

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

Printed: 03/14/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505517</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>02 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/14/2014</b>
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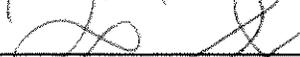
NAME OF PROVIDER OR SUPPLIER <b>WASHINGTON VETERAN HOME-RETSIL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1141 BEACH DRIVE RETSIL, WA 98378</b>
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(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY 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
K 000	<p><b>INITIAL COMMENTS</b></p> <p>An unannounced Life Safety Code Survey was conducted at Washington Veterans Home, Retzil, Washington, on March 14, 2014 by staff from the Washington State Patrol, Fire Protection Bureau, Oak Harbor Detachment. The 2000 new 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 240 bed facility with a census of 237, consisted of a Type II (111), 2 story structure built in 2005. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade and have an all weather surface and lead to a public way.</p> <p>The deficiencies identified during this survey are listed below.</p> <p>The facility is not in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p><i>Paul V. Schroer</i> Paul V. Schroer Deputy State Fire Marshal</p>	K 000		
K 047 SS=D	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Exit and directional signs are displayed with continuous illumination also served by the emergency lighting system in accordance with section 7.10. 18.2.10.1.</p> <p>This Standard is not met as evidenced by: Based on observation and staff interviews, the facility failed to maintain proper exit signage. This has the potential to misdirect residents or staff while exiting during an emergency.</p>	K 047		

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

TITLE

(X6) DATE



ADMINISTRATOR

3-25-14

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 047	Continued From page 1  During the facility tour on March 14, 2014 from 8:30 AM to 12:45 PM the following exit signs were improperly illuminated:  1. Exit signs were burnt out in; a. B wing b. E wing c. F wing  These findings were acknowledged by the Maintenance Director.	K 047	(Continued from page 1) rapid repair and replacement of faulty lights in the future. Quality Assurance checks will be routinely completed by the supervisor to ensure monthly checks are being completed. Compliance date 3-17-2014. Facilities Manager to validate completion.	
K 147 SS=D	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: Based on observations, the facility failed to maintain proper electrical conditions per NFPA 70, National Electrical Code. This has the potential to expose staff and patients to a fire environment. The findings are as follows:  During the facility tour on March 14, 2014 from 8:30 AM to 12:45 PM the following deficiencies were found:  1. Rm S226 - refrigerator plugged into multi plug adapter (corrected) 2. GH Nursing Station - refrigerator plugged into multi plug adapter 3. Rm J119 - multi plug adapter plugged into a multi plug adapter 4. 1sr floor area, elevator #4 - hand sanitizer located directly above electrical source.  These findings were acknowledged by the	K 147	K147 The refrigerators in S226, GH Nursing Station, and Room J119 have been corrected. They are no longer plugged into a multi plug adapter and are plugged directly into wall receptacles. All Staff have been informed that power strips are not to be utilized on high current draw devices such as refrigerators, microwaves, etc., and that power strips are meant for electronic equipment. Proper use of power strips will be checked during facility safety inspections and during fire safety inspections conducted by the facility manager. Compliance date 3-17-2014. The hand sanitizer on 1 <sup>st</sup> floor near elevator #4 has been corrected. The hand sanitizer was removed and is no longer directly above electrical source. Facility Manager has informed staff and has conducted a facility wide inspection of all installed hand	

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K 147	Continued From page 2 Maintenance Director	K 147	(Continued from page 2) sanitizers for compliance and found no other issues. This will be added to facility safety inspections and the facility manager's fire/safety inspection specifically to ensure future compliance. Compliance date 3-17-2014. Facility Manager to ensure completion.	