

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

Printed: 02/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505348	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2015
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HEALTH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 702 NORTH 16TH AVENUE YAKIMA, WA 98902		
(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>This report is a result of an unannounced Fire and Life Safety Complaint Investigation conducted on February 17, 2015 at Good Samaritan Health Care Center, located at 702 N 16th Avenue, Yakima, Washington by a representative of the Washington State Fire Marshal's office. The complaint from the Department of Social and Health Services, (Complaint Resolution Unit) has an Intake ID number of 3075013.</p> <p>The Complaint Report states: We had smoke in the building caused by a spontaneous combustion of a small pile of rags that were located on top of a barrel outside of the kitchen. We have inserviced laundry personnel regarding ensuring proper cooling of rags before stacking and we are making sure the rags are being put in a dryer that has an automatic cooling system in it. The smoking was contained rapidly. The staff responded to the fire alarm appropriately. The fire department arrived promptly. No residents were ever at any risk because of the location of where things were. It was away from all the residents. The rages were contained, brought out and extinguished shortly after starting.</p> <p>Arrived on site to investigate Complaint of fire incident. Interview with Administrator and Maintenance Director revealed the following information:</p> <p>No actual fire with flames. This was a smoking, smoldering event of kitchen towels that had been washed and dried and piled. The heat caused the towels to self-combust.</p> <p>The heat did not get hot enough to set off the</p>	K 000		

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

TITLE

(X6) DATE

Taylor Hull

Administrator

2/17/15

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.

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

Printed: 02/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505348	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2015	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HEALTH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 702 NORTH 16TH AVENUE YAKIMA, WA 98902		
(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>Continued From page 1 sprinkler system.</p> <p>The fire alarm system was automatically activated when smoke reached the nearest smoke detector in the corridor. These towels were piled on a plastic barrel just outside the kitchen door. The kitchen door is at an intersection to 3 corridors. Placing the barrel just outside the kitchen door does not create an obstruction and does not reduce the 8 foot corridor requirement.</p> <p>Evacuation was not necessary. Staff responded to the smoke promptly and the fire event was not in the resident sleeping room areas. The fire department determined that evacuation of the residents was not necessary. No injuries to any of the residents or staff were reported.</p> <p>The fire department was alerted through the fire alarm system. Staff member had also called 911 to report the incident, but fire department was already aware.</p> <p>Interview with Administrator revealed that a few things are now new procedures and staff has been inserviced. The new procedures include:</p> <ol style="list-style-type: none"> 1. The laundry staff will now use only the dryer with auto cooling systems for oily or kitchen rags. 2. The laundry staff are taking the temperature of the rags before they stack them. Administrator and Maintenance Director researched spontaneous ignition fires in laundries on line. The recommendation is to cool to 95 degrees. The procedure for this facility is 75-80 degrees. 3. Kitchen staff will dispose kitchen rags that are overly soiled. Rags that can be cleaned and reused will be placed in a bucket of soapy water to break down oils before they get washed. <p>Based on staff interview:</p>	K 000		

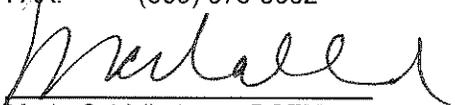
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 02/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505348	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2015	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HEALTH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 702 NORTH 16TH AVENUE YAKIMA, WA 98902		
(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>Continued From page 2</p> <p>This happened during the night shift. The fire alarm is activated by a smoke detector. Nursing aids and staff start closing resident room doors. A nurse went to the panel to discover the location of the alarm. She read that it said kitchen. Two nurses responded to the kitchen. One of the nurses picked up a fire extinguisher. They find smoke coming from the towels that were on top of the barrel just outside the kitchen door. The nurses wheeled the barrel outside through the main entrance. The nurse with the fire extinguisher used the extinguisher on the smoking towels.</p> <p>When the fire department arrived the facility staff had the situation well under control. The fire department lead commented that the staff had done a good job in this instance.</p> <p>The facility has RACE as their policy to what to do when a fire is discovered. The staff followed all the steps to their policy. The staff reacted and responded to the fire incident well within their written policies and procedures.</p> <p>Based upon review of event records, fire department report, signed statements, and interviews with the Administrator, Good Samaritan Health Care Center is in substantial compliance with the Life Safety Code 2000 Edition as adopted by C.M.S. as it relates to this complaint.</p> <p>The Surveyor was: Maria C. Valladares Deputy State Fire Marshal Nursing Home Surveyor 28058</p> <p>The Surveyor was from:</p>	K 000		

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

Printed: 02/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505348	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/10/2015	
NAME OF PROVIDER OR SUPPLIER GOOD SAMARITAN HEALTH CARE CTR		STREET ADDRESS, CITY, STATE, ZIP CODE 702 NORTH 16TH AVENUE YAKIMA, WA 98902		
(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>Continued From page 3 Washington State Patrol Fire Protection Bureau 2715 Rudkin Road Union Gap, WA. 98903-1795 Telephone: (509) 575-2190 FAX: (509) 576-3002</p>  <p>Maria C. Valladares, DSFM 28058</p>	K 000		