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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING	(X3) DATE SURVEY COMPLETED
	505437		07/22/2015

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
BOOKER REST HOME ANNEX	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	INITIAL COMMENTS	K 000		

Surveyor: 28239
This report is a result of an unannounced Fire and Life Safety re-certification survey conducted on 07/22/2015 at Booker Rest Home Annex SNF located at 1012 3rd Str., Dayton, WA by a representative of the Washington State Fire Marshal. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Health and Human Services (DSHS).

The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility consists of a single story building, 14,987 sq.ft. of Type V(111) construction built in 1990. It adjoins the hospital and the hospital annex and is separated by a 2 hour firewall.

Exits from the building are to grade with 2 horizontal exits through the hospital and annex. The census today is 26 with a capacity for 34. The building is protected throughout by a Type 13 Automatic Fire Sprinkler System and an Automatic Fire Alarm System with corridor smoke detection as well as smoke detection in the resident rooms of the SNF. Manual-pull stations are located at each exit.

The facility is found not to be in substantial compliance with 42 CFR Part 483, "Requirements for Long Term Care Facilities."

The Surveyor was:

Doug DeGraff
Deputy State Fire Marshal
Life Safety Code Inspector
28239

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

Shan A M[illegible]

COO, 07/28/2015

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 The Surveyor was from: Washington State Patrol Fire Protection Bureau 143302 E Law Lane Kennewick, WA 99337 Telephone: (509) 734-5806 doug.degraff@wsp.wa.gov Doug DeGraff, DSFM 28239	K 000		
K 021 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Any door in an exit passageway, stairway enclosure, horizontal exit, smoke barrier or hazardous area enclosure is held open only by devices arranged to automatically close all such doors by zone or throughout the facility upon activation of: a) the required manual fire alarm system; b) local smoke detectors designed to detect smoke passing through the opening or a required smoke detection system; and c) the automatic sprinkler system, if installed. 19.2.2.2.6, 7.2.1.8.2 This Standard is not met as evidenced by: Surveyor: 28239 During the survey tour of 07/22/2015, at 1345, while accompanied by the Facilities Manager; through observation and staff interview, it was	K 021	Doors are on a 30-day inspection cycle. We will institute a QI process whereby the facility manager will go through and spot check the doors after inspection. Additionally, environmental services and laundry staff will be trained on proper door operation so that they can report any malfunction to facilities personnel to catch door issues in between inspection intervals. These staff members are traversing doors multiple times per day.	07/24/15

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K 021	Continued From page 2 discovered that the facility has failed to maintain doors to be held open only by devices arranged to automatically close such doors upon activation of the fire alarm. In the event of a fire, this would allow for the passage of smoke and/or flames into or out of the smoke compartment meant to be protected by self-closing doors, placing staff, residents and visitors at risk. This finding was acknowledged by the Facilities Manager. The findings include but are not limited to: Cross-Corridor Fire Doors into the SE Wing (Hallway #1) failed to close and latch when tested. Facilities Manager was unaware that the doors were not latching; doors are on a monthly P.M. program. Discussion with the Facilities Manager and record review at approximately 1445 revealed that the door is documented as latching 07/07/15. Door has been repaired prior to exit.	K 021		
K 029 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD 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 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 This Standard is not met as evidenced by:	K 029	Doors are on a 30-day inspection cycle. We will institute a QI process whereby the facility manager will go through and spot check the doors after inspection. Additionally, environmental services and laundry staff will be trained on proper door operation so that they can report any malfunction to facilities personnel to catch door issues in between inspection intervals. These staff members are traversing doors multiple times per day.	07/24/15

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K 029	Continued From page 3 Surveyor: 28239 During the survey tour of 07/22/2015, at 1535, while accompanied by the Facilities Manager, through observation and staff interview, it was discovered that the facility has failed to the doors to hazardous areas so that they close and latch as to resist the passage of smoke upon release from the approved hold open device. The failure of the doors to close in a position that would resist the passage of smoke would allow smoke to travel from the hazardous area into the exit corridor. This finding was acknowledged by the Facilities Manager. The findings include but are not limited to: Laundry Room door to exit corridor failed to close and latch when tested. Facilities Manager was unaware that the door was not latching; doors are on a monthly P.M. program. Discussion with the Facilities Manager revealed that the door is passed testing on 07/07/15. Door has been repaired prior to exit.	K 029		