

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

Printed: 01/03/2013
FORM APPROVED
OMB NO. 0938-0391

1345

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505383	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/03/2013
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SULLIVAN PARK CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 14820 EAST FOURTH SPOKANE, WA 99216
--	---

(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>This report is the result of an unannounced Fire and Life Safety Re-certification Survey conducted at Sullivan Park Care Center located at 14820 East Fourth in Spokane Valley. The Survey was conducted on 1/03/13 starting at approximately 0907 and ended at approximately 1400. During this Survey I was accompanied by the Facility Maintenance Director who witnessed any deficiency cited in this Survey. The Existing Section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. Sullivan Park Care Center is a one story structure with exits to grade and is protected by a Type 13 Fire Sprinkler System and an Automatic/Manual Fire Alarm System. Sullivan Park Care Center is licensed for 125 residents with a current census of 118. This Survey was conducted in conjunction with the Health Survey Team from Department of Social and Health Services.</p> <p>The facility fails to meet the Life Safety Code 2000 Edition as adopted by C.M.S. based upon deficiencies noted during this Survey.</p> <p>The Surveyor was: ██████████ Deputy State Fire Marshal Nursing Home Surveyor 20225</p> <p>The Surveyor was from: Washington State Patrol Office of the State Fire Marshal Fire Prevention Bureau PO Box 19130 Spokane, WA 99219-9130 Telephone: (509) 227-6567 Fax: (509) 227-6639</p>	K 000		
-------	--	-------	--	--

RECEIVED
JAN 14 2013
FIRE PROTECTION BUREAU

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *[Signature]* (Glen Dunlap) TITLE *Administrator* (X6) DATE *1/8/2013*

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505383	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/03/2013
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SULLIVAN PARK CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 14820 EAST FOURTH SPOKANE, WA 99216
--	---

(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 DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

K 000	Continued From page 1 <i>[Signature]</i> DSFM	K 000	RECEIVED JAN 14 2013	
K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This Standard is not met as evidenced by: During the Fire and Life Safety Re-certification Survey conducted on 1/03/13 between the hours of 09007 and 1230 while accompanied by the Facility Maintenance Director we observed the following doors not closing and latching as required:</p> <ol style="list-style-type: none"> 1. Fire/Smoke Door by North Dining Room (Door was adjusted to close and latch while I was still present) 2. Fire/Smoke Door by Human Resource Office (Door was adjusted to close and latch while I was 	K 018 1, 2	<p>FIRE PROTECTION BUREAU</p> <p>The Smoke/Fire door by North Dining Room and Fire/smoke door by Human Resources office was adjusted at time of survey. Maint Supervisor and Administrator will monitor daily to guarantee doors close and latch, adjustments will be made as needed.</p> <p>3. The Soiled Utility Door by room # 407 has been repaired by Locksmith. The Maintenance Supervisor and Administrator will monitor all doors on rounds to guarantee doors close and latch appropriately.</p>	2/1/13 2/1/13

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505383	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED RECEIVED 1/03/2013
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SULLIVAN PARK CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 14820 EAST FOURTH SPOKANE, WA 99216	JAN 14 2013
--	---	--------------------

(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 CORRECTIVE ACTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	--	----------------------

K 018	Continued From page 2 still present) 3. Soiled Utility Door by room #407 failed to close and latch	K 018		
K 130 SS=D	NFPA 101 MISCELLANEOUS OTHER LSC DEFICIENCY NOT ON 2786 This Standard is not met as evidenced by: Based upon observations made during the Fire and Life Safety Re-certification Survey conducted on 1/03/13 between the hours of 0907 and 1230 while accompanied by the Facility Maintenance Director we observed small portable oxygen cylinders that were freestanding and not secured to prevent possible damage in the following locations: 1. Central Supply Office 2. Room #102 3. Room #602 Freestanding Portable Oxygen Cylinders are required to be properly chained or supported in a proper cylinder stand or cart to prevent possible damage (NFPA 99, 4-3.5.2.1 (b) 27. Failure to ensure that these portable oxygen cylinders are secured from possible damage could place residents at risk of possible harm.	K 130 1,2,3	FIRE PROTECTION BUREAU All portable Oxygen Cylinders that were freestanding, were secured at time of survey to prevent possible damage in Central Supply Room #102 and Room #602. Administrator/DNS will instruct staff on proper storage of O2 Cylinders. Administrator and RCM will monitor for compliance on rounds.	2/1/13
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147		

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505383	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/03/2013
--	---	---	---

NAME OF PROVIDER OR SUPPLIER SULLIVAN PARK CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 14820 EAST FOURTH SPOKANE, WA 99216
--	---

(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 147	Continued From page 3 This Standard is not met as evidenced by: Based upon observations made during the Fire and Life Safety Re-certification Survey conducted on 1/03/13 between the hours of 0907 and 1230 while accompanied by the Facility Maintenance Director we observed the following deficiencies in regards to electrical wiring or equipment: 1. Observed extension cords being used in resident room #306 (removed while present) and South Dining Room (Sound System). Extension Cords are not authorized for permanent use in lieu of permanent wiring and only for temporary use. 2. Observed multi-plug power strips with flexible cords being used in the following locations for electrical equipment other than computers; Central Supply (2), Break Room (TV), Resident rooms #106, #109, #609, #613 (removed), #507 (2), #513 (2). C.M.S. has made a determination that the use of the multi-plug power strips with flexible cords for other than Computer Equipment is the same as the use of extension cords and is therefore not allowed. C.M.S. has also indicated that based upon certain requirements a Waiver would be granted for the continued use of these multi-plug power strips. Failure to ensure the proper use of electrical wiring and equipment could place residents at risk of possible harm due to electrical shock or fire.	K 147 1, 2	The extension cords in room # 306, south dining room were removed at time of survey. The facility is in the process of adding additional receptacles that are capable of supporting load and are protected by over current protective devices per NEC. The outlets being installed will eliminate the need for plug in power strips. (Please see enclosed waiver request). During installation a safety program will be in effect. Maintenance and Housekeeping will be visually inspecting all power strips for damage and replace if needed. After rooms are completed, power strips will be removed and no longer used. Administrator Maint. Supervisor will monitor for compliance.	2/1/13
-------	---	-------------------	---	--------