

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

Printed: 11/24/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505151</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>11/24/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>CASHMERE CONVALESCENT CENTER</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>817 PIONEER AVENUE CASHMERE, WA 98815</b>		
(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><b>INITIAL COMMENTS</b></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 November 24, 2014 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 65 was provided by Maintenance Director and verified by the Social Services Director. 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:</p> <p>Maria C. Valladares Deputy State Fire-Marshal 28058</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

*Maria C. Valladares*

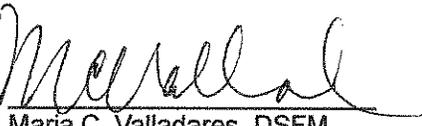
*Administrator*

*12-2-14*

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 000	<p>Continued From page 1</p> <p>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</p>  <p>Maria C. Valladares, DSFM 28058</p> <p><b>K 144 SS=F</b> NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This Standard is not met as evidenced by: The facility has failed to provide a required emergency stop button for the existing generator in an approved location. This could allow for a problem to exist at the generator and staff not have a means to shut off the generator. Failure to have an emergency shut off switch could potentially create a greater hazard during a power outage and thus expose residents, visitors, and staff to a power outage without generator power coverage.</p>	K 000	<p>K-144 NFPA Life Safety Code Standard</p> <p>A local Electrician is scheduled to install a remote shut-down witch for the generator on December 8<sup>th</sup>. The Administrator will monitor this finding until resolved. Corrected December 8<sup>th</sup>.</p>	

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K 144	Continued From page 2  The findings include, but are not limited to:  Observations made during the survey tour and interviews with the Maintenance Director, on November 24, 2014 between the hours of 2:30pm and 4:00pm, revealed that staff was not aware that the generators required remote shut-down switches.  At approximately 3:30pm, I observed that the generator did not have emergency shut off buttons as required.  This finding was observed and discussed with the Maintenance Director that accompanied me during the entire survey tour.	K 144		
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: The facility has failed to maintain the premises free of electrical hazards as required. This could allow for electrical fire to start and expose residents, visitors, and staff to the threat of smoke and fire.  The findings include, but are not limited to:  1. Powerstrips have been found to be in use in previous survey.  The facility presented me with a Waiver approval from CMS for power strips that expires on December 12, 2015	K 147	K-147 Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. The facility has elected to utilize the Categorical Waiver for power strips. The Categorical Waiver statement has been written and will be available for to present at the entrance conference for any future survey assessing LSC compliance. A copy of the Categorical Waiver is attached to plan of correction. The Administrator will monitor continued compliance of this survey finding. Corrected December 2, 2014.	

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K 147	Continued From page 3 This finding was observed and discussed with the Maintenance Director.	K 147		