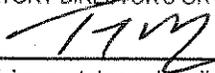


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 04/10/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505369</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/10/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>REGENCY AT NORTHPOINTE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1224 EAST WESTVIEW COURT SPOKANE, WA 99218</b>		
(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><b>INITIAL COMMENTS</b></p> <p>Surveyor: 32863 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Regency at Northpointe located at 1224 E. Westview Court, Spokane, WA on 4/10/14 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. During the physical tour of the facility I was accompanied by the Facility Maintenance Director and Facility Administrator, who witnessed any deficiency noted during this survey.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a one story structure of Type V 1 hour construction with exits to grade and is protected by a Type 13 sprinkler system and an Automatic / Manual Fire Alarm System with corridor smoke detection. In addition the facility has installed integrated smoke detectors in all resident rooms. The facility is licensed for 120 residents with a current census of 105.</p> <p>The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare &amp; Medicaid Services. The following citations were documented during the survey:</p> <p>The surveyor was:</p> <p>David Rogers Deputy State Fire Marshal Nursing Home Surveyor 32863</p>	K 000		

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



TITLE

Administrator

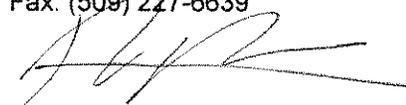
(X6) DATE

4/18/14

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.

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

Printed: 04/10/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505369</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/10/2014</b>	
NAME OF PROVIDER OR SUPPLIER <b>REGENCY AT NORTHPOINTE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1224 EAST WESTVIEW COURT SPOKANE, WA 99218</b>		
(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	Continued From page 1 The surveyor was from: Washington State Patrol Office of the State Fire Marshal Fire Protection Bureau PO Box 19130 Spokane WA 99219-9130 Telephone: (509) 954-2746 Fax: (509) 227-6639  DSFM D.A. Rogers	K 000		
K 012 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1</p> <p>This Standard is not met as evidenced by: Surveyor: 32863 Based upon observations and staff interviews on 4/10/2014 between approximately 1030 and 1430 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.</p> <p>The findings include, but are not limited to: 1. There was an uncovered penetration in the ceiling of Janitor Closet #838. 2. There was a missing phone outlet cover exposing the inner wall of the West Nursing Station.</p>	K 012	<p>K - 012</p> <p>SS = E</p> <p>All four wall penetrations identified in the 2567 have been repaired by our Maintenance department.</p> <p>Detailed facility rounds have been completed on 4/23/14 to identify any other interior wall penetrations.</p> <p>Maintenance department will complete quarterly audits of facility to ensure compliance. Additionally any time a third party contractor is utilized to run wire or work on phones maintenance will review work and ensure no wall penetrations are present.</p> <p>Results of audits and any corrective actions will be reviewed at the QA committee quarterly, Administrator to ensure compliance</p>	4/25/14

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505369</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/10/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>REGENCY AT NORTHPOINTE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1224 EAST WESTVIEW COURT SPOKANE, WA 99218</b>		
(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 2 3. There was a missing phone outlet cover exposing the inner wall of room #502. 3. There was a missing cover plate on the auxiliary sprinkler drain valve, exposing the inner wall of the laundry room.  The above was discussed and acknowledged by the Facility Administrator.	K 012		
K 040 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access doors and exit doors used by health care occupants are of the swinging type and are at least 32 inches in clear width. 19.2.3.5  This Standard is not met as evidenced by: Surveyor: 32863 Based upon observations and staff interviews on 4/10/2014 between approximately 1030 and 1430 hours the facility has failed to maintain the minimum door swing and width requirement. This could cause an inability or delay in the evacuation of residents in the event of an emergency which would endanger residents, staff and/or visitors.  The findings include, but are not limited to: The corridor exit door next to the Central Storage room required excessive force to open, and did not open to the full 32 inches in width.  The above was discussed and acknowledged by the Facility Administrator.	K 040	K - 040  SS = D  The exit door by Central supply has been oiled and cleaned to ensure that it opens to its full 32 width swing requirement with minimal force.  All exit doors have been tested and preventative maintenance completed to ensure they open to the full 32 inches in clear swing.  Exit door testing will be completed quarterly and results documented in maintenance log.  ED and maintenance will discuss and review records quarterly to ensure compliance.	4/25/14
K 046 SS=E	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.	K 046		

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

Printed: 04/10/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505369</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/10/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>REGENCY AT NORTHPOINTE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1224 EAST WESTVIEW COURT SPOKANE, WA 99218</b>		
(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 046	Continued From page 3  This Standard is not met as evidenced by: Surveyor: 32863 Based upon observations and staff interviews on 4/10/2014 between approximately 1030 and 1430 hours the facility has failed to maintain records of testing for the emergency battery backup lighting. This could result in the failure of the battery powered backup lighting in the event of a power outage and render the means of egress dark. This could result in tripping and fall injuries to residents, staff and/or visitors.  The findings include, but are not limited to: The facility could not provide documentation of conducting the 30 second monthly test and the 90 minute annual test of their battery operated emergency lighting devices.  The above was discussed and acknowledged by the Facility Administrator.	K 046	K - 046  SS = E  All battery operated emergency lighting devices have been tested at the 90 minute annual test. This has been documented and included in maintenance records.  Tests will be completed monthly for 30 seconds and results documented in maintenance records.  All records will be reviewed with Administrator on a quarterly basis and signed off to ensure compliance.	4/25/14
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. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5  This Standard is not met as evidenced by: Surveyor: 32863 Based upon observations and staff interviews on 4/10/2014 between approximately 1030 and 1430 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	K 062	SS = F  Sprinkler tests addressing the water flow alarm, supervisory and pressure switch devices will be conducted on a quarterly basis.  Annual and semi-annual tests will be conducted by Licensed contracted service providers. Facility maintenance will conduct alternate quarterly tests.  Documentation of completion will be provided to the Administrator and QA committee and kept in maintenance log.	4/25/14

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

Printed: 04/10/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505369</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - <b>MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/10/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>REGENCY AT NORTHPOINTE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1224 EAST WESTVIEW COURT SPOKANE, WA 99218</b>		
(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 062	Continued From page 4 endanger the residents, staff and/or visitors within the facility.  The findings include, but are not limited to: The facility could not provide documentation of conducting the quarterly sprinkler inspection for 2nd quarter 2013.  The above was discussed and acknowledged by the Facility Administrator.	K 062		
K 147 SS=F	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>  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: 32863 Based upon observations and staff interviews on 4/10/2014 between approximately 1030 and 1430 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 within the facility.  The findings include, but are not limited to: Powerstrips were observed in use with televisions in resident rooms # 121, 131, 134, 144, 149, and 158. A powerstrip was observed in use with a juice dispensing machine in the kitchen.  The above was discussed and acknowledged by the Facility Administrator.	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.	4/25/14