

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

1394 Printed: 02/12/2013  
**RECEIVED** FORM APPROVED  
NO. 0938-0391

|  |   |   |   |
|--|---|---|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>505017</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MAIN BUILDING</b><br>B. WING _____<br><b>FEB 27 2013</b><br><b>FIRE PROTECTION BUREAU</b> | (X3) DATE SURVEY COMPLETED<br><b>02/12/2013</b> |
|--|---|---|---|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><b>WASHINGTON CENTER FOR COMPREHE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2821 SOUTH WALDEN STREET<br/>SEATTLE, WA 98144</b> |
|---|--|

| (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>Surveyor: 19192<br/>On February 12, 2013 an unannounced fire and life safety code recertification survey was conducted at Washington Center For Comprehensive Care by a representative of the Washington State Patrol, State Fire Marshal's Office, this survey was conducted in accordance with the existing section of the 2000 life safety code and 42 CFR 483.70.</p> <p>This facility is a three story type II- 1hr structure with exiting through rated stairwells from the upper floors and direct to grade from the main floor. The building is protected throughout by a full NFPA 13 fire sprinkler system and automatic smoke detection.</p> <p>The facility has a licensed capacity of 160 patients with a census today of 149.</p> <p>Following are the deficiencies cited as a result of this survey:</p> <p><i>Donald R. West</i><br/>Deputy State Fire Marshal</p> | K 000 |  |  |
| K 018<br>SS=E | <p><b>NFPA 101 LIFE SAFETY CODE STANDARD</b></p> <p>Doors protecting corridor openings in other than required enclosures of vertical openings, exits, or hazardous areas are substantial doors, such as those constructed of 1¾ inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Doors in sprinklered buildings are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Doors are provided with a means suitable for</p>   | K 018 |  |  |

|   |                               |                             |
|---|-------------------------------|-----------------------------|
| LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE<br><i>John G. Kw...</i> | TITLE<br><i>Administrator</i> | (X6) DATE<br><i>2.12.13</i> |
|---|-------------------------------|-----------------------------|

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.

RECEIVED

FEB 27 2013

Printed: 02/12/2013  
FORM APPROVED  
OMB NO. 0938-0391

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

|  |   |  |   |
|--|---|--|---|
| STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION | (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:<br><br><b>505017</b> | (X2) MULTIPLE CONSTRUCTION<br>A. BUILDING <b>01 - MAIN BUILDING</b><br>B. WING _____ | (X3) DATE SURVEY COMPLETED<br><br><b>02/12/2013</b> |
|--|---|--|---|

|   |  |
|---|--|
| NAME OF PROVIDER OR SUPPLIER<br><b>WASHINGTON CENTER FOR COMPREHE</b> | STREET ADDRESS, CITY, STATE, ZIP CODE<br><b>2821 SOUTH WALDEN STREET<br/>SEATTLE, WA 98144</b> |
|---|--|

|                    |  |               |   |                      |
|--------------------|--|---------------|---|----------------------|
| (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 018** Continued From page 1  
keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3

Roller latches are prohibited by CMS regulations in all health care facilities.

This Standard is not met as evidenced by:  
Surveyor: 19192  
During the facility tour on February 12, 2013 from 1145 to 1500 it was observed that the facility failed to maintain the fire rated doors in the building capable of self closing and latching tight to the frame, this has the potential for the passage of smoke throughout the corridors in the event of a fire. These findings were acknowledged at the time of the survey by the facility maintenance director. The findings were:

1. On the third floor the door to the clean linen room across from resident room #310 failed to close and latch.
2. The cross corridor fire separation doors on the second floor next to resident room #250 failed to latch closed.

**K 018**

Door to the 3<sup>rd</sup> floor clean linen room across from resident room #310 was addressed and immediately repaired to ensure proper closing and latching. Doors are checked on by regular rounds by Maintenance with a monthly documentation to ensure on-going compliance. Maintenance Supervisor is responsible for compliance with oversight from Administrator.

Cross Corridor Fire Separation Doors on 2<sup>nd</sup> West, next to resident room #250, was addressed and immediately repaired to ensure proper closing and latching. Doors are checked on regular rounds by maintenance with monthly documentation to ensure on-going compliance. Maintenance Supervisor is responsible for compliance with oversight from Administrator.

Facility will administrate in-service with Maintenance and Staff on importance of fully closing and latching doors for protection of Residents, Staff and Fire Safety.

*2-25-13  
(and on-going)*