

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

Printed: 11/25/2014
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 11/24/2014
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	INITIAL COMMENTS	K 000		
	<p>This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Rockwood South Hill in Spokane, Washington on 11/25/14 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. During the physical tour of the facility I was accompanied by the Facility Maintenance Director who witnessed any deficiency noted during this survey.</p> <p>The existing and new sections of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This existing facility is on the second story of a two-story structure with a full basement of Type V-1 hour construction. The facility has exits to grade and is protected by a Type 13 sprinkler system and an Automatic / Manual Fire Alarm System with corridor smoke detection. The facility has installed smoke detectors in all resident rooms. The facility is licensed for 45 residents.</p> <p>The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services. The following citations were documented during the survey:</p> <p>The surveyor was:</p> <p>David Rogers Deputy State Fire Marshal Nursing Home Surveyor 32863</p> <p>The surveyor was from:</p>			
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Bruce Burns</i>		TITLE		(X8) DATE <i>11-26-2014</i>

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 Washington State Patrol Office of the State Fire Marshal Fire Protection Bureau PO Box 19130 Spokane WA 99219-9130 Telephone: (509) 954-2746 Fax: (509) 227-6639 DSFM D.A. Rogers	K 000	
K 144 SS=F	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: This requirement is not met as evidenced by: Based upon observations and staff interviews on 11/25/14 between approximately 0900 and 1045 hours the facility 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: The new automatic generator that provides the	K 144	<p>K 144</p> <p>THE REMOTE GENERATOR ANNUNCIATOR PANEL WAS MADE OPERATIONAL THE DAY AFTER THE LSC SURVEY. 11-26 2014</p> <p>ROCKWOOD WILL ADD THIS PANEL TO THE DAILY MAINTENANCE CHECKS.</p> <p>THIS SITUATION OCCURED AS A RESULT OF AN ELECTRICIAN NOT HOOKING THE WIRES BACK UP TO THE TEMPORARY GENERATOR. ROCKWOOD WILL MAKE SURE THE NEW PERMANANT GENERATOR IS WIRED CORRECTLY TO THIS PANEL.</p>

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K 144	Continued From page 2 skilled nursing facility's backup power that was put in during construction for a new addition is not connected to the facility's existing remote annunciator panels. The above was discussed and acknowledged by the Facility Maintenance Director.	K 144	<i>Tom BISHOP DIRECTOR OF ENVIRONMENTAL SERVICES</i>	