

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

Printed: 10/18/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505509	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2012
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NAME OF PROVIDER OR SUPPLIER SPOKANE VETERANS HOME	STREET ADDRESS, CITY, STATE, ZIP CODE 222 EAST FIFTH SPOKANE, WA 99202
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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 INITIAL COMMENTS

K 000

This report is the result of an unannounced Fire and Life Safety Re-certification Survey conducted at Spokane Veterans Home located at 222 East Fifth Avenue in Spokane Washington. The Survey was conducted on 10/18/12 by a representative of the Washington State Patrol, Office of the State Fire Marshal. The Survey was conducted between the hours of 1000 to 1345, during this Survey I was accompanied by the facility maintenance director who witnessed any deficiency noted during this Survey. The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. Spokane Veterans Home is a two story facility of Type II (111) Construction and protected by a Type 13 Fire Sprinkler System with Automatic/Manual Fire Alarm. Resident rooms are not equipped with smoke detectors.

The facility is licensed for 100 residents with a current census of 95. This Survey was conducted in conjunction with the Health Survey Team from the Department of Social and Health Services.

The facility fails to meet the Life Safety Code 2000 Edition as adopted by C.M.S. based upon the deficiency noted during this Survey.

The Surveyor was:
Cliff Rogers
Deputy State Fire Marshal
Nursing Home Surveyor
20225

The Surveyor was from:
Washington State Patrol
Office of the State Fire Marshal
Fire Prevention Bureau

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

[Signature] SUPERINTENDENT 11/7/12

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
PO Box 19130
Spokane, Washington 99219-9130
Telephone: (509) 227-6667
Fax: (509) 227-6639

Cliff Rogers, DSFM

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K 147 NFPA 101 LIFE SAFETY CODE STANDARD
SS=F
Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2

K 147 K-147: Waiver has been requested.

This Standard is not met as evidenced by:
Based upon observations made during the Survey conducted on 10/18/12 between the hours of 1000 to 1345 while accompanied by the facility maintenance director we observed the unapproved use of power strips throughout the facility. C.M.S. has made the interpretation that these multi-plug devices with flexible cords are not authorized for any use except with computers. therefore the use of these devices for other electrical items is not approved. C.M.S. has provided an opportunity for the facility to request a Waiver to allow the continued use of the power strips based upon a financial hardship. Following is the locations where I observed the power strips, however the facility will need to check all locations for proper use:

1. Administration Office Area
2. Reception Desk
3. Food Services Corridor
4. Marine Family Room
5. Physical Therapy
6. Recreational Therapy Office
7. Library 2nd Floor
8. Nurses Station 2nd Floor

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- 9. Soiled Utility Room by Break Room 2nd Floor
- 10. Nurses Station 1st Floor
- 11. Soiled Utility Room 1st Floor
- 12. Veterans Benefit Specialist Office
- 13. Resident Rooms #222 (two devices), #230, #229, #246, #252, #258, #257, #261, #260 plus an extension cord, #263 (two devices), #158 (multiple devices), #161 (two devices plus a piggybacked device), #167, #169, #171 (two devices), #175, #179, #156, #147 (two devices), #144, #137 (multiple devices).

K 147

C.M.S. has made the determination that the flexible cord devices are considered the same as an extension cord and thus can not be used in lieu of permanent wiring and that the use of these devices could lead to possible harm due to overheating or electrical shock from the device thus placing residents, staff and visitors at risk.

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