Printed: 08/20/2013
FORM APPROVED
OMB NO. 0938-0391

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

575

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	505290		08/20/2013

NAME OF PROVIDER OR SUPPLIER
STAFFORD HEALTHCARE AT BELMONT

STREET ADDRESS, CITY, STATE, ZIP CODE
560 LEBO BOULEVARD
BREMERTON, WA 98310

(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 An unannounced Life Safety Code Survey was conducted at Staffford Healthcare at Belmont, Bremerton, Washington, on August 20, 2013 by staff from the Washington State Patrol, Fire Protection Bureau, Oak Harbor Detachment. The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care. The LTC 102 bed facility with a census of 87, consisted of a Type V-111, 1 story structure, built in 1970 and has no basement. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade and have an all weather surface and lead to a public way. The deficiencies identified during this survey are listed below. The facility is not in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S. [redacted] Paul V. Schow Deputy State Fire Marshal	K 000		
K 012 SS=D	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 the facility has failed to maintain the construction requirements for the	K 012		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE: Robert Washburn
TITLE: Administrator
(X6) DATE: 8/26/13

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 012	Continued From page 1 classification of construction. The facility has a type 5 1 hour separation classification by the Building and Fire Codes. During the facility tour on August 20, 2013 fro 0820 to 1200 the findings include but are not limited to: 1. Laundry Room - holes in wall behind main entry doors from the corridor. 2. Oxygen storage room - areas around IT wiring needs to be sealed 3. Medicare Nurses Station - areas around IT wiring needs to be sealed. These deficiencies were acknowledged by the Maintenance Director.	K 012	Holes identified behind the door in laundry, holes in oxygen storage room and Medicare nurse's station for IT wiring have all been filled. The facility maintenance director will check for open holes and fill quarterly. The quarterly check will be documented and reported to the facility Administrator. The Administrator will follow up for ongoing compliance.	8/30/13
K 018 SS=D	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	Door closure for the Garden room was adjusted to properly close and latch. The facility maintenance director will monitor quarterly that doors close and latch properly. The quarterly check will be documented and reported to the facility Administrator. The Administrator will follow up for ongoing compliance.	8/23/13

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K 018	Continued From page 2 This Standard is not met as evidenced by: Based on observation and staff interview the facility failed to assure that door openings closed to resist the passage of smoke to corridors. This potentially exposed residents to a smoke/fire environment. Findings include: During the facility tour on August 20, 2013 from 0820 to 1200 it was observed that the following door did not latch properly when tested: 1. Garden Room These findings were acknowledged by the facility Maintenance Director.	K 018		
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 on observations, the facility failed to maintain the proper operational condition of the sprinkler system. This has the potential of having a non-functional sprinkler system that would expose residents to a fire or smoke environment. The findings are as follows: During the facility tour on August 20, 2013 from 0820 to 1200 the following deficiencies were found: 1. Shower Room by Activity Office - work lamp	K 062	Area around sprinkler piping in clean utility room has been sealed. The facility maintenance director found no other piping needing sealed. the quarterly check will be documented and reported to the facility Administrator. The Administrator will follow up for ongoing compliance.	8/23/13

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K 062	Continued From page 3 hanging from sprinkler head (corrected) 2. Clean utility room by Medicare Nurses Station - area around sprinkler piping needs to be sealed. These findings were acknowledged by the Maintenance Director.	K 062		
K 064 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10 This Standard is not met as evidenced by: Based on observation and record review, the facility failed to assure fire extinguishers are properly maintained. This potentially delays a quick response to contain a fire from spreading, exposing residents to fire in the environment. During the facility tour on August 20, 2013 from 0820 to 1200 observed that the top of the fire extinguisher in the laundry room was more than 5 feet above the floor level. The Maintenance Director acknowledged the findings.	K 064	Fire extinguisher re-mounted such that the top is below the 5-foot mark on the wall. All other fore extinguishers are properly mounted. Extinguishers are checked monthly by maintenance.	8/23/13
K 066 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Smoking regulations are adopted and include no less than the following provisions: (1) Smoking is prohibited in any room, ward, or compartment where flammable liquids, combustible gases, or oxygen is used or stored and in any other hazardous location, and such area is posted with signs that read NO SMOKING	K 066	Proper cigarette butt receptacle(s) have been put into use for proper disposal. The facility maintenance director will monitor that the proper receptacle is present and operable.	8/20/13

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K 066	Continued From page 4 or with the international symbol for no smoking. (2) Smoking by patients classified as not responsible is prohibited, except when under direct supervision. (3) Ashtrays of noncombustible material and safe design are provided in all areas where smoking is permitted. (4) Metal containers with self-closing cover devices into which ashtrays can be emptied are readily available to all areas where smoking is permitted. 19.7.4 This Standard is not met as evidenced by: Based upon record review along with observations and staff interviews, the facility failed to adhere to the written smoking procedures for the facility. This has the potential to cause a fire to occur due to staff; visitors and possibly residents smoking in areas not equipped with ashtrays and approved containers. During the facility tour on August 20, 2013 from 0820 to 1200 findings include: 1. Improper cigarette butt receptacle being used. 2. Cigarette butts on the deck These findings were acknowledged by the Maintenance Director.	K 066		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2	K 147		

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K 147	Continued From page 5 This Standard is not met as evidenced by: Based on observations, the facility failed to maintain proper electrical conditions per NFPA 70, National Electrical Code. This has the potential to expose staff and patients to a fire environment. The findings are as follows: During the facility tour on August 20, 2013 from 0820 to 1200 the following deficiencies were found: 1. Rehab Gym - extension cord powering a multi plug adapter (corrected) 2. Rehab Gym - extension cord powering exercise cycle 3. Medicare Nurses Station - multi plug adapter hanging by its cord 4. Admissions Office - multi plug adapter plugged into a multi plug adapter (corrected) These findings were acknowledged by the Maintenance Director	K 147	The extension cord powering the exercise cycle in the rehab gym has been removed and the cycle relocated such to avoid the use of a extension cord. The multi-cord adapter in the Medicare Nurses Station has been secured as recommended. The facility maintenance director will follow up to make certain this remains corrected.	8/30/13

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