

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

Printed: 07/10/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505498	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2012
NAME OF PROVIDER OR SUPPLIER TOUCHMARK ON SOUTH HILL NURSING		STREET ADDRESS, CITY, STATE, ZIP CODE 2929 SOUTH WATERFORD DRIVE SPOKANE, WA 99203		
(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	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Fire and Life Safety Re-certification Survey conducted at Touchmark on South Hill Skilled Nursing Facility located at 2929 South Waterford Drive Spokane Washington. The Fire and Life Safety Survey commenced on 7/10/12 at approximately 0900 and ended at approximately 1330 hours on 7/10/12. During this Survey I was accompanied by the Facility Maintenance Director and Administrators who witnessed any deficiency noted during this Survey. The physical tour of the facility commenced at approximately 0925 hours and the record/documentation review commenced at approximately 1130 hours. The Survey was conducted by a representative of the Washington State Patrol Office of the State Fire Marshal. The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. The Skilled Nursing Facility occupies a portion of the second floor of a three story structure of Type 5 (111) construction and is protected by a Type 13 Fire Sprinkler System and an Automatic/Manual Fire Alarm System. The Skilled Nursing Facility is licensed for 57 residents with a current census of 44. This Survey was conducted in conjunction with the Health Survey Team from the Department of Social and Health Services.</p> <p>The Facility fails to meet the Life Safety Code 2000 Edition based upon the Deficiencies noted during this Survey.</p> <p>The Surveyor was: Cliff Rogers Deputy State Fire Marshal 20225</p> <p>The Surveyor was from:</p>	K 000	K 027 Plan of Correction begins on Page 2	

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

TITLE

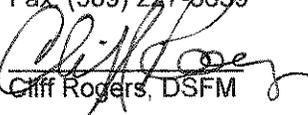
(X6) DATE

J. Jeffrey Wapart

Administrator

7-18-2012

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 Office of the State Fire Marshal Fire Prevention Bureau PO Box 19130 Spokane, WA 99219-9130 Telephone: (509) 227-6567 Fax: (509) 227-6639  Cliff Rogers, DSFM	K 000	K 027 Hall fire/smoke barrier Door was adjusted to latch upon closing on 7/11/2012 All SNF fire doors were inspected two weeks prior to this inspection and found to close and latch correctly. To prevent recurrence, hall fire doors will be tested weekly for one month, then every other week for one month, then return to the usual monthly inspection if weekly and every other weekly inspections do not result in further latching problems Completion Date 7/11/2012, Maintenance Supervisor is responsible.	
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: During the physical tour of the facility between the hours of 0925 to 1130 while accompanied by the Facility Maintenance Director and Administrators we observed the following Fire/Smoke Barrier door not close and latch as required: 1. Fire/Smoke barrier door by resident room #273 failed to latch upon closing. Fire/Smoke barrier doors are required to close and latch to prevent the possible movement of smoke or fire which could cause potential harm to residents/staff or visitors in this area.	K 027		

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K 076 K 076 SS=D	Continued From page 2 NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This Standard is not met as evidenced by: During the fire and life safety survey conducted on 7/10/12 between the hours of 0925 to 1130 while accompanied by the facility maintenance director and administrators we observed two large liquid oxygen tanks being stored outside the approved oxygen storage room in the basement parking garage. The capacity noted on these tanks was 5,450 cubic feet if full, staff was asked why they were being stored outside the storage room and after checking with other staff they indicated that they were going to be picked up later that day as they were empty. These tanks need to be kept inside the approved storage area, as they are not considered empty until they have been purged and cleaned. In looking inside the approved storage area there was plenty of room for these tanks and staff indicated that they are normally kept in that location. Due to the location in the parking garage and possible ignition sources there is potential harm to those residents/staff and visitors in this area.	K 076 K 076	K 076 Two large liquid Oxygen storage tanks were removed from the unprotected area 7-10-12. To prevent recurrence: The maintenance supervisor and maintenance staff are responsible for the placement of the liquid oxygen tanks. Maintenance staff were informed of this citation and the expectation that no tanks are to be stored outside the oxygen room. 11"x17" reminder signs were placed inside and outside the oxygen storage room. The Oxygen delivery company was notified that empty tanks will never be outside the oxygen room for pickup. Empty Oxygen tanks will be labeled as empty. The Health Services Administrator will monitor compliance each day the Admin walks by this area during walkthrough (5 days per week) Completion Date: 7/12/2012 Maintenance Supervisor and Health Services Administrator are responsible.	

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K 147 K 147 SS=F	Continued From page 3 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: During this fire and life safety survey conducted on 7/10/12 between the hours of 0925 to 1130 while accompanied by facility maintenance director and administrators we observed in multiple locations throughout the facility where multi-plug power strips were being used with unapproved electrical items plugged into them. Following is a listing of locations observed however the facility will need to check all devices to ensure only approved items are plugged into the power strips: 1. Language Pathologist Office, lamp plugged into power strip (corrected while present) 2. Beauty Shop, lamp and other items plugged into power strip (corrected while present) 3. Life Enrichment/Activities Room has two power strips with unapproved items plugged into them 4. Associate Lounge with power strip with unapproved items plugged into them 5. Resident room #269 with power strip with radio plugged into it 6. Resident room #271 with power strip with radio plugged into it 7. Resident room #287 with power strip with unapproved items plugged into it 8. Living Room with power strip with TV and other devices plugged into it 9. Director of Nursing Office with power strip with portable radios plugged into it	K 147 K 147	K 147 All multi plug power strips will be removed except those supplying computer equipment. Office spaces and furnishings will be configured to allow electrical devices to be plugged directly in to the wall. Approved multi plug devices without flexible cords will be used where necessary. To prevent recurrence: All Skilled Nursing staff, Housekeeping staff and maintenance staff have been educated regarding the use of multi plug power strip restrictions. Admissions staff will educate new residents and their families as to the regulation. Monitoring: Housekeepers will monitor resident rooms daily and report any multi plug power strips that residents and family members may bring in. Admissions coordinator will monitor new admissions weekly. Administrator will inspect all areas monthly. Completion Date: 8-9-2012 Admissions Coordinator and Administrator are responsible	

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K 147	Continued From page 4 Per C.M.S. interpretation only computers and monitors can be plugged into approved multi-plug devices (flexible cords) and other devices may be plugged into the multi-plug devices under a conditional waiver granted by C.M.S..	K 147	