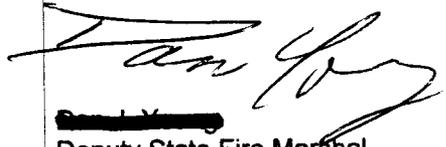


1304

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505429	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2013
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NAME OF PROVIDER OR SUPPLIER SHARON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 HARRISON AVENUE CENTRALIA, WA 98531
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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 Surveyor: 29197 A Fire and Life Safety recertification survey was conducted at Sharon Care Center by Deputy State Fire Marshal [redacted] on 4/15/13. The existing section of the 2000 Life Safety Code was used in accordance with 42CFR483.70. This is a one story building with a two story section that is used for storage and is separated from the first floor patient care area. The nursing section of the facility also intersects with the assisted living and boarding home sections of the facility with occupancy separations. The facility has a complete automatic sprinkler system and smoke detection interconnected to the fire alarm system in corridors and habitable space. The census at time of survey was 40 out of 42 beds. The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services. The findings are as follows:  Deputy State Fire Marshal	K 000		
K 018 SS=B	NFPA 101 LIFE SAFETY CODE STANDARD 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	K 018	K 018 NFPA Life Safety Code Standard <ul style="list-style-type: none"> On 4-15-2013 The door wedge in Medical Records West Wing Skilled Nursing was removed immediately. Inservice Department Heads and all staff on not using door wedges. Magnetic Door Holds will be installed on the Medical Records Door. Maintenance Supervisor will visually check facility doors weekly making sure no door wedges are used. 4-15-2013 Maintenance Supervisor, Jeff King 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrative</i>	(X6) DATE <i>4-19-2013</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 SHARON CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1509 HARRISON AVENUE CENTRALIA, WA 98531		
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K 018	Continued From page 1 Roller latches are prohibited by CMS regulations in all health care facilities. This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 4/15/13 between approximately 1030 hours and 1430 hours the facility 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. The findings include, but are not limited to: A door wedge was observed to be in use at the Medical Records office. The above was discussed and acknowledged by the Director of Maintenance.	K 018		
K 050 SS=F	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	K 050	<div data-bbox="915 1331 1447 1768" style="border: 1px solid black; padding: 5px;"> <p>K 018 NFPA Life Safety Code Standard</p> <ul style="list-style-type: none"> • Maintenance Supervisor will be responsible for all Fire Drills and accurate documentation. • Maintenance Supervisor will check attendance and drill documentation monthly. • Fire Drills will be conducted once a month one per shift per quarter as per state regulations. • 4-15-2013 • Maintenance Supervisor. </div>	

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

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FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER SHARON CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1509 HARRISON AVENUE CENTRALIA, WA 98531
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K 050	<p>Continued From page 2</p> <p>conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This Standard is not met as evidenced by: Surveyor: 29197 Based upon record review and staff interviews on 4/15/13 between approximately 1030 and 1430 hours the facility has failed to provide fire drill records reflecting drills being conducted on all shifts for the past 12 months. This could potentially result in the staff not responding in a coordinated manner in the event of a fire or other emergency and endangering residents, staff and/or visitors.</p> <p>The findings include, but are not limited to: Records do not show a night shift fire drill for 3rd quarter of 2012. Records do not show a day shift fire drill for 2nd quarter of 2012. The above was discussed and acknowledged by the Director of Maintenance.</p>	K 050		
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