

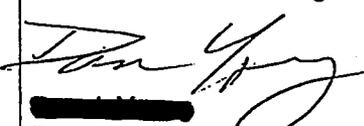
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

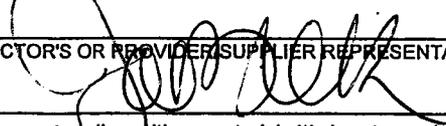
Printed: 04/02/2013
FORM APPROVED
OMB NO. 0938-0391

1225

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505276	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/28/2013
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NAME OF PROVIDER OR SUPPLIER FRONTIER REHAB & EXTENDED CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 1500 3RD AVENUE LONGVIEW, WA 98632
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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
K 000	<p>INITIAL COMMENTS</p> <p>A Fire and Life recertification survey was conducted at Frontier Rehabilitation and Extended Care by Deputy State Fire Marshal Dan J. Young on March 28, 2013. The existing section of the 2000 Life Safety Code was used in accordance with 42CFR483.70. This is a one story facility of type 5 1-1-1 construction with a complete automatic sprinkler system and a corridor smoke detection system interconnected to the fire alarm system. The census was 104 out of 140 at the time of the survey. The facility is not in compliance at this time. The following citations were documented during the survey:</p>  <p>Deputy State Fire Marshal Surveyor #29719</p>	K 000	<p>Disclaimer Clause Preparation and/or execution of this plan of correction does not constitute the Provider's admission of or agreement with 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 provisions of Federal and State Law.</p> <p><i>K038</i></p> <p>1. <i>How corrective action accomplished for the identified residents?</i></p>	
K 038 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This Standard is not met as evidenced by: Based upon observation and staff interviews during a tour of the facility from 0900 to 1500 on 03/28/13, the facility has failed to maintain one exit passage. Exits that are not maintained free of obstructions could result in residents or staff being unable to exit the building in the event of an emergency. These findings were acknowledged by the Director of Maintenance.</p>	K 038	<p>The chair blocking the exit from the physical therapy room was fixed/moved.</p> <p>2. <i>How you will identify other residents with the potential of being affected by the same practice?</i></p> <p>New routine rounds will be implemented to allow for emergency exit access at all times and staff conducting the inspections will be in-serviced on updated procedure.</p>	4/15/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE Executive Director (X6) DATE 4/4/13

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 038	Continued From page 1 The findings include, but are not limited to: A chair was observed to be blocking the exit from the Physical Therapy room. This was fixed while the surveyor was on site.	K 038	3. <i>Address what measures will be put in place to ensure deficient practice will not recur.</i> Routine inspections will be conducted to ensure emergency exits are accessible at all times.	
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This Standard is not met as evidenced by: Based upon record review and staff interviews during a tour of the facility from 0900 to 1500 on 03/28/13, the facility has failed to provide documentation of fire drills for the month of May 2012. Failure to conduct fire drills as required could result in staff being unprepared to respond as needed in the event of a real event. These findings were acknowledge by the Director of Maintenance. The findings include, but are not limited to: The documentation was missing for day shift during the second quarter of 2012.	K 050	4. <i>How will the plan be monitored to ensure the solutions are sustained?</i> The Executive Director will monitor documentation and inspection procedure by conducting random checks on the newly implemented procedure. The Maintenance Supervisor will report identified concerns to the monthly CQI committee. K050 Paperwork was not available at time of tour but later shown to Fire Marshal with report of no Plan of Correction necessary and area was not deficient.	
K 064 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10	K 064	1 <i>How corrective action accomplished for the identified residents?</i> Identified fire extinguishers that were not installed properly have been moved and now meet requirements.	4/15/13

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K 064	Continued From page 2	K 064		
	<p>This Standard is not met as evidenced by: Based upon observation and staff interviews during a tour of the facility from 0900 to 1500 on 03/28/13, the facility has failed to maintain proper locations of fire extinguishers. Fire extinguishers which are not installed properly could result in staff being unable to use the fire extinguishers in the event of a fire. These findings were acknowledged by the Director of Maintenance.</p> <p>The findings include, but are not limited to:</p> <p>Fire extinguishers were found to be installed over the maximum of 5 feet to the top of the extinguisher at the following locations:</p> <ol style="list-style-type: none"> 1. Countryside corridor near vending machine 2. Corridor by room 115 3. Rehab kitchen 4. Dishwashing area of main kitchen 		<p>2 <i>How you will identify other residents with the potential of being affected by the same practice?</i></p> <p>An inspection of all fire extinguishers in the building was conducted by the Maintenance Supervisor to identify any other Extinguishers with the potential of Being affected by the same practice.</p> <p>3 <i>Address what measures will be put in place to ensure deficient practice will not recur.</i></p> <p>If new or replacement fire extinguishers are placed in the building 9.7.4.1 19.3.5.6, NFPA 10 will be met.</p>	
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD	K 147	4. <i>How will the plan be monitored to ensure the solutions are sustained?</i>	
	<p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This Standard is not met as evidenced by: Based upon observation and staff interviews during a tour of the facility from 0900 to 1500 on 03/28/13, the facility has failed to maintain the electrical system. Failure to maintain the electrical system could result in the electrical system being overloaded and causing a fire. These findings were acknowledged by the Director of</p>		<p>The Maintenance Supervisor will be responsible for the installation and monitoring of this correction by ensuring that any extinguishers replaced or added within the facility will meet 9.7.4.1.19.3.5.6, NFPA 10</p>	4/15/13

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K 147	<p>Continued From page 3 Maintenance.</p> <p>The findings include but are not limited to:</p> <p>Power strips were observed to be in use in the following rooms:</p> <p>Countryside lounge, beauty saloon, medical room by records, ice cream parlor, rooms 102-109,113, 114, 120-123, 128-142</p>	K 147	<p>K147</p> <p>1 <i>How corrective action accomplished for the identified residents?</i></p> <p>A waiver has been requested due to the fact that an electrician contractor has expressed that the current use of power strip usage does not pose a threat to the building and/or residents. The current power strips have the following features:</p> <ul style="list-style-type: none"> ✓ UL listed ✓ Over current protection with Reset, 15 amps maximum <p>The power strips being used are for:</p> <ul style="list-style-type: none"> ✓ Tv, tv receivers and related Electronics ✓ Clock radios ✓ Computers and accessories ✓ Electronic chargers ✓ Desk lamps <p>2 <i>How you will identify other residents with the potential of being affected by the same practice?</i></p> <p>New routine preventative Maintenance checks will be implemented to allow for power strips to be inspected for any damage or signs of degradation, for any strips not working properly, having frayed wires, assuring the strips are not covered by carpet or furniture, stapled, tacked or taped, exposed to moist environment and that the strips are not plugged into other power strips.</p>	4/15/13