

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

Printed: 09/05/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505326</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/05/2013</b>
NAME OF PROVIDER OR SUPPLIER <b>HEARTWOOD EXTENDED HEALTHCARE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>1649 EAST 72ND TACOMA, WA 98404</b>		
(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><b>INITIAL COMMENTS</b></p> <p>Surveyor: 19192 On September 5, 2013 an unannounced fire and life safety code recertification survey was conducted at Heartwood Extended Care located at 1649 7 2nd Street Tacoma, WA 98442 by a representative of the Washington State Patrol, State Fire Marshal's Office, this survey was conducted using the existing section of the 2000 life safety code in accordance with 42 CFR 483.70.</p> <p>This facility is a single story type V-A structure with exiting direct to grade level, the building is protected throughout by a full NFPA 13 fire sprinkler system and automatic smoke detection.</p> <p>Following are the deficiencies found during this survey:</p> <p>This facility has a licensed capacity of 120 residents with a census today of 101.</p> <p>The facility is not in compliance at this time.</p> <p> Deputy State Fire Marshal</p>	K 000		
K 018 SS=E	<p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1 1/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for</p>	K 018		

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

TITLE

(X6) DATE

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 018	Continued From page 1 keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3  Roller latches are prohibited by CMS regulations in all health care facilities.  This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on September 5, 2013 from 0815 to 1145 it was observed that the facility failed to maintain the fire rated doors in the building capable of self closing and latching tight to the frame, this has the potential for the passage of smoke throughout the corridors in the event of a fire. This finding were acknowledged at the time of the survey by the facility maintenance director. The finding was:  1. The door to the Rose solarium failed to latch closed.  NOTE: This deficiency was corrected at the time of the survey.	K 018		
K 069 SS=F	NFPA 101 LIFE SAFETY CODE STANDARD  Cooking facilities are protected in accordance with 9.2.3. 19.3.2.6, NFPA 96  This Standard is not met as evidenced by: Surveyor: 19192	K 069		

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K 069	Continued From page 2 During the facility tour on September 5, 2013 from 0815 to 1145 it was observed that the facility failed to maintain the commercial range suppression system, this has the potential for the system to fail in the event of a fire, this finding was acknowledged at the time of the survey by the facility maintenance director. The finding was:  1. The range hood suppression system is past due for confidence testing, the last test was conducted on 2/8/2011.	K 069		
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code. 9.1.2  This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on September 5, 2013 from 0815 to 1145 it was observed that the facility failed to maintain the building free of multi plug adaptors, this has the potential for the circuits to be overloaded, this finding was acknowledged at the time of the survey by the facility maintenance director. The finding was:  1. In resident room #115 at bed #2 there was a cube type plug adaptor in use with no over current protection.  NOTE:  This deficiency was corrected at the time of the survey:	K 147		