

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

Printed: 02/09/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505518	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/09/2015
NAME OF PROVIDER OR SUPPLIER BRIARWOOD AT TIMBER RIDGE		STREET ADDRESS, CITY, STATE, ZIP CODE 100 TIMBER RIDGE WAY NW 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>An unannounced Life Safety Code Survey was conducted at Briarwood at Timber Ridge, Issaquah Washington, on February 9, 2015 by staff from the Washington State Patrol, Fire Protection Bureau, WSP-Bellevue District Office.</p> <p>The 2000 existing section of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.</p> <p>Briarwood at Timber Ridge is a 36 bed facility with a census of 34 consisting of a Type I (222); 3 story structure built in 2008 and has below grade parking. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade and have an all-weather surface and lead to a public way.</p> <p>There were deficiencies identified during this survey, they are identified below. The facility is not in compliance with the Life Safety Code 2000 Edition as adopted by CMS.</p> <p>The Surveyor was:  Phil Cane Deputy State Fire Marshal</p>	K 000	<p>(K000)</p> <p>Preparation and execution of this plan of correction in no way constitutes an admission or agreement by Briarwood at Timber Ridge of the truth of the acts alleged in this statement of deficiency and plan of correction. In fact, this plan of correction is submitted exclusively to comply with state and federal law. Briarwood at Timber Ridge reserves the right to challenge in legal proceedings, all deficiencies, statements, findings, facts and other conclusions that form the basis of the deficiency. This plan of correction serves as the allegation of compliance.</p> <p>This plan of correction will be taken to the Briarwood at Timber Ridge Quality Assurance/Assessment committee for review.</p>	
K 073 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4</p>	K 073	<p>How the nursing home will correct the deficiency as it relates to the resident.</p> <p>The wreath was immediately removed from the door of resident room H208.</p> <p>How the nursing home will act to protect residents in similar situations</p> <p>The health center revised the procedure for rounding to include inspecting resident suites for flammable decorations.</p>	

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

TITLE

(X6) DATE

Shuntay Coates

Administrator

02/25/2015

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 073	Continued From page 1 This Standard is not met as evidenced by: Based upon observations and staff interviews on February 9, 2015 between approximately 0900 and 1100 hours the facility has failed to control the use of natural vegetation for decorations. This could result in conditions that could result in endangerment of the residents, staff and/or visitors within the facility. The findings include, but are not limited to: 1) Resident room H208 has a wreath hanging on the door made of untreated natural wooden twigs. The above was discussed and acknowledged by the Maintenance Director.	K 073	Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur The Director of Plant Operations in-serviced the Facilities and Health Center staff on February 9, 2015 on decorations that are not allowed in resident suites. How the nursing home plans to monitor its performance to make sure that solutions are sustained The Director of Plant Operations or designee will conduct a monthly inspection of resident suites. Findings will be reviewed at the Quality Assurance/Assessment committee meeting monthly for three (3) months and quarterly thereafter. Dates when corrective action will be completed March 1, 2015 Title of the person responsible to ensure correction Director of Plant Operations	
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: Based upon observations and staff interviews on February 9, 2015 between approximately 0900 and 1100 hours the facility has failed to have the emergency generator meet the requirements of the Fire Safety Code. This could result in conditions that could result in endangerment of the residents, staff and/or visitors within the	K 144	How the nursing home will correct the deficiency as it relates to the resident No residents were adversely affected by the deficient practice. The Director of Plant Operations immediately contacted the electrical preventive maintenance contractor and submitted a work request. How the nursing home will act to protect residents in similar situations The electrical preventive maintenance contractor installed and tested a remote manual stop switch on the panel of the transfer switch located inside the facility on February 17, 2015. Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur The Director of Plant Operations will stay abreast of NFPA code and standard updates. The facility staff will be in-serviced and changes will be immediately implemented. How the nursing home plans to monitor its performance to make sure that solutions are sustained The Director of Plant Operations will test the newly installed generator remote manual stop switch weekly	

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K 144	Continued From page 2 facility. The findings include, but are not limited to: 1) The facility emergency generator is not equipped with a remote manual stop switch required by NFPA 110 (1999) 3-5.5.6. The above was discussed and acknowledged by the Maintenance Director.	K 144	to ensure proper functioning. The findings will be included in the Plant Operations Quality Assurance Committee monthly report. Dates when corrective action will be completed March 1, 2015 Title of the person responsible to ensure correction Director of Plant Operations	
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: Based upon observations and staff interviews on February 9, 2015 between approximately 0900 and 1100 hours the facility has failed to meet the requirements of NFPA 99. This could result in conditions that could result in endangerment of the residents, staff and/or visitors within the facility. The findings include, but are not limited to: 1) Six electrical panels were found to have unsecured outer doors, allowing direct access to the energized buss. All WERE CORRECTED AT TIME OF SURVEY. The above was discussed and acknowledged by the Maintenance Director.	K 147	How the nursing home will correct the deficiency as it relates to the resident No residents were adversely affected by the deficient practice. All electrical panel doors were immediately secured by the Director of Plant Operations. How the nursing home will act to protect residents in similar situations The procedure for weekly facility checks was revised to include inspection of the electrical panel doors. Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur The Director of Plant Operations will conduct monthly compliance rounds of the facility to ensure compliance with NFPA guidelines. Staff will be required to demonstrate an understanding of National Electrical Code. How the nursing home plans to monitor its performance to make sure that solutions are sustained The Maintenance Supervisor or designee will conduct weekly checks of the electrical panels to ensure all outer doors are secure. Findings will become part of the Plant Operations Quality Assurance/Assessment Committee monthly report. Dates when corrective action will be completed March 1, 2015 Title of the person responsible to ensure correction Director of Plant Operations	