

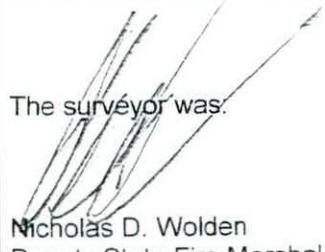
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

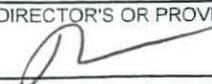
Printed: 01/25/2016
FORM APPROVED
OMB NO. 0938-0391

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 01/25/2016
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NAME OF PROVIDER OR SUPPLIER RIVERSIDE NURSING & REHAB CTR	STREET ADDRESS, CITY, STATE, ZIP CODE 1305 ALEXANDER STREET 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
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K-000	<p>INITIAL COMMENTS</p> <p>Surveyor: 35231 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at the Riverside Nursing and Rehab Center on 01/25/2016 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>The facility has a total of 91 beds and at the time of this survey the census was 77.</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 of Type five 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 states that they have no categorical waivers.</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:</p>  <p>Nicholas D. Wolden Deputy State Fire Marshal</p>	K 000		2/19/16
K 012 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 012		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 2/3/16
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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	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: 35231 Based upon observations and staff interviews on 01/25/2016 between approximately 13:15 and 14:00 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: Staff room hole in ceiling above air conditioner. Maintenance Director states that he will have it repaired before the end of the survey. The Maintenance Director repaired the hole on site. The above was discussed and acknowledged by the Executive Director.	K-012	This Plan of Correction constitutes this facilities written allegation of compliance for the deficiencies cited. This submission is not an admission of or agreement with the deficiencies or conclusions contained in the Departments inspection report. K-012 Corrective Action: The hole in the ceiling was repaired. Identification of Others: All residents of the facility have the potential to be affected by this issue. Measures to prevent reoccurrence: Maintenance rounds will be done routinely to identify and correct any potential issues. Monitoring: The results of Maintenance rounds will be discussed at the monthly QAPI meeting. Responsible Person: The Maintenance Director or his designee will be responsible.	2/19/16
K 021 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of: a) the required manual fire alarm system; b) local smoke detectors designed to detect	K 021		

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K-021	Continued From page 2 smoke passing through the opening of a required smoke detection system; and c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2 This Standard is not met as evidenced by: Surveyor: 35231 Based upon observations and staff interviews on 01/25/2016 between approximately 13:30 and 15:00 hours the facility has failed to maintain the ability of doors to be held open only by devices arranged to automatically close such doors upon activation of the fire alarm. This could result in the passage of smoke or fire one compartment into another compartment thereby exposing residents, staff and/or visitors to the toxic products of combustion. The findings include, but are not limited to: Cross corridor fire door failed to close to latch near room 26. The Maintenance Director states that he recently tested the doors. The above was discussed and acknowledged by the Executive Director.	K 021	K-021 Corrective Action: The doors have been repaired to properly latch when closed. Identification of Others: All residents of the facility have the potential to be affected by this issue. Measures to prevent reoccurrence: Maintenance rounds will be done routinely to validate the fire doors close and latch correctly Monitoring: The results of Maintenance rounds will be discussed at the monthly QAPI meeting. Responsible Person: The Maintenance Director or his designee will be responsible.	 <i>2/19/16</i>
K 147 SS=F	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: Surveyor: 35231 Based upon observations and staff interviews on	K 147		

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K-147	Continued From page 3 01/25/2016 between approximately 13:30 and 15:00 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: Rehab office multi-plug adapter no over current protection. Repaired on site Assistant business office manager power strip plugged into power strip. Repaired on site. Room 50 non approved multi plug adapter no over current protection. Repaired on site. The Executive Director states that staff will conduct training on the multi plug adapter uses. The above was discussed and acknowledged by the Executive Director.	K-147	K-147 Corrective Action: All multi plug outlets identified were corrected on site by the Maintenance Director. Identification of Others: All residents of the facility have the potential to be affected by this issue. Measures to prevent reoccurrence: Caring Partners will be educated to the proper electrical outlets to be used in the facility. They will then monitor outlets during their routine visits. Monitoring: The results of Caring Partner rounds will be discussed during morning Stand Up Meeting. Responsible Person: The Executive Director or his designee will be responsible.	2/19/16