

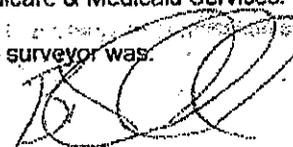
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Printed: 05/04/2015
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505299	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2015
NAME OF PROVIDER OR SUPPLIER PUGET SOUND HEALTHCARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 4001 CAPITOL MALL DR SOUTHWEST OLYMPIA, WA 98502	
(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)
K 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Puget Sound Health Care Center on May 4, 2015 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>Puget Sound Health Care Center has a total of 108 beds and at the time of this survey the census was 91.</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 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 & Medicaid Services.</p> <p>The surveyor was:</p>  <p>Blaine D. Gunkel Deputy State Fire Marshal</p>	K 000	<p>This plan of correction constitutes the facility's written allegation of Compliance for the deficiencies cited. Submission of this plan of correction is not an admission that a deficiency exists or that one was cited correctly. This plan of correction is submitted solely to meet requirements established by state and federal law.</p>
K 029 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1</p>	K 029	

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

Karlson

TITLE

Administrator

(X6) DATE

5/2-15

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 029	Continued From page 1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1 This Standard is not met as evidenced by: This requirement is not met as evidenced by: Based upon observations and staff interviews on May 4, 2015, between approximately 1:00 p.m. and 3:00 p.m. Puget Sound Healthcare Center failed to maintain fire resistive rated construction. This could result in the spreading of the toxic products of combustion into the corridor in the event of a fire which would endanger residents, staff and/or visitors. The findings include, but are not limited to: 1. There was a two inch penetration observed in the Rehabilitation Heater Room. 2. There were low voltage wires observed passing directly through the wall near the copy machine in the administrative area. The above was discussed and acknowledged by the maintenance director and executive director.	K 029 K 029	1. The penetration in therehabilitation heater room has been fixed. The low voltage wires were secured using appropriate method. 2. A facility wide audit for penetrations and unsecured wires has been completed. Fixes made according to audit. 3. Facility wide audits for penetrations and unsecured wires to be done monthly x 3 months. 4. Results of auditsto be brought to facility Quality Assurance meeting x three months to ensure compliance. 5. Date of Compliance: May 26, 2015 6. Person responsible: Maintenance Director/Administrator	
K 147 SS=D	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:	K 147		

SP26/15

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K 147	<p>Continued From page 2</p> <p>This requirement is not met as evidenced by:</p> <p>Based upon observations and staff interviews on May 4, 2015 between approximately 1:00 p.m. and 3:00 p.m. Puget Sound Healthcare Center has failed to restrict the use of multi-plug outlets (power strips) to providing power to permitted electrical equipment and have an emergency stop for the emergency generator system. This could result in a fire hazard endangering the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to:</p> <ol style="list-style-type: none"> 1. A power strip was observed not mounted or laying flat on the ground and powering a coffee pot in the Clinical Reimbursement Room. 2. There was no emergency stop observed for the emergency generator. <p>The above was discussed and acknowledged by the maintenance director and executive director.</p>	K 147	<p>K 147</p> <ol style="list-style-type: none"> 1. The observed power strip has been removed. The emergency stop for the generator has been put in place (see enclosed waiver request). 2. A facility wide audit for unsecured power strips has been completed. Fixes made according to audit. 3. Staff educated on the use of power strips. Facility wide audit for unsecured power strips to be done monthly x 3 months. 4. Results of audits to be brought to facility Quality Assurance meeting monthly x three months to ensure compliance. 5. Date of Compliance: May 26, 2015 6. Persons responsible: Maintenance Director and Administrator 	<p><i>K 147</i> <i>DL 5/2</i> <i>5/26/15</i></p>	

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