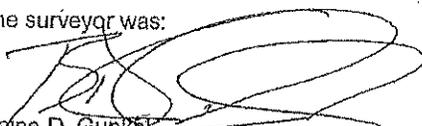


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 02/12/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  605016	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  02/12/2015
NAME OF PROVIDER OR SUPPLIER <b>GRAYS HARBOR HEALTH &amp; REHABILITATION</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>920 ANDERSON DRIVE ABERDEEN, WA 98520</b>		
(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)	(X6) COMPLETION DATE
K 000	<p><b>INITIAL COMMENTS</b></p> <p>This report is the result of an unannounced complaint, paper inspection on February 12, 2015, by a representative of the Washington State Patrol, Fire Protection Bureau to determine the disposition of the waiver granted for an emergency stop of the emergency generator system at Grays Harbor Health and Rehabilitation Center.</p> <p>Grays Harbor Health and Rehabilitation Center had a total of 121 beds at the time of this survey and the census was 89.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. The facility is a three story structure of Type V-111 construction. The facility is protected by a Type 13 fire sprinkler system throughout and an automatic fire alarm system with smoke detection.</p> <p>There were no life safety code deficiencies observed during this inspection.</p> <p>The surveyor was:  Blaine D. Gunter Deputy State Fire Marshal</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  
*William Webb* TITLE  
*William Webb* Maintenance Dir (X6) DATE  
*2/12/15*

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.