

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

Printed: 03/19/2015
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505324	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/20/2015
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF PUYALLUP	STREET ADDRESS, CITY, STATE, ZIP CODE 511 10TH AVENUE SOUTHEAST PUYALLUP, WA 98372
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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 March 19, 2015 a complaint inspection was conducted at Life Care Center Puyallup by a representative of the Washington State Patrol, State Fire Marshal's Office.</p> <p>This complaint is in regard to possible exposed wires at the nurses station at the back of the facility and at the entrance to the courtyard, and a smoke detector that has been dismantled, upon inspection of the fire alarm panel there were no trouble signals or other abnormalities to the system, a walk thru the facility along with the facility maintenance director, administrator, and representative from the Department Of Social And Health Services revealed no smoke detectors that have been dismantled.</p> <p>Inspection of the nurses station and all courtyard entrances revealed no exposed wiring, there are some low voltage phone cable at one of the entrances but these are not a danger of fire or shock hazard.</p> <p>After inspection and interview with the maintenance director, the conclusion is that this complaint is unfounded and there are no fire hazards found during this inspection.</p> <p> Donald L West Deputy State Fire Marshal</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Executive Director	(X6) DATE 3-19-15
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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.