

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

PRINTED: 12/30/2013
FORM APPROVED
OMB NO. 0938-0391

1368

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 12/26/2013
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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

INITIAL COMMENTS

On December 26, 2013 an unannounced complaint survey was conducted at Cottesmore of Life located at 2909 14 th ave NW Gig Harbor WA, 98336 to determine compliance with a temporary waiver for the Emergency Generator Annunciator Panel, this survey was conducted using the 2000 edition of the life safety code in accordance with 42 CFR 483.70.

This facility is a single story type V-A structure with exiting direct to grade level, the facility is protected throughout by a full NFPA 13 fire sprinkler system and an automatic smoke detection system in the corridors and common areas.

The licensed capacity is 104 with a census today of 99.

The facility is not in compliance at this time:

K 000

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.

K 044
SS=F

NFPA 101 LIFE SAFETY CODE STANDARD

Horizontal exits, if used, are in accordance with 7.2.4. 19.2.2.5

This STANDARD is not met as evidenced by:
During the waiver survey on December 26, 2013 it was observed that the facility failed to comply with the temporary waiver for the installation of an annunciator panel for the emergency generator

K 044

- K 044
1. There were no identified residents in this citation however all residents have the potential to be affected by the alleged failed practice.
 2. Facility will install a remote annunciator panel in conspicuous area that is staffed 24 hours a day.

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FIRE PROTECTION BUREAU

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 1/3/2014
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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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K 044	Continued From page 1 issued by the Centers For Medicare & Medicaid, the waiver was requested by the facility on December 2, 2011 and was issued a temporary waiver on December 8, 2011 for a period of Two years expiring on December 8, 2013.	K 044	<p>3. The Maintenance Director or designee will regularly audit through the preventative maintenance program for functionality weekly and monthly per NFPA 110. After the remote annunciator panel is installed regular checks will continue and will include the remote annunciator panel.</p> <p>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.</p> <p>5. The Executive Director will ensure ongoing compliance.</p> <p>Date of compliance: 1/30/2014</p> <p style="text-align: right;">RECEIVED JAN 14 2014 FIRE PROTECTION BUREAU</p>	