

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

Printed: 01/11/2016
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 01/11/2016
NAME OF PROVIDER OR SUPPLIER OLYMPIA MANOR		STREET ADDRESS, CITY, STATE, ZIP CODE 1811 EAST 22ND AVENUE OLYMPIA, WA 98501		
(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 012	Continued From page 1 This Standard is not met as evidenced by: Surveyor: 35231 Based upon observations and staff interviews on 01/11/2016 between approximately 09:15 and 11:15 hours the facility 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: Soiled laundry room missing 1 foot by 1 foot portion of ceiling. Laundry room also missing large portion of ceiling approximately 3 feet by 3 feet. Maintenance Director states that the facility has a leak upstairs and he waiting until everything dry's out before a patch is made. Maintenance Director states that the ceiling has been open for 2 weeks. The above was discussed and acknowledged by the Administrator.	K 012	4. Plans to monitor performance to ensure solutions are sustained: Random inspections of the facility will be done to ensure that fire resistive ceiling construction, capable of resisting the passage of smoke and fire into other compartments of the building is maintained. Correction and re-inservicing will be conducted immediately as needed and subsequently reported to the Executive Director. Outcomes will be reported to and monitored by the Quality Assurance and Process Committee x 3 Months. 5. Title of person responsible to ensure correction: Executive Director Deficiencies related to <u>K052</u> , will be corrected as follows: 1. Correction/s as it relates to the resident/s: The annual testing of the fire alarm system will be completed. 2. Action/s taken to protect residents in similar situations: The testing company was immediately called and the routine fire alarm system was expiated. 3. Measures taken or systems altered to ensure that solutions are sustained: The schedule for testing of the fire alarm system will be reviewed with the testing company and revised to ensure timely annual testing per code. The facilities computerized facility maintenance program will be revised to schedule testing of the fire alarm system in advance of the annual due date.	2/15/16
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052		

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K 052	Continued From page 2 This Standard is not met as evidenced by: Surveyor: 35231 Based upon record review and staff interviews on 01/11/2016 between approximately 09:00 and 11:15 hours the facility has failed to have appropriate testing of the fire alarm system which result in the failure of notification to staff, of a water supply problem to the fire sprinkler system and endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: The facility failed to conduct annual fire alarm testing in the previous calendar year. The Maintenance Director states that he scheduled an annual inspection during the survey. The above was discussed and acknowledged by the Administrator.	K 052	4. Plans to monitor performance to ensure solutions are sustained: Testing of the fire alarm system will be added to the monthly maintenance management report. Month maintenance management reports will be reviewed and monitored by the Quality Assurance and Process Committee x 3 Months 5. Title of person responsible to ensure correction: Executive Director	2/15/16
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 18.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This Standard is not met as evidenced by: Surveyor: 35231 Based upon observations and staff interviews on 01/11/2016 between approximately 09:00 and 11:15 hours the facility has failed to conduct testing of the fire sprinkler system as required. This could result in the failure of the fire sprinkler system to operate properly in the event of a fire which would endanger the residents, staff and/or visitors within the facility.	K 062	Deficiencies related to <u>K062</u> , will be corrected as follows: 1. Correction/s as it relates to the resident/s: The annual testing of the fire sprinkler system will be completed 2. Action/s taken to protect residents in similar situations: The testing company was immediately called and the routine annual sprinkler system was expiated. 3. Measures taken or systems altered to ensure that solutions are sustained: The schedule for testing of the fire sprinkler system will be reviewed with the testing company and revised to ensure timely annual testing per code. The facilities computerized facility maintenance program will be revised to schedule testing of the fire sprinkler system in advance of the annual due date.	

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K 062	Continued From page 3 The findings include, but are not limited to: The facility failed to conduct annual testing of the sprinkler system in the previous calendar year. The Maintenance director scheduled an annual inspection during the survey. The above was discussed and acknowledged by the Administrator.	K 062	4. Plans to monitor performance to ensure solutions are sustained: Testing of the fire sprinkler system will be added to the monthly maintenance management report. Month maintenance management reports will be reviewed and monitored by the Quality Assurance and Process Committee x 3 Months	2/15/16
K 064 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1, NFPA 10. 18.3.5.6 This Standard is not met as evidenced by: Surveyor: 35231 Based upon record review and observation on 1/11/2016 between approximately 09:00 and 13:00 hours 13:35 has failed to assure proper maintenance and testing 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. The findings include, but are not limited to: The facility failed to conduct annual fire extinguisher inspection throughout the facility. The last annual inspection was completed on 1/8/2015. The Maintenance Director states that all testing was completed on 1/8/2015 The above was discussed and acknowledged by the Maintenance Director.	K 064	5. Title of person responsible to ensure correction: Executive Director Deficiencies related to K064 , will be corrected as follows:	
K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 18.3.2.6, NFPA 96	K 069	1. Correction/s as it relates to the resident/s: The annual testing of the portable fire extinguishers will be completed. 2. Action/s taken to protect residents in similar situations: The Fire testing company was immediately called and the portable fire extinguisher inspection was expiated. 3. Measures taken or systems altered to ensure that solutions are sustained: Portable fire extinguisher testing will be reviewed with the testing company and revised to ensure timely annual testing per code. The facilities computerized facility maintenance program will be revised to schedule portable fire extinguisher testing in advance of the annual due date.	✓

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K 069	Continued From page 4 This Standard is not met as evidenced by: Surveyor: 35231 Based upon record review and staff interviews on 01/11/2016 between approximately 09:00 and 11:15 hours the facility failed to conduct testing of the hood and duct fire suppression equipment protecting the commercial cooking equipment in the kitchen. This could result in the failure of the system to operate properly which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: The facility failed to conduct semi-annual hood system testing. The facility's last recorded hood system test was on 7/8/15. The Maintenance Director states that this test is greater than 6 months old. The above was discussed and acknowledged by the Administrator.	K 069	4. Plans to monitor performance to ensure solutions are sustained: Portable fire extinguisher testing will be added to the monthly maintenance management report. Month maintenance management reports will be reviewed and monitored by the Quality Assurance and Process Committee x 3 Months 5. Title of person responsible to ensure correction: Executive Director Deficiencies related to <u>K069</u> , will be corrected as follows:	2/15/16
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: 35231 Based upon observations and staff interviews on 01/11/2015 between approximately 09:00 and 11:15 hours the facility has failed to restrict the use 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	K 147	1. Correction/s as it relates to the resident/s: The semi-annual hood system testing will be completed. 2. Action/s taken to protect residents in similar situations: The Fire testing company was immediately called and the semi-annual hood system testing was expiated. 3. Measures taken or systems altered to ensure that solutions are sustained: Semi-annual hood system testing will be reviewed with the testing company and revised to ensure timely annual testing per code. The facilities computerized facility maintenance program will be revised to schedule the semi-annual hood system testing in advance of the annual due date.	

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K 147	<p>Continued From page 5 within the facility.</p> <p>The findings include, but are not limited to: Extension cords found in room 102 used for TV. Room 104 non approved multi plug adapter (No overcurrent protection) Room 116, room 113 receptacle covers missing on outlets. Electrical cover in electrical room approximately 1 foot by 1 foot missing exposing electrical wires. Electrical conduit not connected to junction box outside of building adjacent to generator. Open electrical wires hanging from soiled laundry room. Light was missing. Maintenance director states that the facility had a leak upstairs and has not finished repairs.</p> <p>The above was discussed and acknowledged by the Administrator.</p>	K 147	<p>4. Plans to monitor performance to ensure solutions are sustained: Semi-annual hood system testing will be added to the monthly maintenance management report. Monthly maintenance management reports will be reviewed and monitored by the Quality Assurance and Process Committee x 3 Months</p> <p>5. Title of person responsible to ensure correction: Executive Director</p> <p>Deficiencies related to K147, will be corrected as follows:</p> <p>1. Correction/s as it relates to the Citation:</p> <ol style="list-style-type: none"> The extension cord enclosed in wire molding found in room 102 will be removed. The non-approved multi plug adapter found in 104 will be removed. The receptacle covers that were found missing will be replaced The missing electrical cover in the electrical room that was missing thus exposing electrical wires has been reinstalled. The electrical conduit not connected to the junction box outside of the building has been reconnected. The wires exposed and lighting that has been removed as part of current plumbing repair work above them will be corrected by repairing the ceiling thus covering the wires and reinstalling the light fixture. 	2/15/16

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