

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

Printed: 10/15/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505453</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/23/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>KIN ON HEALTH CARE CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>4416 SOUTH BRANDON STREET SEATTLE, WA 98118</b>		
(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><b>INITIAL COMMENTS</b></p> <p>Surveyor: 29197 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Kin On Health Care Center on 10/15/2014 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>Kin On Health Care Center has a total of 100 beds and at the time of this survey the census was 97.</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 two story structure of Type 2(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. The top floor houses the residents, the bottom floor is a daylight basement with all of the kitchen, laundry and maintenance departments. 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:  Dan Young Deputy State Fire Marshal</p>	K 000		
K 018	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>	K 018		

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

TITLE

(X6) DATE



CEO/Administrator

10/24/14

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 018 SS=C	<p>Continued From page 1</p> <p>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 Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 10/15/2014 between approximately 1000 and 1330 hours Kin On Health Care Center has failed to maintain 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: 1. Staff lounge fire door was held open with a door wedge.</p>	K 018		

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K 018	Continued From page 2 2. Volunteer room fire door on first floor was held open with a door wedge. 3. Electrical/housekeeping fire door on first floor was held open with a door wedge.  The above was discussed and acknowledged by the Environmental Director.	K 018	<b>K 018:</b> Fire safety in-services will be held to review this Life Safety Code Standard with all workers. Notice will be posted to remind staff to keep door closed. Same information will be integrated into future monthly fire drills.  Environmental Service Director is responsible to monitor and ensure compliance.	11/15/2014
K 021 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of:  a) the required manual fire alarm system;  b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and  c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2  This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 10/15/2014 between approximately 1000 and 1330 hours Kin ON Health Care Center has failed to maintain the ability of doors to be held open only by devices arranged to automatically close such doors upon activation of the fire alarm. This could result in the passage of smoke or fire one compartment into another compartment thereby	K 021		

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K 021	Continued From page 3 exposing residents, staff and/or visitors to the toxic products of combustion.  The findings include, but are not limited to:  The cross corridor door by soiled laundry first floor was observed to not close and latch.  The above was discussed and acknowledged by the Environmental Director.	K 021	<b>K 021:</b> Safety clerks who are responsible for the door inspections will be retrained. Fire door inspection schedule will be increased from monthly to biweekly. Maintenance workers will be required to do the necessary adjustment and repair as soon as possible after they receive a report from safety clerks.  Environmental Service Director is responsible to ensure compliance.	11/15/2014
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4  This Standard is not met as evidenced by: Surveyor: 29197 Based upon record review and staff interviews on 10/15/2014 between approximately 1000 and 1330 hours Kin On Health Care Center has failed to have appropriate testing of the fire alarm system which result in the failure of notification to staff of a water supply problem to the fire sprinkler system and endanger the residents, staff and/or visitors within the facility.  The findings include, but are not limited to:	K 052		

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K 052	Continued From page 4 The SimplexGrinnell annual report dated 09/10/2014 stated the following deficiencies 1. Broken duct detector louvers 2. Duct detectors did not reset with the fire alarm panel 3. Batteries failed load test 4. Panel needs a relay monitoring AC Power for door drops  The above was discussed and acknowledged by the Environmental Director.	K 052	<b>K 052:</b> Batteries has been replaced. Simplex has found the parts. Schedule has been set on 11/24/14 to replace the broken duct detector louvers and install the relay. Kin On will address the duct detector reset issue appropriately.  Environmental Service Director will oversee these repairs.	11/18/2014
K 135 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Flammable and combustible liquids are used from and stored in approved containers in accordance with NFPA 30, Flammable and Combustible Liquids Code, and NFPA 45, Standard on Fire Protection for Laboratories Using Chemicals. Storage cabinets for flammable and combustible liquids are constructed in accordance with NFPA 30, Flammable and Combustible Liquids Code, NFPA 99. 4.3, 10.7.2.1.  This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 10/15/2014 between approximately 1000 and 1330 hours Kin On Health Care Center has failed to maintain the proper distance for combustibles to the storage of combustible liquids. This could result in the spread of smoke and fire to other areas of the facility and endanger the residents, staff and/or visitors within the facility.  The findings include, but are not limited to:	K 135		

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K 135	Continued From page 5 Storage of combustibles was observed to be next to the combustible liquid tank. The tank contains diesel fuel for the generator. The facility has a line painted on the ground to indicate no storage within the lines. This was observed to not be practiced.	K 135	<b>K 135:</b> Easily combustible items have already been removed from the area. Notice will be posted to ensure no objects will be placed within the walk path defined by the painted line on the ground.  Environmental Service Director is responsible to monitor and ensure compliance.	11/15/2014
K 144 SS=F	The above was discussed and acknowledged by the Environmental Director.  NFPA 101 LIFE SAFETY CODE STANDARD  Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.  This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 10/15/2015 between approximately 1000 and 1330 hours Kin On Health Care Center 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.  The findings include, but are not limited to:  The generator has a stop switch installed on the generator. When the Environmental Director was	K 144		

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K 144	<p>Continued From page 6</p> <p>asked it the generator had a remote stop switch he stated that the facility did not have a remote stop.</p> <p>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.</p> <p>The above was discussed and acknowledged by the Environmental Director.</p>	K 144	<p><b>K 144:</b> Electrician has been contacted to install a remote emergency stop switch for the generator.</p> <p>Environmental Service Director will oversee the installation.</p>	11/15/2014