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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	505294		04/03/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
KINDRED TRANSITIONAL CARE & REHAB CT	128 BEACON HILL DRIVE LONGVIEW, WA 98632

(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
K 000	INITIAL COMMENTS Surveyor: 29197 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Kindred-Beacon Hill on 4/03/2014 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. Kindred-Beacon Hill has a total of 67 beds and at the time of this survey the census was 58. The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. The facility is a 3 story structure of Type 5 (1,1,1) construction with exits to grade. The facility is located on a hillside. Each of the levels has exits to grade. The facility is protected by a Type 13 fire sprinkler system throughout and an automatic fire alarm system with corridor smoke detection. All exits are to grade with paved exit discharges to the public way. The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services. Dan Young Deputy State Fire Marshal	K 000	***This plan of correction is the center's credible allegation of compliance.*** **DISCLAIMER STATEMENT:** "Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law."	
K 072 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD 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	K 072		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE: Executive Director | (X6) DATE: 4/13/14

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 072	Continued From page 1 obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 4/03/2014 between approximately 0830 and 1430 hours the facility has failed to maintain the exit access corridors free of obstructions and impediments to full and instant use in the event of an emergency. This could result in the delays in smoke compartment evacuations or full evacuation of the building due to a fire or other emergency which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: The exit door by room 214 was observed to not alarm and open within 15 seconds when a wander guard device was within 6' of the exit. Fixed while on site. The above was discussed and acknowledged by the Maintenance Director.	K 072	**DISCLAIMER STATEMENT:** "Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law." **K072** **A) Maintenance Director replaced non-functioning component of exit door near room 214 during the time of the life safety inspection. Door back to full function as of that date.** **B) Maintenance Director replaced non-functioning component of exit door near room 214 during the time of the life safety inspection. Door back to full function as of that date.** **C) Maintenance Director will continue to perform routine preventative maintenance checks to ensure door remains in functioning order.** **D) Mainteance Director will report any deficiencies with this system to the monthly PI team for further follow up and correction, as part of the preventative maintenance rounds.**	**3-Apr-14** **3-Apr-14** **3-Apr-14** **3-Apr-14**
K 154 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Where a required automatic sprinkler system is out of service for more than 4 hours in a 24-hour period, the authority having jurisdiction is notified, and the building is evacuated or an approved fire watch system is provided for all parties left unprotected by the shutdown until the sprinkler system has been returned to service. 9.7.6.1	K 154	**K154** **A) Emergency Response Plan was updated to reflect that the facility would implement fire watch if the sprinkler system was down greater than 4 hours in a 24 hour period per NFPA 101 LSC standards.**	**14-Apr-14**

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K 154	Continued From page 2 This Standard is not met as evidenced by: Surveyor: 29197 Based upon observation, record review and staff interviews on 4/03/2014 between approximately 0830 and 1430 hours the facility has failed to follow their written procedure for instituting as approved fire watch in the event of a failure of the fire sprinkler system. This could result in an inadequate fire watch which may result in a delay of fire detection and suppression, endangering residents, staff and/or visitors within the facility. The findings include, but are not limited to: When the surveyor arrived on site the sprinkler system to the first and second floor was turned off due to sprinkler contractor fixing a leak on the first floor. The facility was not in fire watch. After review of the facilities policy on fire watch which states "A fire watch is implemented in the event the fire alarm and/or sprinkler system are out of service." This policy was reviewed by the administrator and signed on 9/10/2013. The above was discussed and acknowledged by the Maintenance Director.	K 154	**DISCLAIMER STATEMENT:** "Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law." **K154 - Con't.** **B) Emergency Response Plan was updated to reflect that the facility would implement fire watch if the sprinkler system was down greater than 4 hours in a 24 hour period per NFPA 101 LSC standards.** **C) Routine checks will be performed to ensure that the facility's ERP remains up to date to reflect NFPA 101 standards.** **D) Besides the routine checks the ERP will be reviewed annually with any noted discrepancies being reported to monthly PI meeting for review and correction.**	**14-Apr-14** **14-Apr-14** **14-Apr-14**