

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505214	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/06/2016
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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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INITIAL COMMENTS

This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Kindred Nursing and Rehabilitation on January 6, 2016, 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.

Kindred Nursing and Rehabilitation has a total of 90 beds and at the time of this survey the census was 61.

The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70.

The facility is a one story structure of Type V 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.

The facility is not in compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.

The surveyor was:



Blaine D. Gunkel
Deputy State Fire Marshal

K 038
SS=D

NFPA 101 LIFE SAFETY CODE STANDARD

Exit access is arranged so that exits are readily accessible at all times in accordance with section

K 000

The Plan of Correction is the center's credible allegations of compliance.

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 corrections is prepared and/or executed solely because it is required by the provisions of federal and state law.

K 038

The egress door fixed.

11/7/16
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 11/12/16
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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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K 038 Continued From page 1

7.1. 19.2.1

K 038

This Standard is not met as evidenced by:
Based upon observations and staff interviews on January 6, 2016, between approximately 12:00 p.m. and 3:00 p.m. Kindred Nursing and Rehabilitation has failed to maintain the exit discharge free of obstructions. This could cause an inability or delay in the evacuation of residents in the event of an emergency which would endanger residents, staff and/or visitors.

The findings include, but are not limited to:

1. The delayed egress door in the rehabilitation room failed to open when tested.

The above was discussed and acknowledged by the maintenance director.

K 046 NFPA 101 LIFE SAFETY CODE STANDARD

SS=D

Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.

This Standard is not met as evidenced by:
This requirement is not met as evidenced by:

Based upon observations and staff interviews on January 8, 2016, between approximately 12:00 p.m. and 3:00 p.m. Kindred Nursing and Rehabilitation failed to maintain records of testing for the emergency battery backup lighting. This could result in the failure of the battery powered backup lighting in the event of a power outage and render the means of egress dark. This could result in tripping and fall injuries to residents, staff

K 046

1.The egress light has been fixed.

2. The monitoring of the emergency egress lighting to include both 30 second monthly and 90 minutes annually has been added to the systemic monitoring system.

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K 046	<p>Continued From page 2 and/or visitors.</p> <p>The findings include, but are not limited to:</p> <ol style="list-style-type: none"> 1. The west side Rose Garden Dining Room emergency egress light failed to operate when tested. 2. The facility failed to provide documentation of the 30 second monthly and 90 minute annual test of the emergency egress lighting. <p>The above was discussed and acknowledged by the maintenance director.</p>	K 046		
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JAN 22 2016

FIRE PREVENTION
DIVISION