

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

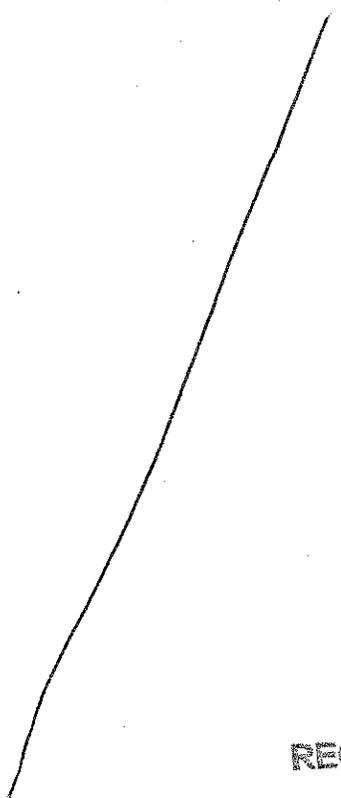
Printed: 01/16/2013
FORM APPROVED
OMB NO. 0938-0391

1916

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505430	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/16/2013
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NAME OF PROVIDER OR SUPPLIER HARMONY HOUSE HEALTH CARE CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 100 RIVER PLAZA BREWSTER, WA 98812
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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 Harmony House Health Care Center, 100 River Plaza Road, Brewster, WA, on January 16, 2013 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>This LTC facility is a 54 bed facility with a census of 43, provided by the Administrator and verified by the Director of Nursing. 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:  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 style="text-align: right;">RECEIVED JAN 31 2013 FIRE PROTECTION BUREAU</p> <p style="text-align: right;">Continue on next page....</p>	
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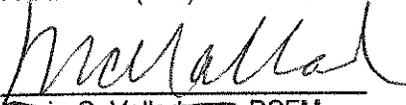
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Jerry R. [Signature]</i>	TITLE <i>owner/admin</i>	(X6) DATE <i>1/24/13</i>
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deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused 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.

1 of 5

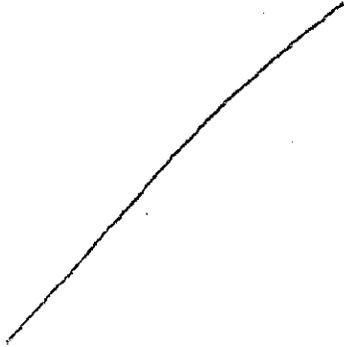
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NAME OF PROVIDER OR SUPPLIER HARMONY HOUSE HEALTH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 100 RIVER PLAZA BREWSTER, WA 98812	
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K 000	Continued From page 1 Union Gap, WA. 98903-1795 Telephone: (509) 575-2190 FAX: (509) 576-3002.  [REDACTED] DSFM 28058	K 000	Continued from previous page
K 025 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This Standard is <u>not met</u> as evidenced by: Based upon observations and staff interviews the facility has failed to maintain the one hour fire resistive rating of the smoke barrier walls. This failure would allow for smoke and fire to move from one smoke compartment to another in the event of a fire even if the smoke barrier doors close as required.</p> <p>The findings include, but are not limited to:</p> <p>During the facility tour on January 16, 2013 from 10:00am to 10:45am, I observed a whole on both sides of the fire wall above the fire doors in the West Wing.</p>	K 025	<p>K025</p> <p>1. The 3/4 inch holes on both sides of the fire wall have been filled with "fire stop it". This is a fire rated silicone sealant (color is lime stone gray upon inspection). This intervention ensures barrier protection. The maintenance supervisor will do a monthly visual inspection and record to ensure integrity of barrier wall.</p> <p>This was completed on 01/17/2013.</p> <p>The Administrator will ensure correction and compliance.</p> <p style="text-align: right;">RECEIVED JAN 16 2013 FIRE PROTECTION BUREAU</p>


1/24/13

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K 051	Continued From page 3 The findings include, but are not limited to: 1. During the record review on January 16, 2013 at 8:45am, fire alarm records for the past 12 months prior to the date of survey revealed that the required sensitivity testing of the smoke detectors had not been performed every other year as required. 2. During a record review on January 16, 2013 of the fire alarm reports for the 12 month period prior to the day of survey revealed that the facility was not maintaining a log of nuisance alarms to extend the sensitivity testing to 5 year intervals. These findings were observed and discussed the Administrator and the Maintenance Director.	K 051		
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 <u>This Standard is not met</u> as evidenced by: The facility has failed to maintain the automatic fire sprinkler system in a reliable operating condition due to the failure of required testing and maintenance. This could result in the fire sprinkler system operating properly in the event of a fire allowing the fire to spread and potentially place all of the patients, staff and visitors in danger. The findings include, but are not limited to: 1. During the record review on January 16, 2013	K 062	K062 1. The facility has created a new contract with the inspection company to ensure inspection requirements are met (copy attached). The first inspection date is on 01/30/2013 at 10:00am. At that time period the 1 st quarter inspection requirements will be completed. Upon completion of testing actual work performed reports will be maintained and available in the Administrator's office. Continue on next page...	01/30/13

Jerry R. [Signature]
1/24/13

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K 062	<p>Continued From page 4</p> <p>at 8:45am, sprinkler records for the past 12 months prior to the date of survey revealed that the required quarterly testing of the fire sprinkler system missed the 2nd quarter (April, May, June) testing. Records indicated testing was completed for all the other quarters, however, only invoices were available and not reports of work performed.</p> <p>2. During a record review on January 16, 2013 of the sprinkler test reports for the 12 month period prior to the day of survey revealed that the 5-year Internal Pipe Inspection was last performed due to be performed in summer of 2012. No reports were available to indicate that the internal pipe inspection had been done.</p> <p>3. During the facility tour on January 16, 2013 from 10:00am to 10:45am, I observed a sprinkler head to be painted in the exterior brief storage room and a utility room in the East Wing.</p> <p>These findings were observed and discussed the Administrator and the Maintenance Director.</p>	K 062	<p>Continued from previous page</p> <p>2. On 01/30/2013 the inspection company will also complete the 5 year Interval Pipe Inspection.</p> <p>Upon completion of testing actual work performed reports will be maintained and available in the Administrator's office.</p> <p>3. On 01/30/2013 the two sprinkler heads identified with paint will be replaced.</p> <p>Upon completion of work performed reports will be maintained and available in the Administrator's office.</p> <p>Administrator will ensure correction and compliance.</p>	01/30/13 01/30/13

Joseph Strehl
1/24/13

RECEIVED

JAN 31 2013

FIRE PROTECTION
BUREAU