

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

Printed: 03/20/2013  
FORM APPROVED  
OMB NO. 0938-0391

1201

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>505498</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>03/20/2013</b> |
|--|---|--|---|

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|--|--|
| NAME OF PROVIDER OR SUPPLIER<br><b>TOUCHMARK ON SOUTH HILL NURSING</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2929 SOUTH WATERFORD DRIVE<br/>SPOKANE, WA 99203</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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

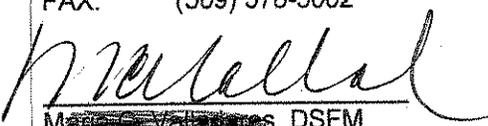
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|-------|---|-------|---|--|
| K 000 | <p><b>INITIAL COMMENTS</b></p> <p>This report is a result of an unannounced Fire and Life Safety Complaint Investigation conducted at Touchmark On South Hill, 2929 S. Waterford Drive, Spokane, Washington, by a representative of the Washington State Fire Marshal's Office. The complaint from the Department of Social and Health Services, (Complaint Resolution Unit) has an Intake ID number of 2775463.</p> <p>The complaint state: RECEIVED EMAIL FROM REPORTER THAT THE FACILITY IS ON FIRE WATCH DUE TO SPRINKLER SYSTEM BEING DOWN.</p> <p>Interview with the Administrator indicated that the this was a planned shut down of the sprinkler system to conduct maintenance on the sprinkler system by the sprinkler contractor. The contractor commenced at 8:30am on Tuesday, March 19, 2013. The contractor replaced a major valve between the building and the public water system. The contractor completed the work and the sprinkler system was back on line at 12:00pm on Tuesday, March 19, 2013. The system was not down for more than 4 hours. The policy of the facility is to implement fire watch at the onset of any fire life safety system shut down.</p> <p>I checked the fire watch log and the implementation of the fire watch. The facility followed through on all the requirement of the fire watch. I received copies of the emails that indicated that the Administrator did email the local DSFM and called the number on the email to report the system shut down. Interview with the Administrator indicated that he did call in and self report the system shut down to the DSHS Hot line. The Administrator also called into WSP</p> | K 000 | <p style="text-align: center;"><b>RECEIVED</b><br/>MAR 25 2013<br/>FIRE PROTECTION<br/>BUREAU</p> |  |
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Jeff Wolpert Health Services Administrator TITLE: \_\_\_\_\_ (X6) DATE: 3-20-2013

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  | <p>Continued From page 1<br/>State Fire Marshal Office at the number indicated on the email.</p> <p>Action the facility has taken to to prevent recurrences:</p> <ol style="list-style-type: none"> <li>1. The facility Administration staff has a policy in place to contact local fire dept, the DSHS Hotline, and all other interested parties when any fire and life safety system is shut down.</li> <li>2. The Administrator has initiated a staff person to ensure that all authorities are notified accordingly. The Administrator will be the second check person to ensure that all authorities are notified accordingly.</li> </ol> <p>The facility responded accordingly to the planned sprinkler system outage. No violations were noted in reference to this Complaint Investigation. No further investing is required.</p> <p>The Surveyor was:<br/><del>Maria C. Williams</del><br/>Deputy State Fire Marshal<br/>Nursing Home Surveyor<br/>28058</p> <p>The Surveyor was from:<br/>Washington State Patrol<br/>Fire Protection Bureau<br/>2715 Rudkin Road<br/>Union Gap, WA. 98903-1795<br/>Telephone: (509) 575-2190<br/>FAX: (509) 576-3002</p> <br><del>Maria C. Williams</del> , DSFM | K 000  | <p style="text-align: center;"><b>RECEIVED</b><br/>MAR 25 2013<br/>FIRE PROTECTION<br/>BUREAU</p>               |                      |

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| K 000  | Continued From page 2<br>28058   | K 000  |   |   |

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