

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

1359

SEP 16 2013

Printed: 09/17/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505255	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  09/17/2013
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NAME OF PROVIDER OR SUPPLIER <b>AVALON CARE CENTER - OTHELLO LLC</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>495 NORTH THIRTEENTH STREET OTHELLO, WA 99344</b>
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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
K 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is a result of an unannounced Fire and Life Safety Complaint Investigation conducted at the Avalon Health &amp; Rehabilitation Center located at 495 North 13th Avenue, Othello, WA by a representative of the Washington State Fire Marshal's office. The complaint from the Department of Social and Health Services, (Complaint Resolution Unit) has a Intake ID number of 2876198 and was received on 09-16-2013.</p> <p>The Complaint Incident Description states: We are calling because we had a significant storm come through, knocking out about 75% of the community power. We have a generator and have water, hot water, toilets. We are putting food on paper plates. Patients are getting their needs met. Probably the only thing they are bummed about is that they can't watch TV. Everyone is getting food, meds. No one is on 02, but if they needed it, we have portable 02.</p> <p>Follow Up Information Received: Reporter states regular facility power is scheduled to come back on this evening between 4-6pm. The facility has stored hot water. The generator is providing enough power to run call light system. Two residents with wall plug in fall mat alarms have Pull Tab alarms and are being checked on frequently. Reporter states they only have 20 residents at this time in the facility and all are doing well despite the temporary conditions. Activities Director is keeping them busy with bingo, dice, and other outdoor activities.</p> <p>The investigation is focused on the generator. Complaint states that call lights are working on the generator. No other information was provided on the complaint form about the generator.</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Carrie Smith</i>	TITLE <i>Administrative</i>	(X6) DATE 9/17/13
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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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CENTERS FOR MEDICARE & MEDICAID SERVICES

SEP 26 2013

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505255</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01</b> <b>FIRE PROTECTION BUREAU</b> B. WING _____	(X3) DATE SURVEY COMPLETED  C <b>09/17/2013</b>
NAME OF PROVIDER OR SUPPLIER <b>AVALON CARE CENTER - OHELLO LLC</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>495 NORTH THIRTEENTH STREET OTHELLO, WA 99344</b>	
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K 000	<p>Continued From page 1</p> <p>generator. Investigation is to find out if the generator has life safety and emergency branches on it.</p> <p>Documentation of the generator indicates that the emergency lights, exit lights, fire alarm are all powered by the generator during power outages. Interviews with the Administrator and the Maintenance Director revealed that all these systems were operational during the power outage. The fire alarm system and the sprinkler system were fully functional during the outage.</p> <p>Power was out from 7:00pm Sunday and was restored on Monday at approximately 3:00pm September 16, 2013.</p> <p>Observations made and interviews with staff revealed that the facility's generator functioned as required. All emergency and life safety systems were fully functional. Staff responded as required to the power outage.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CRC 483.70. This facility is a one story structure of type V-1 Hr. Construction with exits to grade and is protected by a Type 13 Fire Sprinkler system and an automatic fire alarm system with corridor smoke detection. The facility is approximately 16,000 square feet in size and is licensed for 39 beds with census of 20 on the day of the event.</p> <p>Based upon a observations and interviews with the Administrator and the Maintenance Director, Avalon Health &amp; Rehabilitation Center of Othello is in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p>The Surveyor was:</p>	K 000	

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DETECTION  
BUREAU

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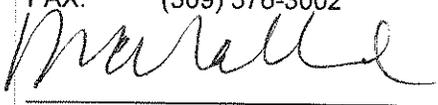
K 000

Continued From page 2

K 000

  
Deputy State Fire Marshal  
Nursing Home Surveyor  
28058

The Surveyor was from:  
Washington State Patrol  
Fire Protection Bureau  
2715 Rudkin Road  
Union Gap, WA. 98903-1795  
Telephone: (509) 575-2190  
FAX: (509) 576-3002



Maria C. Valladares, DSFM  
28058