

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

Printed: 10/31/2013
FORM APPROVED
OMB NO. 0938-0391

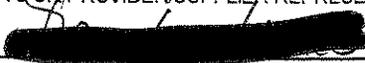
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505489	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/31/2013
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NAME OF PROVIDER OR SUPPLIER SEA MAR COMMUNITY CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1040 SOUTH HENDERSON STREET SEATTLE, WA 98108
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 19192 On October 31, 2013 an unannounced fire and life safety code recertification survey was conducted at Sea Mar Community Care Center located at 1040 S Henderson St, Seattle Wa, 98108 by a representative of the Washington State Patrol, State Fire Marshal's Office, this survey was conducted using the existing section of the 2000 life safety code in accordance with 42 CFR 483.70.</p> <p>This facility is a three story type 11-A structure, the building is protected throughout by a full NFPA 13 fire sprinkler system and automatic detection in the corridors and common areas, exiting is through rated stairwell enclosures from the upper floors and direct to grade from the main floor.</p> <p>The facility has a licensed capacity of 100 residents with a census today of 98.</p> <p>The facility is not in compliance at this time.</p> <p>Following are the deficiencies cited as a result of this survey:</p> <p> Deputy State Fire Marshal</p> <p>K 012 SS=D NFPA 101 LIFE SAFETY CODE STANDARD</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>	K 000	<p>RECEIVED</p> <p>NOV 27 2013</p> <p>FIRE PROTECTION BUREAU</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE ADMINISTRATOR	(X6) DATE 7 NW 2013
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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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K 012	Continued From page 1	K 012	K 012 The Maintenance Department covered the hole in the drywall in the first floor IT closet with sheetrock. The walls of the first floor IT closet are now without any holes and no longer a potential source for the spread of smoke throughout the building.	11/4/13
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018	K 018 The Administrator and the staff were in-serviced on 11/5/2013 and 11/6/2013 regarding the requirement that there be no impediment to the closing of doors. The Administrator will conduct a monthly audit of doors closed and latched securely and will report results in Monthly Quality Improvement (QI) Meeting. The Administrator's door is now shut securely when there is no one in the room. The Maintenance Department changed the lock and widened the door frame to the right of the door into the kitchen by the board room. The door no longer is hitting the frame and the door closes and latches securely.	11/7/13

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K 018	Continued From page 2 This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on October 31, 2013 from 0815 to 1145 it was observed that the facility failed to maintain the fire rated doors in the building capable of self closing and latching tight to the frame, this has the potential for the passage of smoke throughout the corridors in the event of a fire, these findings were acknowledged at the time of the survey by the facility safety officer. The findings were: 1. The door to the Administrators office was found wedged open with nobody in the office. 2. The door into the kitchen by the board room failed to close and latch, it is hitting the frame. 3. The door into the custodian closet in the kitchen failed to close and latch.	K 018	The Maintenance Department replaced the latch that shuts the door to the custodian closet in the kitchen and widened the frame to the right of the door allowing the door to close firmly when shut. The door is now capable of closing and latching tight to the frame with no potential for the passage of smoke throughout the corridors of the building.	
K 050 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This Standard is not met as evidenced by: Surveyor: 19192 During review of the facility records on October 31, 2013 at 1100 it was observed that the facility failed to conduct the required number of fire drills for the year, this has the potential for confusion on the part of the staff in the event of a fire,	K 050	K 050 The Administrator has developed a calendar of scheduled unannounced fire drills for November 2013 – November 2014. The Administrator will update this calendar annually. Fire drills have been scheduled quarterly for each shift during the actual hours of the day and encompass the Day, Swing (Evening) and Night/NOC shifts.	11/7/13

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K 050	Continued From page 3 these findings were acknowledged a the time of the survey by the facility safety officer. The findings were: 1. There is no swing shift drill recorded for the third quarter of 2013. 2. There is no NOC shift drill recorded for the fourth quarter of 2012/2013	K 050	The Administrator will direct Maintenance to conduct unannounced fire drills as scheduled in accordance with the facility evacuation plan. When drills are conducted between 9:00 pm and 6:00 am a coded announcement will be used instead of audible alarms.	
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on October 31, 2013 from 0830 to 1145 it was observed that the facility failed to maintain the portable fire extinguishers in the building free of obstructions, this has the potential for the delay of being able to use the extinguisher in the event of a fire. This finding was acknowledged at the time of the survey by the facility safety officer. The finding was: 1. In the kitchen the ABC class extinguisher is obstructed by the steamer.	K 064	The Administrator will maintain a Monthly Fire Drill Report and will make available to the Washington State Fire Marshal as requested. K 064 The ABC class extinguisher in the kitchen next to the steamer was removed by the Maintenance Department. All fire extinguishers in the kitchen are free of obstructions and there is no potential for delay of being able to use an extinguisher in the event of a fire.	11/4/13
K 069 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This Standard is not met as evidenced by: Surveyor: 19192	K 069		

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K 069	Continued From page 4 During the facility tour on October 31, 2013 from 0830 to 1145 it was observed that the facility failed to maintain the commercial range hood, this has the potential for a fire to ignite in the hood and duct system, this finding was acknowledged at the time of the survey by the facility safety officer. The finding was: 1. The range hood has no sticker attached indicating the last time the hood was cleaned.	K 069	K 069 An Accounts/Payable receipt indicates the range hood in the kitchen was cleaned on 01/03/2013. A copy of the receipt indicating that the vent hood was cleaned on 01/03/2013 has been posted on the bulletin board at the entry of the kitchen.	11/12/13
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: Surveyor: 19192 During the facility tour on October 31, 2013 from 0830 to 1145 it was observed that the facility failed to maintain the electrical requirements of the facility, this has the potential for fire to occur from electrical sparks, this finding was acknowledged at the time of the survey by the facility safety officer. The finding was: 1. In the activity office there is a GFCI outlet with no cover plate. (this deficiency was corrected at the time of the survey)	K 147	Able Safety will meet with the Administrator on 11/12/2013 to submit a bid to clean the range hood vent in January 2014. K 147 The Maintenance Department placed a cover plate on the GFCI outlet preventing the potential for fire to occur from electrical sparks.	11/4/13
K 211 SS=B	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	K 211	K 211 The Maintenance Department removed the Alcohol Based Hand Rub (ANHR) dispenser from directly over a light switch. There now is no dispenser installed over or adjacent to an ignition source.	11/4/13

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K 211	<p>Continued From page 5</p> <p>ft from each other</p> <ul style="list-style-type: none"> 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 <p>This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on October 31, 2013 it was observed that the facility failed to maintain the required clearance of flammable liquids from an ignition source, this has the potential for a fire to start, this finding was acknowledged at the time of the survey by the facility safety officer. The finding was:</p> <ol style="list-style-type: none"> 1. In the Rehab room there is a Aichol based hand sanitizing dispenser install directly over a light switch. 	K 211		

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