

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

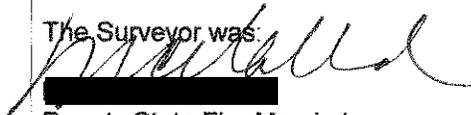
Printed: 08/01/2013  
FORM APPROVED  
OMB NO. 0938-0391

1454

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505226</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/01/2013</b>
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NAME OF PROVIDER OR SUPPLIER <b>PRESTIGE CARE &amp; REHABILITATION - SUNN</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>721 OTIS AVENUE SUNNYSIDE, WA 98944</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
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is a result of an unannounced Federal Life Safety re-certification survey conducted at Prestige Care &amp; Rehabilitation - Sunnyside, 721 Otis Avenue, Sunnyside, WA on August 1, 2013 by staff from the Washington State Patrol, Fire Protection Bureau, Union Gap Detachment. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Social and Health Services (DSHS).</p> <p>The 2000 new and existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.</p> <p>The Long Term Care 80 bed facility, census of 55 was provided by the Marketing Director and verified by the Administrator. The facility consisted of construction type III (211) one story building. The building was built in 1970 and new addition and remodel was completed in 2012. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade have been provided with an all weather surface and lead to a public way.</p> <p>The facility is not in substantial compliance with the Life Safety Code 2000 Edition as adopted by C.M.S. All of the findings were in the existing portion of the building.</p> <p>The Surveyor was:  Deputy State Fire Marshal Nursing Home Surveyor 28058</p>	K 000	<p>"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, <b>Sunnyside Care &amp; Rehabilitation Center</b> 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."</p> <p><b>K 012</b> The unsealed penetrations will be sealed by the maintenance department. Administrator will supervise. Maintenance supervisor will report at monthly QA meeting.</p>	
K 012	NFPA 101 LIFE SAFETY CODE STANDARD	K 012	<p><b>RECEIVED</b> OCT 04 2013 FIRE PROTECTION BUREAU</p> <p><b>RECEIVED</b> AUG 14 2013 FIRE PROTECTION BUREAU</p>	9/12/13

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE \_\_\_\_\_ TITLE \_\_\_\_\_ (X6) DATE \_\_\_\_\_

*Mary Arthur* *Qem* 8-8-13

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 012 SS=E	Continued From page 1  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  This Standard is not met as evidenced by: The facility has failed to maintain the fire construction rating of the building. This could allow for smoke and heat to penetrate from one room to another, from one area to another, or from a room into the ceiling above. This could place residents, visitors, and staff at the risk of a fire and smoke environment.  The findings include, but are not limited to:  Based upon observation and staff interview during the facility tour on August 1, 2013 between the hours of 10:30am and 12:05pm, I observed the following penetrations to fire rated walls:  1. At 11:25am, I observed that the sprinkler riser room also houses gas water heaters. This room has many unsealed penetrations. 2. At 11:30, I observed that the dietary office has an escutcheon missing.  These findings were observed and discussed with the Maintenance Director.	K 012	<b>K 072</b> The corridor is not deemed an exit corridor. The two carts on the right side of the corridor have been wheeled to different locations. Maintenance Department will monitor egress to insure it remains uncluttered and report at the monthly QA meeting that the corridor has remained clear. Administrator will supervise.	8-7-13
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD  Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10	K 072	<b>RECEIVED</b>  OCT 04 2013 <b>FIRE PROTECTION BUREAU</b>	

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K 072	Continued From page 2  This Standard is not met as evidenced by: The facility has failed to assure that exit egress remained clear and unobstructed. This potentially prevents staff from quickly exiting a fire/smoke environment.  The findings include, but are not limited to:  Based upon observation and staff interview during the facility tour on August 1, 2013 between the hours of 10:30am and 12:05pm, I observed that the exit corridor outside of laundry had miscellaneous items stored on both sides of the corridor. One side of the corridor was observed to have several refrigerators permanently placed in the corridor.  This finding was observed and discussed with the Maintenance Director.	K 072	<u><b>K147</b></u> Administrator will complete the Formal Request for Waiver and submit to Center for Medicare and Medicaid. In the time frame between submission of the Request for Waiver and receipt of Waiver, the Maintenance department will check all extension cards weekly for safety and report finding at the monthly QA meeting. Administrator will supervise.	9-12-13
K 147 SS=F	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: The facility has failed to maintain the premises free of electrical hazards. This could potentially expose residents, visitors, and staff to the threat of an electrical fire.  The findings include, but are not limited to:  Based upon observation and staff interview during the facility tour on August 1, 2013 between	K 147		

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K 147	Continued From page 3 the hours of 10:30am and 12:05pm, I observed the following electrical hazards:  1. At 10:40am in room 101, I observed a power strip used for bed, tv, and fan. 2. At 11:00am in staff lounge, I observed a microwave to be plugged into a power strip. 3. At 11:00am in room 103, I observed an unapproved 6 plug adaptor for tv and fan. 4. At 11:10am in the dining room, I observed a power strip going thru the door into the corridor to power the neon diner sign. 5. At 11:11am in room 105, I observed a power strip for tv and radio. 6. At 11:12am in room 113, I observed a power strip for fan and lamp. Then a 2nd power strip for tv. 7. At 11:13am in room 115, I observed a power strip for the air conditioner and tv. Then that power strip was plugged into an unapproved adaptor that also has shaver and tv. 8. At 11:17am in room 119, I observed a power strip for the air conditioner that is then plugged into an unapproved adaptor. 9. At 11:20am in room 118, I observed 2 unapproved adaptors. First one had tv, bed, and fan. Second one had bed and radio. 10. At 11:21am in room 116, I observed air conditioner on power strip plugged into an unapproved adaptor. 11. At 11:21am in room 114, I observed an unapproved adaptor for tv, fan. Also the air conditioner is plugged into a power strip. 12: At 11:22am in room 112, I observed an air conditioner into a power strip then into an unapproved adaptor. 13. At 11:22am in room 110, I observed an unapproved adaptor for tv and fan. 14. At 11:22am in room 108, I observed a power strip for chair and concentrator. Also the air	K 147	<b>K 147</b> See previous page	

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K 147	Continued From page 4 conditioner is plugged into an unapproved adaptor. 15. At 11:23am in the exercise room, I observed a heater wall unit without a cover plate and exposing electrical wiring. 16. At 11:24am in room 104, I observed an unapproved adaptor was being used for a radio. 17. At 11:30am in the laundry room by the washers, I observed an electrical outlet without its cover plate. 18. At 11:30am in the laundry room, I observed that the electronic soap dispenser is using a power strip as a permanent source of power.  These findings were observed and discussed with the Maintenance Director.	K 147	<u>K 147</u> See page 3	

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