

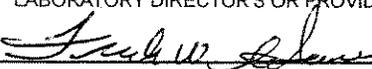
DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 05/29/2014  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505475</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>05/29/2014</b>
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NAME OF PROVIDER OR SUPPLIER <b>WESLEY HOMES HEALTH CENTER</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>1122 SOUTH 216TH STREET DES MOINES, WA 98198</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
K 000	<p><b>INITIAL COMMENTS</b></p> <p>Citation Text for Tag 0000, Regulation 201 Bald 01</p> <p>Cane, Phil An unannounced Life Safety Code Complaint Survey was conducted at Wesley Homes Health Center, Des Moines Washington, on May 29, 2014 by staff from the Washington State Patrol, Fire Protection Bureau, WSP Bellevue District Office.</p> <p>The 2000 existing edition of the Life Safety Code was utilized for the survey in accordance to 42 CFR 483.70: Requirements for Long Term Care (LTC).</p> <p>This complaint alleges the facility failed to notify the Office of the State Fire Marshal (OSFM) the facility had completed the K147 deficiencies noted during the initial survey conducted May 1, 2013 by the expiration date (May 1, 2014) of a temporary waiver granted by CMS on June 3, 2013.</p> <p>The surveyor contacted the Maintenance Director and discussed the K147 deficiencies identified during the May 1, 2013 survey. The Maintenance Director stated that once the replacement devices were available, a survey of the entire facility was conducted and all the corded devices were replaced with approved wall mounted devices..</p> <p>The facility had completed the full scope of the POC by the date of waiver expiration and was expecting a follow-up survey to be conducted by</p>	K 000		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE <i>Maint.</i>	(X6) DATE <i>5/29/14</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.

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K 000	Continued From page 1 the OSFM, and had not sent confirmation of completion of the POC.  The facility is in compliance with the Life Safety Code 2000 Edition as adopted by CMS.  The Surveyor was:  Phil Cane Deputy State Fire Marshal	K 000		