

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

Printed: 02/12/2013
FORM APPROVED
OMB NO. 0938-0391

1396

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505488	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 02/12/2013
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NAME OF PROVIDER OR SUPPLIER RICHMOND BEACH REHAB	STREET ADDRESS, CITY, STATE, ZIP CODE 19235 - 15TH AVENUE NORTHWEST SEATTLE, WA 98177
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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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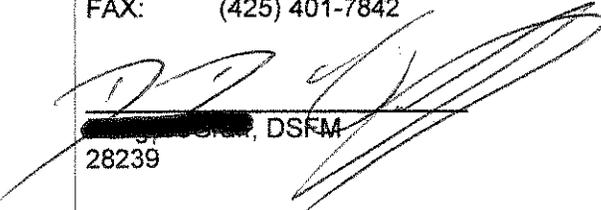
K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 28239</p> <p>DSHS Nursing Home Complaint Control Number: 13 - Fire in a microwave</p> <p>Investigated 02/12/2013</p> <p>This report is the result of a Fire and Life Safety complaint survey conducted at Richmond Beach Rehab (02/12/13) by a representative of the Washington State Fire Marshal's Office. The purpose of this survey is to confirm that the fire alarm system functioned as planned and the staff followed emergency protocols during the incident of 02/12/13.</p> <p>Through record review, observation and staff interviews with the Director of Nursing and Maintenance Director, between the hours of 1530 and 1615 today, it is determined that the fire alarm system functioned as planned and the staff followed emergency protocols. The door to the room of origin was kept closed, 9-1-1 called and residents were sheltered in place behind closed doors and smoke barriers.</p> <p>The fire department arrived, removed the smoking microwave and proceeded to ventilate the wing. Air quality was confirmed and the fire alarm system reset prior to the engine companies leaving the scene.</p> <p>The facility is found to be in compliance with the 2000 edition of the Life Safety Code.</p> <p>Refer to FDM report for specific details.</p>	K 000	<p style="text-align: center;">RECEIVED</p> <p style="text-align: center;">FEB 27 2013</p> <p style="text-align: center;">FIRE PROTECTION BUREAU</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>David Kene RW DLR</i>	TITLE	(X6) DATE <i>2/12/13</i>
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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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K 000	Continued From page 1 ██████████ Deputy State Fire Marshal Nursing Home Surveyor 28239 The Surveyor was from: Washington State Patrol Fire Protection Bureau 2803 156th Ave SE Bellevue, WA. 98007 Telephone: (425) 401-7731 FAX: (425) 401-7842  ██████████, DSEFM 28239	K 000		