

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

1354

Printed: 01/09/2014
FORM APPROVED
OMB NO. 0938-0391

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 01/09/2014
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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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(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	<p>INITIAL COMMENTS</p> <p>This report is a result of an unannounced Federal Life Safety re-certification survey conducted at Toppenish Nursing and Rehabilitation Center, 802 W. 3rd Street, Toppenish, WA on January 9, 2014 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 Long Term Care 75 bed facility, census of 58 was provided by the Maintenance Director and verified by the Charge Nurse. The facility is a one story building consisting of construction type V- 1 hour. The facility was built 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 28058</p> <p>The Surveyor was from: Washington State Patrol Fire Protection Bureau 2715 Rudkin Road</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE <i>1-14-14</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 Union Gap, WA. 98903-1795 Telephone: (509) 575-2190 FAX: (509) 576-3002  [REDACTED], DCFM 28058	K 000		
K 147 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This Standard is not met as evidenced by: The facility has failed to ensure that the facility is free of electrical hazards. This could allow for an electrical fire to start and thus expose residents, visitors, and staff to the threat of smoke and fire. The findings include, but are not limited to: The facility is currently using power strips as a permanent source of power. This finding was observed and discussed with the Maintenance Director.	K 147	F 147 The nursing home is operating under a Life Safety continuing waiver for the use of flexible cord and power strips from the Center for Medicare & Medicaid Services dated March 25, 2013. This waiver is effective for a three year period, ending on March 22, 2016. The facility continues the original safety plan of documenting monthly inspections of flexible cord and power strips. 1/14/14	(2013) DM 1-14-14
K 211 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor: o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet.	K 211		

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K 211	<p>Continued From page 2</p> <ul style="list-style-type: none"> o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623 <p>This Standard is not met as evidenced by: The facility has failed to ensure that Alcohol-Based Hand Sanitizers (ABHS) are not within 6 inches of an electrical source. This could allow a fire to start and thus expose residents, visitors, and staff to the risk of fire.</p> <p>The findings include, but are not limited to:</p> <p>During the survey tour on January 9, 2014 between the hours of 3:00 and 4:00, I observed ABHS to close to electrical sources in the following locations.</p> <ol style="list-style-type: none"> 1. At 3:00pm, I observed that the hand sanitizer in the southwest hall conference room has the ABHS unit to close to an electrical outlet. 2. At 3:45pm, I observed that the southwest hall across from the nurses station has the ABHS unit dripline to close to an electrical switch. <p>These findings were observed and discussed with the Maintenance Director.</p>	K 211	<p>F 211 The nursing home has relocated the two alcohol based hand rub (ABHB) dispensers. Any future installation of (ABHB) dispensers will be installed a minimum of 6 inches away from an electrical source, including the drip line. The Maintenance Director has in-serviced the Housekeeping staff to re-fill, only dispensers that meet the distance requirements of 6" from a power source. The Maintenance Director will audit dispense locations twice a year and keep a record of his findings in the automated tracking system known as TELS. 1/14/14</p>	1-14-14