

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

Printed: 11/17/2014
FORM APPROVED
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505263 | (X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____ | (X3) DATE SURVEY COMPLETED 11/17/2014 |
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| NAME OF PROVIDER OR SUPPLIER PRESTIGE POST-ACUTE & REHAB CTR - KIT | STREET ADDRESS, CITY, STATE, ZIP CODE 1050 E MOUNTAIN VIEW ELLENSBURG, WA 98926 |
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K 000

INITIAL COMMENTS

K 000

This report is a result of an unannounced Federal Life Safety re-certification survey conducted at Prestige Post-Acute & Rehab - Kittitas Valley located at 1050 East Mountainview, Ellensburg, WA on November 17, 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).

The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 FR 483.70: Requirements for Long Term Care.

The Long Term Care 74 bed facility, census of 41 was provided by the Maintenance Director and verified by the Business Office Manager. The facility consisted of type III (211) construction one story building, built in 1969 with approximately 49,000 square feet. The facility is fully sprinklered with an automatic/manual fire alarm system in place. Exit discharge points are to grade and have been provided with an all weather surface and lead to a public way.

The facility is not in substantial compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.

The Surveyor was:

Maria C. Valladares
Deputy State Fire Marshal
Nursing Home Surveyor
28058

The Surveyor was from:
Washington State Patrol

K000 Initial Comments
"This Plan of Correction is prepared and submitted as required by law. By submitting this Plan of Correction, Prestige Post-Acute & Rehabilitation Center - Kittitas Valley 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."

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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>copy John P. Bunchy John Bunchy</i> | TITLE ADMINISTRATOR | (X8) DATE 11-26-14 |
|---|-------------------------------|------------------------------|

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 000 | Continued From page 1 Fire Protection Bureau 2715 Rudkin Road Union Gap, WA 9803-1795 Telephone: (509) 575-2190 FAX: (509) 576-3002 <i>McMallal</i> Maria C. Valladares, DSFM 28058 | K 000 | | |
| K 048 SS=F | NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1 This Standard is not met as evidenced by: The facility has failed to provide a written plan for the protection of all residents and for their evacuation in the event of an emergency. This could allow for staff to become unfamiliar with a quick evacuation process and thus expose residents, visitors, and staff to confusion and delays in evacuation. The findings include, but are not limited to: During record review of the facility's disaster/emergency plan on November 17, 2014 between 10:30 and 12:00noon, the facility could not present a plan for partial and full evacuation. This finding was observed and discussed with the Maintenance Director. | K 048 | K048 A partial and full evacuation plan is in the Disaster Manual. The staff will be re-educated on the evacuation plan. An annual task to review of the evacuation plan has been placed in the TELS system for automated tracking. This review will be done by the Administrator and the Director of Maintenance. | 12-19-14 |
| K 072 SS=D | NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained | K 072 | | |

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| K 072 | Continued From page 2 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 This Standard is not met as evidenced by: The facility has failed to ensure that means of egress and exit corridors are continuously maintained free of all obstructions or impediments to full instant use in case of fire or other emergency. No furnishings, decorations, or other objects shall obstruct exits, access thereto, egress there from, or visibility there of. This could expose residents, visitors, and staff to a delay in evacuation or egress. The findings include, but are not limited to: During the survey tour on November 17, 2014 between the hours of 1:30pm and 2:30pm, I observed that the dining room corridor contained several carts on the right hand side. Two of the carts are used by kitchen staff, the other two were used for chair storage for a Thanksgiving function today. These last two items are not usually there. Interview with Dietary Manager revealed that the kitchen carts are stored there for about 2 hours during the day and all night long. This finding was observed and discussed with the Maintenance Director. | K 072 | K 072 The kitchen carts and chair storage carts have been removed. The kitchen carts have been labeled with their correct storage location. Staff will be re-educated regarding cart storage. Monitoring cart location has been added to the Dietary Managers Daily Cleaning check list. | 12-19-14 |
| K 074 SS=E | NFPA 101 LIFE SAFETY CODE STANDARD Draperies, curtains, including cubicle curtains, | K 074 | | |

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| K 074 | <p>Continued From page 3</p> <p>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.</p> <p>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</p> <p>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</p> <p>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 November 17, 2014 between the hours of 10:30am and 2:30pm, numerous resident rooms were observed to have an old style hanging privacy curtains that did not have the NFPA 701 tag. The above was discussed and acknowledged by the Maintenance Director, who accompanied me during the entire survey tour.</p> | K 074 | <p>K 074</p> <p>Replacement privacy curtains that meet NFPA 701 will be ordered been ordered.</p> <p>Old curtains will be discarded.</p> <p>The Central Supply clerk has been educated on which curtains are to be ordered in the future.</p> | 12-19-14 |
| K 075 | NFPA 101 LIFE SAFETY CODE STANDARD | K 075 | | |

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| K 075 SS=D | Continued From page 4 Soiled linen or trash collection receptacles do not exceed 32 gal (121 L) in capacity. The average density of container capacity in a room or space does not exceed .5 gal/sq ft (20.4 L/sq m). A capacity of 32 gal (121 L) is not exceeded within any 64 sq ft (5.9-sq m) area. Mobile soiled linen or trash collection receptacles with capacities greater than 32 gal (121 L) are located in a room protected as a hazardous area when not attended. 19.7.5.5 This Standard is not met as evidenced by: The facility has failed to ensure that trash collection receptacles exceeding 32 gallon capacity are stored in a room protected as a hazardous area when not attended. This could allow for excessive fire loading of a room and potentially provide a fuel source for a fire to spread and thus expose residents, visitors, and staff to a threat of fire. The findings include, but are not limited to: During the facility tour on November 17, 2014 at approximately 1:30pm, I observed that the Therapy room was being used to store a 64 gallon clean waste shredder container. This finding was observed and discussed with the Maintenance Director. | K 075 | K 075 The recycle bin has been relocated to a protected hazardous area when not attended. All large shredding bins have been labeled "Do not remove from this area. Bin must be in a protected hazardous area." A monthly task to inspect the location of recycle bins has been placed in the TELS system for automated tracking. This inspection will be done by the Director of Maintenance and audited by the Administrator. The facility intends to research a categorical waiver for clean waste & patient record recycling containers. | 12-19-14 |
| K 144 SS=F | NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in | K 144 | | |

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| K 144 | Continued From page 5 accordance with NFPA 99. 3.4.4.1. 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 must go inside the room housing the generator to shut off the generator. Failure to have an emergency shut off switch could potentially create a greater hazard during a power outage and thus expose patients, visitors, and staff to a power outage without generator power coverage. The findings include, but are not limited to: Observations made during the survey tour on November 17, 2014 between the hours of 10:30am and 2:30pm, revealed that the existing generator does not have a remote emergency shut-off button as required. Interview with the Maintenance Director indicated that staff was not aware that the generators required remote shut-off switches. At approximately 2:05pm, I observed that the existing generator did not have an emergency shut off button as required. This finding was observed and discussed with the Maintenance Director, that accompanied me during the entire survey tour. | K 144 | K 144 A generator kill switch was installed outside of the room that houses the generator. Staff will be in-served on the location and use of the kill switch. Generator kill switch testing is part of the monthly testing requirements in the TELS system for automated tracking. This inspection will be done by the Director of Maintenance and audited by the Administrator. | 12-19-14 |
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| K 147 K 147 SS=D | Continued From page 6 NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2 This Standard is not met as evidenced by: The facility has failed to ensure that the premises is free of electrical hazards. This could potentially allow for an electrical fire to start and thus expose residents, visitors, and staff to the threat of fire. The findings include, but are not limited to: During the survey tour on November 17, 2014, between the hours of 1:30pm and 2:30pm, I observed that the facility is using power strips in the resident rooms as a permanent source of power. The facility has provided me with a copy of their Waiver that expires August 7, 2015. This finding was observed and discussed with the Maintenance Director | K 147 K 147 | K 147 The facility has a waiver for the use of power strips that expires August 7, 2014. The facility intends on researching to obtain a categorical waiver for power strips. | 12-7-14 |

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