

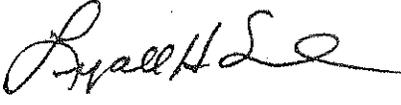
DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 02/21/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505517	(X2) MULTIPLE CONSTRUCTION A. BUILDING 02 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/21/2013
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NAME OF PROVIDER OR SUPPLIER WASHINGTON VETERAN HOME-RETSIL	STREET ADDRESS, CITY, STATE, ZIP CODE 1141 BEACH DRIVE RETSIL, WA 98378
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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>INITIAL COMMENTS</p> <p>This report is a result of an unannounced Fire and Life Safety re-certification survey conducted at the Washington Veterans Home on February 21, 2013, 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 new 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 II. 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 152 licensed beds and a current census of 254.</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:</p>  <p>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 Administrator	(X6) DATE 03/06/2013
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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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NAME OF PROVIDER OR SUPPLIER WASHINGTON VETERAN HOME-RETSIL		STREET ADDRESS, CITY, STATE, ZIP CODE 1141 BEACH DRIVE RETSIL, WA 98378		
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K 056 K 056 SS=E	Continued From page 1 NFPA 101 LIFE SAFETY CODE STANDARD There is an automatic sprinkler system, installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, with approved components, devices, and equipment, to provide complete coverage of all portions of the facility. The system is maintained in accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. There is a reliable, adequate water supply for the system. The system is equipped with waterflow and tamper switches which are connected to the fire alarm system. 18.3.5. This Standard is not met as evidenced by: Based upon observation and staff interviews during a tour of the facility from 1030 to 1430 on 02/21/13, the facility has failed to maintain the fire sprinkler system to adequately protect all portions of the building. Excessive fire load in resident rooms could overwhelm the single fire sprinkler in the room. This could result in uncontrolled fire with rapid spread, and smoke and flame passing into the corridor or into rooms in the event of a fire. These findings were acknowledged by the Plant Manager. The findings include, but are not limited to: 1. Room A208B - excessive fire load 2. Room A212B - excessive fire load 3. Room B219B - excessive fire load 4. Room C101 - excessive fire load	K 056 K 056	K 056 Fire Loading in all observed residents rooms will be reduced through a series of procedural efforts. The Admission Agreement Statement regarding personal property in rooms will be updated by 21 Mar 13 to include the following verbiage: PERSONAL PROPERTY: The resident is allowed to keep personal possessions and furnishings, as space permits, unless doing so would infringe upon the rights and health/safety of other residents. Excess clutter and storage beyond the capability of the existing sprinkler system's ability to extinguish, will not be allowed. This level is determined by the WVH Safety Officer and will be inspected periodically. All excess storage and clutter creating a Safety, Fire or Health concern will be the responsibility of the resident to remove from the premises. It is agreed that the facility will take reasonable precautions to safeguard the personal belongings of the resident but will not be responsible for belongings retained by the resident. The WVH Safety Officer will perform periodic inspections beginning by 21 Mar 13 of all residents rooms to ensure that sufficient ingress and egress are available for medical personnel and that the amount of fire loading does not appear to be in excess of the capability of the existing system.	

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