

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

Printed: 03/20/2014
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50A181	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED R 03/20/2014
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NAME OF PROVIDER OR SUPPLIER COLUMBIA BASIN HOSPITAL	STREET ADDRESS, CITY, STATE, ZIP CODE 200 NAT WASHINGTON WAY EPHRATA, WA 98823
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{K 000}	<p>INITIAL COMMENTS</p> <p>This report is a result of an unannounced Fire and Life Safety Complaint POST Investigation conducted at Columbia Basin Hospital Nursing Home, located at 200 Nat Washington Way, Ephrata, WA by a representative of the Washington State Fire Marshal's office. The complaint from the Department of Social and Health Services, (Complaint Resolution Unit) has a Intake ID number of 2959182 and was received on 02-10-2014.</p> <p>The facility has failed to correct the K67 citation noted on the Initial Complaint Investigation on February 11, 2014.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CRC 483.70.</p> <p>Based upon a observations and interviews with the Administrator and the Plant Manager, Columbia Basin Hospital Nursing Home is not in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p>The Surveyor was:</p> <p>Maria C. Valladares Deputy State Fire Marshal Nursing Home Surveyor 28058</p> <p>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</p>	{K 000}		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Faragenda Kibby</i>	TITLE <i>Administrator</i>	(X8) DATE <i>3/20/2014</i>
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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.

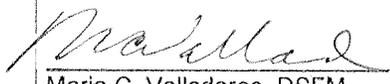
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FIRE PROTECTION

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{K 000}	Continued From page 1  Maria C. Valladares, DSFM 28058	{K 000}		
{K 067} SS=G	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Heating, ventilating, and air conditioning comply with the provisions of section 9.2 and are installed in accordance with the manufacturer's specifications. 19.5.2.1, 9.2, NFPA 90A, 19.5.2.2</p> <p>This Standard is not met as evidenced by: The facility has failed to provide an approved heating system to the occupied areas of the nursing home. This could expose residents to excessive cold/hot temperatures and thus expose to physical harm.</p> <p>Investigation of complaint revealed that on Feb 05, 2014 the facility's temporary heating system failed and temperatures in resident rooms dropped to 60 degrees. On this date, the facility provided each resident room with oil heaters that do not exceed 212 degrees and have a tip-over safety feature. A total of 6 rooms were provided with portable heaters.</p> <p>Investigation of complaint revealed that on Feb 07, 2014 one of the residents wanted to move the heater and received burns to both hands that blistered. On Feb 07, 2014 the Plant Manager removed all the portable heaters from all the resident rooms. On Feb 07, 2014 by 11:30am Plant Manager had installed two 12" tubes about 25 feet long thru a resident room (empty) window</p>	{K 067}	<p>The plan of correction dated 02/21/2014 was submitted explaining the temporary heat in place. Temporary heat was removed on 3/20/2014. The facility is awaiting approval by the Department of Social and Health Services in order to move residents into the new space with a fully functioning HVAC system. Residents will be relocated into the new space by April 10, 2014. The Administrator is responsible to ensure compliance.</p>	3/14/14 4/10/14

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{K 067}	<p>Continued From page 2</p> <p>connected to an indirect propane heater that sends heated 100% outside air to provide heat into the resident corridor.</p> <p>Investigation of complaint revealed that in November 2012 the boilers went out in the nursing home section of the hospital due to construction. The construction crew then installed an indirect propane heater on the roof top and 10 water heaters to temporarily replace the heat into the nursing home.</p> <p>The findings include, but are not limited to:</p> <ol style="list-style-type: none"> 1. Investigation of complaint revealed that the temporary heating solution in November 2012 was not submitted to DOH Construction Review Board for approval. 2. Investigation of complaint revealed that the temporary heating solution now provided by the two 12" tubes into a resident room has not been submitted to DOH Construction review board for approval. 3. Investigation of complaint revealed that the both the November 2012 and the current temporary heating must to be installed to comply with the NFPA 101 Life Safety Code 9.2 and the manufactures specifications. <p>These findings were observed and discussed with the Plant Manager and the Administrator.</p>	{K 067}		

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