

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505499	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 01/04/2013
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NAME OF PROVIDER OR SUPPLIER COTTESMORE OF LIFE CARE	STREET ADDRESS, CITY, STATE, ZIP CODE 2909 14TH AVENUE NORTHWEST GIG HARBOR, WA 98335
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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>INITIAL COMMENTS</p> <p>Surveyor: 19192 On January 4, 2013 an unannounced fire and life safety code survey was conducted at Cottesmore Life Care of Gig Harbor located at 2909 14 th ave NW Gig Harbor WA, 98335 by a representative of the Washington State Patrol, State Fire Marshal's Office. This survey was conducted in accordance with 42 CFR 483.70.</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 automatic detection in corridors and common areas with single station detectors in the resident room's.</p> <p>This facility has a licensed capacity of 108 residents with a census today of 95.</p> <p>Following are the deficiencies cited as a result of this survey:</p> <p><i>Donnell L. West</i> Dr Deputy State Fire Marshal</p>	K 000	<p>Preparation and/or execution of this plan of correction does not constitute admission or agreement by the provider of the truth of facts alleged or conclusions set forth in the statement of deficiencies. The plan of correction is prepared and /or executed solely because it is required by the provisions of federal and state law.</p>	
K 027 SS=F	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Door openings in smoke barriers have at least a 20-minute fire protection rating or are at least 1¾-inch thick solid bonded wood core. Non-rated protective plates that do not exceed 48 inches from the bottom of the door are permitted. Horizontal sliding doors comply with 7.2.1.14. Doors are self-closing or automatic closing in accordance with 19.2.2.2.6. Swinging doors are not required to swing with egress and positive latching is not required. 19.3.7.5,</p>	K 027	<p>K 027</p> <ol style="list-style-type: none"> 1. There were no identified residents in this citation. Self-closing hinges have been installed on all three office doors. 2. An audit was conducted throughout the facility to identify any other office doors that do not have self-closers. 3. The Maintenance Director or designee will regularly audit through the Preventative Maintenance Program for functionality of the self-closing doors. 	

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Janice</i>	TITLE Executive Director	(X6) DATE 1/14/2013
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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.

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

Printed: 01/04/2013
FORM APPROVED
OMB NO. 0938-0391

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NAME OF PROVIDER OR SUPPLIER COTTESMORE OF LIFE CARE		STREET ADDRESS, CITY, STATE, ZIP CODE 2909 14TH AVENUE NORTHWEST GIG HARBOR, WA 98335		
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K 027	Continued From page 1 19.3.7.6, 19.3.7.7 This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on January 4, 2013 from 0830 to 1200 it was observed that the facility failed to maintain the fire rated doors in the building capable of self closing and latching tight to the frame, this has the potential for the passage of smoke throughout the corridor in the event of a fire. These findings were acknowledged at the time of the survey by the facility maintenance director and Administrator. The findings were: 1. The room now used for the Central Supply office was a resident room, this is a change of use and the door now requires a self closing device. 2. The West RCM Office was a resident room, this is a change of use and the door now requires a self closing device. 3. The RCM Office with the electrical panels by the nurses station was a resident room, this is a change of use and the door now requires a self closing device.	K 027	4. The results of the Preventative Maintenance audits will be presented to the Performance Improvement Committee (PI) monthly for 3 months to identify performance improvement areas and to ensure ongoing compliance. 5. The Executive Director will ensure ongoing compliance. Date of compliance: 1/14/2013	
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 January 4, 2013 from 0830 to 1200 it was observed that the facility failed to maintain the use of power strip devices	K 147	K 147 1. Power strips have been removed from throughout the facility. The facility will request a waiver for a 2 years extension for replacement.	

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K 147	Continued From page 2 in the building, this has the potential for the overloading of circuits in the building, these findings were acknowledged at the time of the survey by maintenance director and Administrator. The findings were: 1. Throughout the building there are power strips in the resident rooms operating power beds, and TV's.	K 147	<ol style="list-style-type: none"> 2. Facility removed all power strips located in resident rooms. 3. Staff was educated to current regulations regarding power strips. Families will be educated upon admission on such regulations to maintain compliance. Electrical outlets will be inspected by the Maintenance Director monthly x 3 months. 4. The results of the Preventative Maintenance audits will be presented to the Performance Improvement Committee (PI) monthly for 3 months to identify performance improvement areas and to ensure ongoing compliance. 5. The Executive Director will ensure ongoing compliance. <p>Date of compliance: 2/1/2013</p>	