

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

Printed: 11/13/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505421	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 11/13/2014
NAME OF PROVIDER OR SUPPLIER WASHINGTON ODD FELLOWS HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 534 BOYER AVENUE WALLA WALLA, WA 99362		
(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: 28239 This report is a result of an unannounced Fire and Life Safety re-certification survey conducted on 11/13/2014 at Washington Odd Fellows SNF, located at 534 Boyer Ave., Walla Walla, WA by a representative of the Washington State Fire Marshal. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Health and Human Services (DSHS).</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is located in 2 separate buildings within the campus which also has a state licensed AL as well as IL buildings.</p> <p>The West Care is located in its own building of a single story Type II (111) Construction built in 1960 (with support facilities located in an adjoining building (separated by a horizontal exit and a 2 hour rated firewall). Exiting from the building is at grade level.</p> <p>The East Care is located in the first floor of a four story building of Type II (222) Construction built in 1979 (with support facilities located in an adjoining wing (separated by a horizontal exit and a 2 hour rated firewall). Exiting from the SNF is at grade level.</p> <p>The census today is 104 with a capacity for 117. The buildings are all protected throughout by Type 13 Automatic Fire Sprinkler Systems and an Automatic Fire Alarm System with corridor smoke detection and resident room addressable smoke detectors and manual pull stations.</p> <p>The facility is not in compliance with the Life</p>	K 000		

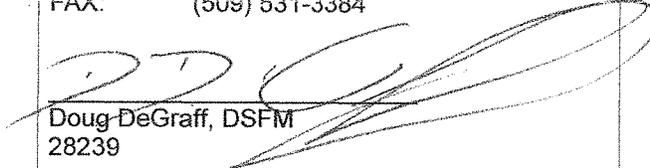
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE **11/13/14**

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 000	Continued From page 1 Safety Code 2000 Edition as adopted by C.M.S. Following are the deficiencies cited as a result of this survey. The Surveyor was: Doug DeGraff Deputy State Fire Marshal Nursing Home Surveyor 28239 The Surveyor was from: Washington State Patrol Fire Protection Bureau 143302 E Law Lane Kennewick, WA Telephone: (509) 734-5806 FAX: (509) 531-3384  Doug DeGraff, DSFM 28239	K 000			
K 144 SS=E	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: Surveyor: 28239 During the survey tour of 11/13/2014, between	K 144	A remote stop switch will be installed on each generator by Legacy Power Systems on November 24, 2014.	12/1/14	

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K 144	Continued From page 2 the hours of 1045 and 1315, while accompanied by the Director of Environmental Services and the Maintenance Supervisor, through observation and staff interview, it was discovered that the facility failed to maintain their emergency generator in accordance with the requirements of National Fire Protection Association (NFPA) Standard 110. This could compromise the ability of the emergency power supply to operate in the event of a power outage. These findings were acknowledged by the Director of Environmental Services and the Maintenance Supervisor. The findings are as follows: 1. Generator is lacking a Remote Stop Switch (per NFPA 110 3-5.5.6)	K 144			

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