

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

Printed: 03/22/2013
FORM APPROVED
OMB NO. 0938-0391

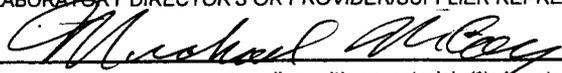
1336

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505288	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/22/2013
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NAME OF PROVIDER OR SUPPLIER PARK ROYAL HEALTH & REHAB CENTER	STREET ADDRESS, CITY, STATE, ZIP CODE 910 16TH AVENUE LONGVIEW, WA 98632
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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
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K 000	<p>INITIAL COMMENTS</p> <p>A Fire and Life Safety recertification survey was conducted at Park Royal Health and Rehabilitation Center by Deputy State Fire Marshal [REDACTED] on March 22, 2013. The existing section of the 2000 Life Safety code was used in accordance with 42CFR483.70. This is a one story facility with a complete automatic sprinkler system and a corridor smoke detection system interconnected to the manual fire alarm system. The census at the time of the survey was 35 out of 50 beds.</p> <p>The following citations were written during the survey:</p> <p> [REDACTED] Deputy State Fire Marshal 29197</p>	K 000		
K 144 SS=C	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.</p> <p>This Standard is not met as evidenced by: Based upon observation, staff interviews and review of records during a tour of the facility from 1100 to 1400 on 03/22/2013, the facility has failed</p>	K 144		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE E.P.	(X6) DATE 3/29/13
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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.

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NAME OF PROVIDER OR SUPPLIER PARK ROYAL HEALTH & REHAB CENTER		STREET ADDRESS, CITY, STATE, ZIP CODE 910 16TH AVENUE LONGVIEW, WA 98632		
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K 144	Continued From page 1 to provide proper documentation for the annual inspection of the generator. The paper work did not include the load test information. Failure to maintain the generator as required could result in the facility going without power in the event of a power outage. These findings were acknowledged by the Director of Maintenance. The findings include, but are not limited to: The documentation from Pacific Power dated September 2013 did not include a load test.	K 144	Load test will be done annually and documented per state code. Completed by Maintenance Supervisor. Monitored by the maintenance supervisor	4/22/13
K 147 SS=C	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 upon observation and staff interviews during a tour of the facility from 1100 to 1400 on 03/22/2013, the facility has failed to maintain the electrical system. Failure to maintain the electrical system could result in the system becoming overloaded and causing smoke to pass into rooms and corridors. These findings were acknowledged by the Director of Maintenance. The findings include, but are not limited to: Power strips were observed to be in use in room 24 and in the dining area across from the administrators office.	K 147	Power strips will be removed from all rooms by Maintenance Supervisor. Powers strips will not be used in the facility in the future. Monitored by the maintenance supervisor.	4/22/13