

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

Printed: 06/25/2013
FORM APPROVED
OMB NO. 0938-0391

1432

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505369	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 06/25/2013
NAME OF PROVIDER OR SUPPLIER REGENCY AT NORTHPOINTE		STREET ADDRESS, CITY, STATE, ZIP CODE 1224 EAST WESTVIEW COURT SPOKANE, WA 99218		
(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>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Fire and Life Safety Re-certification Survey conducted at Regency at Northpointe located at 1224 East Westview Court, Spokane Washington. The Survey commenced on 6/25/13 at approximately 0920 hours with a physical tour of the facility and then a documentation review that started at approximately 1200 hours with a completion of the Survey at approximately 1415 hours. During the physical tour and documentation review I was accompanied by the Facility Administrator and Maintenance Staff who witnessed any deficiency noted during this Survey. The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. Regency at Northpointe is a one story structure of Type V (111) construction covering approximately 55,560 square feet and is protected by a Type 13 Fire Sprinkler System and an Automatic/Manual Fire Alarm System. The Survey was conducted in conjunction with the Health Survey Team from the Department of Social and Health Services. The facility is licensed for 120 residents with a current census of 97.</p> <p>The facility fails to meet the Life Safety Code 2000 Edition as adopted by C.M.S. based upon the deficiencies noted during this Survey.</p> <p>The Surveyor was: ██████████ Deputy State Fire Marshal Nursing Home Surveyor 20225</p> <p>The Surveyor was from: Washington State Patrol Office of the State Fire Marshal Fire Prevention Bureau</p>	K 000		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

[Handwritten Signature]

TITLE

Administrator

(X6) DATE

7/3/13

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	Continued From page 2 1. Storage Room Door by Gym 2. Room #819 3. Staff Lounge Door 4. Kitchen Door 5. Time Clock Room Door 6. Room #826 7. Room #505 8. Room #827 These doors are to be properly adjusted to provide positive latching upon closing to prevent the possible movement of fire or smoke which could place residents, staff and visitors at risk of possible harm.	K 018	K - 050	
K 050 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This Standard is not met as evidenced by: Based upon documentation and staff interviews during the survey conducted on 6/25/13 between the hours of 0920 to 1415 hours the facility was unable to provide documentation to show that fire drills were conducted on the Swing Shift and Night Shift during the 1st Quarter of 2013. Fire drills have been conducted on all shifts for the 2nd Quarter of 2013. Facility has undergone some personnel change in Administrators and Maintenance and now have instituted a Fire Drill	K 050	SS = D Fire Drills will be conducted quarterly on each shift. Administrator has implemented a scheduling and sign off matrix to ensure that drills are completed, reviewed and documented to ensure compliance. Results of drills and timely completion of drills will be reviewed at QA committee quarterly to ensure completion. Administrator will audit Matrix and ensure compliance with required timelines.	7/12/13 7/12/13 7/12/13

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K 050	Continued From page 3 Matrix to help ensure that Fire Drills are being conducted when required.	K 050		
K 147 SS=E	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: Based upon observations made during this survey conducted on 6/25/13 between the hours of 0920 to 1200 while accompanied by the Facility Administrator and Maintenance Staff we observed that Multi-plug Power Strips were still being used for non-computer type electrical equipment. Facility has been issued a Continuing Waiver for this Deficiency which was cited in 2012. The Continuing Waiver is effective for a three year period, ending on May 15, 2015. Following is a listing of rooms where I observed the use of Multi-plug Power Strips for non-computer type electrical items: 1. Resident rooms #101, #102, #106, #107, #110, #113, #130, #120, #137, #141 In addition the facility provided a listing of other locations where Multi-plug Power Strips were being used.	K 147	K - 147 SS = E Facility requested and obtained a waiver regarding use of power strips in the facility, please see attached. Facility has inserviced Maintenance and Housekeeping regarding inspection and reporting of power strips, use of power strips, and features that power strips must have in accordance with waiver.	7/12/13

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