

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

Printed: 11/19/2014  
FORM APPROVED  
OMB NO. 0938-0391

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|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>505463</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>11/19/2014</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><b>SUNRISE VIEW CONVALESCENT CTR</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2520 MADISON<br/>EVERETT, WA 98203</b> |
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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><b>INITIAL COMMENTS</b></p> <p>Surveyor: 19192<br/>This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Sunrise Convalescent Care Center on 11/19/2014 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.</p> <p>The facility has a total of 59 beds and at the time of this survey the census was 50.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70.</p> <p>The facility is a single story structure of Type V-A construction with exits to grade. The facility is protected by a Type 13 fire sprinkler system throughout and an automatic fire alarm system with corridor smoke detection. All exits are to grade with paved exit discharges to the public way.</p> <p>The facility is not in compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare &amp; Medicaid Services.</p> <p>The surveyor was:<br/><br/>Donald L West<br/>Deputy State Fire Marshal</p> | K 000 |  |  |
| K 012<br>SS=D | NFPA 101 LIFE SAFETY CODE STANDARD   | K 012 |  |  |

|   |  |           |
|---|--|-----------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE               | TITLE  | (X6) DATE |
|  |  | 11/20/14  |

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 012  | Continued From page 1<br>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<br><br>This Standard is not met as evidenced by:<br>Surveyor: 19192<br>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<br><br>This requirement is not met as evidenced by:<br><br>Based upon observations and staff interviews on 11/19/2014 between approximately 0815 and 1030 hours the facility has failed to maintain fire resistive construction of the building capable of resisting the passage of smoke and fire into other compartments. This could allow the toxic product of combustion to move out of a room and into the exit access corridor and the smoke compartment which would endanger the residents, staff and/or visitors within the facility.<br><br>The findings include, but are not limited to:<br><br>1. In the laundry there is a hole in the wall from an old exhaust system.<br><br>The above was discussed and acknowledged by the maintenance director. | K 012  |  |  |
| K 018<br>SS=D  | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20   | K 018  | Wall repair completed with FRP wall board. Laundry supervisor to monitor for any other wall integrity concerns. Maintenance supervisor will ensure compliance. | 12/1/14<br>+<br>ongoing                      |

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| K 018  | <p>Continued From page 2</p> <p>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</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This Standard is not met as evidenced by:<br/>Surveyor: 19192<br/>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</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This requirement is not met as evidenced by:</p> <p>Based upon observations and staff interviews on 11/19/2014 between approximately 0815 and 1030 hours the facility has failed to maintain</p> | K 018  |   |   |

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| K 018  | <p>Continued From page 3</p> <p>doors without impediments to their closing and latching. This could result in a delay in getting the door to the room closed in the event of a fire. This could result in toxic products of combustion getting into the room and into the exit corridor which would endanger the residents, staff and/or visitors within the smoke compartment.</p> <p>The findings include, but are not limited to:</p> <p>1. The door to the dirty linen room did not close and latch.</p> <p>The above was discussed and acknowledged by the facility maintenance director.</p>   | K 018  | <p><i>Door latch adjusted to lock when closed. Maintenance supervisor will monitor. Administrator will ensure compliance.</i></p> <p><i>11/28/14<br/>+<br/>ongoing</i></p> |
| K 062<br>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> <p>This Standard is not met as evidenced by:<br/>Surveyor: 19192</p> <p>Based upon observations and staff interviews on 11/19/2014 between approximately 0815 and 1030 hours the facility has failed to maintain the fire sprinkler system as required. This could result in the failure of the fire sprinkler system to operate properly in the event of a fire and allow the fire to increase in size and intensity which would endanger the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to:</p> | K 062  |  |

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| K 062  | Continued From page 4<br><br>1. the dry pendent sprinkler heads in the walk in cooler and freezer are more than ten years old and shall be replaced.<br><br>2. The 5 year tests are due for the FDC back flush, gage calibration or replacement, and the internal pipe exam.<br><br>The above was discussed and acknowledged by the facility maintenance director.  | K 062  | Contractor reviewed and is proposing replacement and fluid tests and calibration of system. Work to be scheduled with contractor as soon as possible, will have firm date for work to be done. Maintenance supervisor to monitor. Administrator will ensure compliance. | 12/1/14                 |
| K 064<br>SS=D  | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10<br><br>This Standard is not met as evidenced by:<br>Surveyor: 19192<br>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10<br><br>This requirement is not met as evidenced by:<br><br>Based upon record review and observation on 11/19/2014 between approximately 0815 and 1030 hours the facility has failed to assure proper maintenance of the facilities portable fire extinguishers. This potentially delays a quick response to contain a fire from spreading which could expose and endanger residents, staff and/or visitors within the facility.<br><br>The findings include, but are not limited to: | K 064  |   | 12/23/14<br>or<br>myang |

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| K 064  | Continued From page 5<br>1. The fire extinguisher in the corridor by resident room #201 is in the recharge zone.<br><br>The above was discussed and acknowledged by the facility maintenance director.  | K 064  | The extinguisher replaced. At least monthly checks to ensure extinguishers in proper working condition. Maintenance supervisor will monitor. Administrator will ensure compliance.  | 11/24/14<br>* ongoing   |
| K 147<br>SS=E  | NFPA 101 LIFE SAFETY CODE STANDARD<br>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2<br><br>This Standard is not met as evidenced by:<br>Surveyor: 19192<br>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2<br><br>This requirement is not met as evidenced by:<br><br>Based upon observations and staff interviews on 11/19/2014 between approximately 0815 and 1030 hours the facility has failed to restrict the use of multi-plug outlets (power strips) to providing power to permitted electrical equipment. 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.<br><br>The findings include, but are not limited to:<br><br>1. In the electrical panel closet there is storage.<br>2. In the electrical panel closet there is an open junction box.<br>3. In resident room #318 there is an unapproved multi plug adaptor.<br><br>The above was discussed and acknowledged by the facility maintenance director. | K 147  | Electrical panel closet will not be used for storage. All items removed. Open junction box covered + all junction boxes will have covers as intended. Unapproved adapter in 318 removed & will not be placed in any area of facility. Maintenance will monitor & Administrator will ensure. | 11/20/14<br>* ongoing<br>11/25/14<br>* ongoing<br>11/20/14<br>* ongoing |

*Compliance* *DAL*