

1353

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505341	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/24/2014
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NAME OF PROVIDER OR SUPPLIER DISCOVERY NURSING & REHAB OF VANCOU	STREET ADDRESS, CITY, STATE, ZIP CODE 5220 NORTHEAST HAZEL DELL AVENUE VANCOUVER, WA 98663
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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
This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Discovery Nursing and Rehab of Vancouver on 01/24/14 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. The facility has a total of 89 beds and at the time of this survey the census was 70. 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 (1,1,1) 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 substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.


Deputy State Fire Marshal

K 000

RECEIVED
FEB - 4 2014
WSP KELSO DET

K 045 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D

Illumination of means of egress, including exit discharge, is arranged so that failure of any single lighting fixture (bulb) will not leave the area in darkness. (This does not refer to emergency lighting in accordance with section 7.8.) 19.2.8

K 045

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 2/3/2014
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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 045	<p>Continued From page 1</p> <p>This Standard is not met as evidenced by: Surveyor: 29197</p> <p>Based upon observations and staff interviews on 01/24/14 between approximately 0930 and 1200 hours the facility has failed to maintain the illumination of the means of egress so that in the event of the failure of a single bulb the means of egress will remain illuminated. This could result in tripping and fall injuries and/or delay in evacuation of residents, staff and/or visitors. The findings include, but are not limited to:</p> <p>1. The emergency light in the kitchen was observed to not work when the test button was pressed.</p> <p>The above was discussed and acknowledged by the Director of Maintenance.</p>	K 045	<p>K045</p> <p>Item 1. The emergency light in the kitchen will be replaced with a new fixture.</p> <p>The Director of Maintenance (DOM) will inspect these lights monthly.</p> <p>The DOM will bring these findings to the Safety Committee as well as the monthly QA meetings.</p> <p>The Administrator will ensure compliance.</p>	
K 046 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>This Standard is not met as evidenced by: Surveyor: 29197</p> <p>Based upon record review and staff interviews on 01/24/14 between approximately 00930 and 1200 hours the facility has 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 and/or visitors. The findings include, but are not limited to:</p> <p>1. There are no records of the required 90 minute annual testing of the emergency lighting.</p> <p>The above was discussed and acknowledged by</p>	K 046	<p><i>Date of Completion 2/24/2014</i></p> <p>K 046</p> <p>The Director of Maintenance (DOM) will conduct a 90 minute test of the emergency lighting.</p> <p>The DOM will conduct this test on an annual basis as required. The DOM bring his findings to the Safety Committee as well as to the monthly QA meeting.</p> <p>The Administrator will ensure compliance.</p> <p><i>Date of completion 2/24/2014</i></p>	

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