

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

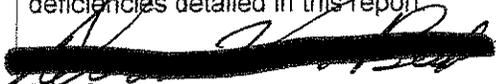
1345

Printed: 01/22/2014
FORM APPROVED
OMB NO. 0938-0391

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 01/22/2014
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NAME OF PROVIDER OR SUPPLIER SULLIVAN PARK CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 14820 EAST FOURTH SPOKANE, WA 99216
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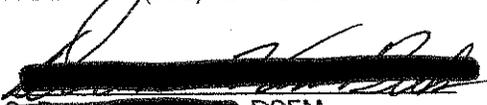
K 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Fire and Life Safety Re-certification Survey conducted at Sullivan Park Care Center located at 14820 East Fourth in the City of Spokane Valley. The Survey was conducted on 01-22-14 starting at approximately 0900 and ending at approximately 1500. During the Survey I was accompanied by the Facility Maintenance Director who witnessed any and all deficiencies cited in this Survey.</p> <p>The Existing Health Care Section (Chapter 19) of the 2000 edition of the Life Safety Code was used in accordance with 42 CFR 483.70.</p> <p>Sullivan Park Care Center is of Type V-(111) Construction and is a one story structure with exits to grade and is protected by a Type 13 Automatic Fire Sprinkler System and additionally with an Automatic/Manual Fire Alarm System. Sullivan Park Care Center is licensed for 125 beds and on the day of the Survey the census was 118 residents.</p> <p>This Survey was conducted in Conjunction with the Health Survey Team from the Department of Social and Health Services.</p> <p>Sullivan Park Care Center has failed to meet the requirements of the Life Safety Code 2000 Edition as adopted by C. M. S. based upon the deficiencies detailed in this report.</p> <p> The Surveyor was:  Deputy State Fire Marshal Nursing Home Surveyor 15826</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 1/25/14
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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 000	Continued From page 1 The Surveyor was from the Washington State Patrol Fire Protection Bureau 143302 East Law Lane Kennewick, WA. 99337-2011 Telephone (509) 734-7029 FAX: (509) 734-7046  DSFM	K 000		
K 048 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1</p> <p>This Standard is not met as evidenced by: Based upon a record review and staff interviews with the Director of Maintenance and the Administrator at 1345 Sullivan Park Care Center has failed to provide a written emergency plan that contains the eight (8) required elements for emergency plans. This could lead to confusion among the staff and the failure to properly evacuate residents in the event of a fire.</p> <p>The Specific Fire Plan Requirements as found in NFPA 101 (2000) edition "Life Safety Code" States:</p> <p>19.7.2.2 A written health care occupancy fire safety plan shall provide for the following:</p> <ol style="list-style-type: none"> (1) Use of alarms (2) Transmission of alarm to fire department (3) Response to alarms (4) Isolation of fire 	K 048	<p>Sullivan Park Care Center will revise our current written emergency plan that will include the eight required elements for emergency plans. The revised plan will provide clear directions for the three required elements of an evacuation. The evacuation protocols will be revised to be based on resident in immediate danger not on capability. Staff will be inserviced on the revised plan by the Administrator. Fire drills will be conducted to practice the revised plan - cont.</p> <p style="text-align: right;">2/25/14</p>	

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K 048	<p>Continued From page 2</p> <p>(5) Evacuation of immediate area (6) Evacuation of smoke compartment (7) Preparation of floors and building for evacuation (8) Extinguishment of fire</p> <p>The findings include:</p> <p>1. The emergency plan does not clearly provide directions for the three required elements of an evacuation. 1. Immediate Danger, 2. Smoke Compartment Evacuation 3. Preparation for the total evacuation of the building.</p> <p>2. The evacuation protocols calls for the evacuation of the building to be based upon ambulation capabilities of the residents and not on the proximity of the resident to the danger.</p>	K 048	<p><i>Administration and Maintenance Supervisor will monitor for compliance.</i></p>	<p><i>2/25/14</i></p>
K 062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This Standard is not met as evidenced by: Based upon a record review and interviews with the Director of Maintenance at approximately 1400 Sullivan Park Care Center has failed to have the proper inspection and testing conducted on the automatic fire sprinkler system. Additionally Sullivan Park Care Center has failed to maintain the Fire Sprinkler Riser free of obstructions. This could result in the failure of the fire sprinkler system to operate properly in the event of a fire.</p>	K 062		

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K 062	Continued From page 3 The specific Standard from NFPA 25 "Standard for the Inspection, Testing and Maintenance of Water Based Fire Suppression Systems" 1998 edition States the following: 13.4.4.2.2.2* Every 3 years and whenever the system is altered, the dry pipe valve shall be trip tested with the control valve fully open and the quick-opening device, if provided, in service.	K 062		
K 069 SS=D	<p>The findings include:</p> <ol style="list-style-type: none"> 1. During the Record review at approximately 1400 hours and upon reviewing annual sprinkler test reports fro 2013, 2012, 2011, 2010 there had been no full trip tests conducted on the Dry System as required every three years. 2. Observed at approximately 0925 in the Sprinkler Riser room there were numerous articles of clothing along with watering cans and other miscellaneous items being stored on the sprinkler piping. 3. Observed at approximately 0923 plastic bags containing shoes hanging from the control valves on the Sprinkler Riser System. <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96</p> <p>This Standard is not met as evidenced by: Based upon a record review and staff interviews with the Director of Maintenance at approximately 1415 Sullivan Park Care Center was unable to</p>	<p>1)</p> <p>2,3</p> <p>K 069</p>	<p>The full trip test is scheduled to be done on 2/26/2014. The maintenance Director will guarantee the tests are done every three years.</p> <p>The articles of clothing were removed at time of survey. Staff will be instructed on not placing items on Sprinkler Riser. Admin and maint will monitor for compliance.</p> <p>2/26/14</p>	

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K 069	<p>Continued From page 4</p> <p>produce records to verify the proper inspection and maintenance had been conducted on the Commercial Kitchens Hood and Duct Fire Suppression System. This could result in the failure of the suppression system to operate in the event of a fire.</p> <p>The findings include:</p> <p>1. Interviews with the Director of Maintenance and searching of the records resulted in the inability to produce any record of Hood and Duct suppression System testing and Maintenance since September of 2012.</p>	K 069	<p>1) The Director of Maintenance contacted company that provides service to our Hood and Duct suppression system, they were not able to produce the test for 2013. On 1/24/2014 the Hood and Duct system was inspected in accordance with NFPA 101 Life safety code. The system was found to have no deficiencies. The maintenance Director will maintain a bi-yearly schedule for servicing the Hood and Duct suppression system. Administrator will monitor for compliance</p> <p style="text-align: right;">2/26/14</p>	
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