

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

Printed: 01/07/2015
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 01/07/2015
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 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 19192 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Josephine Sunset Home on 1/7/2015 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 teams.</p> <p>The facility has a total of 160 beds and at the time of this survey the census was 157.</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 two story structure of Type V-A 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 compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.</p> <p>The surveyor was:  Donald L. West Deputy State Fire Marshal</p>	K 000	<p>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.</p>	
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 018		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE:  TITLE: *Administrator* (X6) DATE: **1-15-2015**

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 018	<p>Continued From page 1</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This Standard is not met as evidenced by: Surveyor: 19192</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p>	K 018	<p>K 018</p> <p>The doors identified at the time of survey were adjusted for proper closure during the inspection.</p> <p>Maintenance staff has conducted rounds to ensure proper door closure and adjustments completed as indicated.</p> <p>Facility staff has been inserviced to notify maintenance personnel of impediments to proper door closure/latching so that adjustments can be performed as indicated.</p> <p>The maintenance supervisor and/or designee will audit closure of 20 random doors throughout the facility on a monthly basis and report findings to the QA Committee monthly.</p>	<p>1-7-15</p> <p>1-31-15</p> <p>1-31-15</p> <p>1-31-15</p> <p>Ongoing</p>

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K 018	<p>Continued From page 2</p> <p>This requirement is not met as evidenced by:</p> <p>Based upon observations and staff interviews on 1/7/2015 between approximately 0930 and 1330 hours the facility 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:</p> <ol style="list-style-type: none"> 1. The door to the clean linen room in the rehab unit drags on the floor and will not close. 2. The door to the emergency water supply closet failed to close and latch. 3. The door to the east social services office failed to close and latch. 4. The door to the vending machine room failed to close and latch. <p>THESE DOORS WERE CORRECTED AT THE TIME OF THE SURVEY.</p> <p>The above was discussed and acknowledged by the Administrator and Maintenance director.</p>	K 018	<p>K 056</p> <p>Sprinkler coverage has been installed in the outside overhang at the entrance next to the therapy gym. A qualified sprinkler service inspected the sprinkler heads in the multipurpose room/chapel and identified installed sprinkler heads as quick response units. Please refer to the attached letter from the vendor confirming this along with sprinkler head manufacturer literature.</p> <p>Maintenance staff has conducted inspection of other facility entrances with outside overhangs and determined sprinkler coverage to be present.</p>	<p>1-31-15</p> <p>1-13-15</p> <p>1-14-15</p> <p>1-7-15</p>
K 056 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully</p>	K 056	<p>Maintenance staff has conducted facility rounds for the presence of mixed and standard sprinkler heads and a qualified sprinkler service has replaced units as indicated.</p>	1-31-15

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K 056	<p>Continued From page 3</p> <p>supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This Standard is not met as evidenced by: Surveyor: 19192</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5</p> <p>This requirement is not met as evidenced by:</p> <p>Based upon observations and staff interviews on 1/7/2015 between approximately 0930 and 1330 hours the facility has failed to provide fire sprinkler protection to all required areas of the facility. This could result in a fire not being contained to the area of origin and could endanger residents, staff and/or visitors.</p> <p>The findings include, but are not limited to:</p> <p>1. In the outside overhang next to the therapy</p>	K 056	<p>K 056</p> <p>Maintenance staff has been inserviced regarding the presence of sprinkler coverage in entrances with outside overhangs. Maintenance staff has been inserviced regarding not mixing quick response and standard response units.</p> <p>The maintenance supervisor and/or designee will inspect work done by qualified sprinkler service vendors to ensure compliance. The maintenance supervisor will report findings to the QA Committee monthly.</p>	<p>1-31-15</p> <p>1-31-15</p> <p>1-31-15</p> <p>Ongoing</p>

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K 056	Continued From page 4 Gym there is no sprinkler coverage.	K 056		
K 062 SS=E	2. In the multi purpose/chapel room there is a mix of quick response and standard response sprinkler heads. The above was discussed and acknowledged by the facility Administrator and Maintenance director. NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This Standard is not met as evidenced by: Surveyor: 19192 Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This requirement is not met as evidenced by: Based upon observations and staff interviews on 1/7/2015 between approximately 0930 and 1330 hours the facility has failed to maintain 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 and allow the fire to increase in size and intensity which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to:	K 062	K 062 The sprinkler head above boiler #2 has been replaced. The server shelf in the West B/C electrical room has been relocated. Maintenance staff has conducted rounds to identify painted sprinkler heads and units have been replaced as indicated. Maintenance staff has conducted rounds and determined there are no sprinkler obstructions in other electrical rooms. Maintenance staff has been inserviced to ensure sprinkler heads remain free of paint. Maintenance staff has been inserviced to ensure sprinkler heads in electrical rooms are unobstructed.	1-31-15 1-14-15 1-31-15 1-13-15 1-31-15 1-31-15

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K 062	Continued From page 5 1. The sprinkler head above boiler #2 in the boiler room appears to have been painted. 2. The sprinkler head in the electrical room across from the WEST B/C nurses station is obstructed by a shelf with servers. The above was discussed and acknowledged by the facility Administrator and Maintenance director.	K 062	The maintenance supervisor and/or designee will inspect completed painting projects and report to the QA Committee monthly. The maintenance supervisor and/or designee will inspect electrical rooms monthly and report findings to the QA Committee.	1-31-15 <i>Ongoing</i>

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