

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

Printed: 04/30/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505381</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>04/30/2013</b>
--	---	---	---

NAME OF PROVIDER OR SUPPLIER <b>SAN JUAN REHAB AND CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>911 21ST STREET ANACORTES, WA 98221</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>An unannounced Life Safety Code Survey was conducted at San Juan Rehab and Care Center, Anacortes, Washington, on April 30, 2013 by staff from the Washington State Patrol, Fire Protection Bureau, Oak Harbor Detachment. Both the 2000 existing and existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care.</p> <p>The LTC 52 bed facility with a census of 46, consisted of a Type V-111, 1 story structure with no basement and was originally built in 1965 with an addition to the building in 2009. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade and have an all weather surface and lead to a public way.</p> <p>The deficiencies identified during this survey are listed below.</p> <p>The facility is compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p> <p>Paul V. Schroer <i>Paul V. Schroer</i> Deputy State Fire Marshal</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Chaf Lee</i>	TITLE <i>Operations</i>	(X6) DATE <i>4-30-13</i>
--	----------------------------	-----------------------------

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.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # <b>505381</b>	DATE SURVEY COMPLETE: <b>04/30/2013</b>
NAME OF PROVIDER OR SUPPLIER <b>SAN JUAN REHAB AND CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>911 21ST STREET ANACORTES, WA. 98221</b>	

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------	-----------------------------------

**K 046** NFPA 101 LIFE SAFETY CODE STANDARD

Emergency lighting of at least 1½ hour duration is provided in accordance with 7.9. 19.2.9.1.

This Standard is not met as evidenced by:  
Based on observations, the facility failed to maintain the proper operational condition of the emergency egress lighting system. This has the potential of having residents, staff and or visitors not be able to see in front of them during an emergency escape from the building. The findings are as follows:

During the facility tour on April 30, 2013 from 11:30 AM to 2:00 PM, the following deficiencies were found:

1. In the therapy room, the egress light is awaiting new batteries to be placed back into service. Batteries are on order and should be received by the facility by May 4, 2013.

These findings were acknowledged by the Maintenance Director.

2. On April 30, 2013 at 12:30 PM while checking emergency lighting documentation, it was observed that the facility has no documentation for conducting monthly checks for 30 seconds or an annual test for 90 minutes.

**THIS WAS CORRECTED IMMEDIATELY AND REINSPECTED BY THE INSPECTING DEPUTY STATE FIRE MARSHAL. FACILITY HAS IN PLACE A LOG TO ENSURE CHECKS ARE CONDUCTED.**

**K 062** NFPA 101 LIFE SAFETY CODE STANDARD

Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5

This Standard is not met as evidenced by:  
Based on observations, the facility failed to maintain the proper operational condition of the sprinkler system. This has the potential of having a non-functional sprinkler system that would expose residents to a fire or smoke environment. The findings are as follows:

During the facility tour on April 30, 2013 from 11:30 AM to 2:00 PM, the following deficiencies were found:

1. Old Section, soiled room - the sprinkler pipe was missing its escution ring.

These findings were acknowledged by the Maintenance Director.

**THIS DEFICIENCY WAS CORRECTED IMMEDIATELY BY THE MAINTENANCE STAFF AND REINSPECTED BY**

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.

The above isolated deficiencies pose no actual harm to the residents

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # <b>505381</b>	DATE SURVEY COMPLETE: <b>04/30/2013</b>
NAME OF PROVIDER OR SUPPLIER <b>SAN JUAN REHAB AND CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>911 21ST STREET ANACORTES, WA. 98221</b>	

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------	-----------------------------------

**K 062** Continued From Page 1  
THE DEPUTY STATE FIRE MARSHAL.

**K 064** NFPA 101 LIFE SAFETY CODE STANDARD

Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6, NFPA 10

This Standard is not met as evidenced by:  
Based on observation and record review, the facility failed to assure fire extinguishers are properly maintained. This potentially delays a quick response to contain a fire from spreading, exposing residents to fire in the environment.

During the facility tour on April 30, 2013 from 11:30 AM to 2:00 PM, observed fire extinguishers in the following locations that the tops were more than 5 feet above the floor:

1. Patio mechanical room
2. Supply Room
3. Kitchen

The Maintenance Director acknowledged the findings.

THE DEFICIENCIES WERE CORRECTED IMMEDIATELY BY THE MAINTENANCE STAFF AND REINSPECTED BY THE DEPUTY STATE FIRE MARSHAL

**K 147** 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:  
Based on observations, the facility failed to maintain proper electrical conditions per NFPA 70, National Electrical Code. This has the potential to expose staff and patients to a fire environment. The findings are as follows:

During the facility tour on April 30, 2013 from 11:30 AM to 2:00 PM the following deficiencies were found:

1. In the dining room the multi plug device was not secured properly to the wall.
2. Break Room - liquid hand soap dispenser above electrical source

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.

The above isolated deficiencies pose no actual harm to the residents.

STATEMENT OF ISOLATED DEFICIENCIES WHICH CAUSE NO HARM WITH ONLY A POTENTIAL FOR MINIMAL HARM FOR SNFs AND NFs	PROVIDER # <b>505381</b>	DATE SURVEY COMPLETE: <b>04/30/2013</b>
NAME OF PROVIDER OR SUPPLIER <b>SAN JUAN REHAB AND CARE CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>911 21ST STREET ANACORTES, WA. 98221</b>	

ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES
---------------	-----------------------------------

**K 147** Continued From Page 2  
 These findings were acknowledged by the Maintenance Director  
  
 THE DEFICIENCY WAS CORRECTED BY MAINTENANCE STAFF AND REINSPECTED BY THE DEPUTY STATE FIRE MARSHAL.

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.

The above isolated deficiencies pose no actual harm to the residents