DEPARTMENT OF HEALTH AND HUM. , SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 08/14/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION	(X3) DATE SURVEY COMPLETED
	505510	A. BUILDING 01 - AVALON CARE CENTER - F B. WING _____	08/14/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVALON CARE CENTER - FEDERAL WAY	135 SOUTH 336TH STREET FEDERAL WAY, WA 98003

(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	INITIAL COMMENTS Surveyor: 19192 On August 14, 2012 an unannounced fire and life safety code recertification survey was conducted a Avalon Care and Rehabilitation Center located at 135 South 336 th street, Federal Way, 98003 by a representative of the Washington State Patrol, State Fire Marshals Office. This survey was conducted in accordance with 42 CFR 483.70 using the existing section of NFPA 101 2000 edition . This facility is a single story type V-A structure, exiting is direct to grade level. The building is protected throughout by a full NFPA 13 fire sprinkler system and automatic smoke detection. The census today is 107 with a capacity of 120. Following are the deficiencies cited as a result of this survey: Donald L West Deputy State Fire Marshal	K 000	RECEIVED AUG 29 2012 FIRE PROTECTION BUREAU	
K 062 SS=E	NFPA 101 LIFE SAFETY CODE STANDARD 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 This Standard is not met as evidenced by: Surveyor: 19192	K 062		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE	TITLE	(X6) DATE
Boffy M Howard	Administrator	8/22/12

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.

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - AVALON CARE CENTER - F B. WING	(X3) DATE SURVEY COMPLETED
	505510		08/14/2012

NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE
AVALON CARE CENTER - FEDERAL WAY	135 SOUTH 336TH STREET FEDERAL WAY, WA 98003

(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 062	Continued From page 1 During the facility tour on August 14, 2012 from 0830 to 1100 it was observed that the facility failed to maintain the fire sprinkler system free of obstructions that could affect the sprinklers ability to extinguish a fire, these findings were acknowledged at the time of the survey by the facility maintenance director. The findings were but are not limited to: 1. In the South soiled linen room there is a sprinkler head directly over the top of the cabinet, this has the potential for the sprinkler coverage to be obstructed from covering the entire room. 2. In the south nurses station Med room there is a sprinkler head over the top of the cabinets, this has the potential for the sprinkler coverage to be obstructed from covering the entire room.	K 062	K 062 The Facility will relocate 2 sprinklers heads that are currently above cabinet space located in south soiled linen and south nurse station med room. All other sprinkler heads inspected and in proper location. Maintenance Director will ensure through regular maintenance rounds that all sprinklers heads are free from obstruction The administrator is responsible to ensure this plan of correction is sustained. Date: September 24, 2012	
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: Surveyor: 19192 During the facility tour on August 14, 2012 from 0830 to 1100 it was observed that the facility failed to maintain the electrical equipment in the building, this finding was acknowledged at the time of the survey by the facility maintenance director. The finding was but is not limited to: 1. In the Restorative office there are 3 power strips daisy chained together, this has the potential to overload the circuit.	K 147	K 147 The facility has been disconnected in the restorative office 3 power strips daisy chained together. We have been installed one surge protector with 15 ft. long cord. The Maintenance Director during regular rounds will ensure that all the electrical equipment in the facility is connected properly to protect people and property. The Administrator is responsible to ensure this plan of correction is sustained. Date: September 24, 2012	