

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

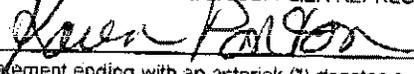
Printed: 06/06/2012  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505254</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/06/2012</b>
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NAME OF PROVIDER OR SUPPLIER <b>ROO-LAN HEALTHCARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1505 SOUTHEAST CARPENTER ROAD LACEY, WA 98503</b>
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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
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K 000	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 08158 This report is a result of an unannounced Fire and Life Safety re-certification survey conducted at the Roo Lan Healthcare Center on June 6, 2012, by a representative of the Washington State Fire Marshal. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Social and Health and Services (DSHS).</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a one story structure of type V-1Hr. Construction with exits to grade and is protected by a Type 13 Fire Sprinkler system and an automatic fire alarm system with corridor smoke detection. The facility has 103 licensed beds and a current census of 94.</p> <p>The facility is not in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p>The noted deficiencies are listed below.</p> <p>The Surveyor was:  Lyall H. Smith Deputy State Fire Marshal Nursing Home Surveyor 08158</p> <p>The Surveyor was from: Washington State Patrol Fire Protection Bureau PO Box 42600 Olympia, WA 98504-2600 Telephone: (360) 596-3908 FAX: (360) 596-3934</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>ASST Admin</b>	(X6) DATE <b>6/28/12</b>
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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 062 SS=F	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>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: 08158 Based upon review of facility records and staff interviews during a tour of the facility from 0830 to 1130 on 06/06/12, the facility has failed to maintain the fire sprinkler system in accordance with NFPA 25. This could result in failure or ineffective operation of the fire sprinklers in the event of a fire. These findings were acknowledged by the Maintenance Director.</p> <p>The findings include, but are not limited to:</p> <p>1. There is no documentation of required monthly and quarterly system checks</p>	K 062	<p>notify Administrator when sprinkler systems checks are completed on a monthly and quarterly basis.</p> <p><b>Title of Person Responsible for Compliance</b> Director of Nursing Services and Administrator <b>Date of compliance:</b> July 6, 2012</p> <p><b>K072</b> <b>Correction as it relates to the resident:</b> Wheeled equipment was removed from the corridor.</p> <p><b>Action taken to protect residents in similar situations:</b> Staff have been inserviced on placing wheeled equipment into rooms or showers to maintain clear unobstructed corridors. Staff has also been instructed to keep equipment or carts that are in use on one side of the hallway. Staff have been inserviced to keep hallways clear of wheeled equipment during an emergency or fire.</p> <p><b>Measures taken or systems altered to ensure the problem does not recur:</b> Staff have been inserviced as to maintaining clear corridors and to have equipment in use on one side of the hallway and in an emergency that wheeled equipment will be relocated to showers or rooms so as to maintain clear corridors. Staff are instructed on safety procedures upon hire and will receive safety training twice a year. A waiver request is being prepared and the waiver will request for wheeled equipment to be in the hallway. Upon notification that waiver has been granted the staff will be inserviced that wheeled equipment must not reduce the clear unobstructed corridor width to less than 60 inches. Also that wheeled equipment must be relocated to showers or</p>	
K 072 SS=F	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p> <p>This Standard is not met as evidenced by: Surveyor: 08158 Based upon observation and staff interviews</p>	K 072		

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K 072	Continued From page 2 during a tour of the facility from 0830 to 1130 on 06/06/12, the facility has failed to maintain means of egress free of all obstructions or impediments to full instant use in the case of fire or other emergency. This could result in delayed or hampered egress in the event of a fire or other emergency. These findings were acknowledged by the Maintenance Director.  The findings include, but are not limited to:  1. Powered wheelchair obstructing the corridor exit by room 5. 2. Patient lift stored in the corridor by room 5	K 072	rooms during a fire or emergency situation. Staff will be inserviced that wheeled equipment includes wheeled equipment and carts that are in use, medical emergency equipment not in use, and patient lift and transport equipment. Staff will be instructed to have wheeled equipment on one side of corridor only. <b>Plans to monitor performance to ensure solution is sustained:</b> Administrator, Director of Nursing, Maintenance, and Housekeeping will monitor hallways for clear unobstructed corridors on routine rounds. <b>Title of Person Responsible for Compliance</b> Director of Nursing Services and Administrator <b>Date of compliance:</b> July 6, 2012	
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: Surveyor: 08158 Based upon observation and staff interviews during a tour of the facility from 0830 to 1130 on 06/06/12, the facility has failed to maintain electrical wiring and equipment in accordance with NFPA 70, National Electrical Code. 9.1.2. This could result in electrical shock hazard to staff and residents and/or overloaded electrical circuits. These findings were acknowledged by the Maintenance Director.  The findings include, but are not limited to:  1. Electrical outlet near sink in nurse station are not GFCI protected 2. Power strip in use for wheelchair battery charger in room 5, bed C	K 147	<b>K147</b> <b>Correction as it relates to the resident:</b> Electrical outlet near sink in nurse station and the kitchen has been changed to a GFCI protected outlet. Power strip removed and wheelchair battery charger plugged into wall outlet. <b>Action taken to protect residents in similar situations:</b> Maintenance inspected the facility and insured that all outlets are GFCI compliant. Maintenance conducted an inspection to ensure that wheelchair battery chargers were plugged into wall outlets. <b>Measures taken or systems altered to ensure the problem does not recur:</b> An electrical contractor has been contacted and is scheduled to evaluate building on June 20, 2012. The contractor will write a bid showing costs to wire additional outlets into all rooms and to ensure that the facility	

electrical system is adequate to safely handle the load placed on the electrical system with additional outlets or use of power strips. The housekeeping and maintenance staff will monitor the use of outlets on rounds to ensure they are not inappropriately used. Maintenance and housekeeping will inspect outlets during their normal rounds. A waiver request is being prepared and will be requested for power strips with flexible cords. Once notified that the waiver has been granted a safety plan will include all staff to monitor power strip use and housekeeping will inspect monthly the cords for wear and tear. All power strips will be UL Listed, have over current protection with reset 15 amps maximum and a 14 gage cord and will have a polarized plug or three prong grounded plug. Maintenance and Housekeeping will monitor for use of power strips to only be TV, receivers and related electronics, computers and accessories, clock radios, electronic chargers, and desk lamps. Housekeeping will visually inspect and will report to maintenance any damage or signs of degradation. Power strips no longer in use will be removed from the room. Power strips that are not working properly or have frayed wires will be replaced immediately. Power strips shall be positioned so as to not incur damage and will not be covered by carpet or furniture. Power strips shall not be stapled, tacked, or taped. Power strips shall not be exposed to a moist environment. Power strips will not be plugged into another power strip. Electrical contractor will evaluate the load placed on current system with power strips and quote the financial impact of additional outlets in all rooms.

**Plans to monitor performance to ensure solution is sustained:**

Housekeeping will inspect and document monthly rounds on use of electrical outlets and ensure that outlets are not used inappropriately.

Electrician will evaluate the load sustained by use of power strips and additional outlets when installed.

**Title of Person Responsible for Compliance**

Director of Nursing Services and Administrator

**Date of compliance:** July 6, 2012