

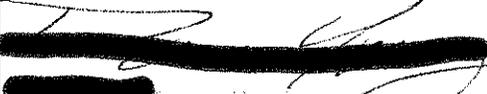
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 12/18/2013  
FORM APPROVED  
OMB NO. 0938-0391

1448

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505525</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>12/18/2013</b>
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NAME OF PROVIDER OR SUPPLIER <b>MANORCARE HEALTH SERVICES - LACEY</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>4524 INTELCO LOOP SE LACEY, WA 98503</b>
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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
K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 29197 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Manorcare Health Services-Lacey on 12/18/13 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 47. This was confirmed by the administrator.</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 II (1,1,1) 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 substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare &amp; Medicaid Services.</p> <p> Deputy State Fire Marshal</p>	K 000		
K 017 SS=C	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Corridor walls form a barrier to limit the transfer of smoke. Such walls are permitted to terminate at the ceiling where the ceiling is constructed to limit the transfer of smoke. No fire resistance rating is</p>	K 017		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE <i>12/19/2013</i>
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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 017	Continued From page 1 required for the corridor walls. 18.3.6.1, 18.3.6.2, 18.3.6.5  This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 12/18/13 between approximately 0930 and 1400 hours the facility has failed to maintain corridor walls so that they will resist the passage of smoke. 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 smoke compartment.  The findings include, but are not limited to: 1. Non-approved foam was observed to be used as a fire stop at the wire penetrations in the nursing storage room. 2. A wire conduit was observed to not be protected in the nurse call control room.  The above was discussed and acknowledged by the Maintenance Director.	K 017	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 indicated.	
K 141 SS=C	NFPA 101 LIFE SAFETY CODE STANDARD Non-smoking and no smoking signs in areas where oxygen is used or stored are in accordance with 18.3.2.4, NFPA 99, 8.6.4.2.  This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 12/18/13 between approximately 0930 and 1400	K 141	<b>K-017</b> NFPA approved barrier sealant was applied to the wire penetration in the nursing storage room and the wire conduit in the nurse call control room.  The maintenance director will conduct facility rounds on a monthly basis to ensure there are no penetrations compromising smoke compartments.	12/20/13

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K 141	<p>Continued From page 2</p> <p>hours the facility has failed to provide signage where oxygen is in use or stored. 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> <p>The findings include, but are not limited to: Resident rooms [redacted] and [redacted] were observed to have oxygen in use, there were no oxygen in use signs observed at the stated locations.</p> <p>The above was discussed and acknowledged by the Maintenance Director.</p>	K 141	<p>Findings will be reported to the QA&amp;A committee.</p> <p><b>K-141</b></p> <p>"Oxygen In Use-No Smoking" signs have been placed on all public entrances.</p> <p>The maintenance director will conduct facility rounds on a weekly basis to ensure the signage remains in place.</p> <p>Findings will be reported to the QA&amp;A committee.</p>	1/2/14