

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

Printed: 08/24/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505033	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/24/2012
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NAME OF PROVIDER OR SUPPLIER ROCKWOOD SOUTH HILL	STREET ADDRESS, CITY, STATE, ZIP CODE EAST 2903 25TH AVENUE SPOKANE, WA 99223
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(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>This report is the result of an unannounced Fire and Life Safety Re-certification Survey conducted at Rockwood Retirement Community Skilled Care Center located at East 2903 25th Avenue, Spokane Washington. This inspection commenced on 8/24/12 at approximately 0945 hours and ended at approximately 1300 hours. During this Survey I was accompanied by Facility Maintenance Staff who witnessed any deficiency noted during this Survey. The existing section of the 2000 Life Safety Code was used in accordance with CFR 483.70. Rockwood Retirement Community Skilled Care Center is located on the 2nd floor of a Two-Story Type 1-FR Structure. Facility is protected by a Type 13 Fire Sprinkler System and an Automatic/Manual Fire Alarm System with the required separation between the floors and other areas. This inspection was conducted in conjunction with the Health Survey Team from the Department of Social and Health Services. The facility is licensed for 36 residents with a current census of 33.</p> <p>The facility fails to meet the Life Safety Code 2000 Edition as adopted by C.M.S. based upon the deficiency noted during this Survey.</p> <p>The Surveyor was: Cliff Rogers Deputy State Fire Marshal Nursing Home Surveyor 20225</p> <p>The Surveyor was from: Washington State Patrol Office of the State Fire Marshal Prevention Bureau PO Box 19130</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Cliff Rogers</i>	TITLE <i>DIRECTOR OF ENVIRONMENTAL SERVICES</i>	(X6) DATE <i>9-5-12</i>
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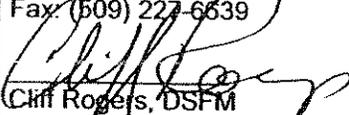
A deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 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 Spokane, WA 99219-9130 Telephone: (509) 227-6567 Fax: (509) 227-6639  Cliff Rogers, DSFM	K 000	Plan of Correction	
K 147 SS=E	<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: Based upon observations made during the Survey conducted on 8/24/12 between the hours of 0945 and 1200 while accompanied by facility maintenance staff we observed in the following areas the use of multi-plug power strips with flexible cords. C.M.S. has made the determination that these devices are considered extension cords and thus not allowed to be used in lieu of permanent wiring (NFPA 70, 400-08 #1).</p> <ol style="list-style-type: none"> 1. Resident rooms #34, #33, #46, #66 (2 power strips) 2. Soiled Utility by room #58 (used for battery chargers) <p>In addition we observed an extension cord that was being used in resident room #58, this cord was removed while I was still present.</p> <p>The unapproved use of these multi-plug power strips could allow for possible harm to those residents and others in the area. Facility will need to inspect all areas to ensure compliance with this standard.</p>	K 147	<p>K 147. Electrical wiring and equipment is in accordance with NFPA 70, NEC 9.1.2</p> <p>Rockwood South Hill will ensure there are no unauthorized power strips in use in the Skilled Care areas.</p> <p>Rockwood will not install additional outlets, but utilize the existing outlets with the help of using the approved 6-outlet adapter with the resettable circuit breaker.</p> <p>When residents move in, Rockwood staff will assist them where they can place items that need to be plugged in. Rockwood staff will inform the residents and their family about the policy of no extension cords and power strips.</p> <p>Rockwood will permit the authorized use of approved power strips in the offices for computer use only.</p> <p>Housekeeping staff will be instructed to watch for and report any unauthorized electrical device. We will also perform a monthly search for any unauthorized device and document the findings.</p> <p>Rockwood will have all unauthorized power strips removed and all employee training by September 28, 2012</p>	