

1387

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505324</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/11/2013</b>
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NAME OF PROVIDER OR SUPPLIER <b>LIFE CARE CENTER OF PUYALLUP</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>511 10TH AVENUE SOUTHEAST PUYALLUP, WA 98372</b>
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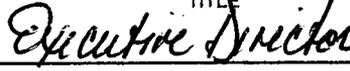
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETION DATE
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K 000	<p>INITIAL COMMENTS</p> <p>Surveyor: 19192 On June 11, 2013 an unannounced fire and life safety code recertification survey was conducted at Life Care Center of Puyallup located at 511 10 th ave SE Puyallup Wa, 98372 by a representative of the Washington State Patrol, State Fire Marshal's Office. This survey was conducted using the existing section of the 2000 life safety code in accordance with 42 CFR 483.70.</p> <p>This facility is a single story type V-A structure with a non conforming boarding home attached, the boarding home section is separated by a 2 hr occupancy separation and was not survey during this survey.</p> <p>The building is protected throughout by a full NFPA compliant fire sprinkler system and automatic smoke detection in the corridors and common areas, exiting is direct to grade level.</p> <p>This facility has a licensed capacity of 150 residents with a census today of 103.</p> <p>This facility is not in compliance at this time.</p> <p> Deputy State Fire Marshal</p>	K 000	<p>This Plan of Correction is submitted as required under Federal and State regulations and statutes applicable to long term care providers. This Plan of Correction does not constitute an admission of liability on the part of the facility, and such liability is hereby denied. The submission of the POC does not constitute agreement by the facility that the surveyor's findings or conclusions are accurate, that the findings constitute deficiency, and or that the scope or severity regarding any of the deficiencies cited are correctly applied.</p> <p>K056 NFPA 101 Life Safety Code Standard</p>	7/10/13
K 056 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>If there is an automatic sprinkler system, it is installed in accordance with NFPA 13, Standard for the Installation of Sprinkler Systems, to provide complete coverage for all portions of the building. The system is properly maintained in</p>	K 056	<p>1. A sprinkler head will be installed for the overhang at the entrance to the 200 Wing Rehab Gym.</p> <p>2. The Maintenance Department inspected the facility to ensure all Fire Safety Code requirements are met.</p>	6/21/13

LABORATORY DIRECTORS OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE



TITLE



(X6) DATE



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 056	Continued From page 1 accordance with NFPA 25, Standard for the Inspection, Testing, and Maintenance of Water-Based Fire Protection Systems. It is fully supervised. There is a reliable, adequate water supply for the system. Required sprinkler systems are equipped with water flow and tamper switches, which are electrically connected to the building fire alarm system. 19.3.5  This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on June 11, 2013 from 0800 to 1230 it was observed that the facility failed to maintain the sprinkler system in accordance with NFPA 13, this has the potential for the spread of fire to unprotected areas of the building. This finding was acknowledged at the time of the survey by the facility maintenance director. The finding was:  1. The overhang at the entrance to the 200 wing rehab center is more than 4 feet wide and is built of combustible materials, this overhang is required to have a sprinkler head.	K 056	3. The Maintenance Department has been provided education by the Fire Suppression Contractor on the requirement for the installation of the sprinkler head.  4. The Maintenance Department will routinely inspect the facility to ensure compliance with the Life Safety Codes and will report findings to the monthly Performance Improvement Committee with follow-up as necessary.  5. The Maintenance Supervisor will ensure on-going compliance.  K147 NFPA 101 Life Safety Code Standard	
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 June 11, 2013 from 0800 to 1230 it was observed that the facility failed to maintain the building electrical	K 147	1. All multi-plug adapters and power strips were removed from all resident rooms.  2. The Maintenance Department inspected the facility for multi-plug adapters and power strips. All duplex outlets will be replaced with four-plex outlets where required.	7/10/13

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

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OMB NO. 0938-0391

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K 147	Continued From page 2 requirements, this has the potential for the system to become overloaded. These findings were acknowledged at the time of the survey by the facility maintenance director. The findings were:  1. In all resident sleeping rooms there are unapproved multi plug adaptors that convert the duplex wall outlets to a six pfix configuration, these devices do not have over current protection.  2. All resident sleeping rooms have power strip devices operating T.V's, radios, beds and chargers.	K 147	3. The Maintenance Department will inspect the facility during weekly rounds for improper multi-plug adapters and power strips.  4. The Maintenance Department will report findings to the monthly Performance Improvement Committee with follow-up as necessary.  5. The Maintenance Department will ensure on-going compliance		