

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

Printed: 10/03/2013
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505183	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01 B. WING _____	(X3) DATE SURVEY COMPLETED 10/03/2013
NAME OF PROVIDER OR SUPPLIER AVAMERE HERITAGE REHABILITATION OF T		STREET ADDRESS, CITY, STATE, ZIP CODE 7411 PACIFIC AVENUE TACOMA, WA 98408		
(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>INITIAL COMMENTS</p> <p>Surveyor: 19182 On October 3, 2013 an unannounced fire and life safety code recertification survey was conducted at Avamere Heritage Rehabilitation of Tacoma by a representative of the Washington State Patrol, State Fire Marshal's Office, this survey was conducted using the 2000 edition of the life safety code NFPA 101 in accordance with 42 CFR 483.70.</p> <p>This facility is a single story type V-A structure with exiting direct to grade level, the building is protected by a full NFPA 13 fire sprinkler system and automatic smoke detection in the corridors and common areas.</p> <p>This facility has a licensed capacity of 76 residents with a census today of 57.</p> <p>The facility is not in compliance at this time:</p>  <p>Deputy State Fire Marshal</p>	K 000	<p>"Heritage Rehab's Plan of Correction shall stand as a written credible assertion of substantial compliance with the Federal and State requirements for skilled nursing facilities participating in the Federal Medicare or applicable State Medicaid programs."</p> <p>"Please note that nothing set forth in this document or any other communication in writing or otherwise (including, but not limited to any accompanying exhibits) is to be or should be construed to be an admission by Heritage Rehab., of the validity or accuracy of any of the deficiencies cited by the SURVEYING ENTITY relative to the survey, certification and enforcement effort at issue. Further, please note that any and all documents transmitted or otherwise provided by Heritage Rehab in relation to this Plan of Correction, as well as any and all other communications in writing or</p>	
K 018 SS=E	<p>NFPA 101 LIFE SAFETY CODE STANDARD</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 1 1/2 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 keeping the door closed. Dutch doors meeting 19.3.6.3.6 are permitted. 19.3.6.3</p>	K 018		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE *Wendy Wheatley* TITLE *Admin* (X6) DATE *10-11-13*

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 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 October 3, 2013 from 0815 to 1130 it was observed that the facility failed to maintain the fire rated doors protecting the corridor capable of self closing and latching tight to the frame, this has the potential for the spread of smoke throughout the building 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. The door into the kitchen from the corridor failed to close and latch tight to the frame. 2. The door to the Director Of Nursing office failed to close and latch tight to the frame.	K 018	otherwise by or on behalf of Heritage Rehab. are and shall be construed to be WITHOUT PREJUDICE to the rights, remedies, claims, defenses of Heritage, at law and/or inequity, all of which are not waived and all of which are reserved and retained by, and for and on behalf of Heritage Rehab."	
K 064	NFPA 101 LIFE SAFETY CODE STANDARD Portable fire extinguishers are provided in all health care occupancies in accordance with 9.7.4.1. 19.3.5.6. NFPA 10 This Standard is not met as evidenced by: Surveyor: 19192	K 064	1) Door tension setting was corrected immediately. Doors are self latching. 2) In-service staff in all departments to report any doors that are not latching properly to Maintenance Director for immediate follow-up.	10/25/13

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K 064	Continued From page 2 During the facility tour on October 3, 2013 from 0815 to 1130 it was observed that the facility failed to maintain the portable fire extinguishers in the building, this has the potential for the extinguisher to fail in the event of a fire, this finding was acknowledged at the time of the survey by the facility maintenance director. The finding was: 1. The K class extinguisher in the kitchen is leaking fluid from the hose connection.	K 064	3) All doors will be checked monthly by Maintenance to assure they are self-latching. 4) The Administrator will assure compliance. 1) Fire Extinguisher was replaced with a new extinguisher. 2) All extinguishers will be routinely monitored during the scheduled environmental rounds. 3) The extinguishers will continue to be inspected on a quarterly basis by an outside credentialed company to assure they are in operating condition. 4) The Administrator will assure compliance.	10/25/13