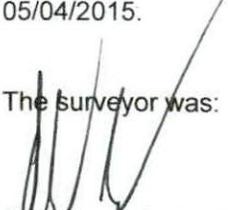
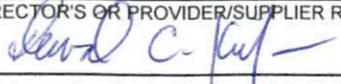


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 05/04/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505381	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 05/04/2015
NAME OF PROVIDER OR SUPPLIER SAN JUAN REHAB AND CARE CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 911 21ST STREET ANACORTES, WA 98221		
(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>Surveyor: 35231</p> <p>This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at the San Juan Rehabilitation and Care Center on 05/04/2015 by a representative of the Washington State Patrol, Fire Protection Bureau. The survey was conducted in concert with the Washington State Department of Social and Health Services (DSHS) health survey teams.</p> <p>San Juan Rehabilitation and care has a total of 51 beds and at the time of this survey the census was 45.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70.</p> <p>The facility is a single story structure of Type 5-A construction with exits to grade. The facility is protected by a Type 13 fire sprinkler system throughout and an automatic fire alarm system with corridor smoke detection. All exits are to grade with paved exit discharges to the public way.</p> <p>The facility is not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services. This facility has been placed in a IJ situation on 05/04/2015.</p> <p>The surveyor was:  Nicholas D. Wolden Deputy State Fire Marshal</p>	K 000		5/4/15 6:04pm

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



TITLE

ADMINISTRATOR

(X6) DATE

4-MAY-2015

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 038 K 038 SS=J	Continued From page 1 NFPA 101 LIFE SAFETY CODE STANDARD Exit access is arranged so that exits are readily accessible at all times in accordance with section 7.1. 19.2.1 This Standard is not met as evidenced by: Surveyor: 35231 Based upon observations and staff interviews on 05/04/2015 between approximately 12:00 and 17:00 hours the facility has failed to maintain the exit discharge free of obstructions. This could cause an inability or delay in the evacuation of residents in the event of an emergency which would endanger residents, staff and/or visitors. The findings include, but are not limited to: Sea breeze south exit door fails to open upon fire alarm system activation. Egress control measure fails to release door. Sea breeze north emergency exit door fails to open upon fire alarm system activation. Egress control measure fails to release door. Front entrance emergency exit door fails to open upon fire alarm system activation. Egress control measure fails to release door. Front entrance emergency exit door behind receptionist fails to open upon fire alarm system activation. Egress control measure fails to release door. Emergency exit near rehabilitation area fails to open upon fire alarm system activation. Egress	K 038 K 038		5/4/15 6:04pm

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K 038	Continued From page 2 control measure fails to release door. The above listed violation place San Juan rehabilitation and care center in immediate jeopardy. The above was discussed and acknowledged by the administrator.	K 038		