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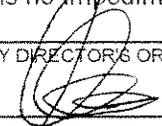
MAR 04 2014

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 505289	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING B. WING _____	FIRE PROTECTION BUREAU (X3) DATE SURVEY COMPLETED 02/06/2014
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NAME OF PROVIDER OR SUPPLIER MANOR CARE OF TACOMA WA, LLC	STREET ADDRESS, CITY, STATE, ZIP CODE 5601 S ORCHARD STREET TACOMA, WA 98409
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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 February 6, 2014 an unannounced fire and life safety code recertification survey was conducted at Manor Care Of Tacoma located at 5601 S Orchard St Tacoma WA, 98409 by a representative of the Washington State Patrol, State Fire Marshal's Office, this survey was conducted using the existing section of the 2000 life safety code in accordance with 42 CFR 483.70.</p> <p>This facility is a single story type V-A structure with exiting direct to grade, the building is protected throughout by a full NFPA 13 fire sprinkler system and automatic smoke detection in the corridors and common areas.</p> <p>The facility has a licensed capacity of 124 with a census today of 110.</p> <p>The facility is not in compliance at this time.</p> <p>The findings were:</p> <p></p> <p>Deputy State Fire Marshal</p>	K 000	<p>The statements made on this plan of correction are not an admission to and do not constitute an agreement with the alleged deficiencies herein. To remain in compliance with all federal and state regulations, the center has taken or will take the actions set forth in the following plan of correction. The following plan of correction constitutes the center's allegation of compliance. All alleged deficiencies cited have been or will be corrected by the date or dates indicated.</p>	
K 018 SS=D	<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 1/4 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.</p>	K 018		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE 	TITLE Administrator	(X6) DATE 2-12-14
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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 018	<p>Continued From page 1</p> <p>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> <p>Roller latches are prohibited by CMS regulations in all health care facilities.</p> <p>This Standard is not met as evidenced by: Surveyor: 19192 During the facility tour on February 6, 2014 from 0815 to 1115 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. This finding was acknowledged at the time of the survey by the facility maintenance director. The finding was but is not limited to:</p> <p>1. The door to the small conference room failed to close and latch tight to the frame.</p>	K 018	<p>K 018</p> <ol style="list-style-type: none"> 1. The center strives to ensure that all doors protecting corridor openings close and latch tightly to the frame. 2. The conference room door hinge was adjusted to ensure proper closure and latching. 3. A full inspection of all corridor doors was completed and all were found to close and latch properly. 4. Periodic inspections will be completed by the Maintenance Director to ensure continued maintenance of self-closing and latching mechanisms. 5. Administrator to ensure compliance. <p>Compliance Date 2/6/14</p>	
K 062 SS=D	<p>NFPA 101 LIFE SAFETY CODE STANDARD</p> <p>Required automatic sprinkler systems are continuously maintained in reliable operating condition and are inspected and tested periodically. 19.7.6, 4.6.12, NFPA 13, NFPA 25, 9.7.5</p>	K 062		

MAR 04 2014

FIRE PROTECTION
BUREAU

02/06/2014

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K 062	<p>Continued From page 2</p> <p>This Standard is not met as evidenced by: Surveyor: 19192</p> <p>During the facility tour on February 6, 2014 from 0815 to 1115 it was observed that the facility failed to maintain the sprinkler system in the building free of obstructions, this has the potential for the failure of the sprinkler head to extinguish a fire. This finding was acknowledged at the time of the survey by the facility maintenance director. The finding was but is not limited to:</p> <p>1. In the laundry there is a light fixture that is to close to the sprinkler head.</p>	K 062	<p>K 062</p> <ol style="list-style-type: none"> 1. The facility strives to ensure that the sprinkler system is maintained free of obstructions. 2. The light fixture too close to the sprinkler head will be removed. 5. Administrator to ensure compliance. <p>Compliance date 2/28/14</p>	