

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

Printed: 11/12/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505114	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/12/2014
NAME OF PROVIDER OR SUPPLIER GARDENS ON UNIVERSITY, THE			STREET ADDRESS, CITY, STATE, ZIP CODE 414 S UNIVERSITY RD SPOKANE, WA 99206	
(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 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at The Gardens on University in Spokane Valley, Washington on 11/12/14 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.	K 000	<i>"This Plan of Correction constitutes this facility's written allegation of compliance for the deficiencies cited. This submission of this plan of correction is not an admission of or agreement with the deficiencies or conclusions contained in the Department's inspection report."</i> K-062: NFPA 101 Life Safety Code Standard	11/21/14
	The existing and new sections of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This existing facility is a one story structure with a full basement of Type V-1 hour construction. The facility has exits to grade and is protected by a Type 13 sprinkler system and an Automatic / Manual Fire Alarm System with corridor smoke detection. The facility has installed smoke detectors in all resident rooms. The facility is licensed for 124 residents. 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 32863 The surveyor was from: Washington State Patrol		<u>Individual Residents</u> None were identified in the survey. <u>Residents in similar situations</u> All residents have the potential to be effected by this practice. The system has been tested since the identified dates and no issues were identified. <u>Measures to prevent reoccurrence</u> Education was provided to the Maintenance Department on the requirements of fire sprinkler inspections and documentation. The system was tested to ensure to ensure standards are met.	

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

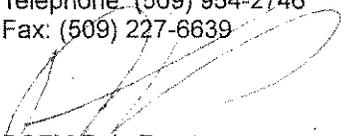
TITLE

(X8) DATE

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 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	<u>On-going Monitoring</u> The Maintenance Director or designee will document quarterly inspection in the TELS system. TELS documentation will be reviewed at the quarterly QAPI committee for one year to ensure compliance.	11/21/14
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 11/12/14 between approximately 1000 and 1215 hours the facility has failed to maintain 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 and allow the fire to increase in size and intensity 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 the required quarterly sprinkler inspection for the second quarter of 2014 (Apr-June). The above was discussed and acknowledged by the Maintenance Director.	K 062	<u>Individual to Ensure Compliance</u> Maintenance Director or designee	

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