

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

Printed: 04/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505126	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2013
NAME OF PROVIDER OR SUPPLIER AVALON HEALTH & REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 N 22ND AVENUE PASCO, WA 99301		
(X4) ID PREFIX TAG K 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG K 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
K 000	<p>INITIAL COMMENTS</p> <p>K-000-1</p> <p>This report is a result of an unannounced a Fire and Life Safety re-certification survey conducted at the Avalon Health and Rehabilitation Center in Pasco, Washington on 04-15-13 by a representative of the Washington State Fire Marshal. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Health and Human Services (DSHS). At the time of this survey the census was 67</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a one story structure of type V-1Hr. Construction with exits to grade. The facility is of approximately 34,616 square feet. The facility was constructed in 1966 with an expansion through the construction of an additional wing in approximately 1992. The facility is protected by a Type 13 Fire Sprinkler system and an automatic fire alarm system with corridor smoke detection. The Fire Alarm system is monitored by Moon Security of Pasco, Washington.</p> <p>At the time of the survey Cascade Fire Protection was on site and conducting the annual Fire Sprinkler inspection. This inspection involved a full trip test of the dry system. Avalon Health and Rehabilitation Center had a fire watch in place and the individual assigned to fire watch duties was making continuous rounds and maintaining a written log.</p> <p>The facility is not in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S..</p>	K 000	<p>RECEIVED</p> <p>MAY 01 2013</p> <p>FIRE PROTECTION BUREAU</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

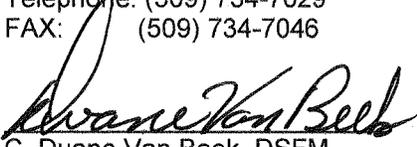
(X6) DATE



ADMINISTRATOR

4/24/13

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505126	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2013
NAME OF PROVIDER OR SUPPLIER AVALON HEALTH & REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 N 22ND AVENUE PASCO, WA 99301		
(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	Continued From page 1 The Surveyor was: Duane Van Beek Deputy State Fire Marshal Nursing Home Surveyor 15826 The Surveyor was from: Washington State Patrol Fire Protection Bureau 143302 East Law Lane Kennewick, WA. 993337-2011 Telephone: (509) 734-7029 FAX: (509) 734-7046  C. Duane Van Beek, DSFM 15826	K 000	Submission of this response and Plan of Correction is not a legal admission that a deficiency exists or that this statement of deficiency was correctly cited and is also not to be construed as an admission of interest against Facility, of the Executive Director or any employees, agents, or other individuals who draft or may be discussed in this response. In addition, preparation and submission of this Plan of Correction does not constitute an admission or agreement of any kind by the Facility of the truth, of any facts alleged or correctness of any conclusions set forth in the allegation by the survey agency.	 7/15/13
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. This Standard is not met as evidenced by: Based upon observations and staff interviews with the Director of Maintenance and the Administrator Avalon Health and Rehabilitation Center of Pasco has failed to provide a remote annunciator at an attended location for the Emergency Generator. This could result in a	K 144	Accordingly, the Facility has prepared and submitted this Plan of Correction prior to the resolution of any appeal, which may be filed solely because of the requirements under State and Federal law that mandate submission of the Plan of Correction with ten (10) days of the survey as a condition to participate in Title 18 and 19 programs. The submission of the Plan of Correction within this time frame should in no way be considered or construed as an agreement with the allegations of non-compliance or admissions by the Facility. This Plan of Correction is submitted as the Facility's credible allegation of compliance.	

RECEIVED

MAY 01 2013

FIRE PROTECTION
BUREAU

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505126	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2013
NAME OF PROVIDER OR SUPPLIER AVALON HEALTH & REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 N 22ND AVENUE PASCO, WA 99301		
(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 144	<p>Continued From page 2</p> <p>problem in which the Generator is failing that staff would not become aware of a problem until the generator failed. This would result in loss of power to the facility which would result in a failure of the egress lighting, fire alarm system and other required electrical equipment.</p> <p>The specific standard is:</p> <p>3-5.6 Remote Controls and Alarms. 3-5.6.1 A remote, common audible alarm powered by the storage battery shall be provided as specified in 3-5.5.2(d). This remote alarm shall be located outside of the EPS service room at a work site readily observable by personnel. 3-5.6.2 An alarm-silencing means shall be provided, and the panel shall include repetitive alarm circuitry so that, after the audible alarm is silenced, it is reactivated after clearing the fault condition and must be restored to its normal position to be silenced. Exception: In lieu of the requirement of 3-5.6.2, a manual alarm silencing means shall be permitted that silences the audible alarm after the occurrence of the alarm condition, provided such means do not inhibit any subsequent alarms from sounding the audible alarm again without further manual action.</p> <p>The findings include:</p> <ol style="list-style-type: none"> 1. During survey rounds between 0800 and 1200 observed that the emergency generator is not equipped with a remote alarm at a location that is attended at all times. There are no alarms at either nursing station or at any other locations which are attended. 2. A full remote annunciator is located in the 	K 144	<p>K - 144</p> <p>No residents were affected by the lack of a remote annunciator panel.</p> <p>The emergency generator is serviced and tested on a routine basis meeting Life Safety Code Standards. Staff are educated to call the Maintenance Supervisor immediately in the event of a power outage. The Maintenance Supervisor will monitor the emergency generator during activation to ensure a potential, basic, mechanical failure is avoided.</p> <p>The facility will purchase and install a remote emergency generator annunciator. The facility has requested a time waiver as the purchase, construction review and installation of the annunciator will take longer than the allotted time frame by the Fire Protection Bureau.</p> <p>The Maintenance Supervisor will monitor for compliance through the installation and implementation process of the remote emergency generator annunciator.</p> <p>The Administrator will ensure compliance during the installation and implementation process.</p>	 7/15/13

RECEIVED

MAY 31 2013

FIRE PROTECTION
BUREAU

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

Printed: 04/15/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505126	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/15/2013
NAME OF PROVIDER OR SUPPLIER AVALON HEALTH & REHABILITATION CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 2004 N 22ND AVENUE PASCO, WA 99301		
(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 144	Continued From page 3 Director of Maintenance's office which is only accessible from a door on the exterior of the building. 3. The generator is located outside of the building and is not located within a room which does not require emergency lighting at the generator site.	K 144		

RECEIVED
MAY 01 2013
FIRE PROTECTION
BUREAU