

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

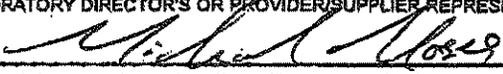
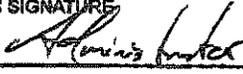
Printed: 10/22/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 605273	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2014
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NAME OF PROVIDER OR SUPPLIER PRESTIGE CARE & REHABILITATION - CAMAS	STREET ADDRESS, CITY, STATE, ZIP CODE 740 NE DALLAS STREET CAMAS, WA 98607
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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
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 29197 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at the Prestige Care & Rehabilitation- Camas on 10/22/2014 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>Prestige Care & Rehabilitation- Camas has a total of 78 beds and at the time of this survey the census was 64.</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 one story structure of Type 5 (111) 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 & Medicaid Services.</p> <p>The surveyor was:  Dan Young Deputy State Fire Marshal</p> <p>K 062 SS=F NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	DATE 10/21/14	(X6) DATE
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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 062	Continued From page 1 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: 29197 Based upon observations and staff interviews on 10/22/2014 between approximately 1030 and 1430 hours Prestige Care & Rehabilitation-Camas 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 endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: There are no records to indicate the annual inspection of the fire sprinkler system was conducted in November 2013. The last record of the annual inspection was on 11/2012. The quarterly inspections have been completed. The above was discussed and acknowledged by the administrator.	K 062	"This plan of correction is prepared and submitted as required by law. By submitting this Plan of Correction, Prestige Care & Rehabilitation Camas does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency."	
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.	K 144	K-62 How the nursing home will correct the deficiency as it relates to the resident? No individual resident was identified for the deficiency.	11/25/14

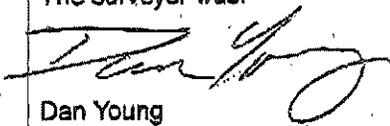
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K 144	Continued From page 2 This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 10/22/2014 between approximately 1030 and 1300 hours Prestige Care & Rehabilitation-Camas has failed to have the emergency 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: During a tour of the facility the administrator and maintenance director could not confirm that the generators for the facility had a remote stop. NFPA 110 1999 Edition 3-5.6 All level 1 and 2 installations shall have a remote manual stop station of a similar type to a break-glass station located outside the room housing the prime mover, where so installed or located elsewhere on the premises where the prime mover is located outside the building.	K 144	How will the nursing home act to protect residents in similar situations? The Center will conduct testing of the fire sprinkler system as required. Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur. The Center will be put on an annual calendar with the vender to provide the service. How the nursing home plans to monitor its performance to make sure that the solutions are sustained?	
K 000	INITIAL COMMENTS Surveyor: 29197 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Prestige Care & Rehabilitation- Camas on	K 000	Performance will be monitored at monthly QA meeting for 3 months. The title of the person responsible to ensure correction. Administrator	

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K 000	Continued From page 3 10/22/2014 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. Prestige Care & Rehabilitation- Camas has a total of 78 beds and at the time of this survey the census was 64. The New section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. The facility is a one story structure of Type 5 (111) 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. The facility is not in compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services. The surveyor was:  Dan Young Deputy State Fire Marshal	K 000	K-144 How the nursing home will correct the deficiency as it relates to the resident? No individual resident was identified for the deficiency. How will the nursing home act to protect residents in similar situations? The Center will install remote manual stops for generators 1 and 2. Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur.	11/25/14
K 062 SS=B	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	K 062	The Center will install remote manual stops for generators 1 and 2.	

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K 062	Continued From page 4 This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 10/22/2014 between approximately 1030 and 1300 hours Prestige Care & Rehabilitation-Camas 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: The following rooms were observed to have storage within 18" of the sprinkler heads: 1. Storage room across from resident room 107. 2. Storage room across from resident room 505. The above was discussed and acknowledged by the Administrator.	K 062	How the nursing home plans to monitor its performance to make sure that the solutions are sustained? Performance will be monitored and reported to the monthly QA meeting for 1 month. The title of the person responsible to ensure correction. Administrator K-62	11/25/14
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: 29197 Based upon observations and staff interviews on 10/22/2014 between approximately 1030 and 1300 hours Prestige Care & Rehabilitation-	K 144	How the nursing home will correct the deficiency as it relates to the resident? No individual resident was identified for the deficiency. How will the nursing home act to protect residents in similar situations? The Center will remove storage items within 18" of the sprinkler heads.	

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K 144	<p>Continued From page 5</p> <p>Camas 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.</p> <p>The findings include, but are not limited to: During a tour of the facility the administrator and maintenance director could not confirm that the generators for the facility had a remote stop.</p> <p>The above was discussed and acknowledged by the Administrator.</p>	K 144	<p>Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur.</p> <p>The Center will provide education to facility staff to not place storage regarding within 18" of the sprinkler heads.</p> <p>How the nursing home plans to monitor its performance to make sure that the solutions are sustained?</p> <p>Performance will be monitored by facility staff and findings will be reported to the monthly QA meeting for 3 month.</p> <p>The title of the person responsible to ensure correction.</p> <p>Administrator</p>	