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

Printed: 09/04/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	505016		09/04/2013

FIRE PROTECTION BUREAU

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
GRAYS HARBOR HEALTH & REHABILITATIO	920 ANDERSON DRIVE ABERDEEN, WA 98520

(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	INITIAL COMMENTS	K 000		
	Surveyor: 19192 On September 4, 2013 an unannounced fire and life safety code recertification survey was conducted at Gray's Harbor Health and Rehab located at 920 Anderson Drive Aberdeen, WA 98520 by a representative of the Washington State Patrol, State Fire Marshal's Office. The existing section of the 2000 life safety code was used in accordance with 42 CFR 483.70. This facility is a three story type five structure the building is built into the side of a hill so all three floors have exiting direct to grade level, the numbering of the floors is backwards, so the top floor is numbered 1 and the bottom floor is numbered 3, the third floor houses the dementia patients. The building is protected by a full NFPA 13 fire sprinkler system and an automatic smoke detection system. Following are the deficiencies cited as a result of this survey: The facility has a licensed capacity of 103 with a census today of 84. The facility is not in compliance at this time. [redacted] Deputy State Fire Marshal			
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1	K 012		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Mark Sanders	Administrator	9-13-13

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 012	Continued From page 1 This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on September 4, 2013 from 1145 to 1445 it was observed that the facility failed to maintain the fire resistive construction of the building, this has the potential for the passage of smoke and fire throughout the building in the event of a fire. These findings were acknowledged at the time of the survey by the facility Administrator and maintenance assistant.. The findings were: 1. In the utility closet by resident room #103 there are holes in the wall next to the sink. 2. In the second floor utility closet across from the conference room there is a hole in the wall.	K 012	**K 012** **How the nursing home will correct the deficiency as it relates to this resident** The holes noted have been properly repaired **How the nursing home will act to protect residents in similar situations** The holes noted have been properly repaired **Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur** Only maintenance will install or remove wall anchors or other hardware into the walls **How the nursing home plans to monitor its performance to make sure that the solutions are sustained** Utility closets will be inspected for damage to walls during monthly facility rounds **Date when the corrective action will be completed** 9-17-2013 **The title of the person responsible to ensure completion:** Nursing Home Administrator.	
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD 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 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018		

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K 018	Continued From page 2 This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on September 4, 2013 from 1145 to 1445 it was observed that the facility failed to maintain the fire rated doors in the building capable of self closing and latching tight to the frame, this has the potential for the passage of smoke and fire throughout the corridors in the event of a fire. These findings were acknowledged at the time of the survey by the facility Administrator and maintenance assistant. The findings were: 1. The door to the linen closet next to resident room #101 does not latch closed, the left leaf has no latch. 2. The cross corridor fire separation doors on the second floor by central supply did not close and latch. This finding was corrected at the time of the survey) 3. The door to the kitchen by the freezer did not close and latch (this finding was corrected at the time of the survey) 4. The third floor living room door failed to close and latch.	K 018	**K 018** **How the nursing home will correct the deficiency as it relates to this resident** A new latch has been installed on the linen closet. All self closing doors have been adjusted to function properly **How the nursing home will act to protect residents in similar situations** Closet & Self closing doors have been properly adjusted to operate properly **Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur** Self closing & linen closet doors will be checked during the monthly fire drill, **How the nursing home plans to monitor its performance to make sure that the solutions are sustained** Self closing doors will be checked during the monthly fire drill, as will the linen closet door **Date when the corrective action will be completed** 9-17-2013 **The title of the person responsible to ensure completion:** Nursing Home Administrator.	
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052		

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K 052	Continued From page 3	K 052	**K 052** **How the nursing home will correct the deficiency as it relates to this resident** New batteries have been ordered and will be installed when received **How the nursing home will act to protect residents in similar situations** Batteries will be checked during each annual alarm systems check and replace when needed **Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur** Batteries will be checked during each annual alarm systems check and replace when needed **How the nursing home plans to monitor its performance to make sure that the solutions are sustained** Batteries will be checked during each annual alarm systems check and replace when needed **Date when the corrective action will be completed** 9-27-2013 **The title of the person responsible to ensure completion:** Nursing Home Administrator.	
	This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on September 4, 2013 from 1145 to 1445 it was observed that the facility failed to maintain the fire alarm system in the building, this has the potential for the system to fail in the event of a fire, this finding was acknowledged at the time of the survey by the facility Administrator and the maintenance assistant. the finding was: 1. The back-up batteries in the fire alarm control panel are past due for replacement. The date on the batteries are 8-2008.			
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.	K 144		
	This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on September 4, 2013 from 1145 to 1445 it was observed that the facility failed to maintain the weekly and monthly test reports for the emergency power generator,			

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K 144	Continued From page 4 this has the potential for the generator to fail in the event of a power outage, this finding was acknowledged at the time of the survey by the facility Administrator and maintenance director. The findings were: 1. The weekly and monthly inspection and testing log is incomplete, there are only two months of data to review.	K 144	**K 144** **How the nursing home will correct the deficiency as it relates to this resident** Weekly and monthly testing logs will be kept in the generator room. **How the nursing home will act to protect residents in similar situations** Weekly and monthly testing logs will be reviewed during monthly facility rounds **Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur** Weekly and monthly testing logs will be reviewed during monthly facility rounds **How the nursing home plans to monitor its performance to make sure that the solutions are sustained** Weekly and monthly testing logs will be reviewed during monthly facility rounds **Date when the corrective action will be completed** 9-17-2013 **The title of the person responsible to ensure completion:** Nursing Home Administrator	