

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

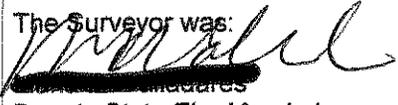
Printed: 02/12/2013
FORM APPROVED
OMB NO. 0938-0391

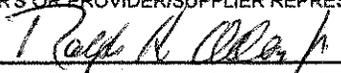
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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505096	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/12/2013
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NAME OF PROVIDER OR SUPPLIER TOPPENISH NURSING & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 802 WEST THIRD STREET TOPPENISH, WA 98948
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K 000	<p>INITIAL COMMENTS</p> <p>This report is a result of an unannounced Federal Life Safety re-certification survey conducted at Toppenish Nursing and Rehab Center, 802 W. 3rd Avenue, Toppenish, WA, commencing on February 12, 2013 by staff from the Washington State Patrol, Fire Protection Bureau, Union Gap Detachment. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Social and Health Services (DSHS).</p> <p>The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.</p> <p>The LTC 75 bed facility, census of 59 provided by the Medical Records Staff and verified by the Maintenance Director. The facility consisted of construction type III (211) one story building constructed in 1962. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade have been provided with an all weather surface and lead to a public way.</p> <p>The facility is not in substantial compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p>The Surveyor was:  Deputy State Fire Marshal Nursing Home Surveyor 28058</p> <p>The Surveyor was from: Washington State Patrol Fire Protection Bureau</p>	K 000	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Toppenish Nursing and Rehab does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."</p> <p style="text-align: center;">RECEIVED FEB 27 2013 FIRE PROTECTION BUREAU</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE <i>02/22/13</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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K 000	Continued From page 1 2715 Rudkin Road Union Gap, WA. 98903-1795 Telephone: (509) 575-2190 FAX: (509) 576-3002	K 000		
K 046 SS=F	<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: Toppenish Nursing and Rehabilitation Center has failed to test the emergency illumination of the means of egress as required. This could result in the means of egress being rendered dark in the event of a loss of primary power. During hours of darkness staff, residents and visitors would be in danger of tripping over items and possibly delay egress out of the building.</p> <p>The findings include, but are not limited to:</p> <p>Records review on February 12, 2013 of the facility's system reports for the year prior to the date of survey revealed that the facility is not conducting the monthly 30 second tests of the emergency lighting batteries. The records indicate that a test was conducted on December 31, 2013 and no tests after December 31, 2013. January tests were missed. These emergency lights were installed on December 07, 2012 and the 90 minute yearly test is not due.</p> <p>This finding was acknowledged and discussed with the Maintenance Director and the Administrator.</p>	K 046	<p>Monthly 30 second tests of the emergency lighting batteries are scheduled and have been placed on the facility computer system (TELS) which is used to notify administration and maintenance of monthly, regularly scheduled maintenance items. Maintenance shall be responsible to conduct these tests and maintain records of testing and administration is responsible to see this is performed.</p>	02/25/13
K 048 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>There is a written plan for the protection of all</p>	K 048		

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K 048	Continued From page 2 patients and for their evacuation in the event of an emergency. 19.7.1.1 This Standard is not met as evidenced by: The facility has failed to maintain a written plan for the protection of all residents and for their evacuation in the event of an emergency in accordance with the Life Safety Code. At a minimum a written health care occupancy fire safety plan shall provide for the following: 1. Use of Alarms 2. Transmission of alarms to fire department 3. Response to Alarms 4. Isolation of the Fire 5. Evacuation of the immediate area 6. Evacuation of smoke compartment 7. Preparation of floors and building for evacuation 8. Extinguishment of fire. Lack of a planned written procedure could potentially delay the quick response of the staff and evacuate the fire area or premises in a timely manner. The findings include but are not limited to: Record review on February 12, 2013 of the facility's emergency preparedness plan/disaster plan revealed that there was not written policy in place for partial evacuation of residents to another smoke compartment or beyond the fire doors. This finding was acknowledged and discussed with the Maintenance Director.	K 048	A written policy has been added to DEP 3.04.1 Fire Discovery and Announcement (Disaster manual) converting the R.A.C.E. discussion to R.A.C.E.R., where the final "R" indicates "RELOCATE". RELOCATE requires the relocation of all residents from the area of the fire into the nearest smoke compartment, exit enclosure, or exterior exit. The format for inclusion in the manual will read as follows: New FIRE RESPONSE 3. Begin R.A.C.E.R. program Relocate all residents from the area of the fire to the nearest smoke compartment, exit enclosure, or exterior exit. The emphasis when conducting drills needs to be on safe and orderly evacuation rather than speed.	02/27/13
K 054 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD All required smoke detectors, including those	K 054		

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K 054	Continued From page 3 activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3 This Standard is not met as evidenced by: Based on observation and staff interview, the facility has failed to maintain smoke detectors in accordance with the requirements of the National Fire Alarm Code (NFPA 72). This could potentially render the smoke detectors inoperable and not provide early notification of fire and thus place residents, visitors, and staff at risk of fire and a smoke environment. The findings include, but are not limited to: 1. During record review of the facility's service records on February 12, 2013 between the hours of 9:30 and 11:00am it was observed that there was no report of sensitivity testing of the smoke detectors. 2. Record review of the facility's service records on February 12, 2013 between the hours of 9:30 and 11:00am revealed that there was not a system in place to log nuisance alarms to extend the sensitivity tests to a five year cycle. This was acknowledged and discussed with the Maintenance Director and the Administrator.	K 054	On February 22, 2013 a representative from Fire Tech (service company) came to perform sensitivity tests on the smoke detectors. Facility will place these results on the SFM Log Book form provided by the SFM and place a prompt on the TELS system for scheduling maintenance annually and as indicated on the SFM Sensitivity Testing form (NFPA 72-1999 ed. Sec. 7-3.2.1).	03/08/13
K 146 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A nursing home or hospice with no life support equipment has an alternate source of power separate and independent from the normal source that will be effective for minimum of 1½ hour after loss of the normal source. NFPA 99, 3.6.3.1.1	K 146		

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K 146	Continued From page 4 This Standard is not met as evidenced by: Toppenish Nursing and Rehabilitation Center has failed to maintain an alternate source of power which is separate and independent from the normal source that will be effective for a minimum of 1.5 hours after the loss of normal power. This could render the entire facility dark in the event of a power failure and not provide illumination to safely move about the facility. The findings include, but are not limited to: 1. The secondary source of electrical power was provided by a 7 KW generator that failed on May 17, 2012. A waiver is in place for the new generator that expires on June 30, 2013. 2. There is no provisions for automatic emergency illumination. The facility has a waiver in place that expires on June 30, 2013. 3. The facility does not have a permanent emergency generator in place. The facility's emergency generator failed on May 17, 2012. The facility self-reported this event and has installed a temporary solution with a portable emergency generator. A waiver is in place for the installation of the new generator that expires on June 30, 2013. These findings were acknowledged and discussed with the Maintenance Director and the Administrator.	K 146	Recognizing that a waiver is in place expiring on June 30, 2013 for a new generator installation, facility is still using the portable emergency generator and is designing plans for the permanent installation.	04/30/13
K 147 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 147		

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K 147	<p>Continued From page 5</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This Standard is not met as evidenced by: The facility has failed to maintain the premises free of electrical hazards. This could allow for an electrical fire to start and thus place residents, visitors, and staff at risk of an electrical fire.</p> <p>The findings include but are not limited to:</p> <p>National Fire Protection Association (NFPA) also known as the National Electric Code (NEC) Section 70.400-8 States that the following uses of flexible cords and cables shall not be used for the following: " (1) As a substitute for the fixed wiring of a structure, (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings or floors, (3) Where run through doorways, windows, or similar openings, (4) where attached to building surfaces, (5) Where concealed behind building walls, structural ceilings, suspended ceilings, or floors, and (6) Where installed in raceways, except as otherwise permitted in this code."</p> <p>This standard is not being met as evidenced by:</p> <p>Based on observation and staff interview, the facility failed to assure that approved wiring was maintained per NFPA Standard; NFPA 70, Article 400-8. Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used as a substitute for the fixed wiring of a structure. CMS Manual System, Pub, 100-07 State Operations, Provider Certification; August 17, 2007, Power strips may be used for a computer,</p>	K 147	<p>Facility is applying for a "Waiver Request Verification Form for Power Strips With Flexible Cords". Facility have asked an Electrician (certified) to provide an estimate outlining the work required to install the electrical upgrades for the elimination of over current protective devices with flexible cords. This estimate will be completed by the electrician and accompany the waiver request by March 8, 2013. Facility has designated the Maintenance Director to inspect over current protective devices with flexible cords monthly, and will maintain records of those inspections. An internal policy limiting the use of over current devices with flexible cords shall accompany the waiver request (March 8, 2013). Currently, the over current protective devices with flexible cords in the facility are all UL listed, have 14 gauge cords, are rated at 15 amps maximum and have a grounded plug.</p>	02/08/13
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K 147	<p>Continued From page 6</p> <p>monitor, and printer. Power strips are not designed to be used with medical devices in patient care areas. Precautions needed if power strips are used include: Installing internal ground fault and over-current protection devices; preventing cords from becoming tripping hazards, and using power strips that are adequate for the number and types of devices used. Overload on any circuit can potentially cause overheating and fire. The use of ground fault circuit interruption (GFCIs) may be required in locations near water sources to prevent electrocution of staff or residents. This potentially exposed residents to electrical fire hazard caused by overloaded circuits.</p> <p>A. During the facility tour on February 12, 2013 between 11am and 12:00pm and then again between 1:00pm and 1:30pm power strips were observed to be used in lieu of fixed wiring in the following resident rooms:</p> <ol style="list-style-type: none"> 1. At 11:15am in Room 26, I observed a power strip used for charger. A second power strip was observed in this room for a fan and a radio. One power strip was plugged into the 2nd power strip. 2. At 11:16am in Room 28, I observed 2 power strips in place. One had tv and 2nd power strip had tv and radio. 3. At 11:19 Room 30, I observed a power strip for bed and oxygen concentrator. 4. At 11:23 Room 31, I observed a power strip for bed, air mattress, and charger. 5. At 11:23 Room 29, I observed a power strip for tv, fan, and radio. 6. At 11:26 in Room 27, I observed a power strip in use for tv, phone, and CD player. 7. At 11:27 in Room 25, I observed 2 power strips in use for fan, refrigerator, radio, and tv. 8. At 11:28 in Room 21, I observed a power strip 	K 147		

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K 147	<p>Continued From page 7 in use for the tv.</p> <p>9. At 11:44 I observed a power strip in use for a standard full size refrigerator in the staff lounge.</p> <p>10. At 11:45 I observed a power strip in use for a scented pot and a small fridge in the Medical Records Office.</p> <p>11. At 11:46 in Room 9, I observed a power strip in use for the tv and DVD player.</p> <p>12. At 11:47 in Room 7, I observed a power strip in use for the tv, fan, and scooter charger.</p> <p>13. At 11:47 in Room 5, I observed a power strip in use for the tv.</p> <p>14. At 11:48 in Room 3, I observed a power strip in use for tv, radio, and DVD player.</p> <p>15. At 11:49 in Room 1, I observed 3 power strips for tv, fridge, fan, bed, and light.</p> <p>16. At 11:50 in Room 4, I observed a power strip in use for the tv and radio.</p> <p>17. At 11:51 in Room 6, I observed a power strip in use for the fridge.</p> <p>18. At 11:52 in Room 12, I observed 2 power strips in use for the televisions and the battery charger.</p> <p>19. At 1:30pm in Room 55, I observed a power strip for tv and fan.</p> <p>20. At 1:33pm in Room 50, I observed a power strip for the IV stand.</p> <p>B. During the facility tour on February 12, 2013 between the hours of 9:30am and 11:00am, I observed a power strip plugged into another power strip in Room 26.</p> <p>C. During the facility tour on February 12, 2013 between the hours of 1:00pm and 1:30pm I observed a power strip dangling from the wall unit adding excessive weight and stress to the cords and potentially causing an electrical shortage.</p> <p>D. The facility does not have a permanent</p>	K 147		

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K 147	Continued From page 8 emergency generator in place. The facility's emergency generator failed on May 17, 2012. The facility self-reported this event and has installed a temporary solution with a portable emergency generator. A waiver is in place for the installation of the new generator that expires on June 30, 2013. These findings were acknowledged and discussed with the Maintenance Director and the Administrator.	K 147		