

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

Printed: 02/17/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505240	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/17/2015
NAME OF PROVIDER OR SUPPLIER FOREST RIDGE HEALTH & REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 140 SOUTH MARION AVENUE BREMERTON, WA 98312		
(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>INITIAL COMMENTS</p> <p>Surveyor: 34731</p> <p>This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Forest Ridge Health and Rehabilitation on February 17, 2015, by representatives 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>Forest Ridge Health and Rehabilitation has a total of 98 beds and at the time of this survey the census was 96.</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 with a partial basement of Type V one hour 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 and common areas 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><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>	
K 052 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD	K 052		

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

TITLE

(X6) DATE

Holly Erb

NAA

2/17/15

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 052	<p>Continued From page 1</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This Standard is not met as evidenced by: Surveyor: 34731</p> <p>A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4</p> <p>This requirement is not met as evidenced by:</p> <p>Based upon record review and staff interviews on February 17, 2015, between approximately 11:30 a.m. and 2:30 p.m. Forest Ridge Health and Rehabilitation has failed to have appropriate testing of the fire alarm system which result in the failure of notification to staff of a water supply problem to the fire sprinkler system and endanger the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to: 1. The facility failed to provide documentation of sensitivity testing of the smoke detection system.</p>	K 052	<p>K 052</p> <p>Individual Residents</p> <p>No individual residents were identified.</p> <p>Residents in Similar Situation</p> <p>Smoke detectors will be replaced with models which allow sensitivity testing.</p> <p>Method to Prevent Reoccurrence</p> <p>Contract will be updated with fire alarm and monitoring vendor to include sensitivity testing. Documentation and due dates for the above requirements will be maintained by the Maintenance Director.</p> <p>Ongoing Monitoring</p> <p>A section in the maintenance book will be created for this testing as well.</p> <p>Person Responsible</p> <p>Administrator or designee</p>	3/20/15

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K 052	Continued From page 2 The above was discussed and acknowledged by the maintenance director.	K 052		
K 062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This Standard is not met as evidenced by: Surveyor: 34731 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</p> <p>This requirement is not met as evidenced by:</p> <p>Based upon observations and staff interviews on February 17, 2015, between approximately 11:30 a.m. and 2:30 p.m. Forest Ridge Health and Rehabilitation 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.</p> <p>The findings include, but are not limited to:</p> <ol style="list-style-type: none"> 1. The facility failed to provide documentation of a five year internal inspection of the emergency sprinkler system. 2. The facility failed to provide documentation of the ten year replacement of the dry pendant sprinkler heads inside the walk in cooler and freezer along with the portico. 	K 062	<p>K 062</p> <p>Individual Residents</p> <p>No individual residents were identified.</p> <p>Residents in Similar Situation</p> <ol style="list-style-type: none"> 1. Internal inspection of the emergency sprinkler system will be completed. 2. Dry pendant sprinkler heads will be replaced. <p>Method to Prevent Reoccurrence</p> <p>Contract will be updated with fire alarm and monitoring vendor to include these tests. Documentation and due dates for the above requirements will be maintained by the Maintenance Director.</p> <p>Ongoing Monitoring</p> <p>A section in the maintenance book will be created for this testing as well.</p> <p>Person Responsible</p> <p>Administrator or designee</p>	3/20/15

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K 062	Continued From page 3	K 062		
K 147 SS=C	<p>The above was discussed and acknowledged by the maintenance director.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This Standard is not met as evidenced by: Surveyor: 34731 Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This requirement is not met as evidenced by:</p> <p>Based upon observations and staff interviews on February 17, 2015, between approximately 11:30 a.m. and 2:30 p.m. Forest Ridge Health and Rehabilitation 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: 1. Multi-plug outlets were observed in resident rooms through out the facility. The facility provided information that a waiver for this deficiency had been granted.</p> <p>The above was discussed and acknowledged by the executive director and maintenance director.</p>	K 147	<p>K 147</p> <p>Forest Ridge has been granted a waiver for the use of multi-plug power strips through December 27, 2015.</p>	3/20/15