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AUG 19 2013

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

FIRE PROTECTION

1405

Printed: 07/26/2013
FORM APPROVED
OMB NO. 0938-0391

| | | | |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505264 | BUREAU A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 07/26/2013 |
|--|---|--|---|

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|--|---|
| NAME OF PROVIDER OR SUPPLIER AVAMERE SKILLED NURSING OF TACOMA | STREET ADDRESS, CITY, STATE, ZIP CODE 3625 EAST B STREET TACOMA, WA 98404 |
|--|---|

| (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 July 26, 2013 an unannounced fire and life safety code recertification survey was conducted at Avamere Skilled nursing located at 2625 B Street Tacoma Wa, 98404 by a representative of the Washington State Patrol, State Fire Marshal's Office, this survey was conducted using the existing section of the 2000 life safety code in accordance with 42 CFR 483.70.</p> <p>This facility is a single story type V-A structure, the building is protected throughout by a full NFPA 13 fire sprinkler system and automatic smoke detection in the corridors and common areas, exiting is direct to grade level.</p> <p>The facility has a licensed capacity of 102 residents with a census today of 65.</p> <p>This facility is not in compliance at this time.</p> <p><i>[Signature]</i> Deputy State Fire Marshal</p> | K 000 | <p>K 012</p> <p>Corrected July 26, 2013</p> <p>The hole in the wall across from the Resident room #108 has been fixed.</p> <p>No facility residents were affected by this issue. No other areas were identified.</p> <p>Rounds by facility staff identifying Other wall issues are placed on the Maintenance Request Log for correction.</p> <p>Facility Maintenance staff conducting Rounds will identify also and correct as Needed.</p> | |
| K 012 SS=D | <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on July 26, 2013 from 1130 to 1330 it was observed that the facility</p> | K 012 | <p>Maintenance Logs trending will be brought To facility QA system to determine trends.</p> <p>Responsible persons: Facility Maintenance Director and Administrator to ensure correction.</p> | |

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|---|-------------------------------|----------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i> | TITLE <i>ADMINISTRATOR</i> | (X6) DATE <i>8-9-13</i> |
|---|-------------------------------|----------------------------|

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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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505264 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 07/26/2013 |
|--|--|---|--|---|
| NAME OF PROVIDER OR SUPPLIER AVAMERE SKILLED NURSING OF TACOMA | | STREET ADDRESS, CITY, STATE, ZIP CODE 3625 EAST B STREET TACOMA, WA 98404 | | |
| (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 012 | Continued From page 1 failed to maintain the fire rated construction of the building, this has the potential for the passage of smoke throughout the building in the event of a fire. This finding was acknowledged at the time of the survey by the maintenance director. The finding was: 1. In the soiled linen room across from resident room #108 there is a hole in the wall behind the door. | K 012 | K 147 Corrected July 26, 2013The two (2) identified Power strips were removed at time of survey. No additional Power strips were identified in Resident rooms. | |
| 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 July 26, 2013 from 1130 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 the electrical system, this finding was acknowledged at the time of the survey by the facility maintenance director. The findings were: 1. In resident room #200 there is a power strip device in use at bed #2. 2. In resident room #114 there is a power strip device in use at bed #2 | K 147 | Facility staff have been educated related to the Prohibited use of Power Strips. The Director of Maintenance will be responsible For ongoing rounding to identify any other power strips And to remove them upon identification. Any trending Will be brought to the attention of the QA and Safety Committee for discussion and resolution. The Facility Maintenance Director will be responsible For compliance. | |