

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

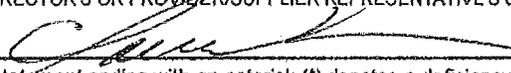
Printed: 09/09/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505441	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/09/2014
NAME OF PROVIDER OR SUPPLIER NORTH CENTRAL CARE AND REHABILITATIO		STREET ADDRESS, CITY, STATE, ZIP CODE N 1812 WALL STREET SPOKANE, WA 99205		
(X4) ID PREFIX TAG K 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG K 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at North Central Care and Rehabilitation in Spokane, Washington on 9/9/14 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. During the physical tour of the facility I was accompanied by the Facility Maintenance Director who witnessed any deficiency noted during this survey.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a one story structure with a partial basement of Type V- 1 hour construction with exits to grade and is protected by a Type 13 sprinkler system and an Automatic / Manual Fire Alarm System with corridor smoke detection. The facility is licensed for 99 residents.</p> <p>The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services. The following citations were documented during the survey:</p> <p>The surveyor was:</p> <p>David Rogers Deputy State Fire Marshal Nursing Home Surveyor 32863</p> <p>The surveyor was from: Washington State Patrol Office of the State Fire Marshal Fire Protection Bureau</p>			

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

TITLE

(X6) DATE



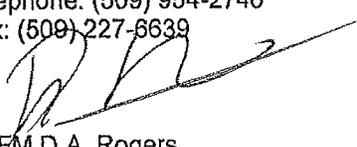
ADMINISTRATOR

9-12-14

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 PO Box 19130 Spokane WA 99219-9130 Telephone: (509) 954-2746 Fax: (509) 227-6639  DSFM D.A. Rogers	K 000		<i>af</i>
K 027 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7 This Standard is not met as evidenced by: Based upon observations and staff interviews on 9/9/14 between 0900 and 1130 hours the facility has failed to maintain smoke barrier doors so that they would close and resist the passage of smoke. This could result in toxic products of combustion spreading throughout the entire building and would not provide for the opportunity to evacuate from one compartment to another which would endanger residents, staff and/or visitors. The findings include, but are not limited to: The corridor smoke barrier doors by resident room #1 did not have enough self-closer force to fully close and latch.	K 027	The smoke barrier door located by room 1h has been inspected and adjusted so that when closed has enough force to fully latch and resist the passage of smoke. Completed on 9/9/14 Maintenance Supervisor will ensure smoke barrier doors are checked on a regular basis.	

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K 027	Continued From page 2	K 027		<i>af</i>
K 074 SS=D	<p>The above was discussed and acknowledged by the Maintenance Director.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.</p> <p>Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13</p> <p>Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3</p> <p>This Standard is not met as evidenced by: Based upon observations and staff interviews on 9/9/14 between approximately 0900 and 1130 hours the facility has failed to ensure that hanging fabrics are rated as flame resistant. This could result in the rapid spread of smoke and fire in the event of ignition which could potentially endanger the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to: There was a non-rated curtain hanging up in the</p>	K 074	<p>Curtain was removed from opening between the two therapy rooms. Completed on 9/9/14. In the event that another drapery is hung, it will be rated as flame resistant.</p> <p>Housekeeping Supervisor will make sure any drapery that is installed will be flame resistant. Administration will monitor.</p>	

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K 074	Continued From page 3 opening between the two Physical Therapy offices. The above was discussed and acknowledged by the Maintenance Director.	K 074		<i>af</i>
K 147 SS=D	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 and staff interviews on 9/9/14 between approximately 0900 and 1130 hours the facility has failed to maintain the use of multi-plug outlets (power strips) as permitted by code. 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. The findings include, but are not limited to: There was a powerstrip plugged into another multi-plug adapter in the Social Services office. The above was discussed and acknowledged by the Maintenance Director.	K 147	The powerstrip was removed from the Social Service office. The computer it was servicing has now been plugged in to an approved outlet. Completed on 9/9/14. All staff has been inserviced to make sure powerstrips are not piggybacked or daisy chained. Housekeeping, nursing staff and maintenance will monitor.	