Printed: 08/07/2014
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:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505217	A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	08/07/2014

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
STAFFORD HEALTHCARE AT RIDGEMONT	2051 POTTERY AVENUE PORT ORCHARD, WA 98366

(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 Surveyor: 29197 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Stafford Healthcare at Ridgemont on 8/7/2014 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. Stafford Healthcare at Ridgemont has a total of 95 beds and at the time of this survey the census was 84. The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. The facility is a one story structure of Type 5A construction with exits to grade. The facility is protected by a Type 13 fire sprinkler system throughout and an automatic fire alarm system with corridor smoke detection. All exits are to grade with paved exit discharges to the public way. The facility is not in compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services. The surveyor was: Dan Young Deputy State Fire Marshal	K 000	K046 Emergency lighting of at least 1 ½ hour duration is provided accordance with NFPA 101. Facility maintenance staff test emergency lights every month and annually and all emergency lights checked during survey were fully operational.	
K 046 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This Standard is not met as evidenced by:	K 046	Maintenance staff have created a log for documenting monthly and annual emergency light tests with first logging completed on August 8, 2014.	8·8·14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE TITLE (X6) DATE

Annette Crawford Administrator Aug 12, 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 046	Continued From page 1 Surveyor: 29197 The facility does not have documentation of the monthly 30 second test or the annual 90 minute test of the emergency lights. The above was discussed and acknowledged by the Maintenance Director. Based upon observations and staff interviews on 8/7/2014 between approximately 0930 and 1230 hours the facility has failed to have a emergency manual shutoff for the emergency generator. This could result in the facility being unable to terminate the operation of the generator if the generator was involved in a fire. This could result in tripping and fall injuries to residents, staff and/or visitors. The findings include, but are not limited to: The generator does not have an emergency stop for the generator. NFPA 110 1999 edition 3-5.5.6* All Level 1 and Level 2 installations shall have a remote manual stop station of a type similar to a break-glass station located outside the room housing the prime mover, where so installed, or located elsewhere on the premises where the prime mover is located outside the building. The above was discussed and acknowledged by the Maintenance Director.	K 046	Logging of emergency lighting tests has been added to the preventative maintenance policy and Maintenance Supervisor will ensure ongoing compliance. Facility received notice from State Fire Marshal office regarding the need for a manual shut off for facility generator on or about June 23, 2014 via email. Facility had initiated bid process upon receipt of this letter. Generator in question was installed in 2011 and approved by local and state fire agencies at time of installation and during 2012 and 2013 annual inspections. Facility will install the emergency shut off as soon as competitive bids have been received.	9.10.14
K 062 SS=F	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,	K 062	K062 Statement of deficiencies is incorrect regarding last inspection of internal pipe. Per facility records and confirmation from vendor, last internal pipe inspection was in June 2009. Annual sprinkler system test was completed in June 2014 and need for 5 year internal pipe inspection was noted at that time.	

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K 062	Continued From page 2 9.7.5 This Standard is not met as evidenced by: Surveyor: 29197 Based upon record review and staff interviews on 8/7/2014 between approximately 0930 and 1230 hours the facility has failed to conduct testing of 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 which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: Records indicate that the last internal pipe inspection was in 2008. Must be completed once every 5 years. The above was discussed and acknowledged by the Maintenance Director.	K 062	Vendor had not supplied quote for work by inspection date. Internal pipe inspection will be completed by August 15, 2014 per vendor. Maintenance supervisor will ensure that next 5 year inspection occurs during the annual sprinkler inspection and not as a separate work order. Administrator will ensure ongoing compliance.	9/10/14
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 This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 8/7/2014 between approximately 0930 and 1230 hours the facility has failed to restrict storage within 30" of electrical panels. This could result in staff being unable to access the panels in the event of an emergency, thus endangering the residents, staff and/or visitors within the facility. The findings include, but are not limited to: Storage of boxes were observed within 30 inches	K 147	K147 Storage boxes have been removed and placed away from the electrical panel in the outside phone room. Maintenance staff have rearranged storage area to ensure that storage boxes are at least 30 inches away from any electrical panel. Maintenance supervisor has surveyed all other storage areas with no other findings. Maintenance supervisor will ensure continued compliance through routine rounds ongoing.	8/8/14

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K 147	Continued From page 3 of the electrical panel, transfer switch and fire alarm panels in the phone room. The above was discussed and acknowledged by the Maintenance Director.	K 147		