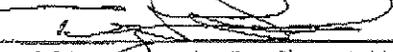


DEPARTMENT OF HEALTH AND HUMAN SERVICES
 CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(K1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505373	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/26/2015
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NAME OF PROVIDER OR SUPPLIER PRESTIGE POST-ACUTE AND REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 917 SOUTH SCHEUBER ROAD CENTRALIA, WA 98531
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(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	<p>INITIAL COMMENTS</p> <p>Surveyor: 29197 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Prestige Post Acute and Rehabilitation, Liberty on January 26, 2015 by representatives 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.</p> <p>Prestige Post Acute and Rehabilitation, Liberty has a total of 128 beds and at the time of this survey the census was 94.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70.</p> <p>The facility is a single story structure with daylight basement not used by residents of Type V III construction with 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.</p> <p>The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.</p> <p>The surveyor was:  Dan Young 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 Post Acute & Rehab-Centralia 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>	
K 038 SS-E	NFPA 101 LIFE SAFETY CODE STANDARD	K 038		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Admin. Director	(X6) DATE 1/26/15
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A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that if 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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FORM APPROVED
OME NO. 0938-0391

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K 038	<p>Continued From page 1</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: Surveyor: 29197 Based upon observations and staff interviews on January 26, 2015 between approximately 10:00 a.m. and 2:00 p.m. the facility has failed to maintain the exit discharge free of obstructions. 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.</p> <p>The findings include, but are not limited to: 1. Resident room 107 was observed to have an excessive amount of boxes and combustible items preventing clear egress from inside the room. 2. The Short Stop exit door failed to open with the use of the keypad. The maintenance director was unaware of the code and the code was not posted.</p> <p>The above was discussed and acknowledged by the maintenance director.</p>	K 038	<p>K038</p> <p>The Short Stop exit door has been corrected to open with a keypad numerical entry. Staff personnel have been re-educated to the use of the keypad.</p> <p>Rm107 storage has been enhanced with the addition of shelving</p> <p>Documentation of correction is maintained by the QAPI Committee and available for review.</p> <p>The Director of Maintenance is responsible for ensuring this correction is sustained.</p> <p>Dated: February 23, 2015</p>	
K 050 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions; at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are</p>	K 050		

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NAME OF PROVIDER OR SUPPLIER PRESTIGE POST-ACUTE AND REHAB CENTE		STREET ADDRESS, CITY, STATE, ZIP CODE 917 SOUTH SCHEUBER ROAD CENTRALIA, WA 98531		
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K 050	Continued From page 2 qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2 This Standard is not met as evidenced by: Surveyor: 29197 Based upon record review and staff interviews on January 26, 2015, between approximately 10:00 a.m. and 2:00 p.m. the facility has failed to provide fire drill records reflecting drills being conducted on all shifts for the past 12 months. This could potentially result in the staff not responding in a coordinated manner in the event of a fire or other emergency and endangering residents, staff and/or visitors. The findings include, but are not limited to: 1. The facility failed to provide documentation of fire drills for the fourth quarter of 2014 for day and swing shift. The above was discussed and acknowledged by the maintenance director.	K 050	K050 Fire drills are currently held in accordance with regulations and documentation maintained by the Dir of Maintenance. Fire drills are scheduled and held with documentation maintained by the Director of Maintenance. The Director of maintenance will ensure compliance. Documentation The Safety and QAPI committee will monitor compliance. Dated: March 1, 2015	
K 062 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5 This Standard is not met as evidenced by: Surveyor: 29197 Based upon record review and staff interviews on	K 062		

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K 144	<p>Continued From page 4</p> <p>by staff in a timely manner which would endanger the residents, staff and/or visitors within the facility. The facility has failed routine maintenance of the emergency generator. This could result in a failure of the emergency power system which would leave the facility without egress and work lighting in the event of a power failure which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to:</p> <ol style="list-style-type: none"> 1. The facility failed to provide documentation of weekly maintenance checks of the emergency generator during February, April, and November of 2014. 2. The facility failed to provide a remote manual stop switch for the emergency generator. <p>NFPA 110 1999 Edition 3-5.6 All level 1 and 2 installations shall have a remote manual stop station of a similar type to a break-glass station located outside the room housing the prime mover, where so installed or located elsewhere on the premises where the prime mover is located outside the building. A-3-5.6.6 For level 1 and level 2 systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified.</p> <p>The above was discussed and acknowledged by the maintenance director.</p>	K 144	<p>K144</p> <p>Documentation of weekly maintenance checks of the emergency generator is available for February, March 2015 and will be maintained and ensured by the Maintenance Director. A remote manual stop switch has been installed per NFPA 110 1999 Edition 3-5.6.</p> <p>The Director of Maintenance is responsible for ensuring this correction is sustained. QAPI Committee will monitor compliance.</p> <p>Dated: March 1, 2015</p>	

