

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

Printed: 10/07/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505265	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/07/2015
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NAME OF PROVIDER OR SUPPLIER EMERALD CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 209 NORTH AHTANUM AVENUE WAPATO, WA 98951
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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 Emerald Care, 209 N. Ahtanum Ave, Wapato, WA 98951, on October 07, 2015 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 82 bed facility, census of 74 was provided by the Maintenance Director and verified by the Medical Records Assistant. The facility consisted of construction type III (211) one story building. 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:</p> <p>Maria C. Valladares Deputy State Fire Marshal Nursing Home Surveyor 28058</p> <p>The Surveyor was from: Washington State Patrol Fire Protection Bureau 2715 Rudkin Road</p>	K 000	<p>Submission of a Plan of Correction is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited. It is also not to be construed as an admission of interest against the facility Administrator or any employees, agents or other individuals who draft or may be discussed in the Plan of Correction. In addition, preparation and submission of this Plan of Correction does not constitute an admission of agreement of any kind by the facility of the truth of facts alleged or the correctness of any conclusion set forth in this allegation by the survey agency.</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE <i>October 13, 2015</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  Maria C. Valladares, DSFM 28058	K 000		
K 067 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This Standard is not met as evidenced by: The facility has failed to maintain proper clearance of combustibles to heaters. Failure to ensure proper clearance could result in the ignition of the combustible materials adjacent to the heating unit which could endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: Based upon observations and staff interviews on October 07, 2015 between approximately 2:00pm and 3:00pm, resident rooms 113 and 108 were observed to have combustible items to close to the heating units on the wall. Interview with Maintenance Staff revealed that this is an on going issue and they have made considerable progress. This finding was observed and discussed with the Maintenance Director.	K 067	The Resident in 113 has made the more progress with purging and reorganizing her belongings. Social Service staff is working with resident to allow some of her belongings to be moved to storage. All items have been moved away from the heater Social Service is working with Resident in 108 to remove more of her belongings with the help of her family. All Staff have been in-serviced regarding monitoring resident belongings and etc around heaters in resident rooms Maintenance will monitor and work with social services on solutions to manage current clutter with these residents in the future Maintenance department will monitor resident belongings and resident heaters weekly during the routine inspection and provide any findings or potential hazzards to the Social Services and the Administrator The Quality Assurance Committee will review and make recommendations The Administrator will oversee	10/05/15 and ongoing 10/7/15 and ongoing 10/7/15 and ongoing 10/7/15 and ongoing 10/7/15 and ongoing 10/29/15 and ongoing 10/7/15/ and ongoing

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K 069 K 069 SS=F	Continued From page 2 NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This Standard is not met as evidenced by: The facility has failed to conduct testing of the hood and duct fire suppression equipment protecting the commercial cooking equipment in the kitchen. This could result in the failure of the system to operate properly which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: Record review and staff interviews on October 07, 2015 between approximately 1:00pm and 2:00pm revealed that the facility had a new kitchen suppression system installed in 08/2014 and had not serviced it since. Interview with Maintenance Director revealed that he had no knowledge of the 6 month interval servicing of the kitchen suppression system. The above was discussed and acknowledged by the Maintenance Director.	K 069 K 069	When the Range Hood Fire Suppressant system was installed, the company that installed it forgot to add testing it to our set schedule for testing The Maintenance Supervisor scheduled for immediate test of the Range Hood system test Range Hood Fire Suppressant system was tested on 10/12/15 Range Hood Fire Suppressant System testing is now scheduled on a Semi Annual basis with other systems Maintenance Supervisor or designee will monitor monthly to ensure test is completed as scheduled Maintenance Supervisor will report to the Administrator completion of test, issues, concerns as necessary The Administrator will oversee	10/7/15 10/7/15 10/12/15 10/15/15 and ongoing 10/12/15 and ongoing 10/12/15 and ongoing 10/12/15 and ongoing