

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

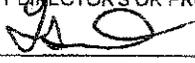
Printed: 09/05/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505414	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/05/2013
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NAME OF PROVIDER OR SUPPLIER PROVIDENCE ST JOSEPH CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 17 EAST 8TH AVENUE SPOKANE, WA 99202
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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	INITIAL COMMENTS This inspection report is the result of an unannounced Fire and Life Safety Re-certification Survey conducted at St. Joseph Care Center on 9/04/13 to 9/05/13 by a representative of the Washington State Patrol, Office of the State Fire Marshal. The Survey started on 9/04/13 at approximately 0920 hours with the physical tour of the facility and record review and ended on 9/04/13 at approximately 1500 hours with no exit interview. On 9/05/13 at approximately 1000 hours I re-contacted the facility to conduct the exit conference. During the Survey I was accompanied by facility staff (Maintenance Director and Operations Administrator as well as the Facility Administrator) who witnessed any deficiency noted during this Survey. The existing and new section of the 2000 Edition of the Life Safety Code (NFPA 101) was used in accordance with 42 CFR 483.70. This facility is a two story structure with a basement area. The existing portion of the facility was constructed in 1965 with additions in 1976 and 1995. The new portion was constructed in 2009. The existing portion is constructed to Type II (111) standards and the new portion is constructed as Type 1-A. The facility is protected by a Type 13 Fire Sprinkler System along with a Manual/Automatic Fire Alarm System. The existing portion of the facility has single station smoke detectors in the resident rooms. This inspection was conducted in conjunction with the Health Care Surveyors from the Department of Social and Health Services. Providence St. Joseph Care Center is licensed for 162 residents with a current census of 114. The facility fails to meet the Life Safety Code 2000 Edition as adopted by CMS based upon the deficiencies noted during this Survey.	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 9/10/13
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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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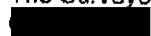
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K 000 Continued From page 1 K 000

The Surveyor was:

 Deputy State Fire Marshal
 Nursing Home Surveyor
 20225

The Surveyor was from:
 Washington State Patrol
 Office of the State Fire Marshal
 Fire Prevention Bureau
 P.O. Box 19130
 Spokane, WA 99219-9130
 Telephone: (509) 227-6567
 Fax: (509) 227-6629


 DSFM

K 018 NFPA 101 LIFE SAFETY CODE STANDARD K 018
 SS=E

Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 3/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3

Roller latches are prohibited by CMS regulations in all health care facilities.

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K 020	<p>Continued From page 3</p> <p>physical tour of the facility on 9/04/13 between the hours of 0920 to 1400 while accompanied by facility staff we observed the following deficiency in regards to the Elevator Shaft Openings:</p> <p>1. Observed penetrations in the Freight Elevator door on the first floor and basement area. Penetrations in these doors could allow for the possible movement of fire or smoke which could place residents, staff or visitors at risk of possible harm due to the spread of smoke or fire.</p>	K 020	<p>1) How the nursing home will correct the deficiency as it related to the resident:</p> <p>a. Penetrations in the Freight Elevator door on the first floor and basement area repaired.</p> <p>2) How the nursing home will act to protect residents in similar situations:</p> <p>a. No resident involved</p> <p>3) Measure the nursing home will take or systems it will alter to ensure that the problem does not recur:</p> <p>a. Preventative maintenance checks will occur to ensure compliance and inspections will be conducted after any maintenance work is completed by internal or external sources.</p> <p>4) How the nursing home plans to monitor its performance to make sure that solutions are sustained:</p> <p>a. Safety audits will be performed by facility operations to ensure compliance with regulation.</p> <p>5) Dates when corrective actions will be completed:</p> <p>a. October 09, 2013</p> <p>6) The title of the person responsible to ensure correction:</p> <p>██████████ Administrator</p>	
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