

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

Printed: 05/23/2013
FORM APPROVED
OMB NO. 0938-0391

359

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505409	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/23/2013
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NAME OF PROVIDER OR SUPPLIER SUMMITVIEW HEALTHCARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 3801 SUMMITVIEW AVENUE YAKIMA, WA 98902
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K 000	<p>INITIAL COMMENTS</p> <p>This report is a result of an unannounced Federal Life Safety re-certification survey conducted at Summitview Healthcare Center, 3801 Summitview Avenue, Yakima WA, on May 23, 2013 by staff from the Washington State Patrol, Fire Protection Bureau, Union Gap Detachment. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Social and Health Services (DSHS).</p> <p>The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.</p> <p>The Long Term Care 78 bed facility, census of 71 was provided by the Maintenance Director and verified by the Administrator. The facility consisted of construction type III (211) one story building. The facility is fully sprinkled with an automatic fire alarm system in place.</p> <p>This facility has a waiver in place for K147 power strips that expires April 25, 2015.</p> <p>The facility is not in substantial compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p>The Surveyor was:</p> <p>[REDACTED] Deputy State Fire Marshal Nursing Home Surveyor 28058</p> <p>The Surveyor was from: Washington State Patrol Fire Protection Bureau</p>	K 000	<p>RECEIVED</p> <p>JUN 07 2013</p> <p>FIRE PROTECTION BUREAU</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Dennis W. [Signature]</i>	TITLE Administrator	(X6) DATE 05/28/2013
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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.

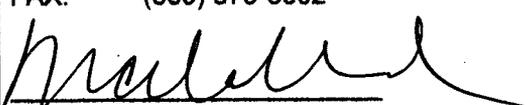
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K 000 Continued From page 1
2715 Rudkin Road
Union Gap, WA. 98903-1795
Telephone: (509) 575-2190
FAX: (509) 576-3002

DSFM
28058

K 000

K 038 NFPA 101 LIFE SAFETY CODE STANDARD
SS=D
Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1

This Standard is not met as evidenced by:
The facility has failed to maintain the exit egress path clear and unobstructed and with a hard compact surface leading to a public way. This could place residents, visitors, and staff at risk of delaying egress out of the building during an emergency.

The findings include, but are not limited to:

During the survey tour on May 23, 2013 at approximately 10:00am, I observed that the dining room exit path leads to an exit that has an overgrown bush and tree. This exit has a concrete landing that terminates about 3 feet out and does not have a continuous hard compact surface that leads to a public way.

This finding was observed and discussed with the Maintenance Director.

K 038

K-038
No residents were directly affected. All exits from the nursing home were inspected and no other exits were identified with possible issues. The dining room exit path will be cleared of vegetation. A hard, compact surface leading to a public way will be provided. The landscaping staff have been trained to monitor and ensure vegetation is kept pruned back from walkways. The Director of Maintenance will monitor for compliance.

6/27/13

K 067 NFPA 101 LIFE SAFETY CODE STANDARD

K 067

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K 067 SS=E	Continued From page 2 Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2 This Standard is not met as evidenced by: The facility has failed to maintain combustibles 3 feet away from heat sources. This could potentially allow for blankets, clothes, and other materials to fall onto the heater and create a fire. This could expose residents, visitors, and staff at risk of smoke and fire. The findings include, but are not limited to: During the facility tour on May 23, 2013 at 10:20am I observed that the rooms that have floor space heaters had upholstered sofas, magazine racks, and miscellaneous combustible material next to the heating units. This finding was observed and discussed with the Maintenance Director.	K 067	K-067 All resident rooms were inspected and combustible materials were moved away from floor heaters. Staff have been inserviced to monitor placement of combustible materials to keep away from floor heaters. Residents and families will be reminded as needed that combustibles should not be placed near floor heaters. The Director of Nursing and Director of Social Services will monitor for compliance.	6/01/13
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: The facility has failed to maintain the premises free of electrical hazards as required. This could allow for electrical fire to start and expose residents, visitors, and staff to the threat of	K 147	K-147 No residents were directly affected. The maintenance staff has completed a review of the nursing facility to ensure all receptacles have appropriate covers in place. Maintenance staff has been trained on monitoring all electrical fixtures for potential hazards. The Director of Maintenance will monitor for compliance.	6/01/13

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K 147	<p>Continued From page 3 smoke and fire.</p> <p>The findings include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Powerstrips have been found to be in use in previous survey. The facility has been granted a waiver in place for K147- Electrical Hazards that expires on April 25, 2015. The facility is in substantial compliance with this portion of the citation with the waiver in place. 2. During the survey on May 23, 2013 at 10:30am, I observed that the central nurses station had an electrical outlet missing it's cover plate. <p>This finding was observed and discussed with the Maintenance Director.</p>	K 147		

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