

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505410</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/14/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>SELAH CARE AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>203 WEST NACHES AVENUE SELAH, WA 98942</b>		
(X4) ID PREFIX TAG <b>K 000</b>	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG <b>K 000</b>	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p><b>INITIAL COMMENTS</b></p> <p>This report is a result of an unannounced Fire and Life Safety re-certification survey conducted on January 14, 2014, at Selah Convalescent located at 203 W. Naches Avenue, Selah, Washington, by a representative of the Washington State Fire Marshal's Office. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Social and Health Services (DSHS).</p> <p>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.</p> <p>The Long Term Care 39 bed facility, census of 33 was provided by the Administrator and verified by the Staff Coordinator. The facility is a one story building consisting of construction type V- 1 hour, with 2 partial basements. One basement has kitchen facility only. The second basement has activities, laundry, mechanical, and staff lounge. The facility was built in 1953. 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.</p> <p>The facility is not in substantial compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p>The Surveyor was: ██████████ Deputy State Fire Marshal Nursing Home Surveyor 28058</p> <p>The Surveyor was from:</p>		<p><b>ADDENDUM TO PLAN OF CORRECTION</b></p> <p>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.</p>	

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

*[Handwritten Signature]*

TITLE

*[Handwritten Title]*

(X6) DATE

*[Handwritten Date: 1/27/14]*

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 000	Continued From page 1 Washington State Patrol Fire Protection Bureau 2715 Rudkin Road Union Gap, WA. 98903-1795 Telephone: (509) 575-2190 FAX: (509) 576-3002  [Redacted], DSFM 28058	K 000	
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: The facility has failed to maintain the one hour construction fire rating as required. This could allow for smoke and heat to penetrate from one area to the next. This could potentially expose the residents, visitors, and staff to the threat of fire.</p> <p>The findings include, but are not limited to:</p> <p>During the survey tour on January 14, 2014 between the hours of 11:00am to 12:00pm, while accompanied by the Maintenance Director, I observed penetrations in the following location:</p> <ol style="list-style-type: none"> <li>1. A large penetration that extends the entire width of the corridor was observed in the ceiling of the East corridor.</li> <li>2. Interview with Maintenance Director revealed</li> </ol>	K 012	<p>POC – K 012</p> <ol style="list-style-type: none"> <li>1. The large penetration that extends the entire width of the east corridor is in the process of repairs. The repairs will include sealing of the entire penetration and related electrical repairs on or before February 19, 2014. Continued monitoring of the sprinkler system will be conducted by Maintenance Director and [Redacted] Fire Protection. Proper documentation will be kept to insure routine testing and monitoring is conducted by Maintenance Director and the Administrator.</li> </ol>

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K 012	Continued From page 2 that a sprinkler line had frozen around the middle of December 2013 and repairs are in process. Repairs will include sealing of the entire penetration and related electrical repairs.	K 012		
K 211 SS=E	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: The facility has failed to ensure that Alcohol-Based Hand Sanitizers (ABHS) are not within 6 inches of an electrical source. This could allow a fire to start and thus expose residents, visitors, and staff to the risk of fire.  The findings include, but are not limited to:  During the survey tour on January 14, 2014 between the hours of 11:00am and 12:00pm,	K 211	POC K - 211  1. All Alcohol Based Hand Rub (ABHR) dispensers have been relocated to ensure they are not installed over or adjacent to an ignition source. These changes were completed January 16, 2014 in resident room ●, resident room ●, and in resident room ● by the Maintenance Director. An in-service was given to the Maintenance Director about the proper installation of the ABHR dispensers in the skilled nursing facility. Continued monitoring will be conducted by Maintenance Director and Administrator.	

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K 211	<p>Continued From page 3</p> <p>while accompanied by the Maintenance Director, I observed ABHS to close to electrical sources in the following locations.</p> <ol style="list-style-type: none"> <li>At 11:15am, I observed that the ABHS in resident room ● has the drip line right over an electrical switch.</li> <li>At 11:17am, I observed that the ABHS in resident room ● has the drip line right over an electrical outlet.</li> <li>At 11:16am, I observed that the ABHS in resident room ● has drip line over an electrical switch.</li> </ol> <p>These findings were observed and discussed with the Maintenance Director.</p>	K 211		