

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

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Printed: 07/15/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505283	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BLDG 02 AUG 11 2014 B. WING _____ FIRE PREVENTION DIVISION	(X3) DATE SURVEY COMPLETED 07/15/2014
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NAME OF PROVIDER OR SUPPLIER PRESTIGE CARE & REHABILITATION - CLARK	STREET ADDRESS, CITY, STATE, ZIP CODE 1242 ELEVENTH STREET CLARKSTON, WA 99403
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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>INITIAL COMMENTS</p> <p>Surveyor: 28239 This report is a result of an unannounced Fire and Life Safety re-certification survey conducted on 07/15/2014 at Prestige Care & Rehabilitation SNF located at 1242 11th Str., Clarkston, WA by a representative of the Washington State Fire Marshal. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Health and Human Services (DSHS).</p> <p>The new section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a two story Type V (111) Construction with support facilities located within the building. Exiting from the building is direct to grade level and one stairway (slight sloped site). The census today is 71 with a capacity for 90. The building is protected throughout by a Type 13 Automatic Fire Sprinkler System and an Automatic Fire Alarm System with corridor smoke detection. Manual pull stations are located at all exits and Nurses' Stations.</p> <p>This report is for the new Cabin Cove, Dogwood Springs and Business Wings constructed in 2012. The remainder of the facility was constructed in 1999 and will be reported in another SOD for existing.</p> <p>The facility is not in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S. Following are the deficiencies cited as a result of this survey.</p> <p>The Surveyor was: Doug DeGraff</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE
 Administrator 7/24/2014

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 000	Continued From page 1 Deputy State Fire Marshal Life Safety Code Inspector 28239 The Surveyor was from: Washington State Patrol Fire Protection Bureau 143302 E Law Lane Kennewick, WA. 98837 Telephone: (509) 734-7029 FAX: (509) 734-7456  Doug DeGraff, DSFM 28239	K 000			
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: 28239 During the facility survey of 07/15/2014 between the hours of 0945 and 1415, while accompanied by the Maintenance Director, through record review, observation and staff interview, it was noted that the facility has failed to maintain their emergency generator in accordance with the requirements of National Fire Protection Association (NFPA) Standard 110. This could compromise the ability of the emergency power supply to operate in the event of a power outage.	K 144	K 144 All residents are at risk from this deficient practice. All inspections will be conducted prior to the date it is due. Generator inspected on 7/31/2014, was certified in good working order. Emergency cutoff will be installed by 8/8/14. Environmental Services Director to inspect weekly and report findings monthly to QAPI committee. Administrator to monitor to ensure compliance.	8/8/14	



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K 144	Continued From page 2 These findings were acknowledged by the Maintenance Director. The findings are as follows: 1. Generator is past due for Annual Testing / Service (last: 07/15/2013). 2. Generator is lacking a Remote Stop Switch (per NFPA 110 3-5.5.6)	K 144		

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**FIRE PREVENTION
DIVISION**

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505283	(X2) MULTIPLE CONSTRUCTION AUG 11 2014 A. BUILDING 01 - MAIN BLDG 01 - ROBINSON WING B. WING _____ FIRE PREVENTION DIVISION		(X3) DATE SURVEY COMPLETED 07/15/2014
NAME OF PROVIDER OR SUPPLIER PRESTIGE CARE & REHABILITATION - CLARKSTON			STREET ADDRESS, CITY, STATE, ZIP CODE 1242 ELEVENTH STREET CLARKSTON, WA 99403		
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LABORATORY DIRECTOR'S/OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

[Signature] Administrator 7/24/2014

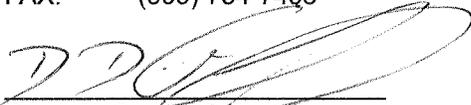
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