

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

143

Printed: 01/31/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505465	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/31/2014
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NAME OF PROVIDER OR SUPPLIER JOSEPHINE SUNSET HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 9901 272ND PLACE NORTHWEST STANWOOD, WA 98292
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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	INITIAL COMMENTS An unannounced Life Safety Code Survey was conducted at Josephine Sunset Home, Stanwood, Washington, on January 31, 2014 by staff from the Washington State Patrol, Fire Protection Bureau, Oak Harbor Detachment. The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care. The LTC 160 bed facility with a census of 155, consisted of a Type V-111, 2 story structure, with nos basement and was built in 1949. The second story is above the first floor administrative area and is used for training as well as business offices. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade and have an all weather surface and lead to a public way. The deficiencies identified during this survey are listed below. The facility is not in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.  Deputy State Fire Marshal	K 000	The submission of this plan of correction does not constitute admission by the provider of any fact or conclusion set forth in the statement of deficiency. This plan of correction is being submitted because it is required by law. K 046 The emergency lighting unit was replaced on February 4, 2014 and confirmed to be functional. The generator testing checklist was revised to ensure that required weekly/monthly/annual tests are performed. Testing is conducted by maintenance personnel. The Nursing Home Administrator will audit testing checklists on a monthly basis. Audit results will be reviewed at the Quality Assurance Performance Improvement Committee monthly meeting until consistent, substantial compliance is met. Compliance will then be monitored and reported to the Committee on a quarterly basis.	
K 046 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9: 19.2.9.1. This Standard is not met as evidenced by: Based on observation and staff interview, the facility failed to maintain emergency lighting.	K 046		2-4-14 2-5-14 2-10-14 Ongoing 2-21-14 Ongoing

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 2-6-2014
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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 JOSEPHINE SUNSET HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 9901 272ND PLACE NORTHWEST STANWOOD, WA 98292		
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K 046	Continued From page 1 During the facility tour on January 31, 2014 from 9:10 AM to 1:30 PM the following emergency lights failed to operate in test/emergency mode: 1. The emergency light in the generator room failed to illuminate in test mode. 2. During documentation review on January 31, 2014 at approximately 12:30 PM it was discovered that the facility failed to document the monthly 30 second test as well as the annual 90 minute test for the emergency light unit in the generator room. These findings were acknowledged by the Maintenance Director.	K 046	K 147 The facility has assessed resident rooms and assisted with furniture rearrangement and/or provided available in-wall adaptors to replace existing power strips. Additional in-wall adaptors are being ordered and the need for additional outlet installation will be assessed on an ongoing basis. The facility has requested a 6 month waiver for completion of the project to remove power strips from resident rooms.	2-28-14
K 147 SS=D	NFFA 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: Based on observations, the facility failed to maintain proper electrical conditions per NFPA 70, National Electrical Code. This has the potential to expose staff and patients to a fire environment. The findings are as follows: During the facility tour on January 31, 2014 from 9:10 AM to 1:30 PM the following deficiencies were found: 1. Resident rooms throughout the building had multi plug adapters with cords powering electrical items These findings were acknowledged by the	K 147	Housekeeping staff will weekly inspect the remaining power strips in resident rooms for signs of damage or degradation. Power strips not working properly or with frayed wires will be replaced immediately. Power strips will be located so as to not incur damage, be stapled/tacked/taped, exposed to a moist environment or plugged into another power strip. Facility staff has been in-serviced regarding the use of power strips and in-wall adaptors.	8-28-14 ONGOING 2-28-14

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K 147	Continued From page 2 Maintenance Director	K 147	Maintenance staff/Safety Committee members will conduct routine resident room rounds to ensure compliance. The Nursing Home Administrator will review room round findings on a monthly basis and report compliance at the Quality Assurance Performance Improvement Committee monthly meeting until power strips are replaced with in-wall adaptors or additional outlet installation. Compliance will then be monitored via resident room rounds and reported to the Committee by the Nursing Home Administrator on a quarterly basis.	2-28-14 ONGOING