

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

Printed: 08/07/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505379	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/07/2014
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NAME OF PROVIDER OR SUPPLIER ROYAL PARK CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 7411 NORTH NEVADA SPOKANE, WA 99208
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K 000 INITIAL COMMENTS

This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Royal Park Care Center in Spokane, Washington on 8/7/14 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 who witnessed any deficiency noted during this survey.

The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a one story structure with a basement of Type V- 1 hour construction with exits to grade and is protected by a Type 13 sprinkler system and an Automatic / Manual Fire Alarm System with corridor smoke detection. In addition the facility has installed single station smoke detectors in all resident rooms. The facility is licensed for 164 residents with a current census of 162.

The facility has a waiver in place for K147: Power strips.

The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services. The following citations were documented during the survey:

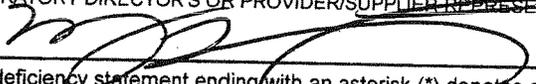
The surveyor was:

David Rogers
Deputy State Fire Marshal
Nursing Home Surveyor

K 000 Royal Park Care Center provides the Plan of Correction according to State and Federal Law. Royal Park Care Center neither admits nor denies but provides this Plan of Correction so it may continue to be in compliance with State and Federal Law.

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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Administrator

8/14/14

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 32863 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 8/7/14 between approximately 0900 and 1200 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 were multiple uncovered penetrations in the ceiling of the IT room. There was an uncovered penetration around the	K 012	K012 How the nursing home will correct the deficiency as it relates to the resident(s) The uncovered penetrations will be caulked using an NFPA approved fire rated caulk. How the nursing home will act to protect residents in similar situations Maintenance staff was educated on identifying penetrations and audited all sprinkler areas to ensure there were no further penetrations. Measures the nursing home will take or systems it will alter to ensure that the problem does not recur Maintenance staff was educated on identifying and the timely sealing of penetrations. How the nursing home plans to monitor its performance to make sure that solutions are sustained Periodic inspections of sprinklers have been scheduled to ensure timely and proper sealing of penetrations.	8/29/14

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K 012	Continued From page 2 sprinkler escutcheon plate in the Main Conference room. There was an uncovered penetration in the wall of the kitchen breakroom. There was an uncovered penetration in the ceiling of the janitor's closet by room #302. The above was discussed and acknowledged by the Maintenance Director.	K 012	Title of person responsible to ensure correction Environmental Services Director	
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: Based upon observations and staff interviews on 8/7/14 between approximately 0900 and 1200 hours the facility has failed to conduct testing of the fire sprinkler system as required. This could result in the failure of the fire sprinkler system to operate properly in the event of a fire which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: The facility did not conduct quarterly sprinkler testing for 2nd quarter 2014 (April-June) The above was discussed and acknowledged by the Maintenance Director.	K 062	K062 How the nursing home will correct the deficiency as it relates to the resident(s) Sprinkler testing will be completed on September 8, 2014. How the nursing home will act to protect residents in similar situations Beginning immediately the fire system will be tested quarterly and records will be kept reflecting these inspections. Measures the nursing home will take or systems it will alter to ensure that the problem does not recur Facility will have an agreement with Simplex Grinell (a fire sprinkler monitoring company) to complete quarterly inspections of the fire sprinklers. How the nursing home plans to monitor its performance to make sure that solutions are sustained The Director of Environmental Services will monitor for quarterly compliance. Title of person responsible to ensure correction Director of Environmental Services	8/29/14
K 072 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full	K 072	K072 How the nursing home will correct the deficiency as it relates to the resident(s)	8/29/14

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K 072	Continued From page 3 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: Based upon observations and staff interviews on 8/7/14 between approximately 0944 and 1030 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: There was a med cart in the corridor next to room #328 that was observed to not be in use or moved between 0944 and 1030 hours. The above was discussed and acknowledged by the Maintenance Director.	K 072	The medication cart in the corridor next to room 328 was moved/put into use on 8/7/14 once identified by the Fire Marshal. How the nursing home will act to protect residents in similar situations Rounds were completed on 8/7/14 to inform nursing staff that medication carts must be attended to or moved every 30 minutes. Measures the nursing home will take or systems it will alter to ensure that the problem does not recur In-service completed with nursing staff on the need to keep corridors free of obstructions including medication carts, lifts, etc. How the nursing home plans to monitor its performance to make sure that solutions are sustained Periodic inspections will be completed to ensure objects/obstructions (including medication carts) will be moved every 30 minutes. Title of person responsible to ensure correction Director of Environmental Services	
K 076 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4	K 076	K076 How the nursing home will correct the deficiency as it relates to the resident(s) The multiple unsecured compressed gas cylinders were moved to and secured in an area that meets the standards for healthcare facilities.	8/29/14

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K 076	Continued From page 4 This Standard is not met as evidenced by: Based upon observations and staff interviews on 8/7/14 between approximately 0900 and 1200 hours the facility has failed to properly maintain the storage of medical gas in the facility. 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: There were multiple unsecured compressed gas cylinders in the basement main mechanical room. The above was discussed and acknowledged by the Maintenance Director.	K 076	How the nursing home will act to protect residents in similar situations An inspection of the entire facility was completed on 8/7/14 to identify any other potential storage hazards-none were identified. Measures the nursing home will take or systems it will alter to ensure that the problem does not recur In-service to maintenance staff was completed on the requirements of properly storing medical gases. How the nursing home plans to monitor its performance to make sure that solutions are sustained Periodic inspections will be completed. Title of person responsible to ensure correction Director of Environmental Services	
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 8/7/13 between approximately 0900 and 1200 hours the facility has failed to have the emergency generator meet the requirements of	K 144	K144 How the nursing home will correct the deficiency as it relates to the resident(s) The facility will install an emergency stop button for the generator (outside of the boiler room door). How the nursing home will act to protect residents in similar situations The stop button will be installed and tested for proper working order with monthly generator testing.	8/29/14

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K 144	Continued From page 5 the Fire Safety Code. This could result in conditions that would result in the failure to stop an unintentional activation of the generator or to stop the generator in the event of a fire at the prime mover, placing residents, staff and visitors in danger. The findings include, but are not limited to: The facility does not have an emergency generator stop button installed separate from the primary mover as required by NFPA 110 3-5.5.6. The above was discussed and acknowledged by the Maintenance Director.	K 144	Measures the nursing home will take or systems it will alter to ensure that the problem does not recur The stop button will be installed and tested for proper working order with monthly generator testing. How the nursing home plans to monitor its performance to make sure that solutions are sustained In addition to the installation, monthly testing of the emergency stop button will be completed. Title of person responsible to ensure correction Director of Environmental Services	8/29/14	
K 147 SS=E	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: Based upon observations and staff interviews on 8/7/14 between approximately 0900 and 1200 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. The findings include, but are not limited to: There was a powerstrip in use with a tv in resident room 301. There was a powerstrip in use with miscellaneous electrical devices in the med room. There was a powerstrip in use with hair styling equipment in the beauty salon.	K 147	K147 How the nursing home will correct the deficiency as it relates to the resident(s) The facility has a waiver in place for power strips. How the nursing home will act to protect residents in similar situations The facility has developed a safety plan for the care and continued use of power strips. Measures the nursing home will take or systems it will alter to ensure that the problem does not recur The facility has developed a safety plan for the care and continued use of power strips How the nursing home plans to monitor its performance to make sure that solutions are sustained At the end of the waiver period an additional waiver will be requested in order to maintain compliance. In the event the waiver is not		

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K 147 Continued From page 6

The above was discussed and acknowledged by the Maintenance Director.

K 147 granted, the facility will comply with the installation of additional outlets. The facility will continue to follow the safety plan.

Title of person responsible to ensure correction
Director of Environmental Services

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