

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

Printed: 07/01/2013
FORM APPROVED
OMB NO. 0938-0391

1457

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505275	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/01/2013
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NAME OF PROVIDER OR SUPPLIER PRESTIGE CARE & REHABILITATION - PINEW	STREET ADDRESS, CITY, STATE, ZIP CODE 1000 EAST ELEP STREET COLVILLE, WA 99114
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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>This inspection report is the result of a Complaint Referral (Intake ID # 2833542) from Department of Social and Health Services Residential Care Services regarding a Fire Incident at Prestige Care & Rehabilitation-Pinewood Terrace, Colville Washington. On June 20, 2013 I received a call from the Facility Administrator advising me of a Fire Incident that occurred at their facility on 6/19/13 at approximately 9:40pm in the facility laundry room. At that time I requested that the facility gather incident reports from all involved in this incident for my review. The Administrator proceeded to tell me that Staff observed smoke and a smell like an electrical fire coming from the vicinity of the laundry room. On 6/24/13 at approximately 2:15pm I contacted the facility to obtain their statements and interview the Administrator and Maintenance Director regarding this incident.</p> <p>In reviewing the incident statements staff indicate that they smelled something like plastic burning and was taking laundry to the laundry room and when they opened the door they had smoke make it's way out of the laundry room and noticed flames in the vicinity of the clothes dryer. They immediately closed the laundry room door and advised their supervisor who went to investigate to make sure no one was still in the laundry room and then they called 911 to advise of the fire and another staff person pulled the manual fire alarm to activate the buildings fire alarm system. Staff proceeded to implement their emergency procedures plan, during this time an off duty firefighter happened to be at the facility and took one of the facility fire extinguishers and proceeded to put out the fire he was joined later by a City of Colville police officer who responded to the alarm. Fire Department arrived and</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>FAKED for Signature</i>	TITLE	(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 000	<p>Continued From page 1</p> <p>verified that the fire had been put out and set up fans to help ventilate the smoke out of the building. Staff had closed all the doors to resident rooms and fire doors to keep any smoke from migrating throughout the building. No residents were harmed due to this incident and only minimal smoke damage to the laundry room and the clothes dryer was removed from the building. The Fire Sprinkler System located in the Laundry Room did not activate due to the small size of the fire and quick action to extinguish the fire.</p> <p>Based upon incident reports and staff interviews and conversation with the City Fire Chief the facility did an excellent job in finding the fire and responding appropriately to mitigate any harm to the residents and damage to the facility. No Fire and Life Safety Deficiency's were noted as a result of this follow up.</p> <p>Prestige Care & Rehabilitation - Pinewood Terrace is a one story structure of Type V-1 Hour Construction with exits to grade and is protected by a Type 13 Fire Sprinkler System with Automatic/Manual Fire Alarm System.</p> <p>The Inspector was: [REDACTED] Deputy State Fire Marshal Nursing Home Surveyor, 20225</p> <p>The Inspector was from: Washington State Patrol Office of the State Fire Marshal Fire Prevention Bureau PO Box 19130 Spokane, WA 99219-9130 Telpehone: (509) 227-6567 Fax: (509) 227-6639</p>	K 000		

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