

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

FIRE PROTECTION BUREAU

Printed: 06/19/2013  
FORM APPROVED  
OMB NO. 0938-0391

JUL 02 2013 1423

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505515</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - <b>MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/19/2013</b>
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NAME OF PROVIDER OR SUPPLIER <b>OLYMPIA MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1811 EAST 22ND AVENUE OLYMPIA, WA 98501</b>
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 32862 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Olympia Manor on 06/19/13 by a representative of the Washington State Patrol, Fire Protection Bureau. The survey was conducted in concert with the Washington State Department of Social and Health Services (DSHS) health survey teams.</p> <p>Olympia Manor has a total of 28 beds and at the time of this survey the census was 21.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70.</p> <p>The facility is a one story structure with a basement of Type 5 (1-1-1) construction with exits to grade. The facility is protected by a Type 13 fire sprinkler system throughout and an automatic fire alarm system with corridor smoke detection. All exits are to grade with paved exit discharges to the public way.</p> <p>The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare &amp; Medicaid Services.</p> <p><i>Melissa Blannic</i> Deputy State Fire Marshal</p> <p><i>[Signature]</i> Deputy State Fire Marshal</p>	K 000	<p>Preparation and/or execution of this plan of correction does not constitute the provider's admission of or agreement with the facts alleged or conclusions set-forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p>	
K 012 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Building construction type and height meets one of the following: 18.1.6.2, 18.1.6.3, 18.2.5.1</p>	K 012	<p>Breaches in sheet rock at bottom of stair enclosure and in the Maintenance office were appropriately repaired by the Maintenance Director to ensure maintenance of fire resistive construction.</p>	7/1/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE Administrator	(X6) DATE 6/28/13
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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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NAME OF PROVIDER OR SUPPLIER <b>OLYMPIA MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1811 EAST 22ND AVENUE OLYMPIA, WA 98501</b>		
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K 012	Continued From page 1  This Standard is not met as evidenced by: Surveyor: 32862 Based upon observations and staff interviews on 06/19/13 between approximately 11:30 and 14:00 hours Olympia Manor has failed to maintain fire resistive construction of the building capable of resisting the passage of smoke and fire into other compartments. This could allow the toxic product of combustion to move out of a room and into the exit access corridor and the smoke compartment which would endanger the residents, staff and/or visitors within the facility.  The findings include, but are not limited to: Breach in sheet rock in at the bottom of the stair enclosure near the basement. Breach in sheet rock in the Janitor Closet/Maintenance Office. The above was discussed and acknowledged by the Facility Administrator and Maintenance Director.	K 012	A Follow up inspection of the facility was conducted to identify any additional breaches and repaired as needed  The Maintenance Director will ensure that any breach in sheet rock is appropriately repaired  The Maintenance Director will add Construction breach Inspections to his monthly rounds.  The Maintenance Director and the Administrator will ensure Compliance.	7/1/13  7/1/13  7/1/13  7/1/13
K 018 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings are constructed to resist the passage of smoke. Doors are provided with positive latching hardware. Dutch doors meeting 18.3.6.3.6 are permitted. Roller latches are prohibited. 18.3.6.3  This Standard is not met as evidenced by: Surveyor: 32862	K 018	The Maintenance Director removed all Kick Stops installed on doors in the building.  The Maintenance Director repaired the doors to room 104 and the Kitchen door to ensure closure and latching of each door.  All staff including, Therapy Staff, will be in-serviced on the fire codes and not propping open	7/1/13  7/1/13  7/19/13

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K 018	<p>Continued From page 2</p> <p>Based upon observations and staff interviews on 06/19/13 between approximately 11:30 and 14:00 hours Olympia Manor has failed to maintain doors without impediments to their closing and latching. This could result in a delay in getting the door to the room closed in the event of a fire. This could result in toxic products of combustion getting into the room and into the exit corridor which would endanger the residents, staff and/or visitors within the smoke compartment.</p> <p>The findings include, but are not limited to: Therapy Room door wedged open. Kick stops installed on the Laundry Room, Medical Records, Office, Conference Room, and Janitor Closet. Corridor doors by resident room 104, not latching in the closed position. Kitchen door to the staff area by elevator not latching in the closed position. The above was discussed and acknowledged by the Facility Administrator and the Maintenance Director.</p>	K 018	<p>doors. Signs will be posted to remind staff not to prop open doors.</p> <p>The Maintenance Director will make Daily rounds to ensure no doors are propped open.</p> <p>The Maintenance Director will conduct monthly audits to ensure that facility doors close and latch as needed.</p> <p>The Maintenance Director and the Administrator will ensure compliance.</p>	<p>7/01/13</p> <p>7/01/13</p> <p>07/01/13</p> <p>07/01/13</p>
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Hazardous areas are protected in accordance with 8.4. The areas are enclosed with a one hour fire-rated barrier, with a 3/4 hour fire-rated door, without windows (in accordance with 8.4). Doors are self-closing or automatic closing in accordance with 7.2.1.8. 18.3.2.1</p> <p>This Standard is not met as evidenced by: Surveyor: 32862 Based upon observations and staff interviews on 06/19/13 between approximately 11:30 and 14:00 hours Olympia Manor has failed to maintain doors to hazardous areas as self or automatic closing.</p>	K 029	<p>A self closure hinge was installed for room 102.</p> <p>An inspection was concluded to ensure that all doors requiring self door closure was appropriately equipped.</p> <p>Any future rooms used for storage shall be equipped with a self closer, prior to being used for storage.</p>	<p>07/01/13</p> <p>07/01/13</p> <p>07/01/13</p>

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K 029	Continued From page 3 This could result in the spreading of the toxic products of combustion into the corridor in the event of a fire which would endanger residents, staff and/or visitors.  The findings include, but are not limited to: Storage Room near the Administration Offices is not equipped with a self closer. The above was discussed and acknowledged by the Facility Administrator and the Maintenance Director.	K 029	The Maintenance Director and the Administrator will ensure compliance.	07/01/13
K 038 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 18.2.1  This Standard is not met as evidenced by: Surveyor: 32862 Based upon observations and staff interviews on 06/19/13 between approximately 11:30 and 14:00 hours Olympia Manor has failed to maintain the exit discharge free of obstructions. This could cause an inability or delay in the evacuation of residents in the event of an emergency which would endanger residents, staff and/or visitors.  The findings include, but are not limited to: Oxygen concentrator stored in the staff exiting area. Combustible storage of pictures, wheel chairs, and other items at the bottom of stair enclosure to the basement. Storage of carts, fan, fax machine, and recycling bin in basement corridor.  The above was discussed and acknowledged by	K 038	All items identified were removed to ensure that exits were free of obstructions.  The Administrator and the Maintenance Director will perform rounds to ensure that these areas remain free of potential obstructions.  The Maintenance Director and the Administrator will ensure compliance.	07/01/13  07/01/13  07/01/13

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K 038	Continued From page 4 the Facility Administrator and Maintenance Director.	K 038		
K 050 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 18.7.1.2</p> <p>This Standard is not met as evidenced by: Surveyor: 32862</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p> <p>This requirement is not met as evidenced by: Based upon observations and staff interviews on 06/19/13 between approximately 11:30 and 14:00 hours Olympia Manor has failed to utilize the fire alarm system/audible alarms when conducting fire drills outside the hours of 9 PM and 6 AM. This could potentially result in the staff not responding in a coordinated manner in the event</p>	K 050	<p>Two Fire drills will be completed outside the hours of 9 pm and 6 am with an audible alarm to ensure that staff responds in a coordinated manner in the event of a fire or other emergency.</p> <p>Drills conducted outside of the hours of 9 pm to 6 am will be done with audible alarms.</p> <p>The Maintenance Director will utilize the TELS system appropriately to document all drills completed.</p> <p>The Maintenance Director will ensure compliance .</p>	<p>07/19/13</p> <p>07/01/13</p> <p>07/01/13</p> <p>07/01/13</p>

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K 050	Continued From page 5 of a fire or other emergency and endangering residents, staff and/or visitors.	K 050		
K 064 SS=B	<p>The findings include, but are not limited to: Fire drill records from June and December 2012 indicate the fire alarm was not activated. The above was discussed and acknowledged by the Facility Administrator and the Maintenance Director.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6</p> <p>This Standard is not met as evidenced by: Surveyor: 32862 Based upon observations and staff interviews on 06/19/13 between approximately 11:30 and 14:00 hours Olympia Manor failed to assure proper maintenance of the facilities portable fire extinguishers. This potentially delays a quick response to contain a fire from spreading which could expose and endanger residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to: Extinguisher in kitchen mounted higher than 5 feet when measured from the top of the extinguisher. Extinguisher in the basement near the elevator has not been inspected on a monthly basis.</p> <p>The above was discussed and acknowledged by the Facility Administrator and the Maintenance Director.</p>	K 064	<p>The fire extinguisher in the kitchen was remounted to ensure it is under 5 feet when measured from the top of the extinguisher.</p> <p>The Maintenance Director will inspect the Extinguisher in the basement to ensure it is working appropriately and will document this inspection.</p> <p>The Maintenance Director will ensure that ALL fire extinguishers are inspected Monthly and will sign and date each tag. Maintenance Director will also document this appropriately in TELS.</p> <p>The administrator and the Maintenance Director will ensure compliance.</p>	<p>07/01/13</p> <p>07/01/13</p> <p>07/01/13</p> <p>07/01/13</p>

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K 067 K 067 SS=D	Continued From page 6 NFPA 101 LIFE SAFETY CODE STANDARD Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 9.2, 18.5.2.1, 18.5.2.2, NFPA 90A  This Standard is not met as evidenced by: Surveyor: 32862 Based upon observations and staff interviews on 06/19/13 between approximately 11:30 and 14:00 hours Olympia Manor has failed to provide the proper maintain proper clearance of combustibles to heaters. Failure to properly clearance could result in the ignition of the combustible materials adjacent to the staff smoking area which would endanger the residents, staff and/or visitors within the facility.  The findings include, but are not limited to: Storage of combustibles and cleaning equipment near furnace. The above was discussed and acknowledged by the Facility Administrator and Maintenance Director.	K 067 K 067	All combustibles and cleaning equipment near furnace were removed from the area by the Maintenance Director.  The Maintenance Director will conduct inspections of all areas to ensure proper clearance of combustibles to heaters.  The administrator and the Maintenance Director will ensure compliance.	07/01/13  07/01/13  07/01/13
K 074 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.  Newly introduced upholstered furniture within health care occupancies meets the criteria	K 074		

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K 074	Continued From page 7 specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 18.7.5.1, 1, NFPA 13  Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4, 18.7.5.3  This Standard is not met as evidenced by: Surveyor: 32862 Based upon observations and staff interviews on 06/19/13 between approximately 11:30 and 14:00 hours Olympia Manor has failed to ensure that hanging fabrics are rated as flame resistant. This could result in the rapid spread of smoke and fire in the event of ignition which could potentially endanger the residents, staff and/or visitors within the facility.  The findings include, but are not limited to: Curtains hung in corner of the dining room Curtains hung in the Administrator's Office to cover white board The above was discussed and acknowledged by the Facility Administrator and the Maintenance Director.	K 074	The curtains in the corner of the dining room and in the administrators office were replaced or treated to ensure they are rated as flame resistant.  Any future items to be hung with in the building will be inspected prior to hanging, to ensure they are rated to be fire resistant  The administrator and the Maintenance Director will ensure compliance.	07/19/13  07/01/13  07/01/13
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.	K 144	The Administrator received a signed copy of the annual inspection of the generator from the company who completed.	07/01/13

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K 144	Continued From page 8  This Standard is not met as evidenced by: Surveyor: 32862 Based upon observations and staff interviews on 06/19/13 between approximately 11:30 and 14:00 hours Olympia Manor has failed to have annual testing and maintenance signed off by the company performing emergency generator inspection. The emergency generator inspection report indicates parts need replaced. This could result in a failure of the emergency power system which would leave the facility without egress and work lighting in the event of a power failure which would endanger the residents, staff and/or visitors within the facility.  The findings include, but are not limited to: Generator inspection report not signed off by the technician performing work. Generator inspection report indicates the radiator cap needs to be replaced. No record of a month inspection for December 2012 and April 2013 The above was discussed and acknowledged by the Facility Administrator and the Maintenance Director.	K 144	The Maintenance Director replaced the noted radiator cap.  Monthly generator inspections will be conducted and appropriately documented.  The Maintenance Director will ensure compliance.	07/01/13  07/01/13  07/01/13
K 147 SS=F	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: Surveyor: 32862 Based upon observations and staff interviews on 06/19/13 between approximately 11:30 and 14:00 hours Olympia Manor has failed to restrict the use	K 147	The food cart was removed from blocking the electrical panel.  The Dietary Supervisor will in-service the Dietary Staff to ensure the food cart is not placed in such a manner that it blocks the electrical panel in the kitchen.	07/01/13  07/01/13

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K 147	Continued From page 9 of multi-plug outlets (power strips) to providing power to permitted electrical equipment. This could result in a fire from overheating of the plug strip due to the heavy power draw endangering the residents, staff and/or visitors within the facility. Olympia Manor has failed to maintain clearance in front of electrical panels. This could result in a delay in reaching the electrical panel in a fire or other emergency endangering the residents, staff and/or visitors within the facility.  The findings include, but are not limited to: Electrical panel in kitchen obstructed by food cart/rack. Power strips in use in all resident rooms throughout the facility. The above was discussed and acknowledged by the Facility Administrator and Maintenance Director.	K 147	The Dietary Supervisor and the Administrator will inspect the kitchen to ensure compliance.  A waiver will be applied for to allow time for an electrician to be consulted and a plan to be formulated in order to eliminate power strip usage in resident rooms.  6-outlet adapters with appropriate ratings will be installed where power strips are currently in use in order to bring building into compliance while awaiting the waiver and the electrical consultation.	07/10/13  07/19/13  07/19/13
K 154 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1  This Standard is not met as evidenced by: Surveyor: 32862 Based upon observations and staff interviews on 06/19/13 between approximately 11:30 and 14:00 hours Olympia Manor has failed to have a written procedure for instituting as approved fire watch in the event of a failure of the fire sprinkler system. This could result in an inadequate fire watch which may result in a delay of fire detection and	K 154	The Maintenance Director and the Administrator will ensure compliance.  Clarification to the facility's fire watch policy for sprinkler system outage will be provided to eliminate any confusion. Staff will be trained on the fire watch policy and procedure.  The Administrator and the Maintenance Director will ensure compliance.	07/19/13  07/19/13  07/19/13

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

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OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505515</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - <b>MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/19/2013</b>
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NAME OF PROVIDER OR SUPPLIER <b>OLYMPIA MANOR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1811 EAST 22ND AVENUE OLYMPIA, WA 98501</b>
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K 154	Continued From page 10 suppression, endangering residents, staff and/or visitors within the facility.	K 154		
K 155 SS=F	<p>The findings include, but are not limited to: The facility's policy on fire watch appeared to be confusing as to when fire watch would be established if the fire sprinkler system became inoperable. The above was discussed and acknowledged by the Facility Administrator and Maintenance Director.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Where a required fire alarm system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch is provided for all parties left unprotected by the shutdown until the fire alarm system has been returned to service. 9.6.1.8</p> <p>This Standard is not met as evidenced by: Surveyor: 32862 Based upon observations and staff interviews on 06/19/13 between approximately 11:30 and 14:00 hours Olympia Manor has failed to have a written procedure for instituting as approved fire watch in the event of a failure of the fire alarm system. This could result in an inadequate fire watch which may result in a delay of fire detection and suppression, potentially endangering residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to: The facility's policy on fire watch appeared to be confusing as to when fire watch would be established if the fire alarm system became inoperable. The above was discussed and acknowledged by</p>	K 155	<p>Clarification to the facility's fire watch policy for fire sprinkler system outage will be provided to eliminate any confusion. Staff will be trained on the fire watch policy and procedure.</p> <p>The Administrator and the Maintenance Director will ensure compliance.</p>	<p>6/19/13</p> <p>07/19/13</p>

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K 155	Continued From page 11 the Facility Administrator and Maintenance Director.	K 155		