

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

Printed: 03/24/2014
FORM APPROVED
OMB NO. 0938-0391

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 03/24/2014
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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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(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	<p>INITIAL COMMENTS</p> <p>Surveyor: 19192 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Caroline Kline Galland on 3/24/2014 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. this facility has a total of 205 beds and at the time of this survey the census was 192. The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. The facility is a 3 story structure of Type 2-A 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 substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.</p> <p><i>Donald L West</i> Donald L West Deputy State Fire Marshal</p>	K 000		
K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/2 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</p>	K 018	<p>K018 – Kline Galland takes great pride in maintaining the facility's Life Safety Systems in top condition to ensure safety of all residents.</p> <p>As soon as each deficiency was noted, a maintenance technician made slight adjustments to each door's operating hardware to ensure the correct operation of the door. The State Fire Marshal observed the adjustments and the successful latching of all 3 doors, as was noted.</p>	(03/24/2014)

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Donald L West</i>	TITLE <i>Administrator</i> 3/31/2014
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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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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 018	<p>Continued From page 1 keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This Standard is not met as evidenced by: Surveyor: 19192</p> <p>Based upon observations and staff interviews on 3/24/2014 between approximately 0815 and 1200 hours the facility has failed to maintain doors without impediments to their closing and latching. This could result in a delay in getting the door to the room closed in the event of a fire. This could result in toxic products of combustion getting into the room and into the exit corridor which would endanger the residents, staff and/or visitors within the smoke compartment.</p> <p>The findings include, but are not limited to: 1. The back door to the therapy office on the first floor failed to close and latch. 2. The fire separation doors on the second floor failed to close and latch. 3. The door into the therapy on the second floor failed to close and latch. NOTE: THESE DEFICIENCIES WERE CORRECTED AT THE TIME OF THE SURVEY:</p> <p>The above was discussed and acknowledged by</p>	K 018	<p>All doors were inspected during the State Fire Marshal's visit, all other doors operated satisfactorily.</p> <p>Kline Galland currently uses 3 successful latches in a row as a standard to pass a fire door as satisfactory. That number will be increased to 5 latches in a row.</p> <p>The Director of Maintenance will review the quarterly door check forms and spot check results.</p>	<p>(03/24/2014)</p> <p>(03/24/2014 -on going)</p> <p>(03/24/2014 -on going)</p>

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NAME OF PROVIDER OR SUPPLIER MAROLINE KLINE GALLAND HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 7500 SEWARD PARK AVENUE SOUTH SEATTLE, WA 98118
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K 018	Continued From page 2 the facility Administrator and Maintenance Director at the time of the survey.	K 018		
K 046 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1</p> <p>This requirement is not met as evidenced by: Based upon observations and staff interviews on 3/24/2014 between approximately 0815 and 1200 hours the facility has failed to maintain 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.</p> <p>The findings include, but are not limited to: 1. The egress light in the kitchen failed to illuminate upon pushing the test button.</p> <p>The above was discussed and acknowledged by the facility Administrator and Maintenance director.</p>	K 046	<p>K406 - Kline Galland strives to maintain all Life Safety Systems in premium condition to ensure the safety of all residents.</p> <p>Upon discovering the egress light did not function, a maintenance tech was dispatched to replace the fixture. This was completed prior to the end of the State Fire Marshal's visit.</p> <p>All egress lights were inspected during the State Fire Marshal's visit, all other light sets passed.</p> <p>Kline Galland will increase the Preventive Maintenance cycle for the egress lights from Annual to Semi-Annual to ensure lights are tested more frequently.</p> <p>The Director of Maintenance will spot check egress lights during his daily facility tour.</p>	<p>(03/24/2014)</p> <p>(03/24/2014)</p> <p>(03/24/2014 -on going)</p> <p>(03/24/2014 -on going)</p>

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