

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

Printed: 02/11/2013  
FORM APPROVED  
OMB NO. 0938-0391

8810

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50A261</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/11/2013</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER <b>YAKIMA VALLEY SCHOOL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>609 SPEYERS ROAD SELAH, WA 98942</b>
---	--

(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>This report is a result of an unannounced Federal Life Safety re-certification survey conducted at Yakima Valley Schools, 609 Speyers Road, Selah, WA, that commenced on January 29, 2013, and concluded with exit interview on February 11, 2013, 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).</p> <p>The 2000 existing 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 120 bed facility, census of 76 was provided by Safety Officer and verified by the Maintenance Director. The facility consists of 7 cottages. Each cottage has two units in them. Each cottage is construction type V- 1-hour one story buildings each with partial basement used for maintenance and service of the cottage only. Each cottage is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade have been provided with an all weather surface and lead to a public way.</p> <p>Cottage 103 and 104 is quarantined. Cottage 203 and 204 is suspected to have a flu outbreak. Cottage 403 and 404 is closed. After conducting the document review and meeting with staff, we terminated the survey until a later date due to the quarantine and flu outbreak. Survey resumed on February 11, 2013.</p> <p>The facility is not in substantial compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p>	K 000		
-------	---	-------	--	--

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

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.

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

Printed: 02/11/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50A261</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/11/2013</b>
NAME OF PROVIDER OR SUPPLIER <b>YAKIMA VALLEY SCHOOL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>609 SPEYERS ROAD SELAH, WA 98942</b>		
(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	Continued From page 1  The Surveyor was:  ██████████ Deputy State Fire Marshal Nursing Home Surveyor 28058  The Surveyor was from: Washington State Patrol Fire Protection Bureau 2715 Rudkin Road Union Gap, WA. 98903-1795 Telephone: (509) 575-2190 FAX: (509) 576-3002   ██████████ DSFM 28058	K 000		
K 062 SS=E	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 on observations, the facility failed to maintain the proper operational condition of the sprinkler system. This has the potential of having a non-functional sprinkler system that would expose residents, staff, and visitors to a fire and smoke without an extinguishing system.  The findings include, but are not limited to:	K 062		

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

Printed: 02/11/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50A261</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/11/2013</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER <b>YAKIMA VALLEY SCHOOL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>609 SPEYERS ROAD SELAH, WA 98942</b>
---	--

(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 062	<p>Continued From page 2</p> <p>During the facility tour on February 11, 2013 between the hours of 9:45am and 12:00pm, the following deficiencies were found:</p> <ol style="list-style-type: none"> <li>At 10:07am Cottage 401 by room 6b was observed to have a missing a sprinkler head cover plate.</li> <li>At 10:35am Cottage 406 was observed to have a missing sprinkler head cover plate by the entry fire doors.</li> <li>At 10:43am Cottage 405 was observed to have a missing sprinkler head cover plate in the bathing room.</li> </ol> <p>These findings were acknowledged and discussed with the Maintenance Director and the Safety Officer.</p>	K 062		
K 147 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2</p> <p>This Standard is not met as evidenced by: K-147 National Fire Protection Association (NFPA) also known as the National Electric Code (NEC) Section 70.400-8 States that the following uses of flexible cords and cables shall not be used for the following: " (1) As a substitute for the fixed wiring of a structure, (2) Where run through holes in walls, structural ceilings, suspended ceilings, dropped ceilings or floors, (3) Where run through doorways, windows, or similar openings, (4) where attached to building surfaces, (5) Where concealed behind building walls, structural ceilings, suspended ceilings, or floors, and (6) Where installed in raceways, except as otherwise</p>	K 147		

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

Printed: 02/11/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50A261</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/11/2013</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER <b>YAKIMA VALLEY SCHOOL</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>609 SPEYERS ROAD SELAH, WA 98942</b>
---	--

(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 147	<p>Continued From page 3 permitted in this code."</p> <p>This standard is not being met as evidenced by:</p> <p>Based on observation and staff interview, the facility failed to assure that approved wiring was maintained per NFPA Standard; NFPA 70, Article 400-8. Unless specifically permitted in Section 400-7, flexible cords and cables shall not be used as a substitute for the fixed wiring of a structure. CMS Manual System, Pub, 100-07 State Operations, Provider Certification; August 17, 2007, Power strips may be used for a computer, monitor, and printer. Power strips are not designed to be used with medical devices in patient care areas. Precautions needed if power strips are used include: Installing internal ground fault and over-current protection devices; preventing cords from becoming tripping hazards, and using power strips that are adequate for the number and types of devices used. Overload on any circuit can potentially cause overheating and fire. The use of ground fault circuit interruption (GFCIs) may be required in locations near water sources to prevent electrocution of staff or residents. This potentially exposed residents to electrical fire hazard caused by overloaded circuits.</p> <p>The findings include, but are not limited to:</p> <p>During the facility tour on February 11, 2013 between 9:45am and 12:00pm power strips were observed to be used in lieu of fixed wiring in the following resident rooms:</p> <ol style="list-style-type: none"> <li>1. At 10:56am in Cottage 212 Room 4, I observed a power strip being used as a permanent source of power for a television.</li> <li>2. At 10:58am in Cottage 212 Room 1B, I</li> </ol>	K 147		
-------	--	-------	--	--

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

Printed: 02/11/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50A261</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b> B. WING _____	(X3) DATE SURVEY COMPLETED  <b>02/11/2013</b>
NAME OF PROVIDER OR SUPPLIER <b>YAKIMA VALLEY SCHOOL</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>609 SPEYERS ROAD SELAH, WA 98942</b>		
(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 147	<p>Continued From page 4</p> <p>observed a power strip used as a permanent source of power for the bed and an air mattress.</p> <p>3. At 11:00am in Cottage 201, I observed a power strip used as a permanent source of power for the television and other electronics in the main day room.</p> <p>4. At 11:05 in Cottage 204 Room 6B, I observed a power strip used as a permanent source of power for the bed and a nebulizer.</p> <p>5. At 11:18 in Cottage 104 Room 6A, I observed a power strip used as a permanent source of power for an air mattress.</p> <p>6. At 11:35 in Cottage 6A, I observed a power strip used as a permanent source of power for the bed, IV , and other equipment.</p> <p>7. At 11:37 in Staff Lounge for Cottage 101 and 102, I observed a power strip used as a permanent source of power for a coffee maker and a small refrigerator or toaster.</p> <p>8. At 11:38 in Cottage 101, I observed a power strip used as permanent source of power for the television and other electronics in the main day room.</p> <p>These findings were acknowledged and discussed with the Maintenance Director and the Safety Officer.</p>	K 147		