

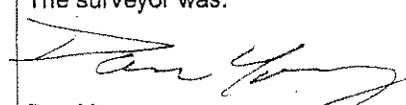
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

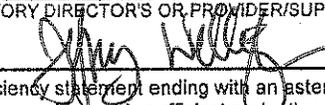
Printed: 02/19/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  505358	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  02/19/2015
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NAME OF PROVIDER OR SUPPLIER <b>RIVERSIDE NURSING &amp; REHAB CTR</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1305 ALEXANDER CENTRALIA, WA 98531</b>
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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
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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 Riverside Nursing &amp; Rehab on 2/19/15 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>Riverside Nursing and Rehab Center has a total of 91 beds and at the time of this survey the census was 82.</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 V (111) 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 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>	K 000	<p><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></p> <p><b>K-012: Building Construction Individual Residents</b> None were identified in the survey.</p> <p><b>Residents in similar situations</b> Residents have the potential to be impacted by this practice.</p> <p><b>Measures to prevent reoccurrence</b> Education was provided to the Maintenance Department on the requirements maintaining fire resistant construction.</p>	
K 012	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>	K 012		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>Administrator</b>	(X6) DATE <b>2-23-15</b>
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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 012 SS=D	Continued From page 1  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: Surveyor: 29197 Based upon observations and staff interviews on 2/19/2015 between approximately 1230 and 1530 hours Riverside Nursing 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:  Wire penetrations were observed to be unprotected in the boiler room.  The above was discussed and acknowledged by the facilities manager.	K 012	<u><b>On-going Monitoring</b></u> The Maintenance Director corrected the penetration with approved materials. Maintenance Director will conduct routine rounds in center to observe for penetrations and correct as needed.  <u><b>Individual to Ensure Compliance</b></u> Maintenance Director  <u><b>Date of Compliance</b></u> March 10, 2015	
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.	K 144		

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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 2/19/2015 between approximately 1230 and 1530 hours Riverside Nursing 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 was observed to not have a remote stop installed.  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 should be appropriately identified. The above was discussed and acknowledged by the facilities manager.	K 144	<b><u>K-144: Generators</u></b> <b><u>Individual Residents</u></b> No individual residents were identified.  <b><u>Residents in similar situations</u></b> Residents have the potential to be impacted by this.  <b><u>Measures to prevent reoccurrence</u></b> Maintenance Director was educated on regulations related to generator requirements. A remote manual stop for the generator will be installed b a licensed contractor post Washington State Construction Review process.  <b><u>On-going Monitoring</u></b> Maintenance Director will monitor the generator and remote stop through the TELS system monthly/weekly.  <b><u>Individual to Ensure Compliance</u></b> The Maintenance Director will ensure on-going compliance.  <b><u>Date of Compliance</u></b> March 31, 2015	
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	K 147		

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K 147	<p>Continued From page 3</p> <p>This Standard is not met as evidenced by: Surveyor: 29197</p> <p>Based upon observations and staff interviews on 2/19/2015 between approximately 1230 and 1530 hours Riverside Nursing 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.</p> <p>The findings include, but are not limited to: A power strip was observed plugged into a power strip in the admin office. Fixed while on site.</p> <p>A power strip was observed plugged into a cube adaptor in resident room 7.</p> <p>An electrical receptacle was observed to be missing the cover plate in the riser room. Fixed while on site.</p> <p>An extension cord was observed to be used as a permanent source of power at the generator.</p> <p>The above was discussed and acknowledged by the facilities manager.</p>	K 147	<p><b><u>K-147: Power Strips</u></b></p> <p><b><u>Individual Residents</u></b></p> <p>Room #7 had plug corrected and resident notified.</p> <p><b><u>Residents in similar situations</u></b></p> <p>Residents have the potential to be impacted and education will be provided through Resident Council.</p> <p><b><u>Measures to prevent reoccurrence</u></b></p> <p>Power strip was removed from office. Plate cover in riser room was installed at the time of identification. Extension cord was removed at generator.</p> <p>Maintenance Director was educated on power source regulations.</p> <p><b><u>On-going Monitoring</u></b></p> <p>Maintenance Director will round routinely to identify violations of power strips and correct as needed.</p> <p><b><u>Individual to Ensure Compliance</u></b></p> <p>Maintenance Director will ensure on-going compliance</p> <p><b><u>Date of Compliance</u></b></p> <p>March 10, 2015</p>	