

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

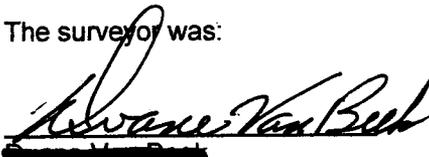
Printed: 05/14/2013
FORM APPROVED
OMB NO. 0938-0391

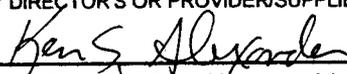
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505251	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/14/2013
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NAME OF PROVIDER OR SUPPLIER WHITMAN HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1150 WEST FAIRVIEW ROAD COLFAX, WA 99111
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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>INITIAL COMMENTS</p> <p>This report is a result of an unannounced Fire and Life Safety re-certification survey conducted at Whitman Health and Rehab Center on May 14, 2013 by a representative of the Washington State Fire Marshal. The inspection was conducted in cooperation with the Survey Team from the Washington State Department of Social and Health Services. (DSHS).</p> <p>The existing section of the 2000 edition of the Life Safety Code was used in accordance with 42CFR 483.70. Whitman Health and Rehab Center is a one story structure with exits to grade with all weather travel surfaces (Concrete Sidewalks) to the public way. The facility is protected by a Type 13 Automatic Fire Sprinkler System and a Manual Fire Alarm System with corridor smoke detection. All resident rooms are currently equipped with automatic door closer's which close the doors upon activation of the fire sprinkler system and the fire alarm.</p> <p>At the time of this survey the census for Whitman Health and Rehabilitation Center was 40.</p> <p>Whitman Health and Rehabilitation Center is not in substantial compliance with the Life Safety Code as adopted by C.M.S.</p> <p>The surveyor was:</p>  <p>Deputy State Fire Marshal Nursing Home Surveyor 15826 Washington State Patrol</p>	K 000	<p><u>DISCLAIMER CLAUSE</u></p> <p>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>	5/29/13
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Executive Director</i>	(X6) DATE <i>5/23/13</i>
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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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NAME OF PROVIDER OR SUPPLIER WHITMAN HEALTH & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1150 WEST FAIRVIEW ROAD COLFAX, WA 99111		
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K 000 K 022 SS=E	<p>Continued From page 1 Fire Protection Bureau 143302 East Law Lane Kennewick, Washington 99337-2011 Telephone: (509) 734-7029 FAX: (509) 734-7046</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Access to exits is marked by approved, readily visible signs in all cases where the exit or way to reach exit is not readily apparent to the occupants. 7.10.1.4</p> <p>This Standard is not met as evidenced by: Based upon observations and staff interviews during survey rounds between the hours of 0900 and 1500 hours Whitman Health and Rehab has failed to maintain EXIT signs so that the access to the exits are readily visible so that all occupants can readily identify and locate an Exit in the event of an emergency. The lack of EXIT signs could result in visitors not being able to quickly identify the path to the exit.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. Observed that in the 100 Wing at the intersection with the Rehabilitation Wing the Exit sign is not visible from any point in the 100 Wing. 2. There is an EXIT sign in the Rehabilitation 	K 000 K 022	<p>How the nursing home will correct the deficiency as it relates to the resident The facility purchased and installed an illuminated exit sign in a readily visible location on the 100 Wing so that occupants and visitors can readily identify and locate the Exit at the intersection of the 100 Wing and Rehabilitation Wing from the 100 Wing side.</p> <p>How the nursing home will act to protect residents in similar situations The other exits in the facility were marked by approved, readily visible signs.</p> <p>Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur The Maintenance Director inspects exit signs as part of Maintenance Weekly Rounds.</p> <p>How the nursing home plans to monitor its performance to make sure that solutions are sustained The Executive Director will verify compliance by reviewing the Maintenance Rounds form weekly. The facility's Safety Committee monitors compliance monthly with self-inspections.</p> <p>The title of the person(s) responsible to ensure correction Executive Director</p>	5/29/13

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K 022	Continued From page 2 Wing but the sign is not visible from the 100 Wing due to a closed set of fire doors. The fire doors have a sign which requires the doors to be closed at all times.	K 022		