

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

Printed: 04/22/2013
FORM APPROVED
OMB NO. 0938-0391

1393

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505272	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 04/22/2013
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NAME OF PROVIDER OR SUPPLIER LIFE CARE CENTER OF MOUNT VERNON	STREET ADDRESS, CITY, STATE, ZIP CODE 2120 EAST DIVISION STREET MOUNT VERNON, WA 98273
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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>An unannounced Fire and Life Safety Code Complaint Investigation was conducted at Life Care Center of Mount Vernon, Mount Vernon, Washington, on April 22, 2013 from 11:45 AM to 12:30 PM, by staff from the Washington State Patrol, Fire Protection Bureau, Oak Harbor Detachment. 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.</p> <p>The LTC facility, licensed for 91 and a census of 61, consisted of a Type V-1hr, 1 story structure, with no basement. The facility is fully sprinkled with an automatic fire alarm system in place. Exit discharge points are to grade and have an all weather surface and lead to a public way.</p> <p>The DSHS Complaint Resolution Unit Intake Number 2788915, received April 16, 2013 was referencing an electrical fire in the walk in cooler fan assembly.</p> <p>On April 9, 2013 the facility had a small electrical fire in the fan assembly unit of the walk in cooler. It was caused due to ice build up on the fan which kept it from operating properly. The fire department responded and assisted with ventilating the space. No injuries to staff or residents occurred. The fan assembly was replaced the same day by the refrigeration company. Sprinkler system did not activate due to not enough heat produced from the overheated unit. Facility followed fire procedures. Facility is fully operational.</p> <p>The facility is in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.</p>	K 000		
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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE <i>Wale Baumgardner</i>	TITLE <i>Maint. Dir.</i>	(X8) DATE <i>4-22-13</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 surveyor was:  Deputy State Fire Marshal	K 000		

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