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8863 APR 15 2013

Printed: 02/26/2013
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505437	(X2) MULTIPLE CONSTRUCTION A. BUILDING <u>01 - MAIN BUILDING</u> B. WING _____		(X3) DATE SURVEY COMPLETED 02/21/2013
NAME OF PROVIDER OR SUPPLIER BOOKER REST HOME ANNEX			STREET ADDRESS, CITY, STATE, ZIP CODE 1012 SOUTH 3RD STREET DAYTON, WA 99328		
(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>INITIAL COMMENTS</p> <p>This report is a result of an unannounced Fire and Life Safety Complaint Investigation conducted at the Booker Rest Home Annex located at 1012 3rd street in Dayton, Washington by a representative of the Washington State Fire Marshal 's office. This complaint was received by the Department of Social and Health Services (DSHS) Residential Care Services (RCS) Division on 02-20-13 The complaint has an intake ID number of 2738414. At the time of this incident there were a total of 20 residents in the facility.</p> <p>The complainant was reporting a fire incident that had occurred on 02-20-13 at approximately 0630 hours. The fire was confined to a ceiling exhaust fan located in the shower room located in the Southwest wing.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CRC 483.70. This facility is a one story structure of type V-1 Hr. Construction with exits to grade and is protected by a Type 13 Fire Sprinkler system and an automatic fire alarm system with corridor smoke detection.</p> <p>Based upon the findings as a result of this investigation Booker Rest Home Annex is not in compliance with the 2000 edition of the Life Safety Code.</p> <p>The Surveyor was:</p> <p> Deputy State Fire Marshal Nursing Home Surveyor 15826</p>	K 000			

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

TITLE

(X6) DATE



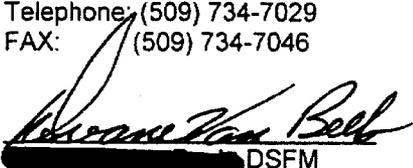
COO

4/12/13

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	K 000		
	<p>The Surveyor was from: Washington State Patrol Fire Protection Bureau 143302 East Law Lane Kennewick, WA. 993337-2011 Telephone: (509) 734-7029 FAX: (509) 734-7046</p> <p> DSFM 15826</p>			
K 067 SS=E	<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: Based upon observations and staff interviews during the complaint investigation on 02-21-13 Booker Rest Home Annex has failed to maintain ventilation and heating with a preventative maintenance program to avoid build-ups of lint and other combustible material on or in the units. This can result in a fire should the mechanical parts overheat.</p> <p>The findings include:</p> <p>1. Upon observation of the combination exhaust fan, heating unit and lighting fixture in the Southwest wing shower room there was an</p>	K 067	<p>We have instituted a biannual inspection and cleaning procedure for all ceiling exhaust fans. The inspection and cleaning procedure has been added to our maintenance check list as of 3/8/2013</p>	3/08/13

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K 067 Continued From page 2
excessive building up of lint and other material on the fan motor which ignited upon the overheating of the exhaust fan motor.

2. Upon interviews with the maintenance director and the administrator Booker Rest Home Annex did not have a preventative maintenance policy or procedure to prevent the build up of combustible material within the exhaust equipment.

These findings were discussed with and acknowledge by the director of facility operations and the administrator.

K 067

K 130 NFPA 101 MISCELLANEOUS
SS=E OTHER LSC DEFICIENCY NOT ON 2786

K 130 Though we drill quarterly, all shifts, the drills have been centered around the discovery of an "active" fire. This situation has enabled us to modify our instruction approach to include "Signs that a fire has happened in a space, and while it may not look to be active, could have spread into the ceiling and areas not immediately visible." The response to a fire, perceived active or not, is always the same: RACE- Rescue, ALARM, Contain, and Evacuate. If the alarm is not already going, pull the nearest pull station to active and get first responders coming. In addition to integrating this scenario in our quarterly fire drills, the following is also being done: Discussed in new employee orientation on 02/27/2013, will be covered in department head

02/27/13
02/28/13
03/01/13
03/15/13

This Standard is not met as evidenced by: Based upon observations and staff interviews during the complaint investigation conducted on February 21, 2013 between the hours of 1430 and 1630 hours has failed to have staff respond to a fire emergency as required. This could result in a delay in the notification to and response of the fire department which could result in an undetected fire burning in the attic area of the nursing home.

The specific Standard as printed in the Life Safety Code 2000 edition states:

19.7.2 Procedure in Case of Fire.

19.7.2.1* For health care occupancies, the proper

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K 130 Continued From page 3
protection of patients shall require the prompt and effective response of health care personnel. The basic response required of staff and shall include the removal of all occupants directly involved with the fire emergency, transmission of an appropriate fire alarm signal to warn other building occupants and summon staff, confinement of the effects of the fire by closing doors to isolate the fire area, and the relocation of patients as detailed in the health care occupancy 's fire safety plan.

K 130 meeting on 3/1/2013, and is to be addressed at Booker shift change on 2/28/2013. It will also be a topic of discussion at the next staff Booker meeting on 3/15/2013.

The finding include:

1. Based upon observations the fire was located in the shower room located in the Southwest wing of the nursing home
2. Based upon observations the shower room does not have a smoke detector due to the steam from a shower being able to activate a smoke detector.
3. The shower room is protected by sprinkler heads from the automatic fire sprinkler system.
4. The door into the shower room is a solid wood core bonded door equal to a 20 minute fire resistive rated door with a self closer to maintain the door closed and latch to the corridor.
5. Based upon observations at approximately 1500 hours the fire was located in a Nutone Ceiling fan assembly containing an exhaust fan, an electric heating element and a lamp..
- 6 Interviews with the director of maintenance indicated that the fire occurred on February 20, between 0630 hours and 0700 hours.

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K 130

7. Based upon interviews with the director of maintenance a resident had been showered in the room approximately 20 minutes prior to the fire being discovered.

8. Based upon interviews with both the MDS coordinator and the maintenance person the fire was discovered by a CNA trainee who had not undergone new employee training on the emergency plan.

9. Based upon interviews with the MDS coordinator upon hearing that there was a fire or had been a fire in the shower room staff went to the shower room, felt the door for heat prior to opening the door and then opened the door and did not see much smoke and or flames and as there were no fire alarms sounding they did not activate the fire alarm. Care staff called the maintenance department who responded and upon seeing the damage the maintenance individual called a member of the local fire department who then had a truck sent to the building.

10. Based upon the interviews and observations staff failed to activate the fire alarm upon discovery of the fire to alert other sections of the building to be aware of the fire emergency.

11. Based upon the interviews staff failed to make the appropriate notification to the fire department.

These findings were discussed with and acknowledge by the director of facility operations and the administrator.

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