

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

Printed: 08/01/2012
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505255	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 08/01/2012
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NAME OF PROVIDER OR SUPPLIER AVALON CARE CENTER - OTHELLO LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 495 NORTH THIRTEENTH STREET OTHELLO, WA 99344
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(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
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K 000

INITIAL COMMENTS

K 000

This is a report of a complaint investigation to verify that Avalon Care Center of Othello has completed the required corrections for K-144 for which a time limiting wavier had been issued. The wavier issued by the Seattle Regional Office of C.M.S. on June 12, 2012 to allow until July 15, 2012 at which time it was expected that all corrections had been completed.

At the time of this survey the corrections were completed prior to July 15, 2012. Avalon Care Center of Othello is in full compliance with the requirements of the Life Safety Code as adopted by C.M.S.

Annie Muth
D S F M

RECEIVED
AUG 09 2012
FIRE PROTECTION BUREAU

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Annie Muth</i>	TITLE <i>Admin</i>	(X6) DATE <i>8/1/12</i>
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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.