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SEP 04 2013

Printed: 08/08/2013
FORM APPROVED
OMB NO. 0938-0391

1284

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

FIRE PROTECTION
BUREAU

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505214	MULTIPLE CONSTRUCTION A. BUILDING OF _____ MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/08/2013
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NAME OF PROVIDER OR SUPPLIER KINDRED NURSING AND REHABILITATION - A	STREET ADDRESS, CITY, STATE, ZIP CODE 16357 AURORA AVENUE NORTH SEATTLE, WA 98133
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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 INITIAL COMMENTS

K 000

Surveyor: 28239

This report is a result of an unannounced Fire and Life Safety re-certification survey conducted on 08/08/2013 at Kindred Nursing & Rehabilitation - Arden and SNF, located at 16357 Aurora Ave N., Seattle, WA by a representative of the Washington State Fire Marshal. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Health and Human Services (DSHS).

The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a single story Type V (111) Construction with support facilities located in the basement and on the main floor. Exiting from the main floor is at grade level; from the basement directly out to the exit and up exterior stairways. The census today is 71 with a capacity for 90. The building is protected throughout by a Type 13 Automatic Fire Sprinkler System and an Automatic Fire Alarm System with corridor smoke detection as well as smoke detection in the patient rooms of the SNF. Manual-pull stations are located at exits.

The facility is not in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S. Following are the deficiencies cited as a result of this survey.

The Surveyor was:

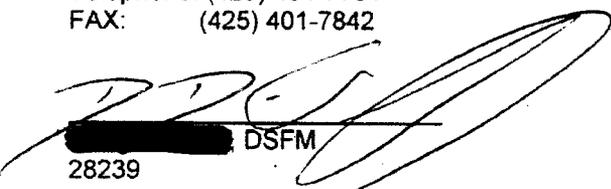

Deputy State Fire Marshal
Life Safety Code Inspector
28239

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>SMH</i>	TITLE <i>Administrator</i>	(X6) DATE <i>8.14.13</i>
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A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that 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	Continued From page 1 The Surveyor was from: Washington State Patrol Fire Protection Bureau 2803 156th Ave SE Bellevue, WA. 98007 Telephone: (425) 401-7731 FAX: (425) 401-7842  DSFM 28239	K 000	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>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 provisions of federal and state law.</i>
K 029	NFFA 101 LIFE SAFETY CODE STANDARD SS=D One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This Standard is not met as evidenced by: Surveyor: 28239 During the facility survey of 08/08/2013 between the hours of 0915 and 1300, while accompanied by the Maintenance Director, through observation and staff interview, it was noted that the facility has failed to maintain the doors to hazardous areas so that they close and latch as to resist the passage of smoke upon release from the approved hold open device. The failure of the	K 029	K029: 1. As it pertains to the issue found: • The fire doors have been repaired. 2. As it pertains to similar situations: • Facility fire doors have been audited for validation of function. 3. Preventative Measures: • Maintenance Director will audit fire doors for function weekly. • Doors will be tested 3x monthly during fire drills. • Staff education r/t reporting door issues/concerns. 4. Ongoing monitoring: • The facility Performance Committee review door management monthly x3. • The Administrator and Maintenance Director will be responsible for ongoing monitoring. 9.1 .13

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K 029	Continued From page 2 doors to close in a position that would resist the passage of smoke would allow smoke to travel from the hazardous area into the exit corridor. This finding was acknowledged by the Maintenance Director. The findings include but are not limited to: 1. North Wing Soiled Utility Room - door failed to self-close and latch.	K 029	<i>This Plan of Correction is the center's credible allegation of compliance.</i> <i>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 provisions of federal and state law.</i>
K 043 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Patient room doors are arranged so that the patient can open the door from inside without using a key. (Special door locking arrangements are permitted in mental health facilities.) 19.2.2.2 This Standard is not met as evidenced by: Surveyor: 28239 During the facility survey of 08/08/2013 between the hours of 0915 and 1300, while accompanied by the Maintenance Director, through observation and staff interview, it was noted that the facility has failed to maintain the ability of delayed egress exit doors to open without utilizing the keypad. This could result in the inability of residents to exit this door without aid from staff (in the event of a non-fire emergency). This finding was acknowledged by the Maintenance Director. The findings include but are not limited to: 1. Delayed exit door to the courtyard (near Room 25) does not release when tested (does release when code is inputted).	K 043	K043 1. As it pertains to the issue found: • Delayed egress door near room 25 has been repaired. 2. As it pertains to similar situations: • Delayed Egress doors have been audit for validation of function. 3. Preventative Measures: • Maintenance Director to validate door function weekly. • Staff in-serviced on reporting malfunctioning doors. 4. On going Monitoring: • Performance Committee will review any door functionality concerns at monthly meeting x3 months • The Administrator and Maintenance Director will be responsible for ongoing monitoring. 9.1 .13
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 147	

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K 147	<p>Continued From page 3</p> <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: Surveyor: 28239 Based upon observation and staff interview with the Maintenance Director during the survey on 08/08/2013, between the hours of 0915 and 1300, it was discovered that the facility has failed to comply with NFPA 70, also known as the National Electric Code (NEC). Section 70.400-8 states that the following uses of flexible cords and cables shall not be used for the following: " (1) As a substitute for the fixed wiring of a structure, (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings or floors, (3) Where run through doorways, windows, or similar openings, (4) where attached to building surfaces, (5) Where concealed behind building walls, structural ceilings, suspended ceilings, or floors, and (6) Where installed in raceways, except as otherwise permitted in this code." This could result in electrical arcing, causing a fire, endangering patients, visitors and staff. The finding was acknowledged by the Maintenance Director.</p> <p>This standard is not being met as evidenced by:</p> <ol style="list-style-type: none"> 1. Resident Room 49 - An electrical extension cord was discovered stapled to the wall and powering a television. 2. Resident Room 47 - An electrical extension cord was discovered stapled to the wall and powering a multi-strip extension powering a television. 3. Resident Room 46 - A multi-strip extension was discovered powering a television. 	K 147	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>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 provisions of federal and state law.</i></p> <p>K147:</p> <ol style="list-style-type: none"> 1. As it pertains to the issue found: <ul style="list-style-type: none"> • Room 49: Extension cord removed and television properly connected to power source. • Room 47: Extension cord & power strip removed and television properly connected to power source. • Room 46: Multi-strip extension cord removed and replaced with proper multi-plug wall receptacle. • Room 35: Multi-strip extension removed and television properly connected to power source. • Room 16: Multi Strip extension's removed and electronics properly connected to power sources. • Room 18: Multi-strip extension removed and television properly connected to power source. 2. As it pertains to similar situations:

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K 147	Continued From page 4 4. Resident Room 35 - A multi-strip extension was discovered powering a television. 5. Resident Room 16 - A multi-strip extension was discovered to be "piggy-backed" into an approved multi-plug adapter powering multiple electronics. 6. Resident Room 18 - A multi-strip extension was discovered powering a television.	K 147	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>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 provisions of federal and state law.</i></p> <ul style="list-style-type: none"> • Facility rooms audited for power strips in room and addressing them if needed. <p>3. Preventative Measures:</p> <ul style="list-style-type: none"> • Residents individually educated about power strips and proper use of electrical outlet safety. • Families and guardian's notified about power strips and use of electrical outlet safety. • Staff educated on power strips and electrical outlet safety. <p>4. Ongoing monitoring:</p> <ul style="list-style-type: none"> • Power strip auditing added to the Angel Rounds forms. • Maintenance Director will complete a monthly room audit to validate power strips are not in use. • ED has applied for a Power Strip Waiver. • Performance Improvement Committee will review any concerns related to Power strips in the building x3 months. • Administrator & Maintenance Director will be responsible for ongoing monitoring. <p style="text-align: right;">9.1 .13</p>

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