

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

Printed: 11/17/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505478</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>10/14/2014</b>
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NAME OF PROVIDER OR SUPPLIER <b>CORWIN CENTER AT EMERALD HEIGHTS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10901 - 176TH CIRCLE NORTHEAST REDMOND, WA 98052</b>
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(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: 29197 This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Corwin Center At Emerald Heights on 10/14/2014 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.</p> <p>Corwin Center At Emerald Heights has a total of 61 beds and at the time of this survey the census was 53.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70.</p> <p>The facility is a two story structure of Type 5(111) construction with exits to grade. The facility is protected by a Type 13 fire sprinkler system throughout and an automatic fire alarm system with corridor smoke detection. The facility is located on the second floor. All exits are to grade with paved exit discharges to the public way.</p> <p>The facility is in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare &amp; Medicaid Services.</p> <p>The surveyor was:</p>  Dan Young Deputy State Fire Marshal	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
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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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # <b>505478</b>	DATE SURVEY COMPLETE: <b>10/14/2014</b>
NAME OF PROVIDER OR SUPPLIER <b>CORWIN CENTER AT EMERALD HEIGHTS</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>10901 - 176TH CIRCLE NORTHEAST REDMOND, WA. 98052</b>	

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
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**K 054** NFPA 101 LIFE SAFETY CODE STANDARD

All required smoke detectors, including those activating door hold-open devices, are approved, maintained, inspected and tested in accordance with the manufacturer's specifications. 9.6.1.3

This Standard is not met as evidenced by:  
Surveyor: 29197  
Based upon record review and staff interviews on 10/14/2014 between approximately 1030 and 1300 hours Corwin Center has failed to maintain the smoke detectors in the building as required. This could result in failure of the smoke detectors to operate properly which could result in a delay in the detecting of fire and could endanger residents, staff and/or visitors within the facility.

The findings include, but are not limited to:  
The smoke detector in the clean utility was observed to have a paint cover over the detector. Removed while surveyor was on site.

The above was discussed and acknowledged by the Facilities Supervisor.

**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: 29197  
Based upon observations and staff interviews on 10/14/2014 between approximately 1030 and 1300 hours Corwin Center has failed to maintain the fire sprinkler system as required. This could result in the failure of the fire sprinkler system to operate properly in the event of a fire and allow the fire to increase in size and intensity which would endanger the residents, staff and/or visitors within the facility.

The findings include, but are not limited to:  
Storage was observed within 18" of the sprinklers in the Physical Therapy gym storage area. Removed while surveyor was on site.

The above was discussed and acknowledged by the Facilities Supervisor.

**RECEIVED**  
NOV 25 2014  
FIRE PREVENTION  
DIVISION

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.

The above isolated deficiencies pose no actual harm to the residents