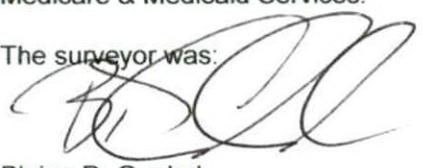
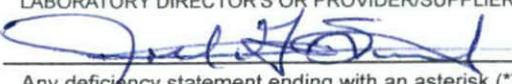


STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/07/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>BREMERTON HEALTH AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 CLARE AVENUE BREMERTON, WA 98310</b>		
(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><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Bremerton Health and Rehabilitation on July 7, 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>Bremerton Health and Rehabilitation has a total of 125 beds and at the time of this survey the census was 90.</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 &amp; Medicaid Services.</p> <p>The surveyor was:  Blaine D. Gunkel Deputy State Fire Marshal</p>	K 000	<p>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.</p> <p>K-062 <u>Individual Residents:</u> No individual resident was negatively affected by this Life Safety Code.</p> <p><u>Resident's in similar situation:</u> Facility rounds were conducted to identify other missing escutcheons. None were found.</p> <p><u>Measures to Prevent Reoccurrences</u> The missing escutcheons were replaced. The internal pipe examination for the emergency fire sprinkler system was scheduled and conducted.</p>	8/11/15
K 062 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested</p>	K 062		

RECEIVED  
JUL 20 2015  
FIRE & REVENUE DIVISION

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE  
 NHA 7/7/15

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/07/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>BREMERTON HEALTH AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 CLARE AVENUE BREMERTON, WA 98310</b>		
(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 062	Continued From page 1 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 July 7, 2015, between approximately 9:00 a.m. and 12:00 p.m. Bremerton Health and Rehabilitation has failed to conduct testing and maintenance 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.  The findings include, but are not limited to: 1. The facility failed to provide current documentation of an internal pipe examination for the emergency fire sprinkler system. 2. There were two missing escutcheon missing in the physical therapy room and corridor near room 21. The above was discussed and acknowledged by the executive director and maintenance director.	K 062	The Maintenance Director will monitor for compliance through the use of monthly checks in the preventative maintenance program.  <u>Ongoing Monitoring:</u> The Administrator will ensure compliance through weekly rounds. Noted deficiencies will be immediately addressed, and discussed at the Quality Assurance Performance Improvement meeting for three (3) months, then as needed thereafter.  K-143 <u>Individual Residents:</u> No individual resident was negatively affected by this Life Safety Code.  <u>Resident's in Similar Situations:</u> The carpet in the oxygen store room was immediately removed.  <u>Measures to Prevent Reoccurrences:</u> The Maintenance Director will monitor for compliance through the use of monthly checks in the preventative maintenance program.	8/11/15
K 143 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Transferring of oxygen is:  (a) separated from any portion of a facility wherein patients are housed, examined, or treated by a separation of a fire barrier of 1-hour fire-resistive construction;  (b) in an area that is mechanically ventilated, sprinklered, and has ceramic or concrete flooring; and  (c) in an area posted with signs indicating that transferring is occurring, and that smoking in the	K 143		

RECEIVED

JUL 20 2015

FIRE PREVENTION  
DIVISION

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/07/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>BREMERTON HEALTH AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 CLARE AVENUE BREMERTON, WA 98310</b>		
(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 143	Continued From page 2 immediate area is not permitted in accordance with NFPA 99 and the Compressed Gas Association. 8.6.2.5.2  This Standard is not met as evidenced by: Based upon observations and staff interviews on July 7, 2015, between approximately 9:00 a.m. and 12:00 p.m. Bremerton Health and Rehabilitation has failed to properly maintain the proper floor covering. This could result in a chemical reaction fire which could potentially endanger the residents, staff and/or visitors within the facility.  The findings include, but are not limited to: 1. The oxygen storage room was observed to have a carpeted floor. The above was discussed and acknowledged by the executive director and maintenance director.	K 143	<u>Ongoing Monitoring:</u> The Administrator will ensure compliance through weekly rounds. Noted deficiencies will be immediately addressed, and discussed at the Quality Assurance Performance Improvement meeting for three (3) months, then as needed thereafter.  K-144 <u>Individual Residents:</u> No individual resident was affected by this Life Safety Code.  <u>Resident's in Similar Situations:</u> An emergency generator stop switch will be installed.	
K 144 SS=D	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.  This Standard is not met as evidenced by: Based upon observations and staff interviews on	K 144	<u>Measures to Prevent Reoccurrences:</u> The Maintenance Director will monitor for compliance through the use of monthly checks in the preventative maintenance program.  <u>Ongoing Monitoring:</u> The Administrator will ensure compliance through weekly rounds. Noted deficiencies will be immediately addressed, and	

**REC**

JUL 20 2015

FIRE PREVENTION  
DIVISION

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

Printed: 07/07/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505123</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>07/07/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>BREMERTON HEALTH AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2701 CLARE AVENUE BREMERTON, WA 98310</b>		
(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 144	Continued From page 3 July 7, 2015, between approximately 9:00 a.m. and 12:00 p.m. Bremerton Health and Rehabilitation 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: 1. The emergency power generator did not have an emergency shut off switch. The above was discussed and acknowledged by the executive director and maintenance director.	K 144	discussed at the Quality Assurance Performance Improvement meeting for three (3) months, then as needed thereafter.	
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: Based upon observations and staff interviews on July 7, 2015, between approximately 9:00 a.m. and 12:00 p.m. Bremerton 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.  The findings include, but are not limited to: 1. A power strip was observed plugged into another power strip in the copy room. The above was discussed and acknowledged by the executive director and maintenance director.	K 147	<u>K-147</u> <u>Individual Residents:</u> No individual resident was negatively affected by this Life Safety Code.  <u>Resident's in Similar Situations:</u> The power strip was immediately removed during the inspection.  <u>Measures to Prevent Reoccurrences:</u> The Maintenance Director will monitor for compliance through the use of monthly checks in the preventative maintenance program.  <u>Ongoing Monitoring:</u> The Administrator will ensure compliance through weekly rounds. Noted deficiencies will be immediately addressed, and discussed at the Quality Assurance Performance Improvement meeting for three (3) months, then as needed thereafter.	<del>8/11/15</del> 8/11/15

REC

JUL 20 2015

FIRE PREVENTION  
DIVISION