

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

Printed: 09/19/2013  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505210</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING <b>01 - MAIN BUILDING 01</b>  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>09/19/2013</b>
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NAME OF PROVIDER OR SUPPLIER <b>LIFE CARE CENTER OF PORT ORCHARD</b>	STREET ADDRESS, CITY, STATE, ZIP CODE <b>2031 POTTERY AVENUE PORT ORCHARD, WA 98366</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
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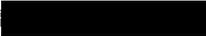
**K 000** INITIAL COMMENTS

An unannounced Life Safety Code Survey was conducted at Life Care Center of Port Orchard, Port Orchard, Washington, on September 19, 2013 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.

The LTC 125 bed facility with a census of 106, consisted of a Type V-111, 1 story structure, no basement and was built in 1964. 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.

The deficiencies identified during this survey are listed below.

The facility is not in compliance with the Life Safety Code 2000 Edition as adopted by C.M.S.

  
Deputy State Fire Marshal *[Signature]*

**K 000**

**K 072** NFPA 101 LIFE SAFETY CODE STANDARD  
SS=D

Means of egress are continuously maintained free of all obstructions or impediments to full instant use in the case of fire or other emergency. No furnishings, decorations, or other objects obstruct exits, access to, egress from, or visibility of exits. 7.1.10

**K 072**

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

TITLE

(X6) DATE

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 072	<p>Continued From page 1</p> <p>This Standard is not met as evidenced by: Based on observation and staff interview, the facility failed to assure that exit egress remained clear and unobstructed. This potentially prevents residents from exiting a fire/smoke environment. Findings include:</p> <p>During the facility tour on September 19, 2013 from 10:45 AM to 2:00 PM, observed that the exits corridor through the corridors were obstructed by wheeled carts, i.e., hoier lifts, food carts, med carts.</p> <p>THE FACILITY HAS A WAIVER IN PLACE THAT WAS ISSUED JANUARY 2, 2013 AND EXPIRES AUGUST 15, 2015 PENDING ANY CODE CHANGES.</p> <p>This finding was acknowledged by the Maintenance Director.</p>	K 072		