

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

Printed: 03/14/2013  
FORM APPROVED  
OMB NO. 0938-0391

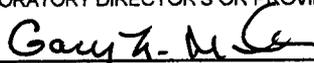
1363

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505519</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - 01 MAIN BUILDING</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/14/2013</b>
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NAME OF PROVIDER OR SUPPLIER <b>BENSON HEIGHTS REHABILITATION CENTE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>22410 BENSON ROAD SE KENT, WA 98031</b>
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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	<p><b>INITIAL COMMENTS</b></p> <p>Surveyor: 19192 On March 14, 2013 an unannounced fire and life safety code recertification survey was conducted at Benson Heights Rehab Center located at 22410 Benson Rd SE, Kent WA, 98031 by a representative of the Washington State Patrol, State Fire Marshal's Office. This survey was conducted in accordance with 42 CFR 483.70 and the existing section of the 2000 life safety code.</p> <p>This facility is a single story type V-A structure with exiting direct to grade level, the building is protected throughout by a full NFPA 13 fire sprinkler system and an automatic smoke detection system in the corridors and common areas.</p> <p>The licensed capacity is 91 residents with a census today of 86.</p> <p>Following are the deficiencies cited as a result of this survey:</p> <p> Deputy State Fire Marshal</p> <p><b>K 072 NFPA 101 LIFE SAFETY CODE STANDARD SS=F</b></p> <p>Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10</p>	K 000	<p>Submission of this Response and Plan of Corrections is not a legal admission that a deficiency exists or that this Statement of Deficiency was correctly cited, alleged or the correctness of any conclusions set forth in this allegation by the survey agency. Accordingly the Facility has prepared and submitted this Plan of Correction prior to the resolution of any appeal which may be filed solely because of the requirements under State and Federal Law that mandate submission of a Plan of Correction within 10 days of the Survey as a condition to participate in Title 18 and Title 19 programs. The submission of the Plan of Correction within this time frame should in no way be considered or construed as agreement with allegations of non-compliance or admissions by the Facility. This Plan of Correction is submitted as the Facility's credible allegation of compliance.</p> <p style="text-align: right;"><b>RECEIVED</b> APR 03 2013 FIRE PROTECTION BUREAU</p>	
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <b>ADMINISTRATOR</b>	(X6) DATE <b>3-14-12</b>
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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.

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NAME OF PROVIDER OR SUPPLIER <b>BENSON HEIGHTS REHABILITATION CENTE</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>22410 BENSON ROAD SE KENT, WA 98031</b>		
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K 072	Continued From page 1  This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on March 14, 2013 from 0800 to 1130 it was observed that the facility failed to maintain the emergency egress corridors free of obstructions, this has the potential to delay the egress from the building in the event of a fire or other emergency. These findings were acknowledged at the time of the survey by the facility maintenance director. The findings were:  1. In the corridor by resident room #3 there is a wheelchair and two linen hampers. 2. In the corridor by resident room #9 there are two linen hampers. 3. In the corridor by resident room #42 there are two linen hampers. 4. In the corridor by resident room #41 there is a lift and two clean linen carts. 5. In the corridor by resident room #33 there are two linen hampers. 6. In the corridor by resident room #31 there is a clean linen cart.	K 072	The cited hampers, linen carts, lift and wheelchair will be removed from the hallway when not in use. The Director of Nursing, Administrator and Housekeeping Supervisor will monitor daily for compliance. A request for a continuing waiver has been submitted asking that some carts be allowed to remain in the hallway to facilitate patient care.	4-2-13
K 147 SS=F	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 March 14, 2013 from 0800 to 1130 it was observed that the facility failed to maintain the use of multi plug power strip devices with in resident sleeping areas, this has the potential for the over loading of circuits. These findings were acknowledged at the time of	K 147		

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K 147	Continued From page 2 the survey by the facility maintenance director.. The findings were:  1. In resident rooms throughout the facility there are power strip devices operating TV's mini refrigerators and numerous other electronic appliances.	K 147	All resident room power strips are being replaced with multi-plug circuit breaker taps. The Maintenance Supervisor and Administrator will monitor will monitor for compliance	4-22-13

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