

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

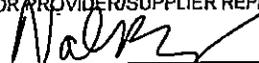
Printed: 02/05/2015  
FORM APPROVED  
OMB NO. 0938-0391

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  02/05/2015
NAME OF PROVIDER OR SUPPLIER <b>PRESTIGE CARE &amp; REHABILITATION - PINEW</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1000 EAST ELP STREET COLVILLE, WA 99114</b>		
(X4) ID PREFIX TAG  K 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG  K 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<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-Pinewood Terrace in Colville, Washington on 2/5/15 by a representative of the Washington State Patrol, Fire Protection Bureau. The survey was conducted in concert with the Washington State Department of Social and Health Services (DSHS) health survey teams. During the physical tour of the facility I was accompanied by the Facility Maintenance Director and Facility Administrator who witnessed any deficiency noted during this survey.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This existing facility is a one story structure of Type V-1 hour construction. The facility has exits to grade and is protected by a Type 13 sprinkler system and an Automatic / Manual Fire Alarm System with corridor smoke detection and single station smoke detectors in all resident rooms. The facility is licensed for 92 residents.</p> <p>The facility has a waiver for K-147 until October 2015.</p> <p>The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare &amp; Medicaid Services. The following citations were documented during the survey:</p> <p>The surveyor was:</p> <p>David Rogers Deputy State Fire Marshal Nursing Home Surveyor 32863</p>		<p>This plan of correction is being submitted in compliance with specific regulatory requirements and preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the facts alleged or conclusions set forth in the statement of deficiencies.</p> <p>Please accept this plan of correction as the center's written credible allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p> <p>To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction.</p>	

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

TITLE

(X6) DATE



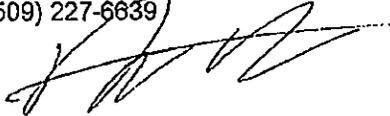
Administrator

2/15/2015

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  The surveyor was from: Washington State Patrol Office of the State Fire Marshal Fire Protection Bureau PO Box 19130 Spokane WA 99219-9130 Telephone: (509) 954-2746 Fax: (509) 227-6639   DSFM D.A. Rogers	K 000		
K 012 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  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: Based upon observations and staff interviews on 2/5/15 between approximately 1015 and 1230 hours the facility has failed to maintain fire resistive construction of the building capable of resisting the passage of smoke and fire into other compartments. This could allow the toxic product of combustion to move out of a room and into the exit access corridor and the smoke compartment which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to:  There was an uncovered penetration in the ceiling of the Memory Care Den.  There was an uncovered penetration in the ceiling of the boiler room.	K 012	1. No residents were harmed as a result of the noted uncovered penetrations in the ceiling of the Memory Care Den, boiler room and Data Room. 2. Noted penetrations were sealed to regulatory requirements. 3. The facility maintenance director and administrator designee checked facility to assure no other ceiling penetrations were present. 4. To ensure ongoing compliance, monthly rounds will be completed and results reported to administrator and QAPI committee.	2/27/15

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K 012	Continued From page 2  There was an uncovered penetration in the ceiling of the Data Room.	K 012		
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD  Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ 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  Roller latches are prohibited by CMS regulations in all health care facilities.  This Standard is not met as evidenced by: Based upon observations and staff interviews on 2/05/15 between 1015 and 1230 hours the facility has failed to maintain doors capable of resisting fire for at least 20 minutes. This could result in toxic products of combustion getting into the room and into the exit corridor which would endanger the residents, staff and/or visitors within	K 018	1. No residents were harmed as a result of the noted fire rated doors in the front dining room and the kitchen failing to properly latch. 2. Noted fire rated doors at both locations were adjusted by maintenance director to ensure proper latching. 3. The facility maintenance director and administrator designee checked facility to assure fire rated doors doors closed and latched per regulatory requirement. 4. To ensure ongoing compliance, monthly rounds will be completed and results reported to administrator and QAPI committee.	2/27/15

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K 018	Continued From page 3 the smoke compartment.  The findings include, but are not limited to: The front dining room door that opens to the corridor did not have enough self-closer force to fully close and latch.  The kitchen door that opens to the corridor did not have enough self-closer force to fully close and latch.  The above was discussed with the Facility Maintenance Director.	K 018		
K 051 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  A fire alarm system with approved components, devices or equipment is installed according to NFPA 72, National Fire Alarm Code, to provide effective warning of fire in any part of the building. Activation of the complete fire alarm system is by manual fire alarm initiation, automatic detection or extinguishing system operation. Pull stations in patient sleeping areas may be omitted provided that manual pull stations are within 200 feet of nurse's stations. Pull stations are located in the path of egress. Electronic or written records of tests are available. A reliable second source of power is provided. Fire alarm systems are maintained in accordance with NFPA 72 and records of maintenance are kept readily available. There is remote annunciation of the fire alarm system to an approved central station. 19.3.4, 9.6	K 051	1. No residents were harmed as a result of the noted FACP room not containing a smoke detector. 2. Smoke detector installed in noted FACP room per NFPA 72 requirements. 3. Maintenance director and contracted entity inspect and maintain the FACP per NFPA 72 schedule requirements. 4. The facility maintenance director will continue to monitor the FACP and schedule maintenance as needed and report these to the administrator and QAPI committee.	2/27/15

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K 051	Continued From page 4  This Standard is not met as evidenced by: This requirement is not met as evidenced by: Based upon staff interviews and observation between approximately 1015 and 1230 hours the facility has failed to provide a smoke detector for the protection of the fire alarm control panel per NFPA 72. This requirement is to ensure that should a fire exist in the room that houses the FACP, the early detection smoke detector will activate and send a signal to the monitoring company before the fire affects or destroys the Fire Alarm Control Panel.  The findings include, but are not limited to: There is no smoke detector installed in the Boiler room where the FACP / dialer is installed.  The above was discussed and acknowledged by the Maintenance Director and Administrator.	K 051		
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: Based upon observations and staff interviews on 2/5/15 between approximately 1015 and 1230 hours the facility has failed to have the	K 144	1. No residents were harmed as a result of the noted absence of a remote emergency stop button for the facility emergency generator. 2. Emergency Stop Button installed for the generator per NFPA 99 requirements. 3. Maintenance director and contracted entity inspect and maintain the generator per NFPA 99 schedule requirements. 4. The facility maintenance director will continue to monitor/test the generator and schedule maintenance as needed and report these to the administrator and QAPI committee.	2/27/15

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K 144	<p>Continued From page 5 emergency generator meet the requirements of the Fire Safety Code. This could result in failure to shut-off the generator in the event of a fire at the prime mover, which would endanger the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to: There is no remote emergency stop button installed separate of the room housing the Level II automatic generator in accordance with NFPA 110 3-5.5.6.</p> <p>The above was discussed and acknowledged by the Maintenance Director.</p>	K 144		
K 147 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This Standard is not met as evidenced by: Based upon observations and staff interviews on 2/5/15 between approximately 1015 and 1230 hours the facility has failed to restrict the use of multi-plug outlets (power strips) to providing power to permitted electrical equipment. This could result in a fire from overheating of the plug strip due to the heavy power draw endangering the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to: There was a powerstrip in use with a tv in resident room 16.</p> <p>The above was discussed and acknowledged by the Maintenance Director.</p>	K 147	<p>1. No residents were harmed as a result of the noted electrical power strip in use with a TV in resident room 16.</p> <p>2. The facility has a waiver for K147 allowing TVs to be plugged into power strips in patient care areas. This waiver expires Nov 9, 2015</p> <p>3. Per K147 waiver requirements, a Safe Use of Power Strips policy is adhered to and power strips use is restricted to approved devices and monitored/inspected monthly for ongoing use.</p> <p>4. The facility maintenance director will continue to monitor per safety policy and report findings to the administrator and QAPI committee.</p>	2/27/15

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