

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

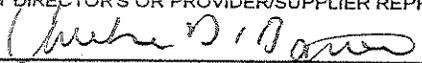
Printed: 02/06/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 50A263	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/06/2015
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NAME OF PROVIDER OR SUPPLIER LAKELAND VILLAGE NURSING FACILITY	STREET ADDRESS, CITY, STATE, ZIP CODE STATE HIGHWAY 902 & SALNAVE ROAD MEDICAL LAKE, WA 99022
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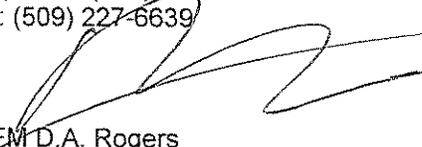
K 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Lakeland Village Nursing Facility in Medical Lake, Washington on 2/06/15 by a representative of the Washington State Patrol, Fire Protection Bureau. The survey was conducted in concert with the Washington State Department of Social and Health Services (DSHS) health survey teams. During the physical tour of the facility I was accompanied by the Facility Safety Manager who witnessed any deficiency noted during this survey.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This existing facility is comprised of 7 cottages of Type V-1 hour construction. An additional structure of type V-A construction is attached to the Administration building. All buildings have exits to grade and are protected by a Type 13 sprinkler system and an Automatic / Manual Fire Alarm System with corridor smoke detection. All resident rooms are equipped with smoke detectors. The facility is licensed for 93 residents with a current census of 83. The Douglas Cottage is not currently occupied and the Harvest Building was not inspected due to an influenza outbreak.</p> <p>The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.</p> <p>The following citations were documented during the survey:</p> <p>The surveyor was:</p> <p>David Rogers</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Supervisor</i>	(X6) DATE <i>02/12/15</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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K 000	Continued From page 1 Deputy State Fire Marshal Nursing Home Surveyor 32863 The surveyor was from: Washington State Patrol Office of the State Fire Marshal Fire Protection Bureau PO Box 19130 Spokane WA 99219-9130 Telephone: (509) 954-2746 Fax: (509) 227-6639  DSEM D.A. Rogers	K 000		
K 018 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3 Roller latches are prohibited by CMS regulations in all health care facilities.	K 018		

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K 018	<p>Continued From page 2</p> <p>This Standard is not met as evidenced by: Based upon observations and staff interviews on 2/06/15 between 0930 and 1530 hours the facility has failed to maintain doors capable of resisting fire for at least 20 minutes. This could result in toxic products of combustion getting into the room and into the exit corridor which would endanger the residents, staff and/or visitors within the smoke compartment.</p> <p>The findings include, but are not limited to: The room door that opens to the corridor in room #2 of the Rosewood building did not latch when closed.</p> <p>The cross-corridor doors near the Rosewood Clinic did not have enough self-closer force to fully close and latch.</p> <p>The Nurse's station self-closing fire door in the Ponderosa Cottage did not have enough self-closer force to fully close and latch.</p> <p>The resident room door that opens to the corridor in room #107 and the Laurel cottage did not latch when closed.</p> <p>The above was discussed with the Facility Safety Manager.</p>	K 018	<p>K018</p> <p>Facility will ensure that there are no obstructions which inhibit the proper closure of doors that provide protection to corridor openings and said doors are provided with a method suitable for ensuring doors are closed and latched.</p> <p>Facility has submitted work orders that will repair and adjust the following doors to close and latch:</p> <ul style="list-style-type: none"> -Rosewood Cottage ✓ Rm# H60, H66 -Ponderosa Cottage Rm# 118. -Laurel Cottage Rm# 107 <p>Completion dates for deficiencies: March 12, 2015</p> <p>Upon discovery of improper function; work request will be submitted for repair. Compliance for cited deficiencies will be examined via Quarterly Safety Inspections, Cottage Environment Self Audit, and random no-notice Safety spot inspections.</p>	
K 029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (with ¾ hour fire-rated doors) or an approved automatic fire extinguishing system in accordance with 8.4.1 and/or 19.3.5.4 protects hazardous areas. When the approved automatic fire extinguishing system option is used, the areas are separated from other spaces by smoke resisting partitions and</p>	K 029		

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K 029	<p>Continued From page 3</p> <p>doors. Doors are self-closing and non-rated or field-applied protective plates that do not exceed 48 inches from the bottom of the door are permitted. 19.3.2.1</p> <p>This Standard is not met as evidenced by: Based upon observations and staff interviews on 2/06/15 between 0930 and 1530 hours the facility has failed to maintain doors to hazardous areas as self or automatic closing. This could result in the spreading of the toxic products of combustion into the corridor in the event of a fire which would endanger residents, staff and/or visitors.</p> <p>The findings include, but are not limited to: The Soiled Linen / Storage room #124 in the Shamrock Cottage did not have enough self-closer force to fully close and latch. Room H84 in the Rosewood Building is being used as a storage room over 50 square feet and is not equipped with a self-closer. Room 107 in the Laurel Cottage is being used as a storage room over 50 square feet and is not equipped with a self-closer.</p> <p>The above was discussed and acknowledged by the Safety Manager.</p>	K 029	<p>K029</p> <p>Facility will ensure that there are no obstructions which inhibit the proper closure of doors and that any missing mechanism is repaired or replaced. Furthermore, the facility will ensure the proper closure of these doors to provide protection to hallway openings and said doors are provided with a method suitable for ensuring proper closure and latching capability.</p> <p>Facility has submitted work orders that will repair and adjust the following doors to close and latch:</p> <ul style="list-style-type: none"> -Shamrock Cottage Rm#124 -Rosewood Cottage Rm# H84 -Laurel Cottage Rm#107 <p>Completion dates for deficiencies: March 12, 2015</p> <p>Upon discovery of improper function; work request will be submitted for repair. Compliance for cited deficiencies will be examined via Quarterly Safety Inspections, Cottage Environment Self Audit, and random no-notice Safety spot inspections.</p>	
K 046 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.</p> <p>This Standard is not met as evidenced by: Based upon observations and staff interviews on 2/6/15 between 0930 and 1530 hours the facility</p>	K 046		

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K 046	<p>Continued From page 4</p> <p>has failed to provide emergency lighting of at least 1 and 1/2 hour duration. This could place staff, visitors and residents in danger in the event of a power outage.</p> <p>The findings include, but are not limited to:</p> <p>The emergency egress lighting device at the 54 side entrance of the Tamarack Building did not illuminate when tested.</p> <p>The facility is not properly conducting the monthly 30 second and annual 90 minute testing of their battery backup lighting devices.</p> <p>The above was discussed and acknowledged by the Safety Manager.</p>	K 046	<p>K046</p> <p>Facility will verify that all Emergency Egress lights properly function as designed.</p> <p>Facility has submitted a work order to have the light repaired and tested In Accordance With (IAW) NFPA code requirements.</p> <p>-Tamarack Cottage Emergency Egress Light Hallway# 126</p> <p>Completion dates for deficiencies: March 12, 2015</p>	
K 047 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Exit and directional signs are displayed in accordance with section 7.10 with continuous illumination also served by the emergency lighting system. 19.2.10.1</p> <p>This Standard is not met as evidenced by: Based upon observations and staff interviews on 2/6/15 between approximately 0930 and 1530 hours the facility has failed to maintain proper exit signage. This could potentially misdirect residents, staff and/or visitors during an emergency.</p> <p>The findings include, but are not limited to: The internally illuminated exit sign in the basement stairwell by door H20/33 in the Rosewood building did not illuminate in normal operation.</p>	K 047	<p>Compliance for properly functioning Emergency Egress Lighting System is maintained by Consolidated Support Services / Electrical Shop IAW NFPA code requirements. The section has been briefed to provide more detailed documented information. Any discrepancies are identified during testing and corrected by this section.</p> <p>K047</p> <p>Facility will verify that all Internally Illuminated Exit signs properly function as designed.</p> <p>Facility has submitted a work order to have the light repaired and tested In Accordance With (IAW) NFPA code requirements.</p> <p>-Rosewood Cottage Exit Sign Rm# H20</p>	

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K 047	Continued From page 5	K 047	K047 (continued) Completion dates for deficiencies: March 12, 2015	
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>This Standard is not met as evidenced by: Based upon observations and staff interviews on 2/6/15 between 0930 and 1530 hours the facility has failed to maintain the fire sprinkler system as required. This could result in the obstruction of the fire sprinkler head water discharge pattern in the event of a fire allowing the fire to increase in size and intensity which would endanger the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to:</p> <p>A sprinkler head was backed up into the ceiling of the commissary of the Rosewood Building, obstructing it's spray pattern.</p> <p>A sprinkler head was backed up into the ceiling of room H84 of the Rosewood Building, obstructing it's spray pattern.</p> <p>The above was discussed and acknowledged by the Safety Manager.</p>	K 062	<p>Compliance for properly functioning Internally Illuminated Exit signs is maintained by Consolidated Support Services / Electrical Shop IAW NFPA code requirements. Any discrepancies are identified during testing and corrected by this section</p> <p>K062 Facility will verify that there are no recessed automatic sprinkler system heads that will obstruct the proper spray pattern</p> <p>Facility has submitted a work order that will correct the sunken sprinkler heads: -Rosewood Cottage Rm# H46 & H84 ✓</p> <p>Completion dates for deficiencies: March 12, 2015</p> <p>Upon discovery of improper function; work request will be submitted for repair. Compliance for cited deficiencies will be examined via Quarterly Safety Inspections, Cottage Environment Self Audit, and random no-notice Safety spot inspections</p>	
K 144 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised</p>	K 144		

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K 144	<p>Continued From page 6 under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This Standard is not met as evidenced by: Based upon observations and staff interviews on 2/6/15 between approximately 0930 and 1530 hours the facility has failed to have the emergency generator meet the requirements of the Fire Safety Code. This could result in conditions that would result in the failure of the emergency generator that would not be detected by staff in a timely manner which would endanger the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to: There is no remote emergency stop button installed separate of the rooms housing the Main automatic generator and the Rosewood automatic generator in accordance with NFPA 110 3-5.5.6.</p> <p>The facility has not conducted / documented the weekly generator inspections over the last 12 months.</p> <p>The emergency egress lighting device in the Main Generator / Chiller Room did not illuminate when tested.</p> <p>The above was discussed and acknowledged by</p>	K 144	<p>K144 Facility will ensure that all required remote emergency stop buttons are properly installed, weekly generator inspection are conducted and Emergency Egress lights properly function as designed.</p> <p>Facility has submitted a work order that will install a separate remote emergency stop button on: -Rosewood Cottage Rm# H56</p> <p>Facility has provided CSS with an electronic tracking log to provide more detailed documented information for weekly generator inspections.</p> <p>Facility has submitted a work order to repair and test the emergency egress lighting device. -Bldg 4D37 Rm# 16/15</p> <p>Completion dates for deficiencies: March 12, 2015</p> <p>Compliance for properly functioning Emergency Egress Lighting System is maintained by Consolidated Support Services / Electrical Shop IAW NFPA code requirements. Any discrepancies are identified during testing and corrected by this section.</p>	

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K 144	Continued From page 7 the Safety Manager.	K 144		
K 147 SS=E	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 upon observations and staff interviews on 2/6/15 between 0930 and 1530 hours the facility has failed to restrict the use of multi-plug outlets (power strips) to providing power to permitted electrical equipment. This could result in a fire from overheating of the plug strip due to the heavy power draw endangering the residents, staff and/or visitors within the facility. The findings include, but are not limited to: There was a powerstrip in use with a TV in room 110 of the Hawthorne Cottage. There were powerstrips in use with razor chargers and electric toothbrush chargers in the hygiene areas of the Hawthorne Cottage. There were powerstrips in use with unauthorized equipment in rooms 111 and 127 of the Ponderosa Cottage. There was a powerstrip in use with unauthorized equipment in room 124 of the Laurel Cottage. There was a powerstrip plugged into another powerstrip in the breakroom of the Hawthorne Cottage. The above was discussed and acknowledged by the Safety Manager.	K 147	K147 Facility will ensure that there is no power strips utilized for other than computer equipment. Facility has submitted a work order that will have all power strips removed and replaced with UL approved Multi-Tap 6 way receptacles. -Hawthorne Cottage Rm# 104, 130, 110, 115 -Ponderosa Cottage Rm# 111, 127 -Laurel Cottage Rm# 124 Completion dates for deficiencies: March 12, 2015 Upon discovery of improper function; work request have been submitted for repair. Compliance for cited deficiencies will be examined via Quarterly Safety Inspections, Cottage Environment Self Audit, and random no-notice Safety spot inspections.	
K 211 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD Where Alcohol Based Hand Rub (ABHR) dispensers are installed in a corridor:	K 211		

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K 211	<p>Continued From page 8</p> <ul style="list-style-type: none"> o The corridor is at least 6 feet wide o The maximum individual fluid dispenser capacity shall be 1.2 liters (2 liters in suites of rooms) o The dispensers have a minimum spacing of 4 ft from each other o Not more than 10 gallons are used in a single smoke compartment outside a storage cabinet. o Dispensers are not installed over or adjacent to an ignition source. o If the floor is carpeted, the building is fully sprinklered. 19.3.2.7, CFR 403.744, 418.100, 460.72, 482.41, 483.70, 483.623, 485.623 <p>This Standard is not met as evidenced by: Based upon observations and staff interviews on 2/06/15 between approximately 0930 and 1530 hours the facility has failed to properly install alcohol based hand rub dispensers. Dispensers installed improperly could result in hand rub coming in contact with an electrical source resulting in a fire causing potential endanger to residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to: There was an ABHR device installed directly above an electrical outlet in room 106 of the Hawthorne Cottage. There was an ABHR device installed directly above a light switch in room 109 of the Ponderosa Cottage. The above was discussed and acknowledged by the Safety Manager.</p>	K 211	<p>K211 Facility will verify that there is no Alcohol Based Hand Rub (ABHR) dispensers installed over or directly adjacent to an ignition source</p> <p>Facility had Housekeeping remove and relocate the ABHR dispensers IAW NFPA code requirements: -Hawthorne Cottage Rm# 106 ✓ -Ponderosa Cottage Rm# 109</p> <p>Completion dates for deficiencies: February 12, 2015</p>	