

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

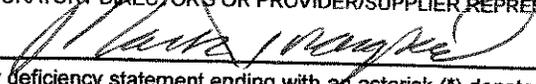
Printed: 01/15/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505515	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2015
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NAME OF PROVIDER OR SUPPLIER OLYMPIA MANOR	STREET ADDRESS, CITY, STATE, ZIP CODE 1811 EAST 22ND AVENUE OLYMPIA, WA 98501
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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	<p>INITIAL COMMENTS</p> <p>Surveyor: 09338 This report is the result of an unannounced Fire and Life Safety recertification survey conducted at Olympia Manor Rehabilitation Center on January 14, 2015, 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 Team.</p> <p>Olympia Manor has a total of 28 beds and at the time of the survey the census was 27.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42CFR483.70.</p> <p>The facility is a one story structure with a partial basement and is 5 1-1-1 construction. All exits are to grade and exit discharges are paved and lead to a public way. The facility is protected by a type 13 fire sprinkler system throughout and an automatic smoke detection system in corridors and sleeping rooms interconnected to the fire alarm system.</p> <p>Deficiencies observed during the survey are documented below.</p>  <p>Michael L. Sturgeon Deputy State Fire Marshal</p>	K 000	<p>Preparation and or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or the conclusion set forth in the statement of deficiencies in the CMS-2567 dated January 14, 2015.</p> <p>This plan of correction is prepared and/or executed solely because it is required for continued state licensure as a health care provider and/or participation in the Medicare and Medicaid program.</p> <p>K 072 Means of Egress</p> <ol style="list-style-type: none"> Staff will be in-serviced on maintaining hallways and/or corridors free of service carts and equipment used in delivering patient care services to our residents. Licensed nursing staff and department managers will be instructed to more closely supervise and monitor the hallways and corridors to assure that equipment is stored when not in use. Please see # 1 and 2 above. 	
K 072 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility</p>	K 072		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 1-20-15
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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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K 072	<p>Continued From page 1 of exits. 7.1.10</p> <p>This Standard is not met as evidenced by: Surveyor: 09338 Based on observation, interview with staff and consultation of DSHS surveyors on sight at the time of the survey on January 14, 2015 between approximately 12:30 PM and 2:30 PM the facility failed to maintain the exit access corridors free of obstructions and impediments to full and instant use in the event of an emergency. Failure to maintain exit access open to full and instant use could result in delays in clearing corridors and protecting residents and visitors from the affects of smoke and fire.</p> <p>The findings include, but are not limited to:</p> <p>During the approximate two hour time frame of this survey the exiting corridor in the patient wing was occupied by a scale, food cart, two hooyer lifts, a rolling computer and a med cart. The listed items did not move during the entire time of this fire survey. Three Department of Social and Health Services surveyors stated in our consultation that the above listed equipment has been in storage on the exiting corridor the entirety of the day of the fire survey and that in their observations during their survey week that this has been a pattern for the facility.</p> <p>The above citation was discussed and acknowledged by the facility administrator and maintenance director.</p>	K 072	<ol style="list-style-type: none"> 4. Staff will be re-educated on not storing equipment in hallways when not in use. Supervisory staff will be instructed to more closely supervise and monitor hallways for compliance. Any further instances of non-compliance will be referred to the facility's formal Quality Assurance and Performance Improvement Committee for further review and / or follow up. 5. Expected completion date for compliance will be 1/31/15. 6. The Administrator, all Department Managers and Licensed Nurses will be responsible for assuring compliance. 	1/31/15