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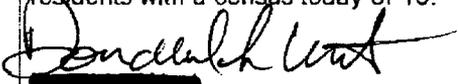
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APR 03 2013

FORM APPROVED

NO. 0938-0391

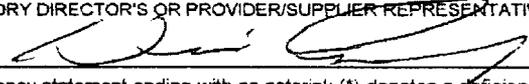
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>50G046</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/27/2013</b>
NAME OF PROVIDER OR SUPPLIER <b>RAINIER SCHOOL PAT E</b>			STREET ADDRESS, CITY, STATE, ZIP CODE <b>RYAN ROAD BUCKLEY, WA 98321</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	INITIAL COMMENTS  Surveyor: 19192 On March 27, 2013 an unannounced fire and life safety code recertification survey was conducted at Rainier State School Pat "E" by a representative of the Washington State Patrol, State Fire Marshal's Office, this survey was conducted using the existing section of the 2000 life safety code in accordance with 42 CFR 483.70.  This facility consists of 9 cottages, the cottages are type V-A structures, exiting is direct to grade level. The cottages are protected by a full NFPA 13 fire sprinkler system and automatic smoke detection.  The cottages have a licensed capacity of 16 residents with a census today of 16.   Deputy State Fire Marshal	K 000		
K 018	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 1 3/4 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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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  TITLE *Supt.* (X6) DATE *3/28/13*

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 018	Continued From page 1  This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on March 27, 2013 from 0830 to 1530 it was observed that the facility failed to maintain the fire rated doors in the buildings, this has the potential for the passage of smoke and fire throughout the building in the event of a fire, these findings were acknowledged at the time of the survey by the facility safety officer.  The findings were:  SHASTA HOUSE  1. The door to the laundry room had the self closer removed. (this deficiency was corrected at the time of the survey)  CHELAN HOUSE  1. The door to the service hallway to "B" side did not close and latch tight to the frame.	K 018		
K 046	NFPA 101 LIFE SAFETY CODE STANDARD  Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.	K 046		

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K 046	Continued From page 2 This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on March 27, 2013 from 0830 to 1530 it was observed that the facility failed to maintain the emergency egress lighting in the buildings, this has the potential to delay the evacuation of the staff and residents from the building in the event of a fire. These findings were acknowledged at the time of the survey. The findings were:  ASPEN HOUSE  1. The egress light above the fire separation doors between A side and B side failed to illuminate when the test button was pushed.  OMAK HOUSE  1. The egress light above the fire separation doors between A side and B side failed to illuminate when the test button was pushed.  ORCAS HOUSE  1. The egress light above the door to the outside on "B" side failed to illuminate when the test button was pushed.	K 046				
K 062	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: Surveyor: 19192	K 062				

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K 062	Continued From page 3 During the facility tour on March 27, 2013 from 0830 to 1530 it was observed that the facility failed to maintain the fire sprinkler system in the building, this has the potential for the delay of the sprinkler system to extinguish a fire. This finding was acknowledged at the time of the survey by the facility safety officer. The finding was:  1. On Aspen house the sprinkler head on the outside overhang from the back exit is obstructed by the escutcheon ring that has come loose.	K 062		

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