

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

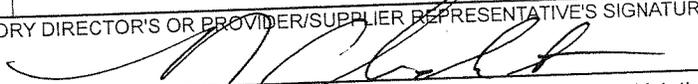
Printed: 08/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505401</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>08/14/2014</b>
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NAME OF PROVIDER OR SUPPLIER <b>PRESTIGE CARE &amp; REHABILITATION - PARKS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>308 WEST EMMA UNION GAP, WA 98903</b>
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is a result of an unannounced Federal Life Safety re-certification survey conducted at Prestige Care &amp; Rehabilitation - Parkside, 308 Emma Street, Union Gap, WA on August 14, 2014 by staff from the Washington State Patrol, Fire Protection Bureau, Union Gap Detachment. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Social and Health Services (DSHS).</p> <p>The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.</p> <p>The Long Term Care 83 bed facility, census of 65 was provided by the Maintenance Director and verified by the Administrator. The facility consisted of construction type III (211) one story building with a basement used for physical therapy, laundry, restrooms, and conference room. The building was built in 1970 and consists of approximately 25,000 square feet. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade have been provided with an all weather surface and lead to a public way.</p> <p>The facility is not in substantial compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p>The Surveyor was:</p>  <p>Maria C. Valladares Deputy State Fire Marshal</p>	K 000	<p>“This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Prestige Care Parkside does not admit that the deficiency listed on this form exist, nor does the Center admit to any statements, findings, facts, or conclusions that form the basis for the alleged deficiency. The Center reserves the right to challenge in legal and/or regulatory or administrative proceedings the deficiency, statements, facts, and conclusions that form the basis for the deficiency.”</p> <p><b>K018</b></p> <p>1.) How the nursing home will correct the deficiency as it relates to the resident <b>Room 106 and Laundry room doors have been adjusted and fixed to ensure proper closure.</b></p> <p>2.) How the nursing home will act to protect residents in similar situations <b>Any door closing ineffectively will be adjusted and fixed.</b></p> <p>3.) Measures the nursing home will take or the systems it will alter to ensure the problem will not recur <b>All nursing home doors will be inspected for proper closure on a monthly basis.</b></p> <p>4.) Dates when corrective action will be completed <b>Repairs completed on 8/14/2014</b></p> <p>5.) Person responsible <b>David Church, Maintenance Director and Nathan Chinchurreta, Administrator</b></p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Administrator</b>	(X6) DATE <b>8-21-14</b>
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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	Continued From page 1 Nursing Home Surveyor 28058	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 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</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This Standard is not met as evidenced by: The facility has failed to maintain doors without impediments to their closing and latching. This could result in a delay in getting the door to the room closed in the event of a fire. 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 the smoke compartment. The findings include, but are not limited to: Based upon observations and staff interviews on August 14, 2014 between the hours of 10:30am and 11:30am, I observed that doors did not close</p>	K 018		

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K 018	Continued From page 2 and latch when tested in the following locations: 1. At 10:13am, I observed that the door to resident room 106 did not close and latch properly when tested. 2. At 10:20am, I observed that the door to the laundry room did not close and latch when tested. The above was discussed and acknowledged by the Administrator and the Maintenance Director, who accompanied me during the entire survey tour.	K 018		
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: The facility has failed to maintain the exit access arranged so that exits are readily accessible at all times. This could cause an inability or delay in the evacuation of residents in the event of an emergency which would endanger residents, staff and/or visitors. The findings include, but are not limited to: Based upon observations during the survey tour and interviews with Administrator and the Maintenance Director on August 14, 2014 between the hours of 10:30am and 11:30am, exit obstructions were observed in the following locations: 1. At 9:41am, I observed that the 400 hall exit did not have the access code available to exit. 2. At 9:50am, I observed that the dining hall exit into the courtyard did not have the access code available to exit. The above was discussed and acknowledged by</p>	K 038		

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K 038	Continued From page 3 the Administrator and the Maintenance Director, who accompanied me during the entire survey.	K 038	K038 1.) How the nursing home will correct the deficiency as it relates to the resident <b>400 hall and Dining Hall exit doors now have security codes hanging and visible above keypad.</b> 2.) How the nursing home will act to protect residents in similar situations <b>Any keypad without a visible security code will be immediately outfitted with a visible security code.</b> 3.) Measures the nursing home will take or the systems it will alter to ensure the problem will not recur <b>Exit Doors and keypad codes will be checked monthly.</b> 4.) Dates when corrective action will be completed <b>Corrected on 8/14/14</b> 5.) Person responsible <b>David Church, Maintenance Director and Nathan Chinchurreta, Administrator</b>	
K 074 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Draperies, curtains, including cubicle curtains, and other loosely hanging fabrics and films serving as furnishings or decorations in health care occupancies are in accordance with provisions of 10.3.1 and NFPA 13, Standards for the Installation of Sprinkler Systems. Shower curtains are in accordance with NFPA 701.  Newly introduced upholstered furniture within health care occupancies meets the criteria specified when tested in accordance with the methods cited in 10.3.2 (2) and 10.3.3. 19.7.5.1, NFPA 13  Newly introduced mattresses meet the criteria specified when tested in accordance with the method cited in 10.3.2 (3) , 10.3.4. 19.7.5.3  This Standard is not met as evidenced by: The facility has failed to ensure that hanging fabrics are rated as flame resistant per NFPA 701. This could result in the rapid spread of smoke and fire in the event of ignition which could potentially endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: Based upon observations during the survey tour and staff interviews on August 14, 2014 between the hours of 10:00am and 11:30am, numerous resident rooms were observed to have the old style hanging privacy curtains that did not have	K 074	K074 1.) How the nursing home will correct the deficiency as it relates to the resident <b>New NFPA 701 rated privacy curtains will be purchased and hung in all the residents' rooms.</b> 2.) How the nursing home will act to protect residents in similar situations <b>The facility will replace the resident privacy curtain with a NFPA 701 rated curtain immediately.</b> 3.) Measures the nursing home will take or the systems it will alter to ensure the problem will not recur <b>By replacing all privacy curtains with new NFPA 701 rated curtains.</b> 4.) Dates when corrective action will be completed <b>New privacy curtains will be ordered by 9/18/14</b> 5.) Person responsible <b>David Church, Maintenance Director and Nathan Chinchurreta, Administrator</b>	

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K 074	Continued From page 4 the NFPA 701 tag. The above was discussed and acknowledged by the Administrator and the Maintenance Director, who accompanied me during the entire survey tour.	K 074		
K 144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This Standard is not met as evidenced by: The facility has failed to provide a required emergency stop button for the existing generator in an approved location. This could allow for a problem to exist at the generator and staff not able to have quick access to a remote emergency stop switch. Failure to have an emergency shut off switch could potentially create a greater hazard during a power outage and thus expose residents, visitors, and staff to a power outage without generator power coverage.</p> <p>Observations made during the survey tour and interviews with the Administrator and the Maintenance Director on August 14, 2014 between the hours of 10:30am and 11:30am, revealed that staff was not aware that the generators required remote shut-down switches.</p> <p>The findings include, but are not limited to:</p>	K 144	<p><b>K144</b></p> <p>1.) How the nursing home will correct the deficiency as it relates to the resident <b>The Emergency Generator will be outfitted with an emergency Shut Off switch per WSP-FBPIS requirements.</b></p> <p>2.) How the nursing home will act to protect residents in similar situations <b>An Emergency Generator shut off switch will be installed.</b></p> <p>3.) Measures the nursing home will take or the systems it will alter to ensure the problem will not recur <b>An Emergency Generator shut off switch will be installed.</b></p> <p>4.) Dates when corrective action will be completed <b>Emergency shut off switch will be scheduled for installation by 9/18/14.</b></p> <p>5.) Person responsible <b>David Church, Maintenance Director and Nathan Chinchurreta, Administrator</b></p>	

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K 144	Continued From page 5 At approximately 10:30am, I observed that the generator do not have emergency shut off buttons as required.	K 144		
K 147 SS=D	<p>This finding was observed and discussed with the Administrator and Maintenance Director, who accompanied me during the entire survey tour.</p> <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>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: The facility has failed to ensure the premises is free of electrical hazards. This could allow for an electrical fire to start and thus expose patients, visitors, and staff to the threat of an electrical fire.</p> <p>The findings include, but are not limited to:</p> <p>During the survey tour on August 14, 2014, between the hours of 10:30am and 11:30am, I observed electrical hazards in the following locations:</p> <ol style="list-style-type: none"> <li>At 9:37am, I observed an unapproved adopter being used as a permanent source for telephone digital system.</li> <li>At 9:37am, I observed an orange extension cord used as a permanent source of power for the telephone system.</li> </ol> <p>These findings were observed and discussed with the Administrator and the Maintenance Director, who accompanied me during the entire survey.</p>	K 147	<p><b>K147</b></p> <ol style="list-style-type: none"> <li>How the nursing home will correct the deficiency as it relates to the resident <b>The adapter and extension cord will be replaced with a permanent power solution per WSP-FBPIS requirements.</b></li> <li>How the nursing home will act to protect residents in similar situations <b>Any unapproved power adapter's or extension cords being used as permanent power sources will be removed and replaced with permanent power solution's per WSP-FBPIS requirements.</b></li> <li>Measures the nursing home will take or the systems it will alter to ensure the problem will not recur <b>We will be replacing the unapproved power adapter and extension cord with permanent power solutions per WSP-FBPIS requirements.</b></li> <li>Dates when corrective action will be completed <b>A permanent power solution per WSP-FBPIS requirements will be scheduled for installation by 9/18/14.</b></li> <li>Person responsible <b>David Church, Maintenance Director and Nathan Chinchurreta, Administrator</b></li> </ol>	