

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

Printed: 04/02/2014  
FORM APPROVED  
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 <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/02/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>OLYMPIA MANOR</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1811 EAST 22ND AVENUE OLYMPIA, WA 98501</b>		
(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><b>INITIAL COMMENTS</b></p> <p>Surveyor: 29197 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Olympia Manor Rehabilitation Center on 4/02/2014 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 19.</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 of Type 5 (1,1,1) construction with exits to grade. There is a basement used for mechanical services. 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> Dan Young Deputy State Fire Marshal</p>	K 000	<p><b>Disclaimer Clause</b></p> <p>This plan of correction is being submitted in accordance with specific regulatory requirements and should not be construed as an admission of guilt or agreement with any of the deficiencies on the HCFA 2567; nor does the facility admit to any statements, findings, facts, or conclusions that form the basis for alleged deficiencies. The facility reserves the right to challenge in legal proceedings, all deficiencies statements, findings, facts, and conclusions that form the basis of the deficiency.</p>	
K 034 SS=F	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Stairways and smokeproof towers used as exits are in accordance with 7.2. 18.2.2.4</p>	K 034	<p><b>K 034</b></p> <p><b>How the nursing home will correct the deficiency as relates to the resident:</b></p> <p>The hand rail in the stairway will be completed by the April 18<sup>th</sup>, 2014.</p>	4-18-14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

 N/A 4-3-14

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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K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 29197 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Olympia Manor Rehabilitation Center on 4/02/2014 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 19.</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 of Type 5 (1,1,1) construction with exits to grade. There is a basement used for mechanical services. 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> Dan Young Deputy State Fire Marshal.</p>	K 000	<p><b>How the nursing home will act to protect residents in similar situations</b></p> <p>The area in question is in an employee area. The hand rail in the stairway will be completed by the April 18<sup>th</sup>, 2014.</p> <p><b>Measures the nursing home will take or the systems it will alter to ensure that the problem does not occur.</b></p> <p>An audit was complete to ensure there were no other stair areas in the facility with out hand rails.</p> <p><b>How the nursing home plans to monitor its performance to make sure that solutions are substained:</b></p> <p>An audit will be performed weekly by the Maint. Director/ designee and will be recorded on the preventive maintenance log. Results will be turned into the quality assurance committee for the next 60 days or further as determined by the quality assurance committee.</p>	
K 034 SS=F	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Stairways and smokeproof towers used as exits are in accordance with 7.2. 18.2.2.4</p>	K 034	<p><b>The title of the person responsible to ensure correction.</b></p> <p>Maintenance Director or designee</p>	
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE			TITLE	(X6) DATE

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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K 034	Continued From page 1	K 034		
K 046 SS=F	<p>This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 4/02/2014 between approximately 1030 and 1400 hours the facility has failed to maintain exit stairways. This could result in staff being unable to exit the basement in case of a fire which would endanger residents, staff and/or visitors.</p> <p>The findings include, but are not limited to: The stairway from the basement was observed to have only one handrail. Per 7.2.2.4.2 the stairs are required to have handrails on both sides.</p> <p>The above was discussed and acknowledged by the Maintenance Director.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 18.2.9.1</p> <p>This Standard is not met as evidenced by: Surveyor: 29197 Based upon record review and staff interviews on 4/02/2014 between approximately 1030 and 1400 hours the facility has failed to maintain records of testing for the emergency battery backup lighting. This could result in the failure of the battery powered backup lighting in the event of a power outage and render the means of egress dark. This could result in tripping and fall injuries and/or delay in evacuation of residents, staff and/or visitors.</p>	K 046	<p><b>K 046</b></p> <p><b>How the nursing home will correct the deficiency as relates to the resident:</b></p> <p>The maintenance director will keep records of testing for the emergency battery backup lighting. The emergency backup light was fixed while the Deputy State Fire Marshal was still in the building.</p>	4/18/14

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K 034	Continued From page 1	K 034			
K 046 SS=F	<p>This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 4/02/2014 between approximately 1030 and 1400 hours the facility has failed to maintain exit stairways. This could result in staff being unable to exit the basement in case of a fire which would endanger residents, staff and/or visitors.</p> <p>The findings include, but are not limited to: The stairway from the basement was observed to have only one handrail. Per 7.2.2.4.2 the stairs are required to have handrails on both sides.</p> <p>The above was discussed and acknowledged by the Maintenance Director.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b> Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 18.2.9.1</p> <p>This Standard is not met as evidenced by: Surveyor: 29197 Based upon record review and staff interviews on 4/02/2014 between approximately 1030 and 1400 hours the facility has failed to maintain records of testing for the emergency battery backup lighting. This could result in the failure of the battery powered backup lighting in the event of a power outage and render the means of egress dark. This could result in tripping and fall injuries and/or delay in evacuation of residents, staff and/or visitors.</p>	K 046	<p><b>How the nursing home will act to protect residents in similar situations</b></p> <p>An education will be completed with the Maintenance to ensure recording emergency lighting testing.</p> <p><b>Measures the nursing home will take or the systems it will alter to ensure that the problem does not occur:</b></p> <p>The maintenance director will monitor the emergency battery backup lighting on a monthly basis.</p>		

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K 034	Continued From page 1  This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 4/02/2014 between approximately 1030 and 1400 hours the facility has failed to maintain exit stairways. This could result in staff being unable to exit the basement in case of a fire which would endanger residents, staff and/or visitors.  The findings include, but are not limited to: The stairway from the basement was observed to have only one handrail. Per 7.2.2.4.2 the stairs are required to have handrails on both sides.  The above was discussed and acknowledged by the Maintenance Director.	K 034			
K 046 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 18.2.9.1  This Standard is not met as evidenced by: Surveyor: 29197 Based upon record review and staff interviews on 4/02/2014 between approximately 1030 and 1400 hours the facility has failed to maintain records of testing for the emergency battery backup lighting. This could result in the failure of the battery powered backup lighting in the event of a power outage and render the means of egress dark. This could result in tripping and fall injuries and/or delay in evacuation of residents, staff and/or visitors.	K 046	How the nursing home plans to monitor its performance to make sure that solutions are sustained:  The Maintenance Director/designee will put the emergency backup system audit in his preventive maintenance manual. Results will be turned in to the Quality Assurance committee for the next sixty days or further as determined by the Quality Assurance Committee.  <b>The title of the person responsible to ensure correction.</b>  Maintenance director or designee		

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K 046	Continued From page 2 The findings include, but are not limited to: The facility could not produce records of monthly 30 second test or the annual 90 minute test of the emergency battery backup lighting.  The emergency backup light in the kitchen by the back service door was observed to not work.  The above was discussed and acknowledged by the Maintenance Director.	K 046		
K 147 SS=D	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b> 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: 29197 Based upon observations and staff interviews on 4/02/2014 between approximately 1030 and 1400 hours the facility has failed to restrict the use of extension cords as a source of permanent wiring. This could result in a fire from overheating of the extension cord due to the heavy power draw endangering the residents, staff and/or visitors within the facility.  The findings include, but are not limited to: A extension cord was observed to be permanently attached to the exterior wall behind the generator. The cord is to a sump pump in the crawl space.  The above was discussed and acknowledged by the Maintenance Director.	K 147	<b>K 147</b> <b>How the nursing home will correct the deficiency as relates to the resident</b>  The extension cord will be removed from the exterior of the facility. This item will be fixed by the 18 <sup>th</sup> of April.  <b>How the nursing home will act to protect residents in similar situations.</b>  The extension cord will be removed from the exterior of the facility. This item will be fixed by the 18 <sup>th</sup> of April.  <b>Measures the nursing home will take or the systems it will alter to ensure the problem does not occur:</b>  An education will be provided to the Maintenance Director regarding extension cords. An audit will be completed by the Maintenance Director for extension cords.	4-18-14

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K 046	<p>Continued From page 2</p> <p>The findings include, but are not limited to: The facility could not produce records of monthly 30 second test or the annual 90 minute test of the emergency battery backup lighting.</p> <p>The emergency backup light in the kitchen by the back service door was observed to not work.</p> <p>The above was discussed and acknowledged by the Maintenance Director.</p>	K 046		
K 147 SS=D	<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: Surveyor: 29197 Based upon observations and staff interviews on 4/02/2014 between approximately 1030 and 1400 hours the facility has failed to restrict the use of extension cords as a source of permanent wiring. This could result in a fire from overheating of the extension cord due to the heavy power draw endangering the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to: A extension cord was observed to be permanently attached to the exterior wall behind the generator. The cord is to a sump pump in the crawl space.</p> <p>The above was discussed and acknowledged by the Maintenance Director.</p>	K 147	<p><b>How the nursing home plans to monitor its performance to make sure that the problem does not occur:</b></p> <p>The maintenance director/designee will put his weekly audit in the preventive maintenance book. Results will be turned into the quality assurance committee for the next 60 days or further as determined by the quality assurance committee.</p> <p><b>The title of the person responsible to ensure correction.</b></p> <p>Maintenance Director or designee.</p>	