

1407

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2013</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER <b>ISSAQUAH NURSING AND REHABILITATION C</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>805 FRONT STREET ISSAQUAH, WA 98027</b>
--	---

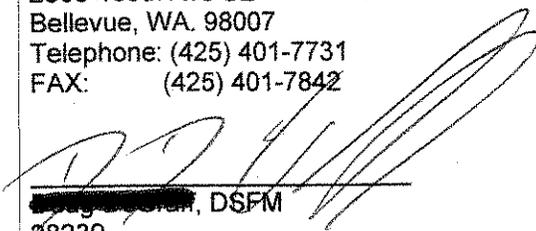
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
--------------------	--	---------------	---	----------------------

K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 28239</p> <p>This report is a result of an unannounced Fire and Life Safety re-certification survey conducted on 01/15/2013 at Issaquah Nursing and Rehabilitation SNF located at 805 Front Str., Issaquah, WA 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).</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a single story Type V (111) Construction with support facilities located in the basement. Exiting from the building is at grade level from the ground floor and through exterior stairwells from the basement. The census today is 111 with a capacity for 140. The building is protected throughout by a Type 13 Fire Sprinkler System and an Automatic Fire Alarm system with corridor smoke detection as well as single station smoke detection in the patient rooms of the SNF. Manual-pull stations are located at exits.</p> <p>The facility is not in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S. Following are the deficiencies cited as a result of this survey.</p> <p>The Surveyor was:                    Deputy State Fire Marshal                  Nursing Home Surveyor                  28239</p>	K 000	<p>A submission of this plan of correction does not constitute an admission on the part of the facility as to the accuracy of the surveyor's findings, the conclusions drawn there from, nor are the scope and severity regarding any deficiency cited correctly applied.</p> <p>K 062 QUARTELY / ANNUAL SPRINKLER TESTING                  The facility has corrected this issue. On 1/15/2013 the certified fire sprinkler company (AAA Fire and Safety) conduct a comprehensive automatic fire system testing that included all tasks associated with quarterly and annual sprinkler testing. No issues were identified.</p> <p>The dates for further testing for this system have been imported into the electronic calendars of both the Maintenance Director and Staff Development Coordinator in order to provide a backup notification system.                  The Maintenance Director will contact the proper vendor in the future no less than two weeks before quarterly or annual testing dates are due.</p>	<p>2/1/13</p> <p>1/15/13</p>
-------	---	-------	--	------------------------------

**RECEIVED**  
FEB 27 2013  
FIRE PROTECTION BUREAU

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Melinda Huber Vaick RN</i>	TITLE <i>Administrator</i>	(X6) DATE <i>1/24/13</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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2013</b>
NAME OF PROVIDER OR SUPPLIER <b>ISSAQUAH NURSING AND REHABILITATION C</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>805 FRONT STREET ISSAQUAH, WA 98027</b>		
(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 from: Washington State Patrol Fire Protection Bureau 2803 156th Ave SE Bellevue, WA. 98007 Telephone: (425) 401-7731 FAX: (425) 401-7842   _____, DSPM 28239	K 000		
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This Standard is not met as evidenced by: Surveyor: 28239 Based upon staff interview and record review during the survey of the facility on 01/15/2013, between the hours of 0900 and 1230, while accompanied by the Maintenance Director, it was discovered that the facility has failed to maintain the automatic fire sprinkler system in a reliable operating condition as required by NFPA 25. This could result in a failure of the proper operation of the automatic fire sprinkler system with the potential of fire spreading unchecked, placing patients, visitors and staff at risk. This finding was acknowledged by the Maintenance Director.  The findings include but are not limited to:  1. The facility is unable to provide	K 062	<b>K 062 QUARTELY / ANNUAL SPRINKLER TESTING</b>  All records of current or future testing will be brought to the monthly Safety Committee. The Safety Committee will validate that sprinkler testing is being done and facility has documentation regarding the testing, per regulations.  The Maintenance Director will be responsible for validating compliance.	

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

Printed: 01/15/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2013</b>
NAME OF PROVIDER OR SUPPLIER <b>ISSAQUAH NURSING AND REHABILITATION C</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>805 FRONT STREET ISSAQUAH, WA 98027</b>		
(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 062	Continued From page 2 documentation of a current annual confidence test of the automatic fire sprinkler system. 2. The facility is unable to provide documentation of quarterly testing of the automatic fire sprinkler system.	K 062		2/10/13
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: Surveyor: 28239 Based upon record review, observation and staff interviews during the facility tour of 01/15/2013, between the hours of 0900 and 1230, while accompanied by the Maintenance Director, it was discovered that the emergency generator system does not conform to NFPA 99 3-4.1.1.15 & NFPA 110 3-5.6.1 (annunciator) and 6-4.2.2 (annual load testing). This could result in a possible failure of the emergency power system, placing patients and staff at risk. This finding was acknowledged by the Maintenance Director.  The finding includes but is not limited to:  1. The facility is lacking an alarm annunciator at the Nurses' Station (or other constantly staffed location) that indicates that the generator is running and that will send a trouble signal in the event of malfunctions.	K 144	K 144 ANNUNCIATOR PANEL  The facility will contact local Electrical Companies to obtain plans and proposals for installation of alarm annunciator at a Nurses' Station  Once the alarm annunciator is in place it will be monitored and maintained by staff.  The facility anticipates filing an extension waiver for this plan of correction because of the expected length of time it will take for the plan for installation to be reviewed and approved by The State of Washington Department of Health Construction Review Services as well as the actual installation of the new alarm annunciator.  The Maintenance Director will be responsible for validating compliance.	letter sent 2/15/13

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

Printed: 01/15/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505004</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>01/15/2013</b>
NAME OF PROVIDER OR SUPPLIER <b>ISSAQUAH NURSING AND REHABILITATION C</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>805 FRONT STREET ISSAQUAH, WA 98027</b>		
(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 2. Annual load testing of the generator set is overdue (due by 11/27/2012).	K 144	<p>K 144 ANNUAL GENERATOR TESTING</p> <p>On 01/17/13 EC Power System conducted an annual load survey test with no issues identified. The dates for further load testing of the generator have been imported into the electronic calendars of both the Maintenance Director and Staff Development Coordinator in order to provide a backup notification system in the future. The Maintenance Director will contact the proper vendor in the future, no less than two weeks before annual testing dates is due. All records of current or future testing will be brought to the monthly Safety Committee. The Safety Committee will validate that sprinkler testing is being done and facility has documentation regarding the testing, per regulations.</p> <p>The Maintenance Director will be responsible for validating compliance.</p>	