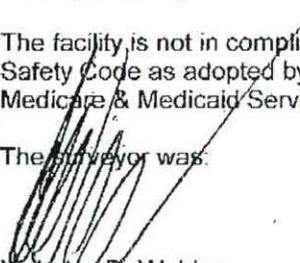


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505522	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/08/2015
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NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES - SALMON	STREET ADDRESS, CITY, STATE, ZIP CODE 2811 NE 139TH STREET VANCOUVER, WA 98686
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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)	(X6) COMPLETION DATE
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 35231 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Manorcare Health Services on 12/08/2015 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 120 beds and at the time of this survey the census was 105.</p> <p>The New 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 2 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 paved 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:  Nicholas D. Wolden Deputy State Fire Marshal</p>	K 000	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p>	12/23/15
K 046 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 18.2.9.1</p>	K 046		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Deputy State Fire Marshal	(X6) DATE 12/16/15
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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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K 046	Continued From page 1 This Standard is not met as evidenced by: Surveyor: 35231 Based upon observations and staff interviews on 12/08/2015 between approximately 09:00 and 14:30 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 failed to maintain emergency battery back up lighting annual testing. When the Maintenance Director was interviewed he was asked if he has ever tested the emergency lighting for 90 minutes. The Maintenance Director replied "I have not, No." The Maintenance Director provided monthly testing of the emergency lighting. The above was discussed and acknowledged by the Administrator.	K 046	K 046 Following exit of Fire Marshal's survey on 12/8/15 facility Maintenance Director immediately tested facility's battery-powered emergency lights for the annual 90 minute test. To ensure on-going / future compliance in this area, the annual 90 minute test of battery-powered lights was included in the Maintenance Director's preventive maintenance schedule. Compliance will be ensured by Administrator and Director of Maintenance by December 23, 2015	12/23/15
K 062 SS=D	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 on 12/08/2015 between approximately 09:00 and 14:30 hours the facility has failed to maintain the fire sprinkler system as	K 062	K 062 Following exit of Fire Marshal's survey on 12/8/15 facility Maintenance Director immediately contacted contracted vendor who delivered new sign for bell next day. Faded sign was replaced on bell with new sign. Compliance will be ensured by Administrator and Director of Maintenance by December 23, 2015	12/23/15

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CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 12/08/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505522	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/08/2015
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NAME OF PROVIDER OR SUPPLIER MANORCARE HEALTH SERVICES - SALMON	STREET ADDRESS, CITY, STATE, ZIP CODE 2811 NE 139TH STREET VANCOUVER, WA. 98686
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K 062	Continued From page 2 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: Fire sprinkler report dated 09/30/2015 states that the facility needs to replaced faded out bell sign. The bell sign was obserbed to be faded out during the inspection. The above was discussed and acknowledged by the Administrator.	K 062		
K 076 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities.</p> <p>(a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation.</p> <p>(b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 18.3.2.4</p> <p>This Standard is not met as evidenced by: Surveyor: 35231 Based upon observations and staff interviews on 12/08/2015 between approximately 11:00 and 12:00 hours the has failed to properly maintain the storage of medical gas in the facility. This could result in the rapid spread of smoke and fire in the event of ignition which could potentially endanger the residents, staff and/or visitors within the facility.</p>	K 076	<p>K 076 Facility Maintenance Director and Administrator immediately secured the oxygen cylinder identified during the Fire Marshal's tour. Staff received education on safe oxygen storage. Administrator had additional 12 cylinder rack placed in facility's oxygen storage room. Random audits being conducted on oxygen storage room for 90 days with results brought to QAA Committee for review and actions, if necessary.</p> <p>Compliance will be ensured by Administrator and Director of Maintenance by December 23, 2015</p>	12/23/15

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K 076	Continued From page 3 The findings include, but are not limited to: The facility failed to maintain proper securement of oxygen cylinders inside the oxygen storage room. One oxygen cylinder was found inside a 5 gallon bucket that was full of rock salt. The Administrator was shown the oxygen cylinder and promptly moved the cylinder to abate the violation. Approximately 50 oxygen cylinder were observed to be properly secured. The above was discussed and acknowledged by the Administrator.	K 076		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99, 3.4.4.1. This Standard is not met as evidenced by: Surveyor: 35231 Based upon observations and staff interviews on 12/08/2015 between approximately 09:00 and 14:00 hours the facility has failed to have the emergency generator meet the requirements of the Fire Safety Code. This could result in conditions that would result in the failure of the emergency generator that would not be detected by staff in a timely manner which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: Annual generator report states, fuel residue around the fuel return fitting on top of fuel tank after running engine.	K 144	K 144 Facility Maintenance Director contacted licensed pipe fitter who assessed fittings identified on facility's emergency generator. Licensed pipe fitter submitted report of no findings of leaks/issues or need for repairs. Going forward facility Maintenance Director and Administrator will review inspection reports for deficiencies and areas of note. Compliance will be ensured by Administrator and Director of Maintenance by December 23, 2015	12/23/15

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K 144	Continued From page 4 Contact was the vendor that conducted testing and it was stated that they do not make repairs such as that. The Administrator and and the Maintenance Director stated that they were not aware of the problem. The above was discussed and acknowledged by the Administrator.	K 144		12/23/15

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