

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

Printed: 12/18/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505513	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/18/2012
NAME OF PROVIDER OR SUPPLIER STAFFORD HEALTHCARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2800 SOUTH 224TH STREET. DES MOINES, WA 98198		
(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>INITIAL COMMENTS</p> <p>Surveyor: 19192 On December 18, 2012 an unannounced fire and life safety code recertification survey was conducted at Stafford Healthcare located at 2800 South 224 th street, Des Moines, WA 98198 by a representative of the Washington State Patrol, State Fire Marshal's Office. This survey was conducted in accordance with 42 CFR 483.70 and the existing section of the 2000 life safety code.</p> <p>This facility is a 3 story type 1 fr structure with a basement, this facility consists of two buildings one built in 1964 and one in 1982, the old portion of the building no longer house patients.</p> <p>The structure is protected throughout by a full NFPA 13 fire sprinkler system and an automatic smoke detection system in the corridors and common areas, exiting is through rated stairwell enclosures and direct to grade level from the main floors.</p> <p>The total capacity of the facility is 165 residents with a census today of 88.</p> <p>Following are the deficiencies cited as a result of this survey:</p> <p> Donald L West Deputy State Fire Marshal</p>	K 000	<p>The Statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein, rather it is being completed because it is required by law.</p> <p>RECEIVED JAN 09 2013 FIRE PROTECTION BUREAU</p>	
K 018 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core</p>	K 018	<p>K-018</p> <p>The deficiency related to K-018 has been corrected. The Director of Environmental Services or designee will monitor all doors to ensure compliance in a lasting manner.</p>	1-22-13

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

TITLE

(X6) DATE



Administrator

12-27-12

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 018	Continued From page 1 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. This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on December 18, 2012 from 0815 to 1330 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 throughout the corridors in the event of a fire. This finding was acknowledged at the time of the survey by the facilities director and the facility administrator. The finding was: 1. The door to the kitchen from the service corridor failed to close and latch.	K 018			
K 056 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in	K 056	K-056 The deficiency related to K-056 has been corrected and will be tested and replaced in the future according to regulations and monitored for compliance by the Director of Environmental Service or designee.	1-22-13	

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K 056	Continued From page 2 accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5 This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on December 18, 2012 from 0815 to 1330 it was observed that the facility failed to maintain the automatic sprinkler system in the building in accordance with NFPA 13, this has the potential for the sprinkler system to failed in the event of a fire, this finding was acknowledged at the time of the survey by the facilities director and administrator. The finding was: 1..The walk in coolers and freezers have dry pendent heads that appear to be more than 10 years old.	K 056		
K 072 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10	K 072	K-072 The deficiency related to K-072 has been corrected in a lasting and timely manner. All Staff were in-serviced on 12-20-12 and on-going compliance will be monitored by Environmental Services Director or designee.	1-22-13

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K 072	Continued From page 3 This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on December 18, 2012 from 0815 to 1330 it was observed that the facility failed to maintain the emergency egress corridors free of obstructions that have the potential to obstruct egress from the building in the event of a fire, these findings were acknowledged at the time of the survey by the facilities director and administrator. The findings were: 1. In the corridor by room #302 there is a lift being stored. 2. In the corridor by rooms #315, 316, 317 there are walkers and wheelchairs being stored.	K 072		
K 147 SS=E	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: Surveyor: 19192 During the facility tour on December 18, 2012 from 0815 to 1330 it was observed that the facility failed to maintain the electrical requirements in the building, this has the potential for the overloading of circuits resulting in a fire, these findings were acknowledged at the time of the survey by the facilities director and administrator. The findings were: 1. In the business office there was an extension cord going thru the door way from the file room to a copier in the main room. 2. In the shower room on the 100 floor there was an extension cord operating the radio. 3. In the 100 floor physicians office there was	K 147	K-147 The deficiency related to K-147 has been corrected. All Staff have were in-serviced on 12-20-12 and on-going compliance will be monitored by the Environmental Services Director or designee.	1-22-13

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K 147	Continued From page 4 two power strips daisy chained together.	K 147		