

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505004	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/23/2015
NAME OF PROVIDER OR SUPPLIER ISSAQUAH NURSING AND REHABILITATION C		STREET ADDRESS, CITY, STATE, ZIP CODE 805 FRONT STREET ISSAQUAH, WA 98027		
(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: 34731</p> <p>This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Issaquah Nursing and Rehabilitation Center on February 23, 2015, by a representative of the Washington State Patrol, Fire Protection Bureau. The survey was conducted in concert with the Washington State Department of Social and Health Services (DSHS) health survey teams.</p> <p>Issaquah Nursing and Rehabilitation Center has a total of 140 beds and at the time of this survey the census was 108.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70.</p> <p>The facility is a one story structure with basement of Type V construction with exits to grade. The facility is protected by a Type 13 fire sprinkler system throughout and an automatic fire alarm system and smoke detection. All exits are to grade with paved exit discharges to the public way.</p> <p>The facility is not in compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services. The surveyor was:</p>  <p>Blaine D. Gunkel Deputy State Fire Marshal</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 Life Safety Code Standard</p> <p>The Facility will be to filing an extension waiver for this citation. Additional time will be needed to complete the project.</p> <p>A Certified fire sprinkler Company (AAA Fire and Safety) has completed a comprehensive assessment of the fire sprinkler heads. The facility will be replacing sprinkler heads based on AAA Fire and Safety's comprehensive assessment to assure that the facility is in compliance and maintaining the fire sprinkler system per regulation. During the comprehensive assessment AAA Fire found evidence that the system was</p>	5/1/15
K 062 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested</p>	K 062		

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

TITLE

(X6) DATE

Jennifer L. Daley RN DMS

2/23/15

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.

*Alisa B. Spindel RN
Administrator*

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K 062	<p>Continued From page 1 periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This Standard is not met as evidenced by: Surveyor: 34731</p> <p>This requirement is not met as evidenced by: Based upon observations and staff interviews on February 23, 2015, between approximately 12:30 p.m. and 3:00 p.m. Issaquah Nursing and Rehabilitation Center has failed to maintain the fire sprinkler system as required. This could result in the failure of the fire sprinkler system to operate properly in the event of a fire and allow the fire to increase in size and intensity which would endanger the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to: 1. A mixed variety of emergency fire sprinkler heads are mounted inside the facility within the same compartments including resident rooms, corridors, and dining hall. 2. The facility was reportedly constructed in 1961 and 1963. The facility failed to provide documentation when the emergency fire sprinkler system was installed which might be over 50 years of age and require either approved testing or replacement.</p> <p>The above was discussed and acknowledged by the maintenance director.</p>	K 062	<p>installed in 1967, making it 50 years old.</p> <p>The Maintenance Director will validate that the sprinkler system is maintained per regulation, reporting issues or trends identified with the sprinkler systems to the Facility Safety Committee. Any issues identified will be corrected with the consultation of an approved Certified Vendor.</p> <p>The Maintenance Director will be responsible for validating compliance.</p>	