

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

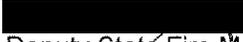
Printed: 10/03/2013
FORM APPROVED
OMB NO. 0938-0391

677

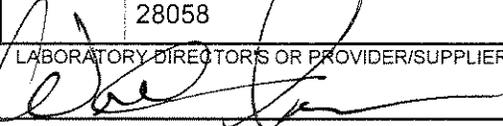
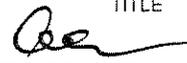
STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505151	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2013
--	---	---	---

NAME OF PROVIDER OR SUPPLIER CASHMERE CONVALESCENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 817 PIONEER AVENUE CASHMERE, WA 98815
---	---

(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>This report is a result of an unannounced Federal Life Safety re-certification survey conducted at Cashmere Convalescent Center, 817 Pioneer Avenue, Cashmere, WA 98815 on September 11, 2013 by staff from the Washington State Patrol, Fire Protection Bureau, Union Gap Detachment. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Social and Health Services (DSHS).</p> <p>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.</p> <p>The Long Term Care 65 bed facility, census of 55 was provided by Maintenance Director and verified by the Registered Nurse. The facility is a one story building of construction type V- 1 hour. The facility was built in 1962 and has a total of 24,000 square feet. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade have been provided with an all weather surface and lead to a public way.</p> <p>The facility has a waiver in place for K147 -Electrical Wiring -Power Strips that expires December 12, 2015.</p> <p>The facility is not in substantial compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p>The Surveyor was:  Deputy State Fire Marshal 28058</p>	K 000		
-------	--	-------	--	--

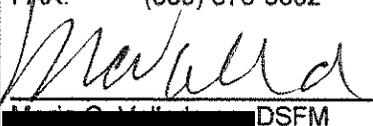
RECEIVED
OCT 11 2013
FIRE PROTECTION BUREAU

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE 	(X6) DATE 2-15-13
---	---	-----------------------------

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.

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

Printed: 09/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505151	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2013
NAME OF PROVIDER OR SUPPLIER CASHMERE CONVALESCENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 817 PIONEER AVENUE CASHMERE, WA 98815		
(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	Continued From page 1 The Surveyor was from: Washington State Patrol Fire Protection Bureau 2715 Rudkin Road Union Gap, WA. 98903-1795 Telephone: (509) 575-2190 FAX: (509) 576-3002  [redacted] DSFM 28058	K 000		
K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96 This Standard is not met as evidenced by: The facility has failed to provide the kitchen suppression system with the required servicing to ensure it is in proper operating conditions. This could allow for the system to become inoperable and thus place residents, visitors, and staff at risk of fire. The findings include, but are not limited to: During document review on September 11, 2013 from 9:30 to 10:45, I observed that the servicing records for the kitchen suppression system were being conducted on an annual basis and not every six months as required. This finding was based on the tag at the system. The tag indicated servicing by Inland Fire Protection on 7/12/2012 and 7/28/2013. No servicing records were available that indicated that the system had been serviced.	K 069	K-069 Kitchen fire suppression systems will be inspected and serviced every six months per state regulations and service records will be available upon request to authorized personnel. The Maintenance Supervisor has added this to the scheduled maintenance calendar. This responsibility will be met by the Maintenance Director with the service of the Inland Fire Protection during next Service in Jan. 2014. Corrected 9/12/2013 K-147 Power strip in room 103 was not properly mounted nor was flat on the	

RECEIVED
OCT 11 2013
FIRE PROTECTION BUREAU

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

Printed: 09/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505151	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2013
NAME OF PROVIDER OR SUPPLIER CASHMERE CONVALESCENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 817 PIONEER AVENUE CASHMERE, WA 98815		
(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 069	Continued From page 2 This finding observed and discussed with the Maintenance Director.	K 069	floor. Maintenance director has secured cord firmly to the wall in a manner that will not cause stress to the cord, which will also reduce risk of overheating. The Maintenance Director has inspected the facility for any additional improperly mounted power Strips and will survey the facility regularly to insure that this finding remains corrected. Corrected 9-12-2013 Room 405,412, and 415 bed cords have been repaired or replaced. The Maintenance department conducted a room to room inspection on bed cords. It is the Maintenance department's responsibility to insure all bed cords are in compliance with code K-147 to reduce risk of shock or fire. Maintenance department will continue monthly inspections to insure all cords in use are being used in a safe and in accordance to their design. All records will be maintained and available upon request. Corrected 9-13-13	
K 147 SS=E	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: The facility has failed to maintain the premises free of electrical hazards. This could allow for an electrical fire to start and thus expose residents, visitors, and staff to the threat of an electrical fire. The findings include, but are not limited to: During the facility tour on September 11, 2103 between the hours of 10:45 and 12:00pm, I observed the following electrical hazards: 1. At 10:45 observations made and interview with maintenance staff revealed that power strips were in use in the facility. Review of the facility's documentation's on September 11, 2013 between the hours of 9:30 to 10:45 revealed that the facility has a waiver in place for K147 - power strips that expires December 12, 2015. 2. At 10:47am, I observed that a green extension cord was in plugged into a power strip for a fan in the south hall housekeeping room. NOTE: This finding was corrected at the time of survey. 3. At 10:48am, I observed that resident room 103 had a power strip that was not properly mounted causing stress on the cords creating a fire hazard. 4. At 11:19, I observed that resident room 405	K 147		

RECEIVED

OCT 1 2013
FIRE PROTECTION
BUREAU

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

Printed: 09/11/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505151	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/11/2013	
NAME OF PROVIDER OR SUPPLIER CASHMERE CONVALESCENT CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 817 PIONEER AVENUE CASHMERE, WA 98815		
(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 147	<p>Continued From page 3</p> <p>bed 1 and bed 2 had frayed electrical cord for the beds.</p> <p>5. At 11:22, I observed that resident room 412 bed 2 had a frayed electrical cord for the bed.</p> <p>6. At 11:22, I observed that resident room 415 had a frayed electrical cord for the bed.</p> <p>These findings were observed and discussed with the Maintenance Director.</p>	K 147		