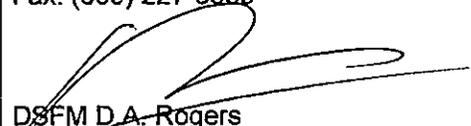


DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

Printed: 03/27/2015  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>505334</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING 01 - MAIN BUILDING 01  B. WING _____	(X3) DATE SURVEY COMPLETED  <b>03/27/2015</b>
NAME OF PROVIDER OR SUPPLIER <b>LIFE CARE CENTER OF KIRKLAND</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>10101 NORTHEAST 120TH STREET KIRKLAND, WA 98034</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>This report is the result of a Waiver Clearance survey conducted at Life Care Center of Kirkland in Kirkland, Washington on 3/27/15 by a representative of the Washington State Patrol, Fire Protection Bureau. The survey was to clear a waiver for K-144: No annunciator panel for the facility's automatic generator that expires on 3/27/15.</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 not in substantial compliance with the 2000 Life Safety Code as adopted by the Centers for Medicare &amp; Medicaid Services.</p> <p>The following citations were documented during the survey:</p> <p>The surveyor was:</p> <p>David Rogers Deputy State Fire Marshal Nursing Home Surveyor 32863</p> <p>The surveyor was from: Washington State Patrol Office of the State Fire Marshal Fire Protection Bureau PO Box 19130 Spokane WA 99219-9130 Telephone: (509) 954-2746 Fax: (509) 227-6639</p>  <p>D.SFM D.A. Rogers</p>	K 000		
K 144	<b>NFPA 101 LIFE SAFETY CODE STANDARD</b>	K 144		
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 144 SS=F	Continued From page 1  Generators are inspected weekly and exercised under load for 30 minutes per month in accordance with NFPA 99. 3.4.4.1.  This Standard is not met as evidenced by: Based upon observations and staff interviews on 3/27/15 between approximately 0900 and 0930 hours the facility has failed to have the emergency generator meet the requirements of the Fire Safety Code. This could result in conditions that would result in the failure of the emergency generator that would not be detected by staff in a timely manner which would endanger the residents, staff and/or visitors within the facility.  The findings include, but are not limited to:  The facility was issued a waiver for K-144: no generator annunciator, on March 27, 2012 that expired on March 27, 2015. As of the date of survey, the facility has not installed an annunciator for their automatic generator. The facility is currently using a temporary automatic generator and is in the bid process to install a new permanent automatic generator, at which time the facility states they will install the annunciator panel. The facility has not applied for a new waiver / waiver extension.	K 144		

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K 144	Continued From page 2 The above was discussed and acknowledged by the Facility Administrator.	K 144		