

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505442	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/22/2012
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NAME OF PROVIDER OR SUPPLIER CAROLINE KLINE GALLAND HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 7500 SEWARD PARK AVENUE SOUTH SEATTLE, WA 98118
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 19192 On October 22, 2012 an unannounced fire and life safety code recertification survey was conducted at Caroline Kline Galland located at 7500 Seward Park Ave S Seattle Wa, 98118 by a representative of the Washington State Patrol, State Fire Marshal's Office, the existing section of the 2000 life safety code was used in accordance with 42 CFR 483.70.</p> <p>This facility is a two story type II-A structure with a full basement, exiting is through rated stairwell enclosures and direct to grade level from the main floor. The building is protected throughout by a full NFPA 13 fire sprinkler system and an automatic smoke detection system.</p> <p>The facility has a licensed capacity of 205 residents with a census today of 188.</p> <p>Following are the deficiencies cited as a result of this survey:</p> <p><i>Donald L West</i> Donald L West Deputy State Fire Marshal</p>	K 000		
K 012 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This Standard is not met as evidenced by: Surveyor: 19192</p>	K 012	<p>K012 - Kline Galland is committed to complying with the State Life Safety Code to ensure the safety of all residents.</p> <p>Upon discovery of the holes in the two electrical rooms, the Director of Maintenance contacted GLY Construction. The holes in the electrical room and linen closet were patched.</p> <p>The Director of Maintenance re-inspected all newly installed electrical panels and found no other uncompleted work.</p>	10/24/2012

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>[Signature]</i>	TITLE <i>Administrator</i> (X6) DATE <i>10/30/2012</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 012	Continued From page 1 During the facility tour on October 22, 2012 from 1045 to 1530 it was observed that the facility failed to maintain the buildings fire resistive construction, this has the potential for the passage of smoke and fire from floor to floor, these findings were acknowledged at the time of the survey by the facility maintenance director. This findings were: 1. In the electrical room on the second floor next to resident room #241 there is a section of drywall missing on the ceiling above the electrical panels. 2. In the electrical room on the first floor next to resident room #121 there is a section of drywall missing on the ceiling above the electrical panel. 3. In the second floor linen closet next to resident room 243 there is a hole in the wall where a conduit was supposed to be.	K 012	Going forward, frequent inspections of electrical and linen closet rooms will be increased to quarterly and as needed. Director of Maintenance will oversee the Quality of Assurance check.	On-Going On-Going
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	K018 - Kline Galland strives to maintain all Life Safety Systems in premium condition to ensure the safety of all residents. A maintenance technician was dispatched immediately to correct deficiencies. With minor adjustments, both doors closed and latched successfully. The State Fire Marshal observed adjustment and successful latching of the North wing conference room door. Two maintenance technicians were dispatched to recheck all fire doors and no further issues were found. Monthly checks of fire door operations are currently in place. The Director of Maintenance will oversee the quality of assurance check of all fire door operation.	10/22/2012 10/22/2012 On-Going Quarterly & On-Going

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K 018	Continued From page 2	K 018		
K 062 SS=E	<p>This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on October 22, 2012 from 1045 to 1530 it was observed that the facility failed to maintain the fire rated doors in the building capable of self closing and latching tight to the frame, this has the potential for the passage of smoke throughout the corridors in the event of a fire, these findings were acknowledged at the time of the survey by the facility maintenance director. The findings were:</p> <ol style="list-style-type: none"> 1. The door tot he north wing conference room failed to close and latch. (this finding was corrected at the time of the survey) 2. The cross corridor fire separation doors by the clinic failed to close and latch. <p>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</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on October 22, 2012 from 1045 to 1530 it was observed that the facility failed to maintain the sprinkler system in the building, this has the potential for the sprinkler heads to malfunction in the event of a fire,these findings were acknowledged at the time of the survey by the facility maintenance Director. The</p>	K 062	<p>K062 - Kline Galland takes great pride in maintaining the facility's Life Safety Systems in top condition to ensure the safety of all residents.</p> <p>Patriot Fire Protection conducted the annual inspection on 9/26/2012. They verbally reported the findings of the inspection to the Director of Maintenance. The Director of Maintenance then contacted the Patriot Fire service dept. to schedule the needed repairs. KGH was aware of the repairs needed and had taken action to schedule the work.</p> <p>PFP then checks the documents three times for accuracy and administrative completion before forwarding them to the facility. This is the process the documents were going through at the time of the State Fire Marshal's visit. While the State Fire Marshal was with the Director of Maintenance, PFP called and reported that the parts had been received and work was being scheduled. This work will be completed on 11/2/2012. The inspection report will be send to the Director of Maintenance on 10/24/2012.</p>	11/11/2012

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K 062	Continued From page 3 findings were: 1. The dry pendent sprinklers in the walk in coolers and freezers are more than 10 years old. 2. There was no annual confidence test report to review for the testing conducted on 9/26/2012.	K 062	The Kline Galland Director of Maintenance will make sure that we will receive a written report from the Patriot Fire Sprinkler inspectors in a timely manner to ensure a quick response to any repair as indicated. The Director of Maintenance will oversee the quality of assurance check of all sprinkler systems.	11/11/2012
K 076 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Medical gas storage and administration areas are protected in accordance with NFPA 99, Standards for Health Care Facilities. (a) Oxygen storage locations of greater than 3,000 cu.ft. are enclosed by a one-hour separation. (b) Locations for supply systems of greater than 3,000 cu.ft. are vented to the outside. NFPA 99 4.3.1.1.2, 19.3.2.4 This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on October 22, 2012 from 1045 to 1530 it was observed that the facility failed to maintain the storage of gaseous oxygen in the building, this has the potential for oxygen cylinders to tip over and damage the cylinders, this finding was acknowledged at the time of the survey by the facility maintenance director. The findings were: 1. There was a small oxygen cylinder stored in the elevator mechanical room. 2. In resident room #336 there were 2 cylinders freestanding on the floor.	K 076	K076 - Kline Galland is committed to complying with the State Life Safety Code in all respects to ensure the safety of all residents. Upon discovery of a small oxygen cylinder in the elevator machinery room, the Director of Maintenance delivered the cylinder to the nearest nursing station for proper storage. Upon discovery of 2 free standing cylinders in room 336, the Director of Maintenance informed the Charge Nurse of the situation. The Charge Nurse stored them properly in the oxygen storage closet. These actions were witnessed by the State Fire Marshal. Going forward, together the Maintenance and Nursing team will inspect daily of proper oxygen storage. Nursing Administration will schedule an in-service to nursing staff RE: Proper Oxygen Storage regularly. Nursing and Maintenance Administrative team will oversee the quality of assurance check of all oxygen storage.	On-Going 11/11/2012 On-Going

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

Printed: 10/22/2012
FORM APPROVED
OMB NO. 0938-0391

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K 147	Continued From page 5 survey by the facility maintenance director. the findings were: 1. The following resident rooms had power strips in use. 318, 319 333, 341, 343, 348, 350, 352, 356, 374. 2. The south clean utility. 3. The north and south TV rooms. 4. Resident room #303 had an extension cord in use.	K 147	Will schedule a monthly and as needed inspection of all rooms for the use of power strips. The Director of Maintenance will oversee the quality of assurance check of power strips use.	On-Going On-Going