

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

Printed: 05/21/2014
FORM APPROVED
OMB NO. 0938-0391

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 05/21/2014
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NAME OF PROVIDER OR SUPPLIER RIVERVIEW LUTHERAN CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 1841 EAST UPRIVER DRIVE SPOKANE, WA 99207
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K 000 INITIAL COMMENTS

K 000

This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at the Riverview Lutheran Care Center in Spokane, Washington on 5/21/14 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 and Director of Nursing Services who witnessed any deficiency noted during this survey.

The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a two story structure with a partial basement of Type V-1 hour construction with 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 is licensed for 75 residents with a current census of 65.

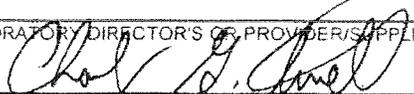
The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services. The following citations were documented during the survey.

The surveyor was:

David Rogers
Deputy State Fire Marshal
Nursing Home Surveyor
32863

The surveyor was from:
Washington State Patrol

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE

Admin

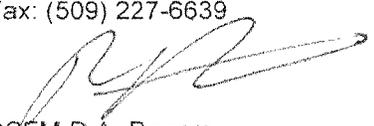
(X6) DATE

MAY 29, 2014

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 Office of the State Fire Marshal Fire Protection Bureau PO Box 19130 Spokane WA 99219-9130 Telephone: (509) 954-2746 Fax: (509) 227-6639  D.SFM D.A. Rogers	K 000		
K 012 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This Standard is not met as evidenced by: Based upon observations and staff interviews on 5/21/14 between approximately 0900 and 1300 hours the facility has failed to maintain fire resistive construction of the building capable of resisting the passage of smoke and fire into other compartments. This could allow the toxic product of combustion to move out of a room and into the exit access corridor and the smoke compartment which would endanger the residents, staff and/or visitors within the facility. The above was discussed and acknowledged by the Facility Maintenance Director. The findings include, but are not limited to: There was an uncovered penetration in the wall of the basement storage room. There was an uncovered penetration in the ceiling of the basement classroom office. There was an uncovered penetration in the	K 012	This citation occurred in a campus area which is not part of our Licensed Nursing Home. However, there will be a work order made to seal all penetrations with fire caulking. A monthly work order will be made to check all areas of the Care Center for any penetrations. The Director of Maintenance will check behind the staff to ensure the work is getting done. This work will be completed by June 21, 2014.	

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K 012	Continued From page 2 ceiling of the basement Admin electrical room.	K 012		
K 025 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Smoke barriers are constructed to provide at least a one half hour fire resistance rating in accordance with 8.3. Smoke barriers may terminate at an atrium wall. Windows are protected by fire-rated glazing or by wired glass panels and steel frames. A minimum of two separate compartments are provided on each floor. Dampers are not required in duct penetrations of smoke barriers in fully ducted heating, ventilating, and air conditioning systems. 19.3.7.3, 19.3.7.5, 19.1.6.3, 19.1.6.4</p> <p>This Standard is not met as evidenced by: Based upon observations and staff interviews on 5/21/14 between approximately 0900 and 1300 hours the facility has failed to maintain smoke barrier walls to the required one hour fire resistive rating. This could result in the passage of smoke from one smoke compartment into another smoke compartment thereby exposing residents, staff and/or visitors to the toxic products of combustion.</p> <p>The findings include, but are not limited to: There was a penetration in the wall above the corridor smoke barrier doors by room 101. There was a penetration in the wall above the smoke barrier doors by the Fireside Lounge.</p> <p>The above was discussed and acknowledged by the Maintenance Director.</p>	K 025	<p>There will be a work order made to seal all penetrations with fire caulking. A monthly work order will be made to check all areas of the Care Center for any penetrations.</p> <p>The Director of Maintenance will check behind the staff to ensure the work is getting done.</p> <p>This work will be completed by June 21, 2014.</p>	
K 046 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Emergency lighting of at least 1½ hour duration is</p>	K 046		

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K 046	Continued From page 3 provided in accordance with 7.9. 19.2.9.1. This Standard is not met as evidenced by: Based upon observations and staff interviews on 5/21/14 between approximately 0900 and 1300 hours the facility has failed to maintain records of testing for the emergency battery backup lighting. This could result in the failure of the battery powered backup lighting in the event of a power outage and render the means of egress dark. This could result in tripping and fall injuries to residents, staff and/or visitors. The findings include, but are not limited to: The facility has not conducted / documented the 90 minute annual test of the battery-backup emergency lighting devices in the dementia unit. The above was discussed and acknowledged by the Maintenance Director.	K 046	We have performed monthly tests on all three lights and all have never failed to perform as required. However, a 90 minute test will be done and documented on the three emergency lights in the dementia wing. A yearly scheduled work order will be made to do the above test every June. The Director of Maintenance will check documentation to make sure it was completed correctly. This will be completed by June 21, 2014.	
K 062 SS=D	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: Based upon observations and staff interviews on 5/21/14 between approximately 0900 and 1300 hours the facility has failed to maintain the fire sprinkler system as required. This could result in the failure of the fire sprinkler system to operate properly in the event of a fire and allow the fire to increase in size and intensity which would	K 062	The sprinkler head will be replaced by Western States Fire Protection.	

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K 062	Continued From page 4 endanger the residents, staff and/or visitors within the facility.	K 062	This citation occurred in a campus area which is not part of our Licensed Nursing Home. However, the sprinkler head will be replaced by Western States Fire Protection.	
K 072 SS=D	<p>The findings include, but are not limited to: There was a painted-over sprinkler head in the Basement Accounting Office File alcove.</p> <p>The above was discussed and acknowledged by the Maintenance Director.</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This Standard is not met as evidenced by: Based upon observations and staff interviews on 5/21/14 between approximately 0900 and 1300 hours the facility has failed to maintain the exit discharge free of obstructions and impediments to full and instant use in the event of an emergency. This could result in the delay of full evacuation of the building due to a fire or other emergency which would endanger the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to: There is a gate outside the 400 Hallway exterior exit door that requires tight pinching/grasping and special effort to unlock, which is not in accordance with NFPA 101 7.2.1.5.1.</p> <p>The above was discussed and acknowledged by the Maintenance Director.</p>	K 072	<p>The Director of Maintenance will make sure the job is completed.</p> <p>This will be completed by June 21, 2014.</p> <p>The gate was fully functional at time of inspection. However, the gate will be removed.</p> <p>The Director of Maintenance will make sure the gate is removed.</p> <p>This was completed on May 22, 2014.</p>	

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K 147 K 147 SS=D	Continued From page 5 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: Based upon observations and staff interviews on 05/21/14 between approximately 0900 and 1300 hours the facility has failed to restrict the use of multi-plug outlets (power strips) to providing power to permitted electrical equipment. This could result in a fire from overheating of the plug strip due to the heavy power draw endangering the residents, staff and/or visitors within the facility. The findings include, but are not limited to: There was a powerstrip in use with an aquarium at the North Nurse's Station. The above was discussed and acknowledged by the Maintenance Director.	K 147 K 147	The power strip behind the fish tank will be removed. The Director of Maintenance will make sure that the job has been completed. This was completed on May 22, 2014.	