

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

Printed: 10/29/2013
FORM APPROVED
OMB NO. 0938-0391

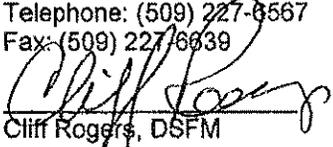
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505033	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/29/2013
NAME OF PROVIDER OR SUPPLIER ROCKWOOD SOUTH HILL		STREET ADDRESS, CITY, STATE, ZIP CODE EAST 2903 25TH AVENUE SPOKANE, WA 99223		
(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 inspection report is the result of an unannounced Fire and Life Safety Re-certification Survey conducted at Rockwood South Hill, located at East 2903 25th Avenue Spokane Washington. The Fire and Life Survey commenced on 10/29/13 at approximately 0930 hours and ended at approximately 1315 hours. During this Survey I was accompanied by facility staff who witnessed any deficiency noted during this Survey. The 2000 Edition (Existing) of the Life Safety Code was used for this Survey in accordance with 42 CFR 483.70.</p> <p>Rockwood South Hill Skilled Nursing Facility is located in a Two Story Structure of Type 1-Fire Resistant Rating. The Skilled Nursing portion is located on the main floor of this portion of the campus and is protected with Automatic Fire Sprinkler System and Automatic/Manual Fire Alarm System. The Skilled Nursing portion is licensed for 45 residents with a current census of 40. This Fire and Life Safety Survey was conducted in conjunction with the Health Survey Team from Department of Social and Health Services.</p> <p>Rockwood South Hill Skilled Nursing fails to meet the Existing 2000 Edition of the Life Safety Code based upon deficiencies 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</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE _____ TITLE _____ (X6) DATE 11/8/2013

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 Fire Prevention Bureau PO Box 19130 Spokane WA, 99219-9130 Telephone: (509) 227-8567 Fax: (509) 227-6639  Cliff Rogers, DSFM	K 000	K017 ROCKWOOD HAS CONTRACTED A COMPANY TO REPAIR THE FIRE WINDOW.	
K 017 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Corridors are separated from use areas by walls constructed with at least ½ hour fire resistance rating. In sprinklered buildings, partitions are only required to resist the passage of smoke. In non-sprinklered buildings, walls properly extend above the ceiling. (Corridor walls may terminate at the underside of ceilings where specifically permitted by Code. Charting and clerical stations, waiting areas, dining rooms, and activity spaces may be open to the corridor under certain conditions specified in the Code. Gift shops may be separated from corridors by non-fire rated walls if the gift shop is fully sprinklered.) 19.3.6.1, 19.3.6.2.1, 19.3.6.5 This Standard is not met as evidenced by: Based upon observations made during the Fire and Life Safety Survey conducted on 10/29/13 between the hours of 0930 to 1315 while accompanied by the facility maintenance staff we observed the Fire Window located at the Wellness Center not working properly for automatic closure in the event of a Fire Alarm activation. Window was not hooked up to the	K 017	ROCKWOOD STAFF WILL MANUALLY KEEP THIS FIRE WINDOW CLOSED TO ENSURE THE SAFETY OF ITS RESIDENTS AND STAFF UNTIL REPAIRS HAVE BEEN MADE AND THE WINDOW IS FULLY FUNCTIONAL. ROCKWOOD MAINTENANCE WILL PERFORM SEMI ANNUAL INSPECTIONS TO ENSURE THIS FIRE WINDOW REMAINS OPERABLE. THE COMPANY WILL HAVE THE FIRE WINDOW REPAIRED TO FULL FUNCTIONING ORDER NO LATER THAN NOVEMBER 29, 2013. TOM BISOP DIRECTOR OF ENVIRONMENTAL SERVICES	

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K 017	Continued From page 2 fusible link and would not close when activated. This Fire Window is designed to protect the corridor from the spread of fire or smoke from the occupancies located in the Wellness Center, failure for this Fire Window to operate properly could place residents, staff or visitors at risk of possible harm due to the spread of smoke or fire.	K 017		
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD 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 This Standard is not met as evidenced by: During this Fire and Life Safety Survey conducted on 10/29/13 between the hours of 0930 to 1315 while accompanied by facility maintenance staff we observed a Fire Sprinkler Head in the Housekeeping room by resident room #74 that was obstructed by the ceiling light fixture. This room is equipped with shelving on the wall that has combustible material stored there which in the event of a fire the sprinkler head would be obstructed from dispersing water on that portion of the room. Failure of the fire sprinkler head to operate properly could place residents, staff and visitors at risk of possible harm due to an uncontrolled fire in this location.	K 062	LOG ROCKWOOD DID INSTALL 2 NEW CEILING MOUNTED LIGHT FIXTURE FURTHER AWAY FROM THE SPRINKLER HEAD. THIS WAS DONE ON NOVEMBER 1, 2013 THIS IS TO ENSURE THE WATER DISPENSING FROM THE HEAD WILL NOT HAVE ANY OBSTACLES. TOM BISHOP DIRECTOR OF ENVIRONMENTAL SERVICES	
K 073 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD No furnishings or decorations of highly flammable character are used. 19.7.5.2, 19.7.5.3, 19.7.5.4 This Standard is not met as evidenced by:	K 073	K 073 ROCKWOOD IMMEDIATELY REMOVED THE HOLIDAY DECORATIONS THAT WERE OBSERVED BY THE FIRE MARSHAL. ROCKWOOD STAFF WILL GO THROUGH ALL OF ITS DECORATIONS THAT ARE USED THROUGHOUT THE YEAR.	

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K 073	Continued From page 3 Based upon observations made during the Fire and Life Safety Survey conducted on 10/29/13 between the hours of 0930 to 1315 while accompanied by facility staff we observed Holiday Decorations (Corn Stalk Scarecrow at the Fire Side Room and Four Straw Bales and Cornstalks) located at the Main Entrance to the facility. Holiday Decorations are to be fire retardant and decorations of highly combustible material (cornstalks and straw bales) are to be treated with a fire retardant material or removed from the facility. Failure to ensure highly combustible decorations are not on display in the facility or treated with an approved fire retardant material could place residents, staff or visitors at risk of possible harm due to the rapid spread of fire due to the combustible decorations.	K 073	(continued) IDENTIFY THOSE DECORATIONS THAT DO NOT MEET FIRE CODE AND EITHER TREAT THEM WITH AN APPROVED FLAME RETARDANT MATERIAL OR REMOVE THEM FROM THE PROPERTY. ROCKWOOD STAFF WAS IN-SERVICED ABOUT THE DECORATIONS ON OCTOBER 30, 2013. ROCKWOOD WILL SEND A LETTER TO RESIDENT FAMILY MEMBERS EXPLAINING THE FIRE CODE SO THEY DO NOT BRING HIGHLY COMBUSTIBLE MATERIAL. ALL REPORTS OF THIS PLAN OF CORRECTION WILL TAKE PLACE NO LATER THAN NOVEMBER 29, 2013 Tom BISHOP DIRECTOR OF ENVIRONMENTAL SERVICES	