

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

Printed: 11/26/2013  
FORM APPROVED  
OMB NO. 0938-0391

|   |  |   |   |   |
|---|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                                  |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>505275</b>                     | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - MAIN BUILDING 01<br><br>B. WING _____                            | (X3) DATE SURVEY COMPLETED<br><br><b>11/26/2013</b> |
| NAME OF PROVIDER OR SUPPLIER<br><b>PRESTIGE CARE &amp; REHABILITATION - PINEW</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>1000 EAST ELP STREET<br/>COLVILLE, WA 99114</b> |   |   |
| (X4) ID PREFIX TAG<br><b>K 000</b>  | SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)   | ID PREFIX TAG<br><b>K 000</b>   | PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY) | (X5) COMPLETION DATE                                |
|   | <p><b>INITIAL COMMENTS</b></p> <p>This is the report regarding a complaint that was received from Residential Care Services (RCS) of the Department of Social and Health Services (DSHS), regarding a fire at the Pinewood Terrace Nursing Center in Colville Washington.</p> <p>The Intake ID number is 291344 and the complaint was received from RCS 11-25-13 at 1200. The complaint is regarding a fire incident that occurred on 11-23-13 at approximately 0300 hours.</p> <p>The fire was located in a Soiled Linen closet and involved a ceiling fan. The fire extended into the void above the sheet rock ceiling. The roof in the area is a flat roof with the sheet rock nailed to the 2 X 8 inch wood joists. There are no sprinklers above the ceiling and they are not required. The fire appears to be caused by a failure of the ventilation fan located in the room.</p> <p>Nursing staff discovered the fire when walking by the room and immediately sounded the fire alarm and then used a fire extinguisher to knock down the fire. Other staff members immediately evacuated the smoke compartment and placed residents in an adjoining smoke compartment. There were no injuries as a result of the fire. The door to the room of fire origin was closed immediately and remained closed until fire units arrived.</p> <p>Interviews with the Colville Fire Chief [REDACTED] confirmed the possible cause and he stated that staff on duty did an outstanding job of removing any and all residents from the compartment and then after consultation removed them into a second smoke compartment.</p> |   |   |   |

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Gail McGowell*

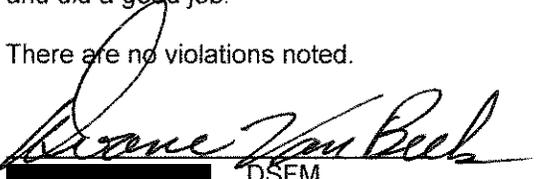
*Administrative*

*11/26/13*

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 000   | <p>Continued From page 1</p> <p>The fire was contained to the area of the ceiling fan and a copy of the fire departments incident report is attached.</p> <p>Staff performed in accordance with Pinewood Terrace Nursing Center's emergency fire plan and did a good job.</p> <p>There are no violations noted.</p>  <p>DSFM<br/>Deputy State Fire Marshal<br/>Washington State Patrol<br/>Fire Protection Bureau<br/>143302 E. Law Lane<br/>Kennewick, Washington 99337</p> <p>THERE WERE NO VIOLATIONS OBSERVED AS A RESULT OF THIS INVESTIGATION.</p> | K 000   |   |                      |