

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

Printed: 09/26/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505306	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2014
--------------------------------------------------	-------------------------------------------------------------------------	---------------------------------------------------------------------------------------------	-----------------------------------------------------

NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF PORT TOWNSEND	STREET ADDRESS, CITY, STATE, ZIP CODE 751 KEARNEY STREET PORT TOWNSEND, WA 98368
--------------------------------------------------------------------------	------------------------------------------------------------------------------------------------

(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
--------------------	------------------------------------------------------------------------------------------------------------------------	---------------	-----------------------------------------------------------------------------------------------------------------	----------------------

K 000 INITIAL COMMENTS

Surveyor: 29197

This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Life Care Center of Port Townsend on 9/24/14 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.

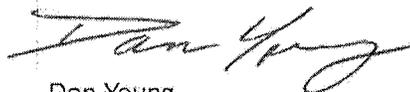
Life Care Center of Port Townsend has a total of 94 beds and at the time of this survey the census was 45.

The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70.

The facility is a one story structure of Type 5 (111) 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.

The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.

The surveyor was:



Dan Young
Deputy State Fire Marshal

K 012 NFPA 101 LIFE SAFETY CODE STANDARD

SS=F

Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4,

K 000

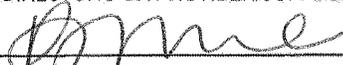
This Plan of Correction is submitted as required under Federal and State regulations and statutes applicable to long-term care providers. The Plan of Correction does not constitute admission of liability on part of the facility, and such liability is specifically denied. The submission of this Plan of Correction does not constitute agreement by the facility that the surveyors findings and/or conclusions constitute a deficiency, or that the scope and severity of the deficiencies cited are correctly applied.

K 012

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

TITLE

(X6) DATE



Executive Director

10/1/14

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505306	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2014
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF PORT TOWNSEND		STREET ADDRESS, CITY, STATE, ZIP CODE 751 KEARNEY STREET PORT TOWNSEND, WA 98368		
(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
K 012	Continued From page 1 19.3.5.1 This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 9/24/14 between approximately 1400 and 1730 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. The findings include, but are not limited to: The facility has used an unlisted foam to protect pipe and wire penetrations in the mechanical rooms, kitchen and storage room by the conference room. The above was discussed and acknowledged by the maintenance director.	K 012	K 012 1. No residents identified. 2. Four areas identified were repaired on 10/01/2014. 3. Daily building rounds completed by Maintenance Director or designee to ensure properly maintained walls. 4. Executive Director will do building rounds with Maintenance Director once a month for 3 months to ensure compliance. 5. Date of compliance – 10/03/2014. 6. Executive Director to ensure compliance.	
K 015 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2	K 015		

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

Printed: 09/26/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505306	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/24/2014
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF PORT TOWNSEND		STREET ADDRESS, CITY, STATE, ZIP CODE 751 KEARNEY STREET PORT TOWNSEND, WA 98368	
(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)
K 052	<p>Continued From page 3</p> <p>Based upon record review and staff interviews on 9/24/14 between approximately 1400 and 1730 hours the facility has failed to have appropriate testing of the fire alarm system which result in the failure of notification to staff in the event of a fire and endanger the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to: The facility failed to provided records of the last sensitivity test of the smoke detection system.</p> <p>The above was discussed and acknowledged by the maintenance director.</p>	K 052	<p>K 052</p> <ol style="list-style-type: none"> No residents identified. Sensitivity test of smoke detection system completed on 10/03/2014. Maintenance Director to submit documentation to Executive Director regarding testing every 5 years per regulation.
K 144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 9/24/14 between approximately 1400 and 1730 hours the facility has failed to have the emergency generator meet the requirements of the Fire Safety Code. This could result in conditions that would result in the failure of the emergency generator that would not be detected by staff in a timely manner which would endanger the residents, staff and/or visitors within the facility.</p>	K 144	<ol style="list-style-type: none"> Executive Director will do building rounds with Maintenance Director on 10/03/2014 to ensure sensitivity test completed. Date of compliance – 10/03/2014. Executive Director to ensure compliance.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505306	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____		(X3) DATE SURVEY COMPLETED 09/24/2014
NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF PORT TOWNSEND		STREET ADDRESS, CITY, STATE, ZIP CODE 751 KEARNEY STREET PORT TOWNSEND, WA 98368		
(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
K 144	<p>Continued From page 4</p> <p>The findings include, but are not limited to: The maintenance director showed the surveyor the manual stop on the generator. He also informed the surveyor that the part was on order for the remote manual stop station. NFPA 110 1999 Edition 3-5.6 All level 1 and 2 installations shall have a remote manual stop station of a similar type to a break-glass station located outside the room housing the prime mover, where so installed or located elsewhere on the premises where the prime mover is located outside the building.</p> <p>A-3-5.5.6 For level 1 and level 2 systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified. The above was discussed and acknowledged by the maintenance director.</p>	K 144	<p>K 144</p> <ol style="list-style-type: none"> 1. No residents identified. 2. Remote manual stop on generator installed on 10/03/2014. 3. Maintenance Director to submit documentation to Executive Director regarding completing of remote manual stop generator installment. 4. Executive Director will do building rounds with Maintenance Director on 10/03/2014 to ensure remote manual stop on generator installed. 5. Date of compliance – 10/03/2014. 6. Executive Director to ensure compliance. 	