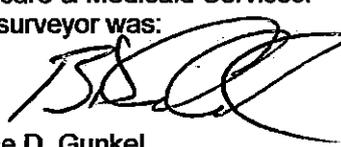


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 04/23/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505452	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/23/2015
NAME OF PROVIDER OR SUPPLIER MESSENGER HOUSE CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 10861 NE MANITOU PARK BLVD BAINBRIDGE ISLAND, WA 98110		
(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>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Messenger House on April 23, 2015, 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.</p> <p>Messenger House has a total of 96 beds and at the time of this survey the census was 62.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70.</p> <p>The facility is a two story structure of Type V 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.</p> <p>The facility is not in compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services. The surveyor was:</p>  <p>Blaine D. Gunkel Deputy State Fire Marshal</p>	K 000	The following written allegation of compliance is intended to meet the requirements for a plan of correction under state and federal law and is not an admission that the survey findings are correct or that they rise to the level of deficiencies under applicable law.	
K 015 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Interior finish for rooms and spaces not used for corridors or exitways, including exposed interior surfaces of buildings such as fixed or movable walls, partitions, columns, and ceilings, has a flame spread rating of Class A or Class B. (In</p>	K 015		4-29-15

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

TITLE

(X6) DATE



Administrator

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 015	Continued From page 1 fully sprinklered buildings, flame spread rating of Class A, Class B, or Class C may be continued in use within rooms separated in accordance with 19.3.6 from the access corridors.) 19.3.3.1, 19.3.3.2 This Standard is not met as evidenced by: Based upon observations and staff interviews on April 23, 2015, between approximately 11:00 a.m. and 3:00 p.m. Messenger House has failed to maintain fire resistive construction of the building capable of resisting the passage of smoke and fire into other compartments. This could allow the toxic product of combustion to move out of a room and into the exit access corridor and the smoke compartment which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: 1. Room 216 was observed to have an open section of the ceiling exposing wooden structure approximately 1' X 9'. The above was discussed and acknowledged by the maintenance director.	K 015	K-015 Deficiencies relating to K-015 – NFPA 101 Life Safety Code Standard will be corrected as follows: Room 216 has had the exposed area sealed to address potential for smoke and or fire to travel through this barrier. Weekly wall and ceiling penetration rounds will be conducted by the maintenance director and or designee to identify and resolve similar issues. Results will be logged and reported to the QA committee quarterly. Administrator will ensure compliance	4-29-15
K 052 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD A fire alarm system required for life safety is installed, tested, and maintained in accordance with NFPA 70 National Electrical Code and NFPA 72. The system has an approved maintenance and testing program complying with applicable requirements of NFPA 70 and 72. 9.6.1.4	K 052		

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K 052	Continued From page 2 This Standard is not met as evidenced by: This requirement is not met as evidenced by: Based upon record review and staff interviews on April 23, 2015 between approximately 11:00 a.m. and 3:00 p.m. Messenger House has failed to have appropriate testing of the fire alarm system which result in the failure of notification to staff of a water supply problem to the fire sprinkler system and endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: 1. The fire alarm system was observed to be in trouble on one of two electrical monitoring circuits. The above was discussed and acknowledged by the executive director and maintenance director.	K 052	K-052 Deficiencies relating to K-052 – NFPA 101 Life Safety Code Standard will be corrected as follows: Alarm monitoring company was contacted to verify signal was still transmitting/receiving. Scheduled technician to come in to service malfunctioning line. Fire Panel will be added to weekly round sheet to ensure proper functioning.	5-1-15
K 062 SS=F	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 upon observations and staff interviews on April 23, 2015, between approximately 11:00 a.m. and 3:00 p.m. Messenger House has failed to maintain the fire sprinkler system as required. This could result in the failure of the fire sprinkler system to operate properly in the event of a fire and allow the fire to increase in size and intensity	K 062	Maintenance Director or designee will log results and report to QA committee quarterly or to Administrator immediately if a problem occurs. Administrator will ensure compliance.	

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K 062	Continued From page 3 which would endanger the residents, staff and/or visitors within the facility. The findings include, but are not limited to: 1. The emergency fire dry sprinkler system sprinkler heads appear to be over ten years of age and not properly maintained. The above was discussed and acknowledged by the executive director and maintenance director.	K 062	K-062 Contacted vendor to replace sprinkler heads. Vendor informed us that order would not arrive and work could not be completed within 30 days. 90 day waiver is requested in order to secure sprinkler heads and execute installation.	7-23-15
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: This requirement is not met as evidenced by: Based upon observations and staff interviews on April 23, 2015, between approximately 11:00 a.m. and 3:00 p.m. Messenger House has failed to restrict the use of extension cords, multi-plug outlets (power strips) to providing power to permitted electrical equipment, and control of electrical hazards. This could result in a fire endangering the residents, staff and/or visitors within the facility. The findings include, but are not limited to: 1. Room 312, office, was observed to have a small refrigerator in the office closet with the power cord leading out of the closet through the doorway, into a power strip that was plugged into a second power strip. 2. Room 212, office, was observed to have an extension cord in use for office equipment. 3. The reception office was observed to have a power strip plugged into a second power strip providing power to office equipment.	K 147	K-147 Room 312 office, power cord and power strip were removed at the time of inspection. Room 212 extension cord was removed at the time of inspection. Reception area corrected at the time of inspection. Maintenance Director will complete audit of staff and resident areas to ensure that power strips are used appropriately and that there are no extension cords in use. This will be added to the weekly round schedule and will be corrected as found. Staff will be in-serviced as to appropriate electrical connections.	5-23-15

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K 147	Continued From page 4	K 147	K-147 continued Maintenance Director or designee will log results and report to QA committee monthly or to Administrator immediately if a problem occurs.	
K 211 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor:</p> <ul style="list-style-type: none"> o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623 <p>This Standard is not met as evidenced by: This requirement is not met as evidenced by:</p> <p>Based upon observations and staff interviews on April 23, 2015, between approximately 11:00 a.m. and 3:00 p.m. Messenger House has failed to properly install alcohol based hand rub dispensers. Dispensers installed improperly could result in hand rub coming in contact with an electrical source resulting in a fire causing potential endanger to residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to:</p> <ul style="list-style-type: none"> 1. Room 520 was observed to have an alcohol 	K 211	<p>Administrator will ensure compliance.</p> <p>K-211 Alcohol based hand sanitizer was relocated to an appropriate area on the day of inspection.</p> <p>Maintenance Director will audit areas with alcohol based hand sanitizers to ensure compliance.</p> <p>Alcohol based hand sanitizers will be included in the maintenance rounds and will be conducted by the maintenance director and or designee.</p> <p>Maintenance Director will log results and report to the QA committee quarterly.</p> <p>Administrator will ensure compliance</p>	5-15-15

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K 211	Continued From page 5 based hand rub dispenser mounted above an electrical outlet. The above was discussed and acknowledged by the executive director and maintenance director. 1. Room 520 was observed to have an alcohol based hand sanitizer mounted above an electrical outlet.	K 211		