

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505372</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  R <b>11/26/2014</b>
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NAME OF PROVIDER OR SUPPLIER <b>CANYON LAKES RESTORATIVE AND REHABILITATION CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2702 SOUTH ELY KENNEWICK, WA 99337</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} INITIAL COMMENTS

{K 000}

Surveyor: 28239

This report is a result of an unannounced Fire and Life Safety re-certification post survey conducted on 11/26/2014 at Canyon Lakes Restorative & Rehabilitation Center SNF located at 2702 S Ely St., Kennewick, 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).

The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a single story Type V (111) Construction with support facilities located within the south wing of the building. Exiting from the building is direct to grade level. The census today is 52 with a capacity for 53. The building is protected throughout by a Type 13 Automatic Fire Sprinkler System and an Automatic Fire Alarm System with corridor and resident room smoke detection. Manual pull stations are located at the Nurses' Station and all exits.

The facility is not in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S. Following are the deficiencies cited as a result of this survey.

The Surveyor was:

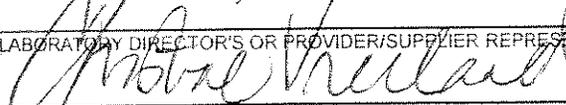
Doug DeGraff  
Deputy State Fire Marshal  
Life Safety Code Inspector  
28239

The Surveyor was from:

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE



Administrator

12/4/14

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.



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

Printed: 11/26/2014  
FORM APPROVED  
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER <b>CANYON LAKES RESTORATIVE AND REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>2702 SOUTH ELY KENNEWICK, WA 99337</b>		
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{K 062}	Continued From page 2 There is no documentation of 5 year testing of the automatic fire sprinkler system. (Test was scheduled to coincide with the annual test in September, but was postponed by the vendor.)  Cascade Fire (new vendor) has been contacted and the test was scheduled for 11/17/14. Due to freezing weather, the test was postponed by the vendor. Test was rescheduled for last week, but again postponed by the vendor. Test has been rescheduled for 12/02/14.	{K 062}	It will be the responsibility of the Maintenance Supervisor to ensure that all inspections and necessary maintenance of the automatic sprinkler system are scheduled and conducted within the time periods set forth by regulation. The Administrator will follow up with the Maintenance Supervisor regularly to ensure compliance.	