

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

Printed: 07/17/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505372	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/17/2013
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NAME OF PROVIDER OR SUPPLIER CANYON LAKES RESTORATIVE AND REHABI	STREET ADDRESS, CITY, STATE, ZIP CODE 2702 SOUTH ELY KENNEWICK, WA 99337
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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>K-000-1</p> <p>This report is a result of an unannounced a Fire and Life Safety re-certification survey conducted at Canyon Lakes Restorative & Rehabilitation Center, located at 2702 S. Ely Street in Kennewick, Washington on 07-17-13 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). At the time of this survey facility licensed for 53 beds had a census of 52</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a one story structure of type V-1Hr. Construction with exits to grade. The facility is of approximately 30,000 square feet. The facility was constructed in 1998 and is protected by a Type 13 Fire Sprinkler system and an automatic fire alarm system with corridor smoke detection. The Fire Alarm system is monitored by Moon Security of Pasco, Washington.</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:</p> <p>[REDACTED] Deputy State Fire Marshal Nursing Home Surveyor 15826</p> <p>The Surveyor was from: Washington State Patrol</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Michelle Heston* TITLE *Administrative* (X6) DATE *7/24/13*

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.

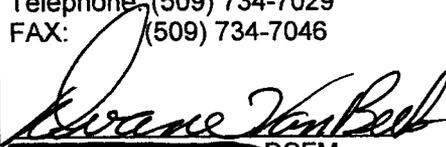
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K 000	Continued From page 1 Fire Protection Bureau 143302 East Law Lane Kennewick, WA. 993337-2011 Telephone: (509) 734-7029 FAX: (509) 734-7046  DSFM 15826	K 000		
K 029 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>One hour fire rated construction (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</p> <p>This Standard is not met as evidenced by: Based upon observations and staff interviews with the Director of Maintenance during survey rounds between 0800 and 1030 Canyon Lakes Restorative and Rehabilitation has failed to maintain Hazardous areas so that they will resist the passage of smoke. This could result in the toxic products of combustion moving from the hazardous area into the corridor.</p> <p>The findings include:</p>	K 029	<p>It is the policy of this facility to maintain and upkeep all doors leading into hazardous areas so that they will resist the passage of smoke in order to prevent toxic products of combustion moving from the hazardous areas into the corridors.</p> <p>The door to the Soiled Linen Room near resident room 119 as well as the door to the Soiled Linen Room at the main Laundry failed to close and latch during inspection. Both doors were repaired immediately and are now in appropriate working order in accordance with regulation.</p> <p>The Director of Maintenance will regularly check all doors throughout the facility to ensure that they all close and latch for the protection of the residents/staff. The Administrator will follow up with the Director of Maintenance to ensure that all doors are working properly.</p>	7/18/13

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K 029	Continued From page 2 1. Based upon observations at approximately 0850 hours the door to the Soiled Linen Room near resident room 119. 2. Based upon observations at approximately 0908 hours the door to the Soiled Linen Room at the main Laundry failed to close and latch. Both of the above findings were observed and acknowledged by the maintenance director.	K 029		

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