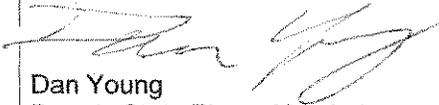


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/09/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505474	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/09/2014
NAME OF PROVIDER OR SUPPLIER MARTHA AND MARY HEALTH SERVICE		STREET ADDRESS, CITY, STATE, ZIP CODE 19160 FRONT STREET NORTHEAST POULSBO, WA 98370		
(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>Surveyor: 29197</p> <p>This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Martha and Mary Health Service on 6/9/14 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.</p> <p>Martha and Mary Health Service has a total of 190 beds and at the time of this survey the census was 160.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. The facility is a two story structure of Type 5 (1,1,1) 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 substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.</p> <p> Dan Young Deputy State Fire Marshal</p>	K 000	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provision of federal and state law.</p>	
K 076 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p>	K 076	<p>K 076:</p> <p>The unsecured oxygen cylinders in the Oxygen Storage Room next to Room 210 were immediately removed and placed in the secured oxygen storage area on the loading dock.</p> <p>K 076 Continued on Page 2 of 3</p>	

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

TITLE

(X6) DATE



Administrator

19 Jun 2014

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 076	Continued From page 1 (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: Surveyor: 29197 Based upon observations and staff interviews on 6/9/14 between approximately 1400 and 1700 hours the facility has failed to properly maintain the storage of medical gas in the facility. This could result in the rapid spread of smoke and fire in the event of ignition which could potentially endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: Oxygen cylinders were observed to be unsecured in the Oxygen storage room next to room 210. The above was discussed and acknowledged by the Maintenance Director.	K 076	K 076 Continued from Page 1 of 3 A facility-wide audit was conducted to ensure all oxygen cylinders were properly secured and stored. Nursing staff were in-serviced on 11 Jun 2014 on oxygen storage compliance and updated instructions were created and posted in all oxygen storage rooms to clarify oxygen storage practice and compliance. Daily rounds of the oxygen storage closets will be conducted by the Purchasing Agent to ensure on-going compliance. Any findings will be reported to QA&A Committee for further follow-up. Corrective action was completed on 11 Jun 2014. The Facilities Director and Administrator will ensure on-going compliance.	
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: 29197 Based upon observations and staff interviews on 6/9/14 between approximately 1400 and 1700 hours the facility has failed to restrict the use of multi-plug outlets (power strips) to providing power to permitted electrical equipment. This	K 147	K 147: The power strip located in Room 142 (Bay Unit) has been noted. Facility will continue to remove all power strips in accordance with the CMS-approved waiver (attached) issued 21 Aug 2013 that approved Facility's work plan and request to complete the required work by 30 Jun 2016. Facilities will conduct rounds to ensure power strips in use are for allowable reasons while waiver is in effect. Housekeeping will conduct daily safety rounds to inspect and report any concerns related to the use of power strips to Facilities staff for correction/additional follow-up. K 147 Continued on Page 3 of 3	

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K 147	<p>Continued From page 2</p> <p>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.</p> <p>The findings include, but are not limited to:</p> <p>Resident room 142 was observed to have a power strip in use.</p> <p>The above was discussed and acknowledged by the Maintenance Director.</p>	K 147	<p>K 147 continued from Page 2 of 3</p> <p>Facilities and Housekeeping staff were initially in-serviced on 4 Jun 2013 regarding conducting daily rounds and visual inspections for power strips including how to correct and/or report discrepancies to Facilities staff for follow-up.</p> <p>Any findings will be reported to QA&A Committee for further follow-up.</p> <p>Corrective action will be completed by 30 Jun 2016.</p> <p>The Facilities Director and Administrator will ensure on-going compliance.</p>	