

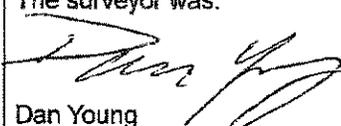
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

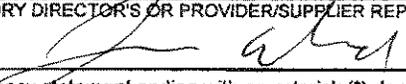
Printed: 08/19/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505232	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01, 02 B. WING _____	(X3) DATE SURVEY COMPLETED 08/19/2014
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NAME OF PROVIDER OR SUPPLIER WOODLAND CONVALESCENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 310 FOURTH STREET WOODLAND, WA 98674
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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	INITIAL COMMENTS Surveyor: 29197 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Woodland Convalescent Center on 08/19/2014 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. Woodland Convalescent Center has a total of 62 beds and at the time of this survey the census was 52. The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. The facility is a one story structure of Type 5 (111) 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. The surveyor was:  Dan Young Deputy State Fire Marshal	K 000	FACILITY REPORTED INCIDENT FOLLOW-UP PLAN OF CORRECTION Preparation and execution of this response and plan of correction does not constitute an admission or agreement by the provider of the truth of the facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of Federal and State law.	
K 046 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1. This Standard is not met as evidenced by: Surveyor: 29197	K 046	K 046 NFPA 101 Life Safety Code Standard. Emergency lighting had been disabled while working on power outlets in the therapy room. Emergency lighting was reconnected to power on 8/20/2014 repairing the issue. To eliminate future problems the maintenance director will audit all electrical work once it is finished to ensure all emergency equipment is reconnected to appropriate power sources.	8/20/14

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	(X6) DATE <i>8/26/14</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 046	Continued From page 1 Based upon observations and staff interviews on 08/19/2014 between approximately 1100 and 1400 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. The findings include, but are not limited to: Physical Therapy room was observed to have a broken emergency battery backup light fixture. The above was discussed and acknowledged by the Maintenance Director.	K 046		
K 144 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1. This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 08/19/2014 between approximately 1100 and 1400 hours the facility has failed to have the emergency generator meet the requirements of the Fire Safety Code. This could result in conditions that would result in the failure of the emergency generator that would not be detected by staff in a timely manner which would endanger the residents, staff and/or visitors within the	K 144	K 144 NFPA 101 Life Safety Code Standard Woodland Care Center will be contracting with Legacy Generators to install a remote manual stop station for the emergency generator. The instillation will be completed by 9/23/2014. The maintenance director will insure that the instillation is complete and meets NFPA Life Safety Codes.	9/23/14

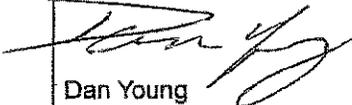
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K 144	Continued From page 2 facility. The findings include, but are not limited to: The generator was observed to not have a remote manual stop station. NFPA 110 1999 Edition 3-5.6 All level 1 and 2 installations shall have a remote manual stop station of a similar type to a break-glass station located outside the room housing the prime mover, where so installed or located elsewhere on the premises where the prime mover is located outside the building. A-3-5.5.6 For level 1 and level 2 systems located outdoors, the manual shutdown should be located external to the weatherproof enclosure and should be appropriately identified. The above was discussed and acknowledged by the Maintenance Director.	K 144		
K 000	INITIAL COMMENTS Surveyor: 29197 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Woodland Convalescent Center on 08/19/2014 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. Woodland Convalescent Center has a total of 62 beds and at the time of this survey the census was 52. The new section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. The facility is a one story structure of Type 5 (111) construction with exits to grade. The facility is protected by a Type 13 fire sprinkler system throughout and an automatic fire alarm system	K 000		

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K 000	Continued From page 3 with corridor smoke detection. All exits are to grade with paved exit discharges to the public way. The facility is in compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services. The surveyor was:  Dan Young Deputy State Fire Marshal	K 000		

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # 505232	DATE SURVEY COMPLETE: 08/19/2014
NAME OF PROVIDER OR SUPPLIER WOODLAND CONVALESCENT CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 310 FOURTH STREET WOODLAND, WA. 98674	

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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K 147	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This Standard is not met as evidenced by: Surveyor: 29197 Based upon observations and staff interviews on 08/19/2014 between approximately 1100 and 1400 hours the facility has failed to restrict the use of extension cords to providing power to permitted electrical equipment. This could result in a fire from overheating of the extension cord due to the heavy power draw endangering the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to: Room 117 was observed to have an extension cord in use. Removed by maintenance director.</p> <p>The above was discussed and acknowledged by the Maintenance Director.</p>
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The above isolated deficiencies pose no actual harm to the residents