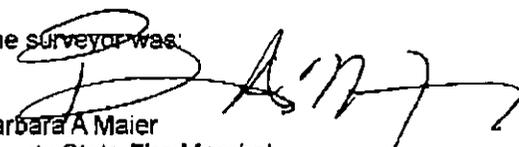


received
01/15/16

Printed: 01/15/2016
FORM APPROVED
OMB NO. 0938-0391

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

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505512	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - GARDEN TERRACE B. WING _____	(X3) DATE SURVEY COMPLETED 01/14/2016
NAME OF PROVIDER OR SUPPLIER GARDEN TERRACE HEALTHCARE CENTER O		STREET ADDRESS, CITY, STATE, ZIP CODE 491 SOUTH 338TH STREET FEDERAL WAY, WA 98003		
(X4) ID PREFIX TAG K 000	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG K 000	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced fire and life safety re-certification survey conducted at Garden Terrace Healthcare Center of Federal Way on January 14, 2016 by a representative of the Washington State Patrol, Fire Protection Bureau (WSP/FPB). The survey was conducted in concert with the Washington State Department of Social and Health Services health survey team. The facility's maintenance director accompanied the WSP/FPB surveyor during the physical tour of the facility.</p> <p>Garden Terrace Healthcare Center of Federal Way is licensed for 70 beds and at the time of this survey the census was 53.</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 two story structure of Type V-1 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.</p> <p>The facility is not in compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare & Medicaid Services.</p> <p>The surveyor was:  Barbara A Maier Deputy State Fire Marshal 31000</p> <p>The surveyor was from: Washington State Patrol Fire Protection Bureau</p>			

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

TITLE

(X8) DATE



Executive Director 1/26/16

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 K 018 SS=E	<p>Continued From page 1 PO Box 42642 Olympia WA 98504-2642 Telephone: (360)596-3925 Fax: (360)596-3934</p> <p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1½ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This Standard is not met as evidenced by: Based upon observations and staff interviews on 01/14/16 between approximately 1330 and 1630 hours the facility has failed to maintain doors capable of resisting fire. This could result in toxic products of combustion spreading throughout the entire building and endanger residents, staff and/or visitors.</p> <p>The findings include, but are not limited to:</p>	K 000 K 018	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and/or executed solely because it is required by the provisions of federal and state law.</p> <p>K 018</p> <ol style="list-style-type: none"> The damaged areas on the doors to Tea and Azalea Garden have been patched. Replacement doors will be ordered. A Waiver Request will be submitted if the replacement doors cannot be installed timely All doors in the facility will be inspected for similar damage and repairs or replacement will occur. Inspections of the patched doors will occur weekly while waiting for door replacement. This will ensure patches remain effective. Regular fire safety audits are conducted and will include inspections of facility doors for delamination. Doors will be repaired or replaced as indicated. Inspections will be reviewed at PI committee for 3 months. <p>Executive Director will ensure compliance. Date of completion: 2.16.16</p>

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K 062	Continued From page 3 the maintenance director.	K 062		
K 147 SS=B	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Electrical wiring and equipment is in accordance with NFPA 70, National Electrical Code, 9.1.2</p> <p>This Standard is not met as evidenced by: Based upon observations and staff interviews on 01/14/16 between approximately 1330 and 1630 hours the facility has failed ensure electrical system was properly maintained. This could result in a fire or electrical shock endangering the residents, staff and/or visitors within the facility.</p> <p>The findings include, but are not limited to:</p> <p>An unused breaker in the Azalea Medication Room breaker box was not properly covered.</p> <p>The above was discussed and acknowledged by the maintenance director.</p>	K 147	<p>K 147</p> <ol style="list-style-type: none"> 1 The unused breaker box cover was replaced. 2. All breaker boxes in the facility will be inspected for similar conditions and corrections will be made if indicated. 3. Inspection of facility breaker boxes will occur weekly X4 weeks then monthly X2. Corrections will be done as indicated. 4. Fire Safety inspections, including breaker boxes, will be brought to the PJ committee for three months. <p>Executive Director will ensure compliance. Date of completion: 2.16.16</p>	