

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

Printed: 09/16/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505081</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/16/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>PACIFIC CARE AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>3035 CHERRY STREET HOQUIAM, WA 98550</b>		
(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><b>INITIAL COMMENTS</b></p> <p>Surveyor: 29197 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Pacific Care and Rehabilitation on 9/16/2014 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.</p> <p>Pacific Care and Rehabilitation has a total of 109 beds and at the time of this survey the census was 90.</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 one story structure of Type 5 (1,1,1) 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 &amp; Medicaid Services.</p> <p>The surveyor was:  Dan Young Deputy State Fire Marshal</p> <p>K 062 NFPA 101 LIFE SAFETY CODE STANDARD SS=F</p>	K 000	<p><i>This Plan of Correction is the center's credible allegation of compliance.</i></p> <p><i>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.</i></p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



ADMINISTRATOR

9-25-14

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 062	Continued From page 1 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 9/16/2014 between approximately 1030 and 1330 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 has not conducted quarterly inspections for the sprinkler system during the past year.  The above was discussed and acknowledged by the Maintenance Director.	K 062	K 062 --  The Maintenance Director will schedule the fire sprinkler company, Viking Automatic Sprinkler, to complete a quarterly inspection of the fire sprinkler system. Viking will also train the Maintenance Director how to perform the quarterly inspection.  Once training is complete, the Maintenance Director may elect to perform the quarterly fire sprinkler inspection himself, or he may schedule the inspection to be performed by the sprinkler company. Maintenance Director will add this inspection to the quarterly inspection report for monitoring.  The Administrator will conduct quarterly audits to ensure the fire sprinkler system is inspected as required and will bring findings to the Quality Assessment and Assurance committee.  The Quality Assessment and Assurance committee will review findings and make recommendations as needed.  The facility has contacted to perform the quarterly inspection and training on Oct 13 <sup>th</sup> , 2014.	10-13-14
K 144 SS=D	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.	K 144	The Administrator will ensure compliance.	

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K 144	Continued From page 2  This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 9/16/2014 between approximately 1030 and 1330 hours the facility has failed to have the emergency generator meet the requirements of the Fire Safety Code. This could result in conditions that would result in the failure of the emergency generator that would not be detected by staff in a timely manner which would endanger the residents, staff and/or visitors within the facility.  The findings include, but are not limited to:  The generator is located outdoors in a weatherproof enclosure. The Maintenance Director opened the generator enclosure to reveal the shut-off switch. The Maintenance Director confirmed that this was the only shut off switch for the generator.  The above was discussed and acknowledged by the Maintenance Director.  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-3-5.5.6 For level 1 and level 2 systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and	K 144	K 144 –  Maintenance Director will arrange for a remote manual emergency shut-off switch to be installed, located somewhere outside the room housing the prime mover. Maintenance Director will ensure that the manual remote shut-off switch is accessible and in good repair during the monthly generator inspection.  Maintenance Director will update the Emergency Procedure Manual to reflect the required remote manual emergency shut-off switch and the Maintenance Director, and/or designee, will in-service the staff on the new remote manual emergency shut-off switch for the generator.  Facility has contracted to install the emergency shut-off switch, and it will be completed by October 10 <sup>th</sup> , 2014.  Facility Quality Assessment and Assurance committee and the Medical Director will be informed of the updated required changes.  Administrator will ensure compliance.	10-10-14

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K 144

Continued From page 3 should be appropriately identified.

K 144

9-25-14

K 147  
SS=C

NFPA 101. LIFE SAFETY CODE STANDARD  
Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2

K 147

**K 147 – Electrical Wiring and Equipment**

Each year the facility receives a K 147 deficiency on its annual Life Safety Survey. In response to this deficiency the facility followed the proper procedures outlined in the *Washington State Patrol Waiver Request Verification Form for Power Strips with Flexible Cords* to ensure that any power strips in use in the facility met the highest standards of safety and compliance. The facility received this waiver from the Department of Health and Human Services, which was originated on October 25<sup>th</sup>, 2012 and is valid through October 25<sup>th</sup> 2015. The waiver is attached to this plan of correction.

This Standard is not met as evidenced by:  
Surveyor: 29197

Based upon observations and staff interviews on 9/16/2014 between approximately 1030 and 1330 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:

Room 52 was observed to have a power strip in use. The maintenance director admitted that there are other rooms with power strips. The facility has a waiver for power strips which expires on October 25, 2015.

The above was discussed and acknowledged by the Maintenance Director.