

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

Printed: 12/23/2013  
FORM APPROVED  
OMB NO. 0938-0391

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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>505478</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MAIN BUILDING 01</b><br><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>12/23/2013</b> |
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| NAME OF PROVIDER OR SUPPLIER<br><b>CORWIN CENTER AT EMERALD HEIGHTS</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>10901 - 176TH CIRCLE NORTHEAST<br/>REDMOND, WA 98052</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 |
|--------------------|--|---------------|---|----------------------|
|--------------------|--|---------------|---|----------------------|

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|-------|--|-------|--|---------|
| K 000 | <p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 28239<br/>This report is a result of an unannounced Fire and Life Safety re-certification survey conducted on December 23, 2013 at The Corwin Center SNF located at 10901 176th Circle NE, Redmond, 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).</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility, built in 1992, occupies the second floor of a two story structure of Type V (III) Construction with support facilities on the same floor. Exiting from the second floor is through rated stair enclosures (north and east wings) and to grade from the south wing (building sits on slope). The south wing has a connecting wall with a conforming building (Type V-111) protected with fire doors and a fire wall. The census today is 52 with a capacity for 61. 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 patient rooms of the SNF. Manual pull stations are located at the exits.</p> <p>The facility is not in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p>The Surveyor was:<br/><br/>Deputy State Fire Marshal<br/>Life Safety Code Inspector</p> | K 000 | <p>The Facilities Supervisor will replace the expired K-class fire extinguisher located in the kitchen with a newly charged and tested extinguisher. To ensure all fire extinguishers are maintained and tested in accordance with regulation, a complete listing of all extinguishers in addition to a map of their locations will be provided to the outside vendor who completes this testing on a routine basis. The vendor will be asked to attest to the completeness of their contract by signing acknowledgement to the maintenance and testing of all fire extinguishers listed. A staff representative will review the documentation on each extinguisher during the next routine inspection to ensure compliance.</p> | 1/20/14 |
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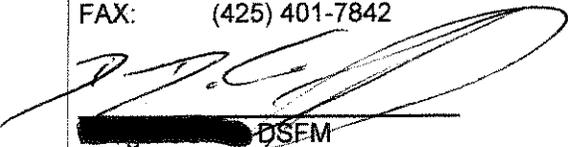
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| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br> | TITLE<br>VPE COO | (X6) DATE<br>12/27/13 |
|---|------------------|-----------------------|

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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| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION                        |  | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>505478</b>                              | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING 01 - <b>MAIN BUILDING 01</b><br><br>B. WING _____  | (X3) DATE SURVEY COMPLETED<br><br><b>12/23/2013</b> |
|---|--|--|--|---|
| NAME OF PROVIDER OR SUPPLIER<br><b>CORWIN CENTER AT EMERALD HEIGHTS</b> |  | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>10901 - 176TH CIRCLE NORTHEAST<br/>REDMOND, WA 98052</b> |  |   |
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| K 000   | Continued From page 1<br>28239<br><br>The Surveyor was from:<br>Washington State Patrol<br>Fire Protection Bureau<br>2803 156th Ave SE<br>Bellevue, WA. 98007<br>Telephone: (425) 401-7731<br>FAX: (425) 401-7842<br><br><br>DSEFM<br>28239  | K 000  | The corrective action noted above will be completed no later than January 20, 2014. The Director of Facilities will be responsible to ensure the correction is made and compliance is maintained as noted. |   |
| K 064<br>SS=D   | NFPA 101 LIFE SAFETY CODE STANDARD<br><br>Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10<br><br>This Standard is not met as evidenced by:<br>Surveyor: 28239<br>During the facility survey of 12/23/2013 between the hours of 0900 and 1200, while accompanied by the Maintenance Technician, through observation and staff interview, it was noted that the facility has failed to maintain the required portable fire extinguisher as required by NFPA 10. This could result in the fire extinguisher not functioning to extinguish a grease fire. This finding was acknowledged by the Maintenance Technician.<br><br>The findings are that the K-class fire extinguisher in the kitchen is overdue for testing and maintenance by nearly 12 months. | K 064  |  |   |

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