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FORM APPROVED  
OMB NO. 0938-0391

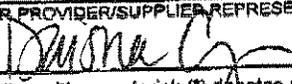
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505070	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 <b>FIRE PROTECTION BUREAU</b> B. WING _____	(X3) DATE SURVEY COMPLETED  10/30/2013
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NAME OF PROVIDER OR SUPPLIER <b>LIFE CARE CENTER OF RICHLAND</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>44 GOETHALS DRIVE RICHLAND, WA 99352</b>
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is a result of an unannounced Federal Life Safety re-certification survey conducted at Life Care Center of Richland located at 44 Goethals Drive, Richland, WA, on October 30, 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>The Long Term Care facility is licensed for 104 with a census at the time of survey entrance of 72 provided by the Administrator and verified by the Maintenance Director. The facility consisted of construction type V- 1 hour, 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</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Administrator</b>	(X6) DATE <b>11/10/13</b>
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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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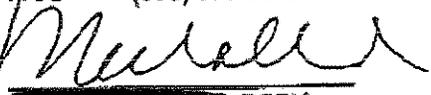
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K 000	Continued From page 1 2715 Rudkin Road Union Gap, WA. 98903-1795 Telephone: (509) 575-2190 FAX: (509) 576-3002  DSFM 28058	K 000	This plan of correction is submitted as required under Federal and state regulations and statutes applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such is hereby specifically denied. The submission of this plan does not constitute agreement by the facility that the surveyor's findings and/or conclusions are accurate, that the findings constitute a deficiency, or that the scope and severity regarding any of the deficiencies cited are correctly applied.	
K 038 SS=F	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This Standard is not met as evidenced by: The facility has failed to maintain exterior exits to be readily accessible at all times. This could allow for the delay of evacuation out of the building and place residents, visitors, and staff at risk of fire.</p> <p>The findings include, but are not limited to:</p> <p>Based on observation and interview with staff during the tour of the facility on October 30, 2013 between 12:00pm and 2:00pm, the facility failed to maintain exterior exits to be readily accessible at all times at the following locations:</p> <ol style="list-style-type: none"> <li>1. At 12:05pm, I observed that the Team (300 hall) exit door had a sign "push for 15 seconds at the door will open" I tried the door and it failed to open within 15 seconds as indicated.</li> <li>2. At 12:37pm, I observed that Hall 200 exit door had a sign "push for 15 seconds at the door will</li> </ol>	K 038	<p>Please accept this Plan of Correction as our credible allegation of compliance. Our compliance will be achieved by the date identified on the plan of correction.</p> <p>K-038 <b>Immediate Action</b> The team 300 hall exit door and the team 200 hall exit door had the magnet mechanism replaced on 10/31/2013 and currently opens and sounds when the door is pushed for 15 seconds on test. A printed code was placed next to the door code pad so it is readily visible to exit the building.</p> <p><b>System Review/Education</b> The maintenance director has been inserviced as to the importance of having these emergency doors work properly.</p>	

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K 038	Continued From page 2 open" I tried the door and it failed to open within 15 seconds as indicated. 3. At 12:37pm, I observed that Hall 200 exit door did not have code readily visible to exit the building. 4. At approximately 2:25pm, I had the Maintenance Director activate the fire alarm system to test these doors to ensure that they unlocked during fire alarm status. The doors did work as required and the doors opened immediately upon fire alarm testing.	K 038	Monitoring The Maintenance director will audit the emergency doors monthly to ensure that they open within 15 seconds. Findings from the audits will be reviewed at the monthly safety committee meeting to ensure compliance.  Responsibility The Administrator and Maintenance Director will be responsible for ongoing compliance.	
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K 062 SS=D	These findings were acknowledged and discussed with the Maintenance Director.  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: Based on observations and interviews with staff, the facility failed to maintain the required servicing and maintenance of the sprinkler system. This has the potential of having a non-functional sprinkler system that would expose patients, visitors, and staff to a fire or smoke environment.  The findings include, but are not limited to:  During document review on October 30, 2013 from approximately 10:00am and 12:00pm, of the facility's sprinkler system reports from the survey date to the year prior revealed the following deficiency:	K 062	Date of compliance is 10/31/2013	
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K 062	Continued From page 3 1. The facility could not produce records that a five year internal pipe inspection had been conducted on the sprinkler system.  This finding was observed and discussed with the Maintenance Director.	K 062	K-062 Immediate Action An appointment was made for November 15, 2013 for a pump inspection for the 5-year internal pipe inspection is conducted on the sprinkler system.	
K 070 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Portable space heating devices are prohibited in all health care occupancies, except in non-sleeping staff and employee areas where the heating elements of such devices do not exceed 212 degrees F. (100 degrees C) 19.7.8  This Standard is not met as evidenced by: The facility has failed to maintain the resident rooms free of portable space heaters as required. This could allow for a fire to start and thus expose residents, visitors, and staff to the risk of fire.  The findings include, but are not limited to:  During the survey tour on October 30, 2013, between the hours of 12:00pm and 2:00pm, I observed a portable space heater in the following location:  1. At 1:49pm, I observed that resident room [redacted] had a portable space heater in use at the time of survey.  2. Interview with Maintenance Director and Administrator revealed that they were unaware that the resident had this space heater in use. Resident was asked by staff where it had come from and he responded that a friend brought it in for him.	K 070	System Review/Education The maintenance director has been in-serviced as to the importance of having the internal pipe inspection every 5 years.  Monitoring The Maintenance Director will contract with [redacted] Fire Inspection to have an inspection every 5 years and will document the inspection date and detailed report.  Responsibility The Administrator and Maintenance Director will be responsible for ongoing compliance.  Date of compliance is 11/19/2013	

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<p>K 070</p> <p>K 147 SS=E</p>	<p>Continued From page 4</p> <p>This finding was acknowledged and discussed with the Maintenance Director.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2</p> <p>This Standard is not met as evidenced by: The facility has failed to maintain the premises free of electrical hazards as required. This could allow for electrical fire to start and expose residents, visitors, and staff to the threat of smoke and fire.</p> <p>The findings include, but are not limited to:</p> <p>Survey tour conducted on October 30, 2013 from 12:00pm to 2:00pm revealed electrical hazards in the following locations:</p> <ol style="list-style-type: none"> <li>At 12:00pm, I observed that the #3 nurses station office had a refrigerator plugged into a power strip.</li> <li>At 12:04pm, I observed that the rehab office has a power strip into a power strip.</li> <li>At 12:35pm, I observed that resident room has power strip for tv and radio.</li> <li>At 12:36pm, I observed that resident room has power strip for tv.</li> <li>At 12:37pm, I observed a power strip in resident room, but nothing plugged into it.</li> <li>At 1:04pm, I observed that the Sprinkler Control room at main entrance lobby had exposed wiring.</li> <li>At 1:06pm, I observed that the cookie oven in Admin area was plugged into a power strip.</li> <li>At 1:15pm, I observed that Payroll office has a</li> </ol>	<p>K 070</p> <p>K 147</p>	<p>K-070 Immediate Action The portable space heater was removed from the room and brought home by the spouse.</p> <p>System Review/Education All staff received an in-service on life safety standard and the use of space heaters in rooms.</p> <p>Monitoring The management team is assigned to segments of rooms daily to monitor no space heaters in all rooms. The Maintenance Director will perform a daily audit for space heaters in rooms. Findings from the audits will be reviewed at the monthly Safety Committee meeting to ensure compliance.</p> <p>Responsibility The Administrator and Maintenance Director will be responsible for ongoing compliance.</p> <p>Date of compliance is 11/19/2013</p>	
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K 147	Continued From page 5 power strip plugged into a power strip. 9. At 1:18pm, I observed that resident room has power strip for cell phone. 10. At 1:21pm, I observed that resident room has a power strip under the bed for tv. 11. At 1:22pm, I observed that resident room has a power strip for tv. 12. At 1:35pm, I observed that resident room has power strip for lamp. 13. At 1:36pm, I observed that resident room has power strip for tv. 14. At 1:40pm, I observed that resident room has power strip for tv.  Interview with Administrator and Maintenance Director revealed that they were unaware of the power strip rules that have been recently implemented.  These findings were acknowledged and discussed with the Maintenance Director..	K 147	<b>Immediate Action</b> Power strips have been removed from resident rooms  cookie oven from the admin area, #3 nurses station refrigerator, power strip to power strip in the therapy office and payroll office, and exposed wires in the sprinkler control room were corrected. Resident rooms were rearranged and had additional outlets installed in 3 rooms.  <b>System Review/Education</b> Staff has been in-serviced on having no power strips in resident's rooms and no microwaves and refrigerators plugged into power strips.  <b>Monitoring/Safety Plan</b> The Maintenance Director will audit the rooms monthly, document results and submit the results to the Performance improvement committee monthly for review.  <b>Responsibility</b> The Administrator and Maintenance Director will be responsible for ongoing compliance.  Date of compliance is 12/03/2013.	