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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING **01 - MAIN BUILDING 01** B. WING _____	(X3) DATE SURVEY COMPLETED
	505412		**10/07/2014**

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
COLVILLE TRIBAL CONVALESCENT C	**PO BOX 150** **NESPELEM, WA 99155**

(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	INITIAL COMMENTS This report is a result of an unannounced Federal Life Safety re-certification survey conducted at Colville Tribal Convalescent Center, 29 Convalescent Blvd, Nespelen, WA, on October 07, 2014 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). The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 FR 483.70: Requirements for Long Term Care. The Long Term Care 44 bed facility, census of 25 was provided by the Acting Administrator and verified by the Maintenance Director. The facility consisted of type V-1 hour construction one story building. The facility is fully sprinklered with an automatic/manual fire alarm system in place. Exit discharge points are to grade and have been provided with an all weather surface and lead to a public way. The facility is not in substantial compliance with the Life Safety Code 2000 Edition as adopted by C.M.S. The Surveyor was: Maria C. Valladares Deputy State Fire Marshal Nursing Home Surveyor 28058 The Surveyor was from: Washington State Patrol Fire Protection Bureau	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE | TITLE | (X6) DATE

Thomas E. Jordan | Nursing Home Administrator | 10/16/2014

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 2715 Rudkin Road Union Gap, WA 9803-1795 Telephone: (509) 575-2190 FAX: (509) 576-3002 Maria C. Valladares, DSFM 28058	K 000		
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities. This Standard is not met as evidenced by: The facility has failed to maintain doors without impediments to their closing and latching. This could result in a delay in getting the door to the room closed in the event of a fire. This could	K 018	**K 018-** **How the nursing home will correct the deficiency as it relates to the resident:** 1. The door to the Social Services office has been fixed so that it now closes and latches properly. 2. The door to Room 307 in Wing 3 has been fixed so that it now closes and latches properly. 3. The doors to Room 107 and Room 113 in Wing 1 have had the yellow laundry containers moved so that they are now able to close and latch properly. **How the nursing home will act to protect residents in similar situations:** All of the doors of the facility no longer have any impediments or delays to their closing and latching properly in the event of a fire. **Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur:** Each month, the Maintenance Supervisor and/or the Housekeeping Supervisor will do a walkthrough of the facility to ensure that each door of the facility is able to close and latch properly. On 10/23/2014, the Maintenance Supervisor will do an in-service for all staff on the importance of making sure all doors of the facility are free from any impediments including the yellow laundry containers. **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 ensure that each door of the facility is able to close and latch properly. **Dates when corrective action will be completed:** The corrective action will be completed by 10/23/2014. **The title of the person responsible to ensure correction:** The Maintenance Supervisor will ensure correction.	

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K 018	Continued From page 2 result in toxic products of combustion getting into the room and into the exit corridor which would endanger the residents, staff and/or visitors within the smoke compartment. The findings include, but are not limited to: Based upon observations and staff interviews on October 7, 2014 between the hours of 12:30pm and 1:30pm, I observed that doors did not close and latch when tested in the following locations: 1. At 12:29pm, I observed that the door to Social Services Office did not close and latch when tested. 2. At 12:29pm in Wing 3 room 307, I observed that the door did not close and latch when tested. 3. At 12:45pm in Wing 1 room 107 and 113, I observed that the door could not close and latch when tested because the yellow laundry containers were used to obstruct the door from closing. These findings were observed and discussed with the Maintenance Staff. The above was discussed and acknowledged by the ____.	K 018		
K 038 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This Standard is not met as evidenced by: The facility has failed to ensure that all require exits are readily available and open with only one effort. This could allow for the delay in evacuation and egress out of the building.	K 038	**K 038-** **How the nursing home will correct the deficiency as it relates to the resident:** The exit door out of the Activities room was replaced with a push button lock door lever that will open with only one effort. **How the nursing home will act to protect residents in similar situations:** All facility exits are now readily available and open with only one effort. **Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur:** Each month, the Maintenance Supervisor and/or the Housekeeping Supervisor will do a walkthrough of the facility to ensure that all exits are readily available and open with only one effort. **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 ensure that all exits are readily available and open with only one effort. **Dates when corrective action will be completed:** The corrective action was completed on 10/16/2014. **The title of the person responsible to ensure correction:** The Maintenance Supervisor will ensure correction.	

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K 038	Continued From page 3 The findings include, but are not limited to: During the facility tour on October 7, 2014 between the hours of 12:30pm and 1:30pm, I observed that the exit out of the Activities room would not open when locked. The door had a twist button that needed to be turned and then the lever could be operated to exit the door. This finding was observed and discussed with the Maintenance Staff.	K 038		
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: The facility has failed to ensure that the generator has been installed as required by NFPA 110. This could allow for the generator to malfunction and staff not aware that there is a problem with the generator. The findings include, but are not limited to: During the facility tour on October 7, 2014 between the hours of 12:30pm and 1:30pm, I observed the following generator deficiencies: 1. At 12:30pm, during document review of the facility's generator required weekly inspections	K 144	**K 144-** **How the nursing home will correct the deficiency as it relates to the resident:** 1. The facility will complete the weekly inspections of the generator starting on 10/16/2014. 2. Cummins Northwest of Spokane, WA will be installing the emergency stop button for the generator in an approved location. 3. Cummins Northwest of Spokane, WA will be installing the audible/visible remote alarm to the generator in an area where an employee is likely to see/hear the remote panel. **How the nursing home will act to protect residents in similar situations:** 1. The facility will complete the weekly inspections of the generator starting on 10/16/2014. 2. Cummins Northwest of Spokane, WA will be installing the emergency stop button for the generator in an approved location. 3. Cummins Northwest of Spokane, WA will be installing the audible/visible remote alarm to the generator in an area where an employee is likely to see/hear the remote panel. **Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur:** 1. The facility will complete the weekly inspections of the generator starting on 10/16/2014 and keep documentation of the weekly inspections in the facility's Fire Marshal binder. 2. Cummins Northwest of Spokane, WA will be installing the emergency stop button for the generator in an approved location. 3. Cummins Northwest of Spokane, WA will be installing the audible/visible remote alarm to the generator in an area where an employee is likely to see/hear the remote panel.	

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K 144	Continued From page 4 and monthly 30 minute full load test records, I observed that the weekly inspections were not being conducted. 2. At 1:00pm, I observed that the facility has not provided the required emergency stop button for the generator in an approved location. This could allow for a problem to exist at the generator and staff must go inside the weather proof shell to shut off the generator. 3. At 2:10pm, interview with Maintenance Staff revealed that the remote alarm to the generator is in a closed/locked electrical room. The remote autible and visible alarm must be located in an area where an employee is likely to see/hear the remote panel. These findings were observed and discussed with the Maintenance Staff. NFPA 99 Standard for Health Care Facilities, 1999 Edition Section 3-4.1.1.15 Alarm Annunciator. A remote annunciator, storage battery powered, shall be provided to operate outside of the generating room in a location readily observed by operating personnel at a regular work station (see NFPA 70, National Electrical Code, Section 700-12.) NFPA 110 1999 Edition. 3-5.6 All level 1 and 2 installation shall have a remote manual stop of a similar type to a break-glass station located outside of the room housing the prime mover, where so installed or located elsewhere on the premises where the prime mover is located outside of the building.	K 144	**(K144-Continued)** **How the nursing home plans to monitor its performance to make sure that solutions are sustained:** 1.The Administrator will review the facility's Fire Marshal binder with the Maintenance Supervisor monthly to ensure the weekly inspections of the generator are being completed and documented. 2. Cummins Northwest of Spokane, WA will be installing the emergency stop button for the generator in an approved location. 3. Cummins Northwest of Spokane, WA will be installing the audible/visible remote alarm to the generator in an area where an employee is likely to see/hear the remote panel. **Dates when corrective action will be completed:** The corrective action will be completed by 11/10/2014. **The title of the person responsible to ensure correction:** The Administrator will ensure correction.	

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K 144	Continued From page 5 A-3-5.6 For level 1 and level 2 systems located outdoors, the manual shutdown should be located external to the weather proof enclosure and should be appropriately identified.	K 144		

JAY INSLEE
Governor

JOHN R. BATISTE
Chief

STATE OF WASHINGTON
WASHINGTON STATE PATROL
General Administration Building • PO Box 42600 • Olympia, WA 98504-2600 • (360) 596-4000 • www.wsp.wa.gov

October 7, 2014

Jordon Shoshannah, Administrator
Colville Tribal Convalescent C
Po Box 150
Nespelem, WA ~NO DATA~

Dear Ms. Shoshannah:

On October 7, 2014, the Washington State Patrol, Office of the State Fire Marshal (OSFM) completed a life safety code (LSC) survey at your facility. The purpose of the inspection was to determine compliance with state fire safety standards for nursing homes and the Medicare/Medicaid Life Safety Code certification requirements. The results of the OSFM inspection are described on the enclosed CMS 2567L.

The Department of Social and Health Services, Residential Care Services (DSHS) is also conducting a full standard health survey to determine compliance with state licensing and federal certification requirements. The results of the health survey will be delivered to you separately when that survey is completed.

Plan of Correction (POC) **[42 CFR 488.402]**

You must submit a written, signed POC for the LSC deficiencies on the original CMS Form 2567L dated October 7, 2014, no later than 10 calendar days after you receive it to:

Office of the State Fire Marshal
Attention: Mary C. Valldares
2715 Rudkin Road, Union Gap, WA 98903
phone: (500) 575-2190) / fax: (509) 576-3002

Your POC should address these issues:

- How the nursing home will correct the deficiency as it relates to the resident;
- How the nursing home will act to protect residents in similar situations;
- Measures the nursing home will take or the systems it will alter to ensure that the problem does not recur;
- How the nursing home plans to monitor its performance to make sure that solutions are sustained;