

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

Printed: 01/14/2013
FORM APPROVED
OMB NO. 0938-0391

1281

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505389	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/08/2013
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NAME OF PROVIDER OR SUPPLIER CASCADE PARK CARE CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 801 SOUTHEAST PARK CREST AVENUE VANCOUVER, WA 98683
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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
K 000	<p>INITIAL COMMENTS</p> <p>A Fire and Life Safety recertification survey was conducted at Cascade park Care Center by Deputy State Fire Marshal [REDACTED] on January 8, 2013. The existing section of the 2000 Life Safety Code was used in accordance with 42CFR483.70. This is a one story facility of type 2 1-1-1 construction with a complete automatic sprinkler system and smoke detection interconnected to the fire alarm system in corridors and resident rooms. The building is divided into 4 smoke compartments. The facility is licensed for 88 beds and the census was at 85 at the time of the survey. There were no violations noted as a result of this survey.</p> <p><i>[Signature]</i> [REDACTED] Deputy State Fire Marshal</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>William A. Weston</i>	TITLE <i>Executive Director</i>	(X6) DATE <i>1/8/13</i>
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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.