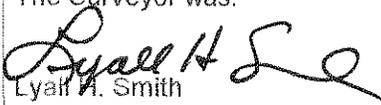


DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 12/13/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505349	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 12/13/2012
NAME OF PROVIDER OR SUPPLIER WILLAPA HARBOR HEALTH AND REHAB		STREET ADDRESS, CITY, STATE, ZIP CODE 1100 JACKSON STREET RAYMOND, WA 98577		
(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	<p>INITIAL COMMENTS</p> <p>This report is a result of an unannounced Fire and Life Safety re-certification survey conducted at the Willipa Harbor Care Center on December 13, 2012, by a representative of the Washington State Fire Marshal. This inspection was conducted in cooperation with the Survey Team from the Washington State Department of Social and Health and Services (DSHS).</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70. This facility is a one story structure of type V-1Hr. Construction with exits to grade and is protected by a Type 13 Fire Sprinkler system and an automatic fire alarm system with corridor smoke detection. The facility has 60 licensed beds and a current census of 36.</p> <p>No fire or life safety deficiencies were noted during this survey.</p> <p>The facility is in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S..</p> <p>The Surveyor was:  Lyall H. Smith Deputy State Fire Marshal Nursing Home Surveyor 08158</p> <p>The Surveyor was from: Washington State Patrol Fire Protection Bureau PO Box 42600 Olympia, WA 98504-2600 Telephone: (360) 596-3908 FAX: (360) 596-3934</p>	K 000		

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

TITLE

(X6) DATE

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.