

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

Printed: 01/29/2013
FORM APPROVED
OMB NO. 0938-0391

527

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505027	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/29/2013
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NAME OF PROVIDER OR SUPPLIER HEARTHSTONE, THE	STREET ADDRESS, CITY, STATE, ZIP CODE 6720 EAST GREEN LAKE WAY NORTH SEATTLE, WA 98103
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K 000	INITIAL COMMENTS	K 000		
	<p>Surveyor: 28239</p> <p>This report is a result of an unannounced Fire and Life Safety re-certification survey conducted on January 19, 2013 at The Hearthstone SNF located at 6720 E Green Lake Way N, Seattle, 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 occupies the second floor of a ten story structure of Type I (222) construction with support facilities in the full basement. Exiting from the second floor is out to grade on sides C & D, through rated stair enclosures sides A & B (sloped lot). Exiting from the basement is through rated stair enclosures and direct exits to grade level from the main floor. The census today is 37 with a capacity for 40. The building is protected throughout by a Type 13 Automatic Fire Sprinkler System and an Automatic Fire Alarm System with corridor smoke detection as well as smoke detection in the patient rooms of the SNF. Manual pull stations are located at stairwells and the Nurses' Station.</p> <p>The facility is not in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p>The Surveyor was:</p> <p>D. Deputy State Fire Marshal</p>		<p>RECEIVED FEB 27 2013 FIRE PROTECTION BUREAU</p> <p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein.</p> <p>To remain in compliance with all Federal and State regulations, the facility has taken or will take the actions set forth in the following plan of correction.</p> <p>The following plan of correction constitutes the facility's allegation of compliance such that all alleged deficiencies cited have been or will be corrected by the date of dates indicated.</p>	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Blair McFeely</i>	TITLE <i>Chief Operating Officer</i>	(X6) DATE <i>4 February 2013</i>
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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 Life Safety Code Inspector 28239 The Surveyor was from: Washington State Patrol Fire Protection Bureau 2803 156th Ave SE Bellevue, WA. 98007 Telephone: (425) 401-7731 FAX: (425) 401-7842  28239	K 000		
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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: Surveyor: 28239 Based upon record review, observation and staff interviews during the facility tour of 01/29/2013, between the hours of 0900 and 1200, while accompanied by the Maintenance Director, it was discovered that the emergency generator system does not conform to NFPA 99 3-4.1.1.15 & NFPA 110 3-5.6.1 - the system is lacking an annunciator panel. This could result in staff being unaware of a malfunction of the emergency power system,	K 144	K144 As noted on the deficiency statement, the facility has been granted a waiver through 12/07/2013 for this issue and respectfully requests this deficiency be removed from the statement of deficiencies.	01/29/13
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K 144 Continued From page 2
resulting in a loss of power, placing patients and staff at risk. This finding was acknowledged by the Maintenance Director.

The finding includes but is not limited to:

1. The facility is lacking an alarm annunciator at the Nurses' Station (or other constantly staffed location) that indicates that the generator is running and that will send a trouble signal in the event of malfunctions.

(The facility has been granted a waiver through 12/07/2013 for this deficiency.)

K 144

K 147
SS=E 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:
Surveyor: 28239
Based upon observation and staff interviews during the facility tour of 01/29/2013, between the hours of 0900 and 1200, while accompanied by the maintenance director, it was discovered that the facility has failed to comply with NFPA 70, also known as the National Electric Code (NEC). This could allow for electrical arcing starting a fire, placing patients, staff and visitors at risk. The findings were acknowledged by the maintenance director.

This standard is not being met as evidenced by:
Surge protected multi-strip adapters are being used for powering appliances other than computers and related devices (printers, etc.).

The findings include, but are not limited to:

K 147

K147

The surge protector multi-strip adapters were removed from the dining room during the survey and resident room 39A on February 1, 2013. A permanent wall outlet was installed in Room 39 to mitigate the use of surge protector multi-strip adapters in the future. There are adequate permanent wall outlets in the

02/01/13

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K 147	Continued From page 3 1. Dining Room - Television, VCR and keyboard (corrected at survey). 2. Resident Room 39A - Television.	K 147	dining room to mitigate the use of surge protector multi-strip adapters so no further action is required. Maintenance staff members will make regular rounds to insure surge protector multi-strip adaptors are not placed into use. This item will be reviewed and reported on at quarterly Quality Assurance meetings. The Director of Maintenance will be responsible for compliance.	
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