

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

Printed: 10/18/2013
FORM APPROVED
OMB NO. 0938-0391

11419

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505441	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/18/2013
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NAME OF PROVIDER OR SUPPLIER NORTH CENTRAL CARE AND REHABILITATIVE	STREET ADDRESS, CITY, STATE, ZIP CODE N 1812 WALL STREET SPOKANE, WA 99205
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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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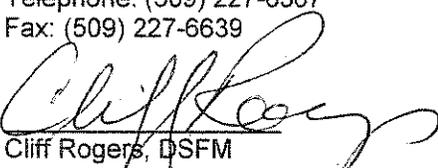
K 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Fire and Life Safety Re-certification Survey conducted at North Central Care Center located at 1812 North Wall in Spokane Washington on 10/18/13 by a representative of the Washington State Patrol, Office of the State Fire Marshal, Fire Prevention Bureau. This Survey was conducted in conjunction with the Survey Team from the Washington State Department of Health Services Residential Care.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. North Central Care Center is a one story structure with a partial basement of Type V-1 Hour Construction with exits to grade and is protected by a Type 13 Automatic Sprinkler System with Automatic/Manual Fire Alarm System. The Fire and Life Safety Survey started at approximately 0920 Hours and ended at approximately 1245 hours. During this Survey I was accompanied by the Facility Maintenance Director. The facility is licensed for 99 residents with a current census of 93.</p> <p>The facility meets the 2000 Edition of the Life Safety Code due to no deficiencies noted during this Survey.</p> <p>The Surveyor was: [REDACTED] Deputy State Fire Marshal Nursing Home Surveyor 20225</p> <p>The Surveyor was from: Washington State Patrol Office of the State Fire Marshal Fire Prevention Bureau</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
	Adrian Williams	10-18-13

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 PO Box 19130 Spokane, WA 99219-9130 Telephone: (509) 227-6567 Fax: (509) 227-6639  Cliff Rogers, DCFM	K 000		