

1457

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

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 01/07/2014
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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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K 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Fire and Life Safety Re-certification Survey conducted at Prestige Care and Rehabilitation Center -Pinewood Terrace Nursing Center located at 1000 Elep Street in Colville, Washington. The Survey was conducted on January 7, 2014 by a representative of the Washington State Patrol Office of the State Fire Marshal. The Survey started at approximately 0930 and during my tour of the facility and the review of facility documentation I was accompanied by the facility maintenance director who witnessed and acknowledged any deficiency noted during the Survey. The Survey ended at approximately 1400 hours. The Existing section of the 2000 Edition of the Life Safety Code was used in accordance with 42 CFR 483.70.</p> <p>Pinewood Terrace is a one story structure of Type V-1 Hr. Construction with exits to grade and is protected by a Type 13 Fire Sprinkler System with an Automatic / Manual Fire Alarm System. Resident rooms are also provided with single station battery operated smoke alarms that are checked on a monthly basis. This inspection was conducted in conjunction with the Health Survey Team from the Department of Social and Health Services (DSHS) Residential Care.</p> <p>Pinewood Terrace also has a wing that was licensed as a Boarding Home separated from the Skilled Nursing wings by a 2 Hour Fire Resistive Rated Wall with 90 Minute Automatic closing fire doors. The wing is no longer licensed as a Boarding Home and is customarily used by skilled residents for Physical Therapy and Beauty Shop Services. The wing is primarily used for administrative offices and storage rooms. The wing was inspected under the Health Care</p>	K 000	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JAN 21 2014</p> <p style="text-align: center;">FIRE PROTECTION BUREAU</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrative</i>	(X6) DATE <i>1-10-14</i>
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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 section of the code as it is used by the residents.</p> <p>Pinewood Terrace is licensed for 92 residents with a census of 73 on the day of the Survey.</p> <p>Pinewood Terrace is not in substantial compliance with the Life Safety Code 2000 Edition as adopted by CMS.</p> <p>The surveyor was:  Deputy State Fire Marshal Nursing Home Surveyor 15826</p> <p>The Surveyor was from: Washington State Patrol Fire Protection Bureau 143302 E. Law Lane Kennewick, WA. 98337-2011 Telephone: (509) 734-7029 FAX: (509) 734-7046</p>	K 000		
K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¼ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p>	K 018	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JAN 21 2014</p> <p style="text-align: center;">FIRE PROTECTION BUREAU</p>	

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K 018	Continued From page 2	K 018		
	<p>This Standard is not met as evidenced by: Based upon observations and staff interviews with the Director of Maintenance during Survey rounds between 0900 and 1300 Prestige Care and Rehabilitation Center-Pinewood Terrace has failed to maintain doors free of impediments to their closing and latching. This could result in the movement of the toxic products of combustion in the event of a fire and expose the residents to the products.</p> <p>The findings include:</p> <p>1. At approximately 1047 hours observed a Bedside Table had been placed in the door way to resident room 14 which prevented the door closing and latching. Other items behind the table prevented the table from being readily removed. The area was re arranged by the Director of Maintenance and the doorway cleared of impediments at the time of the Survey.</p>	K 018	<ol style="list-style-type: none"> 1. No residents were harmed as a result of the door to the resident's room being briefly impeded by his bedside table. 2. The table and other items were re-arranged by the maintenance director at the time of the survey. 3. The facility maintenance director has checked all other resident rooms to assure there are no impediments to door closure. He will inservice all staff regarding the need to keep doors free of any impediments. 4. This will be monitored by the facility maintenance director and the facility administrator. 	1-10-14
K 029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and</p>	K 029	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JAN 21 2014</p> <p style="text-align: center;">FIRE PROTECTION BUREAU</p>	

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K 029	<p>Continued From page 3</p> <p>doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This Standard is not met as evidenced by: Based upon observations and staff interviews with the Director of Maintenance during Survey rounds between 0900 and 1300 Prestige Care and Rehabilitation Center-Pinewood Terrace has failed to maintain doors separating Hazardous Areas from the corridor automatic or self closing. This could allow for the toxic products of combustion to move from the hazardous area into the exit access corridors of the building. This would render the exit access corridors unusable.</p> <p>The findings include:</p> <p>1. At approximately 1029 hours observed the door closer had been removed from the Activity Office Door. The amount of combustible material being stored in the room exceeds that which would be normal for the occupancy which by code becomes a hazardous area.</p> <p>2. At approximately 1145 hours to 1200 hours several rooms in the former Boarding Home Wing have been converted to storage rooms with combustible storage in the rooms. Door 61 through 67 have door closing devices on them however, magnetic hold open devices have been installed that are not connected to the fire alarm system. Therefore the doors are no longer self closing or automatic closing. This could result in a door being left open to a hazardous area and</p>	<p>K 029</p> <p>K029 - 1.</p> <p>K029-2.</p>	<p>1. No residents have been harmed as a result of the magnetic door closer being removed from the Activity Office Door.</p> <p>2. The parts to replace the magnetic automatic door closer for the Activity Office have been ordered and will be installed as soon as they arrive next week.</p> <p>3. The facility maintenance director will check all facility doors to assure appropriate hardware is in place.</p> <p>4. This will be monitored by the facility maintenance director and administrator.</p> <p>1. All magnetic hold-open devices on Rooms [redacted] have been removed.</p> <p>2. The facility maintenance director has inspected all other doors in the facility to assure that no magnetic hold open devices are installed on any door that might open into a room with combustible materials.</p> <p>3. This will be monitored regularly by the maintenance director and the administrator.</p>	<p>01-30-14</p> <p>01-10-14</p>

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K 029	Continued From page 4 allow the toxic products of combustion to move from the hazardous area into the corridor in the event of a fire.	K 029		
K 038 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1</p> <p>This Standard is not met as evidenced by: Based upon observations and staff interviews with the Director of Maintenance during Survey rounds between 0900 and 1300 Prestige Care and Rehabilitation Center-Pinewood Terrace has failed to Exit doors to be readily accessible in the event of a fire. This could prevent staff or residents and guests from using the door to escape.</p> <p>The findings include:</p> <p>1. At 1130 hours observed a pin in the panic hardware device on the exit door near room in the former Boarding home wing which prevented the use of the panic hardware to open the door. The pin had to be removed before the door would open. This was observed and discussed with the Director of Maintenance and the pin was remove.</p>	K 038	<p>K038</p> <ol style="list-style-type: none"> 1. Because only staff use the exit door in question, and then only occasionally, no resident was harmed as a result of the pin installed in the panic hardware. 2. The facility maintenance director removed the pin from the panic hardware, posted a notice to not obstruct the panic bar, and hung the allen wrench key to the door near the door frame. 3. All other exit doors were checked by the maintenance director to assure that no other panic hardware had been altered in any way. 4. This will be monitored regularly by the facility maintenance director and overseen by the facility administrator. 	01-10-14
K 062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating</p>	K 062	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">JAN 21 2014</p> <p style="text-align: center;">FIRE PROTECTION BUREAU</p>	

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K 062	<p>Continued From page 5 condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p> <p>This Standard is not met as evidenced by: The specific Code Standards from NFPA 13 the "Standard for the Installation of Fire Sprinkler Systems" is as follows:</p> <p>1. 5-6.3.4 Minimum Distance Between Sprinklers. Sprinklers shall be spaced not less than 6 ft (1.8 m) on center.</p> <p>2. 5-3.1.4.2 (4) Sprinklers under glass or plastic skylights exposed to the direct rays of the sun shall be of the intermediate-temperature classification.</p> <p>The above standards have not been met.</p> <p>Based upon observations and staff interviews with the Director of Maintenance during Survey rounds between 0900 and 1300 Prestige Care and Rehabilitation Center-Pinewood Terrace has failed to maintain the fire sprinkler system as required.</p> <p>The findings include:</p> <p>1. At approximately 1110 hours two sprinkler heads with less than six (6) feet of separation. The facility had removed a wall cabinet in the Soiled Utility Room located in the Special Care Unit following a fire and the subsequent reconstruction of the room. The removal of this divider created the sprinkler heads being too close to one another.</p>	K 062	<p>K062</p> <ol style="list-style-type: none"> No residents were harmed as a result of the sprinkler heads being located too close to one another nor as the result of the incorrect sprinkler head installed in the sky light near the laundry room. The facility maintenance director has scheduled [REDACTED] to cap off one of the sprinkler heads in the utility room, and exchange the sprinkler head in the skylight near the laundry room for an intermediate type sprinkler head. The sprinkler system is inspected by a licensed fire protection contractor on a quarterly basis. The facility maintenance director will continue to monitor sprinkler heads and schedule maintenance as needed. 	<p>01-30-14</p> <p>RECEIVED JAN 21 2014 FIRE PROTECTION BUREAU</p>

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K 062	Continued From page 6	K 062		
K 072 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This Standard is not met as evidenced by: Based upon observations and staff interviews with the Director of Maintenance during Survey rounds between 0900 and 1300 Prestige Care and Rehabilitation Center-Pinewood Terrace has failed to maintain the corridors free of obstructions. This would prevent the full and instant use of the corridor in the event of a fire or other emergency.</p> <p>The findings include:</p> <p>1. In all corridors during the time from 0900 to 1230 hours numerous carts, Hoyer Lifts, wheelchairs Linen Carts and other items in all of the corridors at the facility.</p> <p>This was discussed and acknowledged by the</p>	K 072	<p>K072</p> <ol style="list-style-type: none"> 1. No residents suffered harm as a result of equipment in the facility hallways. 2. Facility staff is assessing equipment in hallways to determine what is essential for provision of resident care. 3. Staff will be inserviced regarding appropriate storage of resident-care equipment. Life Safety Code 12th Edition will be researched regarding potential for waiver of certain equipment kept in the corridors, and categorical waiver will be requested and documented as allowed. 4. All staff will be responsible for maintaining safe passage in corridors as instructed in LSC 12th Edition. Administrator and Maintenance Director will monitor for compliance. 	01-30-14

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K 072	Continued From page 7 Administrator and the Director of Maintenance.	K 072		

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