

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

Printed: 09/04/2013
FORM APPROVED
OMB NO. 0938-0391

769

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505412	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 09/04/2013
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NAME OF PROVIDER OR SUPPLIER COLVILLE TRIBAL CONVALESCENT C	STREET ADDRESS, CITY, STATE, ZIP CODE PO BOX 150 NESPELEM, WA 99155
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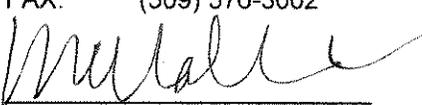
K 000	<p>INITIAL COMMENTS</p> <p>This report is a result of an unannounced Federal Life Safety re-certification survey conducted at Colville Tribal Convalescent Center, 25 Convalescent Blvd, Nespelen, WA, on September 4, 2013 by staff from the Washington State Patrol, Fire Protection Bureau, Union Gap 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 LTC 44 bed facility, census of 19 was provided by the Administrator and verified by the Registered Nurse. The facility consisted of type V- 1 hour construction one story building. 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 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> Deputy State Fire Marshal Nursing Home Surveyor 28058</p> <p>The Surveyor was from: Washington State Patrol Fire Protection Bureau 2715 Rudkin Road</p>	K 000	<p>K012-</p> <p>How the nursing home will correct the deficiency as it relates to the resident:</p> <ol style="list-style-type: none"> The small holes in the large dining room hall where the time clock use to be were sealed properly so smoke, heat, and fire are not allowed to penetrate. The large penetration above the sprinkler head in the storage room by laundry was sealed properly so smoke, heat, and fire are not allowed to penetrate. The hot water tank room was sealed properly so smoke, heat, and fire are not allowed to penetrate. The penetration created by the sprinkler head in the women's bathroom behind the nurse's station was sealed properly so smoke, heat, and fire are not allowed to penetrate. The large hole in the ceiling in room 304 was sealed properly so smoke, heat, and fire are not allowed to penetrate. The penetrations in the fire rated construction above the doors to the activity room were sealed properly so smoke, heat, and fire are not allowed to penetrate. The penetrations above the ceiling tiles at the fire doors to Wing 3 were sealed properly so smoke, heat, and fire are not allowed to penetrate. <p>How the nursing home will act to protect residents in similar situations:</p> <p>All of the penetrations above were sealed properly so smoke, heat, and fire are not allowed to penetrate from one area to another area and expose residents, visitors, and staff to the threat of smoke and fire.</p> <p>Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur:</p> <p>Each month, the Maintenance Supervisor or the Housekeeping Supervisor will do a walkthrough of the facility to check for any new penetrations. If any penetrations are found, they will be sealed properly so smoke,</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Shoshannah E. Jordan, NHA</i>	TITLE <i>Administrator</i>	(X6) DATE <i>9/13/2013</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 000	Continued From page 1 Union Gap, WA. 98903-1795 Telephone: (509) 575-2190 FAX: (509) 576-3002  Maria C. Valladares, DSFM 28058	K 000	heat, and fire are not allowed to penetrate from one area to another area and expose residents, visitors, and staff to the threat of smoke and fire. How the nursing home plans to monitor its performance to make sure that solutions are sustained: Quarterly, the Administrator or Director of Nursing will complete a walkthrough of the building to check for any new penetrations. If any penetrations are found, they will be sealed properly so smoke, heat, and fire are not allowed to penetrate from one area to another area and expose residents, visitors, and staff to the threat of smoke and fire. Dates when corrective action will be completed: The corrective action will be completed by 9/13/2013. The title of the person responsible to ensure correction: The Maintenance Supervisor will ensure correction.	
K 012 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Building construction type and height meets one of the following. 19.1.6.2, 19.1.6.3, 19.1.6.4, 19.3.5.1 This Standard is not met as evidenced by: During the survey tour on September 4, 2013 between the hours of 11:00am and 12:00pm, I observed the following penetrations that were not sealed and would allow smoke, heat, and fire to penetrate from one area to the another area. This would expose residents, visitors, and staff to the threat of smoke and fire. The findings include, but are not limited to: Observations made and interviews with staff revealed penetrations in fire rated walls in the following location(s): 1. At 11:06am, I observed small holes in the large dining room hall where a time clock use to be that were not sealed. 2. At 11:10am, I observed that the storage room by laundry has large penetration above the sprinkler head. 3. At 11:15am, I observed that the hot water tank room was not sealed correctly. Tape was noted	K 012	K 062- How the nursing home will correct the deficiency as it relates to the resident: 1. Advance Fire Systems, Inc. of Spokane, WA completed our Annual inspection of the sprinkler system on 9/5/2013 which resulted in no recommendations needing to be completed by our facility at this time. The facility is due for our next quarterly inspection in December 2013 and we have informed Advance Fire Systems, Inc. that we will need them to return in December 2013 to complete this for us as well as Quarterly after that. Advance Fire Systems, Inc. has agreed to complete these for the facility from now on. 2. Advance Fire Systems, Inc. of Spokane, WA is scheduled to complete the 5-year internal pipe inspection for the facility on 9/17/2013.	

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K 012	Continued From page 2 to be falling off. 4. At 11:17am, I observed a penetration created by the sprinkler head in womens bathroom behind nurses station. 5. At 11:37am, I observed that the escutcheon in room 304 had fallen creating a large hole in the ceiling. 6. At 11:41am, I observed penetrations in the fire rated construction above the fire doors to the activity room. 7. At 11:45am, I observed penetrations above ceiling tiles at fire doors to Wing 3. These findings were observed and discussed with the Maintenance Director and the Administrator.	K 012	3.The facility will submit an application to the Department of Health Construction Review Board for the new walk-in coolers that have been installed in the kitchen. How the nursing home will act to protect residents in similar situations: 1. Advance Fire Systems, Inc. of Spokane, WA completed our Annual inspection of the sprinkler system on 9/5/2013 which resulted in no recommendations needing to be completed by our facility at this time. The facility is due for our next quarterly inspection in December 2013 and we have informed Advance Fire Systems, Inc. that we will need them to return in December 2013 to complete this for us as well as Quarterly after that. Advance Fire Systems, Inc. has agreed to complete these for the facility from now on. 2. Advance Fire Systems, Inc. of Spokane, WA is scheduled to complete the 5-year internal pipe inspection for the facility on 9/17/2013. 3.The facility will submit an application to the Department of Health Construction Review Board for any project that meets their criteria for needing approval before the project is started.	
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD 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 This Standard is not met as evidenced by: Based on observations and staff interviews, the facility failed to maintain the proper operational condition of the sprinkler system. This has the potential of having a non-functional sprinkler system that would expose residents, visitors, and staff to a fire or smoke environment. The findings include, but are not limited to: During document review on September 4, 2013 from 9:30am to 10:11:00am of the facility's sprinkler system reports from the survey date to the year prior revealed the following deficiencies:	K 062	Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur: 1./2. The Administrator will develop and maintain a binder with tabs for each of the sections of the document review inspection completed by the Fire Marshal to ensure all inspections, servicing, reports, and logs are completed by their required due dates. 3. The facility will submit an application to the Department of Health Construction Review Board for any project that meets their criteria for needing approval before the project is started. How the nursing home plans to monitor its	

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K 062	Continued From page 3 1. Quarterly inspections reports could not be produced as quarterly inspections of the sprinkler system had never been conducted. Documentation revealed that this was also cited in the 2012 survey and quarterly inspections were not initiated... 2. Review of annual servicing reports from the sprinkler company in 2012 and 2013 did not indicate that the 5-year internal pipe inspection had been conducted. No records could be produced that the 5-year internal pipe inspection had been conducted During the survey tour on September 4, 2013 between the hours of 11:00am and 12:00pm revealed the following sprinkler deficiencies: 1. At 11:05am, I observed that new walk-in coolers were installed in the kitchen and the sprinkler coverage was in the process of being installed. 2. At 11:05am, interview with staff revealed that the Department of Health Construction Review Board had not been advised of this change. This project has not been approved by the Department of Health. These findings were observed and discussed with the Maintenance Director and the Administrator.	K 062	performance to make sure that solutions are sustained: 1./2. The Administrator will review the facility's Fire Marshal binder with the Maintenance Supervisor monthly to ensure all inspections, servicing, reports, and logs are completed by their required due dates. 3. The facility will submit an application to the Department of Health Construction Review Board for any project that meets their criteria for needing approval before the project is started. Dates when corrective action will be completed: The corrective action will be completed by 10/8/2013. The title of the person responsible to ensure correction: The Administrator will ensure correction. K 069- How the nursing home will correct the deficiency as it relates to the resident: 1. The facility will submit an application to the Department of Health Construction Review Board for the kitchen hood system that has been upgraded to an agent system. 2. Oxarc, Inc. of Spokane, WA will be completing the acceptance test on the new kitchen suppression system to ensure that it is interconnected with the fire alarm system. How the nursing home will act to protect residents in similar situations: 1. The facility will submit an application to the Department of Health Construction Review Board for any project that meets their criteria for needing approval before the project is started. 2. Oxarc, Inc. of Spokane, WA will be completing the acceptance test on the new kitchen suppression system to ensure that it is interconnected with the fire alarm system.	
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 maintain the kitchen hood system in proper operating conditions. This could allow for the hood to fail to extract grease laden vapors	K 069		

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K 069	<p>Continued From page 4 and thus place residents, visitors, and staff at risk of fire.</p> <p>The findings include, but are not limited to:</p> <ol style="list-style-type: none"> 1. During the survey tour on September 4, 2013 at 11:05am, I observed the kitchen hood system had been upgraded to an agent system. Interview with staff revealed that this change had not been submitted to Department of Health Construction Review Board for approval. 2. During document review on September 4, 2013 from 9:30am to 11:00am revealed that they new kitchen suppression system has not been acceptance tested by an authority having jurisdiction to ensure that it has the correct shut down relays and that it is interconnected with the fire alarm system. <p>These findings observed and discussed with the Maintenance Director and the Administrator.</p>	K 069	<p>Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur:</p> <ol style="list-style-type: none"> 1. The facility will submit an application to the Department of Health Construction Review Board for any project that meets their criteria for needing approval before the project is started. 2. The facility will contact the Fire Marshal office if any additional upgrades are recommended for our fire suppression systems to ensure any required testing are properly completed on the fire suppression systems. <p>How the nursing home plans to monitor its performance to make sure that solutions are sustained:</p> <ol style="list-style-type: none"> 1. The facility will submit an application to the Department of Health Construction Review Board for any project that meets their criteria for needing approval before the project is started. 2. The facility will contact the Fire Marshal office if any additional upgrades are recommended for our fire suppression systems to ensure any required testing are properly completed on the fire suppression systems. <p>Dates when corrective action will be completed: The correction action will be completed by 10/8/2013.</p> <p>The title of the person responsible to ensure correction: The Administrator will ensure correction.</p>	