 | POC K 038 1. This door is not an exit door and is for emergency purposes only. It automatically releases in the event of an emergency. Proper signage will be provided indicating the above. This will be monitored by administration and maintenance staff. Date of Correction 12/18/2012. | |
| K 052 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is | K 052 | | |

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| K 052 | <p>Continued From page 2 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</p> <p>This Standard is not met as evidenced by: The facility has failed to provide the required maintenance and testing for the automatic and manual fire alarm system. This could potentially allow system to become inoperable and place residence and staff in threat of fire without early detection or notification.</p> <p>The findings include, but are not limited to:</p> <p>Record review on December 06, 2012 between 1:30pm and 2:30pm of the facility's fire alarm system maintenance records of the year prior to the date of survey revealed that no records were provided to indicate that the sensitivity testing had been conducted.</p> <p>This finding was observed and discussed with the Maintenance Staff.</p> | K 052 | <p>POC K 052 1. Proper testing and inspection of the fire alarm system. Servicing was done in timely manner. Due to change in maintenance staff, reports were not readily available at time of survey. See copies of current testing. This will be monitored by administration and maintenance department. Date of Correction 12/14/2012</p> | |
| K 062 SS=D | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> | K 062 | <p>POC K 062 1. Servicing was done in a timely manner. Due to a change in maintenance staff, reports were</p> | |

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| K 062 | Continued From page 3 This Standard is not met as evidenced by: The facility has failed to provide the required amount of quarterly inspection for the automatic sprinkler system. This could potentially allow system to become inoperable and place residence and staff in threat of fire without suppression. The findings include, but are not limited to: Record review on December 06, 2012 between 1:30pm and 2:30pm of the facility's sprinkler maintenance records of the year prior to the date of survey revealed that a quarterly inspection was missed during the 2nd quarter -April/May/June. This finding was observed and discussed with the Maintenance Staff. | K 062 | not readily available at time of survey. See copies of current testing. Administrator and maintenance department will insure proper testing and inspection of the sprinkler system will be done quarterly as required. Inland Fire Protection will be contracted with for testing and maintenance to ensure the system is operable. | |
| K 144 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This Standard is not met as evidenced by: The facility has failed to provide the required maintenance and servicing of the emergency generator. This could allow for the emergency | K 144 | | |

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| K 144 | Continued From page 4 generator becoming inoperable and thus placing residents and staff in a power outage without emergency lights and life safety systems. The findings include, but are not limited to: 1. Record review on December 06, 2012 between 1:30 and 2:30pm of the facility's generator maintenance and servicing records for the year prior to the date of survey revealed that the generator had not received its annual maintenance and servicing. The records indicate that the generator was last serviced on 08/17/2011 by Michael Wilcox, Journeyman Electric. 2. During the facility tour on December 06, 2012, between the hours of 2:00pm and 3:30pm, I observed that the remote panel for the emergency generator did not include an audible alarm. These findings were observed and discussed with the Maintenance Staff. | K 144 | POC K 144 1. Servicing was done in a timely manner. Due to a change in maintenance staff, reports were not readily available at the time of survey. See copies of current testing. Administration will ensure that annual testing will be conducted per CMS regulations. 2. The remote panel will be updated to include an audible alarm. Date of Correction 12/12/2012. | |
| K 147 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This Standard is not met as evidenced by: Based upon observations made during the facility tour on December 06, 2012 between the hours of 1:30am and 3:30pm, the facility has failed to restrict the use of extension cords and multi-plug plug strips. This could result in the overheating of the flexible wiring which could cause a fire and expose patients, staff, and visitors to the threat of an electrical fire. | K 147 | POC K147 1. Rooms 20, 18, 19, 15, 13 will have new ground fault surge protectors installed to eliminate surge protectors with cords. Date of Correction 12/16/2012 | |

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| K 147 | Continued From page 5 The findings include, but are not limited to: 1. At 209: Room #20 was observed to have power strip for tv and dvd player. 2. At 2:14 Room #18 was observed to have power strip for tv and radio. 3. At 2:15 Room #19 was observed to have air machine, fan, and charger for wheel chair on a power strip 4. At 2:18 Room #15 was observed to have lamp on power strip and a 2nd power strip for tv. 5. At 2:18 Room #13 was observed to have radio, lamp, and bed on power strip. These findings were observed and discussed with the Maintenance staff. | K 147 | | |
| K 211 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor: o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623 This Standard is not met as evidenced by: | K 211 | POC K 211 1. The alcohol hand pump dispenser will be moved so as not to be above an electrical outlet in Room 13. Administration will monitor to ensure dispensers are installed correctly as required. Date of Correction 12/6/2012. | |

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| K 211 | <p>Continued From page 6</p> <p>Based on observation and staff interview, the facility failed to maintain the proper distance for hand based alcohol hand gel from an electrical source. This potentially allows the spread of smoke and fire to other areas of the facility, exposing residents to a hazardous environment.</p> <p>The findings include, but are not limited to:</p> <p>During the facility tour on December 06, 2012, from 1:30pm to 3:30pm I observed improper mounting of alcohol based hand rub unit above an electrical outlet in Room #13.</p> <p>This finding was observed and discussed with Maintenance Staff.</p> | K 211 | | |

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