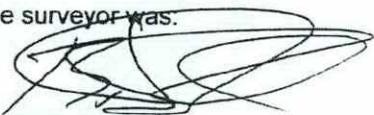


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 06/01/2016  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505017</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - <b>MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>06/01/2016</b>
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NAME OF PROVIDER OR SUPPLIER <b>WASHINGTON CENTER FOR COMPREHE</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2821 SOUTH WALDEN STREET SEATTLE, WA 98144</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>This report is the result of an unannounced Fire and Life Safety re-certification survey conducted at Washington Center for Comprehensive Rehabilitation on June 1, 2016, by a representative of the Washington State Patrol, Fire Protection Bureau. The survey was conducted in concert with the Washington State Department of Social and Health Services (DSHS) health survey teams.</p> <p>Washington Center for Comprehensive Rehabilitation has a total of 165 beds and at the time of this survey the census was 140.</p> <p>The existing section of the 2000 Life Safety Code was used in accordance with 42 CFR 483.70.</p> <p>The facility is a three story structure of Type II construction with exits to grade. The facility is protected by a Type 13 fire sprinkler system throughout and an automatic fire alarm system with corridor smoke detection. All exits are to grade with paved exit discharges to the public way.</p> <p>The facility is not in compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare &amp; Medicaid Services.</p> <p>The surveyor was:</p>  <p>Blaine D. Gunkel Deputy State Fire Marshal</p>	K 000		
K 018 SS=D	<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</p>	K 018		6/2/16

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X8) DATE



Administrator

6/2/16

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 018	Continued From page 1 hazardous areas shall be substantial doors, such as those constructed of 13/4 inch solid-bonded core wood, or capable of resisting fire for at least 20 minutes. Clearance between bottom of door and floor covering is not exceeding 1 inch. Doors in fully sprinklered smoke compartments are only required to resist the passage of smoke. There is no impediment to the closing of the doors. Hold open devices that release when the door is pushed or pulled are permitted. Doors shall be provided with a means suitable for keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. Door frames shall be labeled and made of steel or other materials in compliance with 8.2.3.2.1. Roller latches are prohibited by CMS regulations in all health care facilities. 19.3.6.3 This Standard is not met as evidenced by: Based upon observations and staff interviews on June 1, 2016, between approximately 10:00 a.m. and 1:00 p.m. Washington Center for Comprehensive Rehabilitation has failed to maintain doors without impediments to their closing and latching. This could result in a delay in getting the door to the room closed in the event of a fire. This could result in toxic products of combustion getting into the room and into the exit corridor which would endanger the residents, staff and/or visitors within the smoke compartment.  The findings include, but are not limited to: 1. First floor corridor fire door near day room failed to close completely when tested. 2. The first and second floor exit doors with confined egress failed to have codes posted for exiting. The above was discussed and acknowledged by the maintenance director.	K 018	Maintenance Director was able to adjust doors so there is no obstruction in closing or latching the first floor fire doors. The first floor corridor near the day room is now able to close completely with no obstruction when tested. Maintenance Director was able to resolve confined egress issue when it was identified. The first and second floor exit doors with confined egress with No codes posted for exiting. Maintenance Director has posted exit codes on all exit doors to provide safe egress opportunities for staff, residents, and visitors if needed. Staff will be educated and in-serviced on identification of egress signs and codes.	6/2/16
K 141 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD	K 141		

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K 141	Continued From page 2 Medical gas storage areas shall have a precautionary sign, readable from a distance of 5 ft, that is conspicuously displayed on each door or gate of the storage room or enclosure. The sign shall include the following wording as a minimum:  CAUTION, OXIDIZING GAS(ES) STORED WITHIN, NO SMOKING. 18.3.2.4, 19.3.2.4, 8-3.1.11.3 (NFPA 99) This Standard is not met as evidenced by: Based upon observations and staff interviews on June 1, 2016, between approximately 10:00 a.m. and 1:00 p.m. Washington Center for Comprehensive Rehabilitation has failed to provide proper tank security for oxygen storage. This could result in the rapid spread of smoke and fire in the event of ignition which could potentially endanger the residents, staff and/or visitors within the facility.  The findings include, but are not limited to: 1. One oxygen tank was observed unsecured, standing freely, in the second floor oxygen storage room. The above was discussed and acknowledged by the maintenance director.	K 141	Maintenance Director addressed the unsecured oxygen tank in the second floor oxygen tank room. Staff will be educated and in-service on the proper storage and identification of oxygen tanks to avoid any potential danger to staff, residents, or visitors. Maintenance Director has posted signs, no further than 5 feet away, that state "Caution oxidizing gas(es) stored within. NO smoking". Staff will continue to monitor daily to maintain compliance.	6/2/16
K 147 SS=D	NFPA 101 LIFE SAFETY CODE STANDARD Electrical wiring and equipment shall be in accordance with National Electrical Code. 9-1.2 (NFPA 99) 18.9.1, 19.9.1 This Standard is not met as evidenced by: Based upon observations and staff interviews on June 1, 2016, between approximately 10:00 a.m. and 1:00 p.m. Washington Center for Comprehensive Rehabilitation has failed to restrict the use of multi-plug outlets (power strips) to providing power to permitted electrical equipment. This could result in a fire from overheating of the plug strip due to the heavy	K 147		

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K 147	Continued From page 3 power draw endangering the residents, staff and/or visitors within the facility.  The findings include, but are not limited to: 1. A multi plug power strip was observed plugged into another multi plug power strip in the third floor medical records office. 2. A multi plug power strip was observed plugged into another multi plug power strip in the first floor accounts payable office.  The above was discussed and acknowledged by the maintenance director.	K 147	Maintenance Director has currently resolved issues in regards to using multiple power strips for one outlet as observed on the first and third floors, accounts payable office, and medical records offices. Staff will be educated in the proper use, dangers, and appropriate function of power strips. This will help us avoid any potential fires or electrical issues that may arise from using multiple power strips. Maintenance department twill do weekly rounds to ensure compliance.	6/2/16