

544

Printed: 08/02/2013
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505291	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 8/21/13 08/07/2013
NAME OF PROVIDER OR SUPPLIER RIVERVIEW LUTHERAN CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 1841 EAST UPRIVER DRIVE SPOKANE, WA 99207		
(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 This report is the result of an unannounced Fire and Life Safety Re-certification Survey conducted at Riverview Lutheran Care Center located at 1841 E- Upriver Drive in Spokane, Washington. The inspection commenced on 08-02-13 at approximately 0800 hours and concluded at approximately 1500 hours. The inspection was conducted by a representative of the Washington State Patrol, Office of the State Fire Marshal. During the inspection rounds I was accompanied by the Director of Maintenance and the Director of Nursing Services who observed all of the identified deficiencies noted on the Survey Statement of Deficiencies (SOD). The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.79. Riverview Lutheran Care Center is a two story (with a partial basement) of Type 2 Fire Resistive Construction and is protected by a type 13 automatic fire sprinkler system and a Manual/Automatic Alarm System. This Survey was conducted in conjunction with the Health Survey Team from the Department of Social and Health Services. Riverview Lutheran Care Center is licensed for 75 beds and at the time of the survey the census was at 55. The facility is not in substantial compliance with the Life Safety Code 2000 Edition as adopted by C. M. S. based upon the deficiencies noted during this Survey. The Surveyor was:	K 000		

Thank you for your assistance

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Michael D. Dreyer TITLE: VP Finance (X6) DATE: 8/21/2013

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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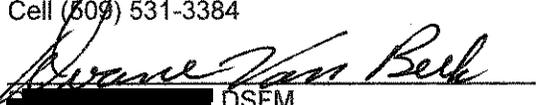
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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K 000	Continued From page 1 Deputy State Fire Marshal Nursing Home Surveyor 15826 The Surveyor was from; Washinton State Patrol Office of the State Fire Marshal Fire Protection Bureau 143302 East Law Lane Kennewick, WA. 99337-2011 Office (509) 734-7029 FAX: (509) 734-7046 Cell (509) 531-3384  DSFM	K 000		
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018		

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K 018	Continued From page 2 This Standard is not met as evidenced by: Based upon observations and staff interviews with the Director of Maintenance and the Director of Nursing Riverview Lutheran Care Center has failed to maintain doors to use areas so that they close and latch. This could result in the movement of the toxic products of combustion from one area of the building into another area of the building. The findings include: 1. Observed at approximately 0847 hours that the door coordinator on the double doors between the corridor and the Fire Side Lounge failed to operate properly which prevent the doors closing and latching. 2. Observed at approximately 0906 hours that the small serving kitchen in the dementia wing had a kick down hold open device on the door. Both of these findings were observed and acknowledged by the Director of Maintenance and the Director of Nursing.	K 018	1) Allied Fire and Security will be fixing or replacing the door coordinator on the Fireside Lounge. This repair will be completed no later than September 6, 2013. 2) The kick down was removed from the small serving kitchen on August 7, 2013. Scheduled work orders have been created to check all doors on a weekly basis.	
K 027 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5, 19.3.7.6, 19.3.7.7	K 027		

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K 027	Continued From page 3 This Standard is not met as evidenced by: Based upon observations and staff interviews with the Director of Maintenance and the Director of Nursing Riverview Lutheran Care Center has failed to the combination Fire/Smoke Barrier doors so that they will close and latch upon release from the approved hold open device. This could allow for the movement of smoke from one smoke compartment into another smoke compartment thus endangering all the residents, staff and guest in both compartments. The findings include: 1. Observed at approximately 0819 the Fire/Smoke Barrier doors near room 107 failed to close and latch. 2. Observed at approximately 1030 hours the Fire/Smoke Barrier doors near room 511 failed to close and latch. Both of these findings were observed and acknowledged by both the Director or Maintenance and the Director of Nursing.	K 027	1) The Fire door next to room 107 was repaired on August 7, 2013. 2) The Fire door next to room 511 was repaired on August 7, 2013. Scheduled work orders have been created to check all doors on a weekly basis.	
K 029 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed	K 029		

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K 029	Continued From page 4 48 inches from the bottom of the door are permitted. 19.3.2.1 This Standard is not met as evidenced by: Based upon observations and staff interviews with the Director of Maintenance and the Director of Nursing Riverview Lutheran Care Center has failed to maintain the required separation between hazardous areas, and the rest of the building. This could allow for the movement of the toxic products of combustion from the hazardous area in the event of a fire. The findings include: 1. Observed at approximately 1046 hours the double doors to the Central Supply storage room were not provided or equipped with door closing devices. 2. Observed during the survey rounds small rooms that have been converted to storage rooms during the construction that lack door closer's. The above findings were acknowledged by both the Director of Maintenance and the Director of Nursing.	K 029	1) A door closure will be installed on the double doors entering our Central Supply. One door will remain closed and the other door will have a magnet installed that is tied into the fire system and will release and close when the fire alarms go off. This device will be installed by Fire Protection Services and will be completed no later than September 6, 2013. 2) A door coordinator will be installed in our temporary storage room by Allied Fire and Security to ensure the doors close properly. The work will be completed no later than September 6, 2013. Scheduled work orders have been created to check all doors on a weekly basis.	
K 038 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1	K 038		

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K 038	Continued From page 5 This Standard is not met as evidenced by: Based upon observations and staff interviews with the Director of Maintenance and the Director of Nursing Riverview Lutheran Care Center has failed to maintain exits so that they are readily accessible at all times. This could result in a delay the movement of residents in the event an evacuation of the building or smoke compartment is needed. The findings include: 1. At approximately 0857 the double exit doors from the Restorative Care Unit needed excessive force to open the exit doors due to the doors catching on the threshold. 2. During the survey rounds observed that a new cross corridor half wall had been added in the Dementia wing to restrict the movement of the residents. This half wall is located in a required exit corridor and is equipped with a magnetic lock which does not release upon activation of the fire alarm or loss of power. A code is required to be entered in the key pad on the horizontal ledge which does not have directions on the use of. The findings were acknowledged by both the Director of Maintenance and the Director of Nursing.	K 038	1) The door exiting the Restorative Care Unit will be trimmed on the bottom to ensure it can be properly opened without hitting the threshold. The repair will be completed no later than September 6, 2013. 2) Fire Protection Services will be tying our dementia gate into the fire system. This will allow the gate to unlock whenever the fire alarms go off. This work will be completed no later than September 6, 2013. Scheduled work orders have been created to check all doors on a weekly basis.	
K 048 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD There is a written plan for the protection of all patients and for their evacuation in the event of an emergency. 19.7.1.1	K 048		

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K 048	<p>Continued From page 6</p> <p>This Standard is not met as evidenced by: Based upon a record review and staff interviews with the Director of Maintenance and the Director of Nursing Riverview Lutheran Care Center has failed to maintain a written emergency plan with the required elements in the plan. This could result in the inability to move residents to areas of safety for failing to have a plan for smoke compartment evacuations.</p> <p>The findings include:</p> <p>1. At approximately 1330 hours a review of the Emergency Fire and Evacuation Plan revealed that the plan did not contain any provision for the evacuation of a smoke compartment. The only evacuation plan was for a total evacuation.</p> <p>This was reviewed and acknowledged by both the Director of Maintenance and the Director of Nursing.</p>	K 048	<p>A new Fire and Evacuation Plan will be created by the administration team to ensure the proper steps are taken during an evacuation so our residents can be removed in a safe and timely manner. This document will be completed no later than September 6, 2013.</p>	
K 062 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This Standard is not met as evidenced by: Based upon observations and staff interviews with the Director of Maintenance and the Director of Nursing Riverview Lutheran Care Center has failed to maintain fire sprinklers so that they will operate as designed. This could result in the inability of he sprinkler system to contain a fire.</p>	K 062		

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K 062	Continued From page 7 The findings include: 1. At approximately 0830 observed in the shower room near room 104 light fixtures obstruct the sprinkler heads so that water would not be able to cover approximately 2/3rds of the room. The above finding was observed and acknowledged by the Director of Maintenance and the Director of Nursing.	K 062	Western States Fire Protection will be installing extensions on the two sprinkler heads in the shower room to ensure proper coverage in that room. This work will be completed no later than September 6, 2013.	
K 072 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10 This Standard is not met as evidenced by: Based upon observations and staff interviews with the Director of Maintenance and the Director of Nursing Riverview Lutheran Care Center has failed to maintain the corridors clear of obstructions that could delay or obstruct an evacuation. The findings include: 1. Observed during the entire survey time between the hours of 0800 and 1500 hours all corridors had numerous Hoyer Lifts, Fans, Hydration Carts, Wheel Chairs and other items stored in the corridor. The finding was acknowledged and observed by	K 072	We will be submitting a waiver with the State Fire Marshall's office to allow us to keep needed equipment in the corridors. We will have the waiver submitted no later than September 6, 2013.	

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K 072	Continued From page 8 both the Director of Maintenance and the Director of Nursing.	K 072			

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