

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

PRINTED: 12/17/2012
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 _____ B. WING _____	(X3) DATE SURVEY COMPLETED 12/14/2012
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
F 000	<p>INITIAL COMMENTS</p> <p>This report is the result of an unannounced Quality Indicator Survey conducted at Willapa Harbor Care Center on 12/10/12, 12/11/12, 12/12/12, 12/13/12 and 12/14/12. A sample of 27 resident was selected from a census of 34. The sample included 21 current residents and the records of 6 former and/or discharged residents.</p> <p>The survey was conducted by:</p> <p>Sonya Conway, MSW Teri Baughman, RN, BSN Suzie Wilson, RN, BSN</p> <p>The survey team is from:</p> <p>Department of Social & Health Services Aging & Disability Services Administration Residential Care Services, District 3, Unit D 6639 Capital Boulevard SW P.O. Box 45819 Tumwater, Washington 98501 Telephone: 360.664.8429 Fax: 360.664.8451</p> <p>DEFICIENCY FREE SURVEY - Willapa Harbor Care Center IS IN COMPLIANCE WITH THE REQUIREMENTS OF 42 CFR Part 483, Subpart B, REQUIREMENTS FOR LONG TERM CARE FACILITIES.</p> <p><i>[Signature]</i> Residential Care Services</p> <p>12/14/12 Date</p>	F 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.