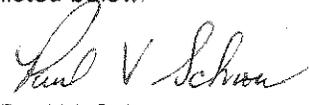
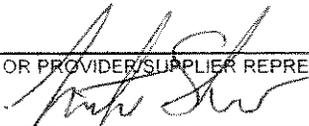


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505351	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 07/10/2012
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NAME OF PROVIDER OR SUPPLIER REGENCY CARE CENTER AT ARLINGTON	STREET ADDRESS, CITY, STATE, ZIP CODE 620 SOUTH HAZEL STREET ARLINGTON, WA 98223
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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>An unannounced Life Safety Code Survey was conducted at Regency Care Center at Arlington, Arlington, Washington, on July 10, 2012 by staff from the Washington State Patrol, Fire Protection Bureau, Oak Harbor Detachment. The 2000 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 96 bed facility, consisted of a Type V-111, 1 story structure, with no basement, and was built in 1995. 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>Paul V. Schroer Deputy State Fire Marshal</p>	K 000	<p>This PoC will serve as the facility's credible allegation of compliance.</p> <ul style="list-style-type: none"> - All residents have the potential to be affected by this practice. - Fire drills will be held in timely manner with rotating shift schedule. - Administrator will review fire drills monthly - Fire drills will be reviewed at quarterly QA meetings to ensure compliance. 	
K 050 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Fire drills are held at unexpected times under varying conditions, at least quarterly on each shift. The staff is familiar with procedures and is aware that drills are part of established routine. Responsibility for planning and conducting drills is assigned only to competent persons who are qualified to exercise leadership. Where drills are conducted between 9 PM and 6 AM a coded announcement may be used instead of audible alarms. 19.7.1.2</p>	K 050		8/1/12

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Administrator</i>	<p>RECEIVED DATE 11/19/12</p> <p>FIRE PROTECTION BUREAU</p>
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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 their 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 required for program participation.

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K 050	<p>Continued From page 1</p> <p>This Standard is not met as evidenced by: Based on record review, the facility failed to assure that the LTC staff was adequately trained to respond to fires. This potentially exposed residents to smoke and fire in the facility. Findings include:</p> <p>An examination of the facility 's fire drill records on July 10, 2012 at 12:50 PM revealed that the fire drill records were missing for the month, quarter and shift as follows:</p> <ol style="list-style-type: none"> 2011 - 3rd qtr - 2nd shift 2011 - 4th qtr - 3rd shift <p>These findings were acknowledged by the Maintenance Director.</p>	K 050	K062	
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>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</p> <p>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:</p> <p>During the facility tour on July 10, 2012 from 10:32 AM to 2:40 PM, the following deficiencies were found:</p> <ol style="list-style-type: none"> In Resident Room 306, there was holiday 	K 062	<p>- All residents have the potential to be affected by this practice.</p> <p>- Decorative lights have been removed.</p> <p>- Maintenance will monitor to ensure no other lights of this type are placed similarly in building.</p> <p>- Administrator will check for this during weekly Environmental rounds.</p>	8/1/12

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K 062	Continued From page 2 decorative lights hanging from the sprinkler piping. These findings were acknowledged by the Maintenance Director.	K 062	K064	
K 064 SS=B	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 July 10, 2012 from 10:32 AM to 2:40 PM observed a fire extinguisher in the following location that the top of the extinguisher was higher than 60 inches off the floor: 1. In Resident Room 403 The Maintenance Director acknowledged the findings.	K 064	- All residents have the potential to be affected by this practice. - Room 403 fire extinguisher has been removed. - Maintenance will monitor to ensure no other inappropriately installed extinguishers are placed. - Administrator will check for this during weekly Environmental rounds.	8/1/12
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:	K 147		

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K 147	<p>Continued From page 3</p> <p>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:</p> <p>During the facility tour on July 10, 2012 from 10:32 AM to 2:40 PM the following deficiencies were found:</p> <ol style="list-style-type: none"> 1. West Nurses Station - multi plug device plugged directly into second multi plug device. 2. Exterior Structure - decorative lights powered using an extension cord. <p>These findings were acknowledged by the Maintenance Director</p>	K 147	<p>K147</p> <p>- All residents have the potential to be affected by this practice.</p> <p>- 1. West nurse's station, two multi plug devices have been replaced by one. 2. Outside extension cord was removed. Receptacle was installed to alleviate this situation.</p> <p>- Maintenance will monitor to ensure compliance.</p> <p>- Administrator will check for this during weekly Environmental rounds.</p>	8/1/12

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